

To: interRAI Fellows  
From: Iowa Health and Human Services  
Date: August 27, 2025  
Subject: interRAI Assessment for Iowa HOME Waivers: Proposal for Core Set of Questions- Child and Youth version

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## Introduction

Iowa Department of Health and Human Services (HHS) is working to strengthen its home and community-based services (HCBS) through the Hope and Opportunity in Many Environments (HOME) project. Under this effort, HHS will merge six diagnosis-based 1915(c) waivers into two “HOME” needs-based waivers. The state’s Elderly waiver will remain unchanged. The Child and Youth (CY) waiver will serve Iowans aged 0-20 while the Adult and Disability (AD) waiver will serve Iowans age 21 and older.

The clinical target groups served by each waiver are as follows:

Child and Youth (CY)	Adult and Disability (AD)
<ul style="list-style-type: none"><li>• Intellectual disability</li><li>• Brain injury</li><li>• Physical disability</li><li>• HIV/AIDS</li><li>• Developmental disability (including Autism)</li><li>• Serious emotional disturbance</li></ul>	<ul style="list-style-type: none"><li>• Intellectual disability</li><li>• Brain injury</li><li>• Physical disability</li><li>• HIV/AIDS</li><li>• Developmental disability</li><li>• Autism</li></ul>

Currently, there is not a single assessment tool available that universally assesses people of all diagnoses and backgrounds. Iowa HHS is developing a solution to capture the individual nuances of unique populations while gathering a consistent set of data to appropriately allocate resources.

interRAI offers valid and reliable instruments to assess the strengths and needs of individuals that are used across the United States and internationally. Iowa HHS uses population-specific interRAI instruments in its current 1915(c) waivers, including: the Home Care (HC) assessment; the Intellectual Disability (ID) assessment; the Child and Youth Mental Health (ChYMH) assessment and the ChYMH-Developmental Disability (ChYMH-DD) assessment; the Pediatric Home Care (Peds-HC) assessment; and will implement the Early Years (EY) assessment beginning in January 2026.

Though these instruments are carefully researched and tested with specific populations in mind, there is significant overlap across instruments. Certain questions appear on multiple assessment instruments and are consistently asked of all people, regardless of their primary diagnosis.

## Iowa’s assessment process: Child and Youth Waiver

Under the CY HOME waiver, members will continue to receive the full interRAI assessment instrument that most closely ties to their needs. Children with intellectual or developmental disabilities will receive the ChYMH-DD instrument; children with mental health or emotional disturbances will use the ChYMH instrument; children with other health needs will use the Peds-HC. While all of these assessments address critical areas like cognition, activities of daily living, health conditions, and behaviors, some tools probe more deeply than others.

Iowa HHS uses assessment data to confirm a member's eligibility and determine their level of care. Since members may have co-occurring conditions and needs, it is essential that the assessment instruments allow for consistent and comprehensive evaluations. For example, a child with an intellectual disability might also require IV medication. While their developmental needs might best be captured by the ChYMH-DD tool, their medical needs are not wholly addressed. The child might require a skilled nursing facility level of care due to their medical needs, but these would be missed in the ChYMH-DD tool. Therefore, Iowa HHS is interested in asking all members, regardless of primary diagnosis, the key questions that enable accurate and consistent level of care determinations.

## **Request to Add Questions to the interRAI tools used on the Child and Youth Waiver**

Iowa HHS requests approval to add questions to the interRAI assessment instruments used in the CY waiver to create a common set of elements across instruments for comparable resource allocation and support members whose needs are evolving and co-occurring. HHS requests approval to add a select number of questions designed for one instrument to another instrument. Currently, some questions that appear only on one instrument would be useful if asked of other members.

The questions were selected based on stakeholder input, including case managers, policy leads at Iowa's managed care organizations, and its medical services division that makes level of care determinations.

The questions Iowa proposes to add to select interRAI instruments are outlined in Figures 1 and 2.

Adding questions from one tool to another should not compromise the integrity of any individual tool. Iowa HHS will not administer these questions as a standalone tool. Rather, these questions will be inserted into the section that makes the most contextual sense. For example, Iowa proposes to include the questions asking about violent behaviors from the "Harm to Self and Others" section of the ChYMH-DD instrument within the corresponding "Mood and Behavior" section of the Peds-HC instrument. To ensure assessment integrity, Iowa plans to conduct validity and reliability testing with the populations who will be completing the assessments prior to using them for resource allocation.

This memo serves as a formal request to add questions to the interRAI ChYMH, ChYMH-DD, and Peds-HC instruments for use with Iowa's HOME waivers. Iowa HHS submitted a similar memo pertaining to adult assessments in July 2025. If additional information or documentation is required, please reach out to Sherry Timmins at Iowa HHS.

## Figure 1

Questions to add to the Pediatric Home Care instrument. There are 11 questions on this list, representing a 3% change to the makeup of the original tool.

iCode	Question stem	Current instrument question number	Desired addition to instrument	Purpose
<b>Proposed questions to add to the Peds-HC tool</b>				
iD28	Gross motor skills	ChYMH K4, ChYMH-DD K4	Peds-HC	Gross and fine motor skills are important for assessing developmental progress.
iD29	Fine motor skills	ChYMH K5, ChYMH-DD K5	Peds-HC	Gross and fine motor skills are important for assessing developmental progress.
iE3w	Behavior symptoms: self-injurious behavior	ChYMH F1k, ChYMH-DD F1k	Peds-HC	Self-injurious behavior question in Peds-HC is NOT the same as iE3w (different response scale). For consistency, add the same question as in the ChYMH and ChYMH-DD.
iE15a	Conduct problems: stealing	ChYMH F4a, ChYMH-DD F4a	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iE14d	Conduct problems: elopement attempts/threats	ChYMH F4c, ChYMH-DD F4c	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX2c	Violent ideation	ChYMH E4a, ChYMH-DD E4a	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX2b	Intimidation of others or threatened violence	ChYMH E4b, ChYMH-DD E4b	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX2a	Violence to others	ChYMH E4c, ChYMH-DD E4c	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX18	Fire setting or misuse of ignition materials or accelerants	ChYMH E6a, ChYMH-DD E6a	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX16b	Cruelty to animals	ChYMH E6b, ChYMH-DD E6b	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.
iX16c	Preoccupation with violence	ChYMH E6c, ChYMH-DD E6c	Peds-HC	Behaviors are important for person-centered service planning and tier allocation.

## Figure 2

Questions to add to the ChYMH and/or the ChYMH-DD tool. There are 35 questions we would like to add to the ChYMH tool overall, 29 of which also need to be added to the ChYMH-DD tool. This represents approximately a 9% change to the ChYMH tool and a 6% change to the ChYMH-DD tool.

iCode	Question stem	Current instrument question number	Desired addition to instrument	Purpose
<b>Questions to add to the ChYMH or ChYMH-DD tool</b>				
iA13	Time since last hospital stay	Peds-HC A14	ChYMH, ChYMH-DD	HHS is interested in the most recent hospital stay, as well as the admission reason and length of stay.
iC3c	Periodic disordered thinking or awareness: mental function varies over course of day	Peds-HC C3c	ChYMH, ChYMH-DD	This item captures nuance in cognitive functioning.
iC10	Referral may be needed for assessment concerning possible learning, developmental, or intellectual disability.	Peds-HC C6	ChYMH	For service planning purposes, all assessments should flag whether a referral is needed for further evaluation.
iG2gb	ADL self-performance and effect: Transfer toilet	Peds-HC G2g	ChYMH, ChYMH-DD	ChYMH and ChYMH-DD ask about toilet use, but notes specify "EXCLUDE TRANSFER ON AND OFF TOILET". Consistently measure ADL self-performance and effect since members may have co-occurring conditions and this informs level of care.
iG2ib	ADL self-performance and effect: Bed mobility	Peds-HC G2i	ChYMH, ChYMH-DD	Bed mobility is absent from the ADL section in ChYMH and ChYMH-DD. Consistently measure ADL self-performance and effect since members may have co-occurring conditions and this informs level of care.
iG3	Primary mode of locomotion	Peds-HC G3	ChYMH, ChYMH-DD	This item helps contextualize the locomotion ADL and is useful to identify a member's current durable medical equipment.
iE3a	Wandering	ChYMH-DD F1o Peds-HC E3a	ChYMH	A member who wanders into dangerous situations might require closer supervision. Add for parity with ChYMH-DD and Peds-HC.
iE23	Referral may be needed for mental health assessment	Peds-HC E9	ChYMH, ChYMH-DD	Helps identify potential next steps for service planning.
iN5g	Long-term care facility use	Peds-HC N6d	ChYMH, ChYMH-DD	In addition to hospital use, long-term care facility use history helps HHS understand resource use.
iN2d	IV medication	Peds-HC N2e	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or

iCode	Question stem	Current instrument question number	Desired addition to instrument	Purpose
				skilled nursing facility (SNF) level of care.
iN2g	Nasopharyngeal suctioning	Peds-HC N2h	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN2h	Tracheotomy care	Peds-HC N2i	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN2i	Transfusion	Peds-HC N2j	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN2j	Ventilator or respirator	Peds-HC N2k	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN2k	Wound care	Peds-HC N2l	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN2tt	Urinary catheter care	Peds-HC N2n	ChYMH, ChYMH-DD	Helps distinguish between a nursing facility (NF) or skilled nursing facility (SNF) level of care.
iN16hh	Physical therapy	Peds-HC N4f	ChYMH, ChYMH-DD	Number of minutes per week of these therapies helps distinguish between NF and SNF level of care.
	Occupational therapy	Peds-HC N4g	ChYMH, ChYMH-DD	Number of minutes per week of these therapies helps distinguish between NF and SNF level of care.
iN3ga	Speech-language pathology and audiology services	Peds-HC N4h	ChYMH, ChYMH-DD	Number of minutes per week of these therapies helps distinguish between NF and SNF level of care.
iH1	Bladder continence	ChYMH-DD L6, Peds-HC H1	ChYMH	Continence is an important factor in understanding independence or level of support needed.
iH2	Urinary collection device	Peds-HC H2	ChYMH, ChYMH-DD	Continence is an important factor in understanding independence or level of support needed.
iH3	Bowel continence	ChYMH-DD L7, Peds-HC H3	ChYMH	Continence is an important factor in understanding independence or level of support needed.
iH8b	Bowel collection device	Peds-HC H4	ChYMH, ChYMH-DD	Continence is an important factor in understanding

iCode	Question stem	Current instrument question number	Desired addition to instrument	Purpose
				independence or level of support needed.
iH4	Pads or briefs worn	Peds-HC H5	ChYMH, ChYMH-DD	Continence is an important factor in understanding independence or level of support needed.
iK3	Mode of nutritional intake	ChYMH-DD R1, Peds-HC K3	ChYMH	Tube feeding or other modes might impact level of care.
iL1	Most severe pressure ulcer	Peds-HC L1	ChYMH, ChYMH-DD	HHS is interested in skin and wound care and frequently asks for detail outside of the formal assessment. Adding these questions directly to assessment relieves administrative burden.
iL2	Prior pressure ulcer	Peds-HC L2	ChYMH, ChYMH-DD	HHS is interested in skin and wound care and frequently asks for detail outside of the formal assessment. Adding these questions directly to assessment relieves administrative burden.
iL4	Major skin problems	Peds-HC L4	ChYMH, ChYMH-DD	HHS is interested in skin and wound care and frequently asks for detail outside of the formal assessment. Adding these questions directly to assessment relieves administrative burden.
iL6	Other skin conditions or changes in skin condition	Peds-HC L6	ChYMH, ChYMH-DD	HHS is interested in skin and wound care and frequently asks for detail outside of the formal assessment. Adding these questions directly to assessment relieves administrative burden.
iJ6a	Instability of conditions: conditions/diseases make cognitive, ADL, mood, or behavior patterns unstable	Peds-HC J8a	ChYMH, ChYMH-DD	Acknowledging instability of condition adds context to the 3-day lookback period.
iJ6c	Instability of conditions: End-stage disease, 6 or fewer months to live	Peds-HC J8c	ChYMH, ChYMH-DD	Potential higher level of support needs at end of life.
iY2f	Child/youth status: unusually poor hygiene	Peds-HC P8a	ChYMH, ChYMH-DD	Risk factor for potential signs of abuse or neglect. Ask of all children.

iCode	Question stem	Current instrument question number	Desired addition to instrument	Purpose
iY2g	Child/youth status: signs of poor nutrition	Peds-HC P8b	ChYMH, ChYMH-DD	Risk factor for potential signs of abuse or neglect. Ask of all children.
iY2e	Child/youth status: child/youth regularly misses medications, prescribed care routines, therapies, or physician visits	ChYMH-DD O8e, Peds-HC P8b	ChYMH	Risk factor for potential signs of abuse or neglect. Ask of all children.
iQ3d	Child/youth (or primary caregiver) lacks access to necessary services	Peds-HC Q3	ChYMH, ChYMH-DD	Risk factor for potential signs of abuse or neglect. Ask of all children.