



# New Member: Adult Assessment Tool Questionnaire (Ages 21+)

Member Name:

Member ID:

Case Manager Name:

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):**



# New Member: Children and Youth Assessment Tool Questionnaire (Ages 4-20)

Member Name:

Member ID:

Case Manager Name:

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):**