Current Member: Adult Assessment Questionnaire (Ages 21+)

Member Name: Member ID: Case Manager Name:

Last Assessment Type: FFS or MCO **Final Decision**: Schedule t_____ Assessment

How to complete: For each of the questions below, rank the reasons why you need more help in the boxes to the right. The reasons may be developmental or medical related. If the question is not applicable to you, leave the boxes to the right blank.

				Reasons For Needing Help	
				Developmental How you learn, understand or behave.	**Medical** Your health, medicine, illness or injury.
Q1	Last year, you completed the _____ assessment. Have your needs changed since last year or do you feel that your previous assessment is not appropriate to assess your needs?	Yes	Go to Q2		
		No	**Schedule the same assessment as last year.**		
Q2	Do you need help with everyday tasks, such as dressing, bathing, eating, or shopping?	Yes	Please rank the following reasons for needing help in the boxes to the right. Use 2 for the main reason, 1 for the second most important reason. Continue to the next question.		
		No	**If no, leave boxes to the right empty and go to Q3**		
Q3	Do you need help managing physical limitations, such as using a wheelchair or moving from a bed or chair?	Yes	Please rank the following reasons for needing help in the boxes to the right. Use 2 for the main reason, 1 for the second most important reason. Continue to the next question.		
		No	**If no, leave boxes to the right empty and go to Q4**		
Q4	Do you need help managing behavioral concerns?	Yes	Please rank the following reasons for needing help in the boxes to the right. Use 2 for the main reason, 1 for the second most important reason. Continue to the next question.		
		No	**If no, leave boxes to the right empty and go to Q5**		
Q5	Do you need help to manage chronic medical conditions, such as HIV/AIDs, epilepsy, or heart conditions?	Yes	If yes, write a 2 in the box to the right and continue to the next question.		
		No	**If no, leave box to the right empty and go to Q6**		
Q6	Thinking about your overall needs, how would you rank the reasons you need help? Use 2 for the most important reason and 1 for the least important reason.				
			Total		
				ID Assessment	HC Assessment

SCORING: Schedule the assessment corresponding with the highest scoring column. If the total for the columns is the same, ask the member which column is most critical to them.

Current Member: Adult Assessment Questionnaire (Ages 21+)

Member Name: Member ID: Case Manager Name:

Last Assessment Type: FFS or MCO: **Final Result**: Schedule the Assessment

Staff Feedback Form: For use during pilot testing

To what extent do you agree with each of the following statements? Please use the rating scale provided to rate the accuracy and ease of use for the assessment questionnaire.

1: Strongly Disagree; 2: Disagree; 3: Neutral; 4: Agree; 5: Strongly Agree

1.As a staff member, I understood the questions in the assessment questionnaire.

2. As a case manager, I believe the interRAI tool indicated by the assessment questionnaire is the correct assessment for the member (for Case Managers only).

3. As a case manager, I believe the interRAI tool indicated by the assessment questionnaire aligns with the diagnosis that most impacts the member's functional and support needs (for Case Managers only).

4. Members and their families understood the questions in the assessment questionnaire.

5. Members and their families understood the purpose of the assessment questionnaire.

6. Members and their families understood why they received the result they did.

7. Select the role that best describes your position (Case Manager, CSA Scheduler, other).

Please provide any additional feedback about the Assessment Questionnaire (optional):

Current Member: Children and Youth Assessment Questionnaire (Ages 4-20)

Member Name: Member ID: Case Manager Name:

Last Assessment Type: FFS or MCO **inal Decision**: Schedule the Assessment

How to complete: For each of the questions below, rank the reasons why your child needs more help in the boxes to the right. The reasons may be developmental, medical or mental health related. If the question is not applicable to your child, leave the boxes to the right blank.

Q1 Last year, your child completed the _____ assessment. Have your child's needs changed since last year or do you feel that your child's previous assessment is not appropriate to assess their needs?

- Yes → Go to Q2
- No → **Schedule the same assessment as last year.**

Q2 Does your child need ***more*** help with everyday tasks, such as dressing, bathing, eating, or shopping than what you would expect for their age?

- Yes → Please rank the following reasons for needing help in the boxes to the right. Use 3 for the main reason, 2 for the second most important reason and 1 for the least important reason. Continue to the next question.
- No → **If no, leave boxes to the right empty and go to Q3**

Q3 Does your child need help managing physical limitations, such as using a wheelchair or moving from a bed or chair?

- Yes → Please rank the following reasons for needing help in the boxes to the right. Use 3 for the main reason, 2 for the second most important reason and 1 for the least important reason. Continue to the next question.
- No → **If no, leave boxes to the right empty and go to Q4**

Q4 Does your child need help managing behavioral concerns?

- Yes → Please rank the following reasons for needing help in the boxes to the right. Use 3 for the main reason, 2 for the second most important reason and 1 for the least important reason. Continue to the next question.
- No → **If no, leave boxes to the right empty and go to Q5**

Q5 Does your child need need help managing chronic medical conditions, such as HIV/ AIDs, epilepsy, or heart conditions?

- Yes → If yes, write a 3 in the box to the right and continue to the next question.
- No → **If no, leave box to the right empty and go to Q6**

Q6 Thinking about your child's overall needs, how would you rank the reasons you need help? Use 3 for the main reason, 2 for the second most important reason and 1 for the least important reason.

Reasons For Needing Help		
Developmental How they learn, understand or behave.	**Medical** Their health, medicine, illness or injury.	**Mental Health** Their emotional, social and psychological well-being.
Total		
ChMYH-DD Assessment	Peds-HC Assessment	ChMYH Assessment

SCORING: Schedule the assessment corresponding with the highest scoring column. If the total for two or more columns is the same, ask the member which column is most critical to them.

Current Member: Child/Youth Assessment Questionnaire (Ages 4-20)

Member Name: Member ID: Case Manager Name:

Last Assessment Type: FFS or MCO: **Final Result**: Schedule the Assessment

Staff Feedback Form: For use during pilot testing

To what extent do you agree with each of the following statements? Please use the rating scale provided to rate the accuracy and ease of use for the assessment questionnaire.

1: Strongly Disagree; 2: Disagree; 3: Neutral; 4: Agree; 5: Strongly Agree

1.As a staff member, I understood the questions in the assessment questionnaire.

2. As a case manager, I believe the interRAI tool indicated by the assessment questionnaire is the correct assessment for the member (for Case Managers only).

3. As a case manager, I believe the interRAI tool indicated by the assessment questionnaire aligns with the diagnosis that most impacts the member's functional and support needs (for Case Managers only).

4. Members and their families understood the questions in the assessment questionnaire.

5. Members and their families understood the purpose of the assessment questionnaire.

6. Members and their families understood why they received the result they did.

7. Select the role that best describes your position (Case Manager, CSA Scheduler, other).

Please provide any additional feedback about the Assessment Questionnaire (optional):