

HOME Assessment Questionnaire Testing

About

The Assessment Questionnaire is a brief form that waiver members complete in advance of their full assessment to ensure they are routed to the most appropriate interRAI tool to meet their unique needs. HHS will implement the Assessment Questionnaire in Phase 1 of the HOME waivers (10/1/2026). Prior to launching the questionnaire, HHS will pilot and test the questionnaire with a limited population.

Assessment questionnaire links

- / New members: [2026.04 NEW Member Questionnaires for Adults and Children fillable v1.pdf](#)
- / Current members: [2026.04 CURRENT Member Questionnaires for Adults and Children fillable V1.pdf](#)
- / Note: the “staff feedback form” pages of the assessment questionnaire will only be present during pilot testing. These pages will be removed from the documents prior to Phase 1 launch. Pending HHS approval of the draft questionnaires, Mathematica will finalize the drafts and create fillable PDF forms with drop-down answer choices.

Goal of testing

- / Ensure that the Assessment Questionnaire is understandable and easy to use for members, case managers and core standardized assessment (CSA) schedulers.
- / Determine the extent to which the Assessment Questionnaire routes members to an appropriate tool. To understand this, we will determine the extent to which members are routed to a tool that (a) they received previously and (b) their case manager/care team believes is most appropriate.
- / Consider whether questionnaire operational processes need adjustment.

Notes

- / When HOME Phase 1 goes live 10/1/2026, the Assessment Questionnaire result will determine which interRAI assessment each member completes. Prior to Phase 1 go-live, the result of the Assessment Questionnaire will NOT impact which interRAI assessment members complete.
 - During the pilot period only, if a Health and Disability (HD) waiver member's questionnaire results indicate a different interRAI assessment tool is most appropriate, they will still receive the interRAI-Home Care (HC) or Pediatric (Peds)-HC assessment.

- / The Assessment Questionnaire result will **NOT** impact a member’s access to services.
- / The entity administering the test Assessment Questionnaire will explain the purpose of testing to each member and give them the opportunity to opt out, using the script provided in Appendix A.

Testing population

- / HD waiver enrollees with an annual continued stay review (CSR) reassessment date in April and May 2026. This includes members enrolled with a managed care organization (MCO) and those enrolled in Fee-for-Service (FFS) Medicaid.
- / New HD waiver slot awardees with initial assessment in April and May 2026, including both MCO and FFS-enrolled members

Table 1. Testing populations

Assessment type	Member enrollment type	Who completes questionnaire with member	Number expected April 2026	Number expected May 2026
Initial assessment	FFS	CSA scheduler	16	
Initial assessment	MCO	CSA scheduler	201	
CSR reassessment	FFS	CSA scheduler	29	24
CSR reassessment	MCO	MCO community-based case manager (CBCM)	77	105
Total potential testing population			452	

Testing process

FFS and MCO members newly enrolling in the HD waiver (initial assessment)

1. Members newly enrolling in HD waiver in April and May 2026 will complete the assessment questionnaire
2. When CSA scheduler reaches out to member, they will complete the questionnaire together
3. CSA scheduler will use talking points to explain questionnaire (see Appendix A)
4. CSA scheduler scores questionnaire by adding totals in each column
5. CSA scheduler fills out feedback form attached to questionnaire
6. CSA scheduler uploads questionnaire to IMPA
7. CSA scheduler schedules the HC or Peds-HC assessment based on typical protocols

Existing MCO-enrolled HD waiver members (CSR reassessment)

1. MCO members on current HD waiver with CSR dates in April and May 2026 will complete the assessment questionnaire
2. As a member's CSR date approaches, CBCM will reach out to member to complete the assessment questionnaire
3. CBCM will use talking points to explain questionnaire (see Appendix A)
4. CBCM scores questionnaire by adding the totals in each column
5. CBCM fills out feedback form attached to questionnaire
6. CBCM will upload the questionnaire to IMPA
7. CSA scheduler will schedule the HC or Peds-HC assessment based on their typical protocols

Existing FFS HD waiver members (CSR reassessment)

1. FFS members on current HD waiver with CSR dates in April and May 2026 will complete the assessment questionnaire
2. As a member's CSR date approaches, CSA scheduler will reach out to member to complete the assessment questionnaire
3. CSA scheduler will use talking points to explain questionnaire (see Appendix A)
4. CSA scheduler scores questionnaire by adding totals in each column
5. CSA scheduler fills out feedback form attached to questionnaire
6. CSA scheduler uploads questionnaire to IMPA
7. CSA scheduler schedules the HC or Peds-HC assessment based on typical protocols

For all testing groups- feedback form

- / Each of the 4 Assessment Questionnaire types includes a feedback form to be completed by the entity administering the questionnaire (CSA scheduler or MCO CBCM).
- / The feedback form will collect responses to the following statements based on a five-point scale (1: Strongly Disagree; 2: Disagree; 3: Neutral; 4: Agree; 5: Strongly Agree)
 - As a staff member, I understood the questions in the assessment questionnaire.
 - As a staff member, I believe the interRAI tool indicated by the assessment questionnaire is the correct assessment for the member.
 - As a staff member, I believe the interRAI tool indicated by the assessment questionnaire matches the member's primary diagnosis.
 - Members and their families understood the questions in the assessment questionnaire.

- Members and their families understood the purpose of the assessment questionnaire.
- Members and their families understood why they received the result they did.
- / Respondents can submit open-ended feedback in the comment slot provided on the feedback form.

Data transmission and analysis plan

- / April-June 2026: On a biweekly basis, IA HHS will transfer Assessment Questionnaires (with feedback forms) uploaded to IMPA to Mathematica via the IA HHS SFTP Server and notify Mathematica through email that the files are available.
- / April-May 2026: Mathematica will compile data from the Assessment Questionnaires into an analytic file.
- / June 2026: Once all results are received, Mathematica will analyze Assessment Questionnaire data to answer the testing questions in Table 2. By noting discrepancies between the “last assessment type” field and questionnaire result, Mathematica can analyze whether members were routed to the tool they received previously. By analyzing responses to the feedback form questions, Mathematica can analyze whether members are routed to the tool that the case manager believes is most appropriate and whether the questions are easily understood.
- / June 2026: If all results are received timely, Mathematica will deliver analysis findings to HHS.
- / July-September 2026: HHS and Mathematica will adjust questionnaire as needed.
- /

Table 2. Testing questions

Testing question	Source for information
Do members and staff understand Assessment Questionnaire and purpose?	<ul style="list-style-type: none"> • Feedback form
Does questionnaire-assigned tool match what case manager believes is most appropriate?	<ul style="list-style-type: none"> • Feedback form
Does questionnaire-assigned tool align with previous tool?	<ul style="list-style-type: none"> • Feedback form; questionnaire result •
What process or operational improvements should be considered?	<ul style="list-style-type: none"> • June 2026 Assessment Workgroup meeting • Open-ended comment field in feedback form

Appendix A: Questionnaire Testing Script and Desk Aides

HOME Assessment Questionnaire Testing Guidance and Script

Background

When the HOME waivers launch on 10/1/2026, waiver members will have the option to complete one of several interRAI assessment tools, each designed to assess the needs of specific populations. The Assessment Questionnaire is a brief form designed to identify members' needs and determine the most suitable interRAI assessment tool for them. There are separate versions of the Assessment Questionnaire for adults and children.

In April and May of 2026, Iowa HHS will test the Assessment Questionnaire with enrolled and newly enrolling Health and Disability (HD) waiver members. Iowa HHS is interested in learning from you about your experience administering the Assessment Tool Questionnaire.

The results of the Assessment Questionnaire will **NOT** affect the interRAI assessment HD waiver enrollees use until the HOME waivers go live on 10/1/2026. Even if an HD waiver member's questionnaire results indicate a different InterRAI assessment tool would be most appropriate, they will still receive the interRAI-Home Care (HC) or Pediatric (Peds)-HC assessment during the testing period. The Assessment Questionnaire will **NOT** impact the services a member receives.

Who completes the Assessment Questionnaire with waiver members?

New waiver slot awardees:

- / The **CSA scheduler** completes the **New Waiver Member Questionnaire** for all newly enrolling members (both fee-for-service and managed care).

Current waiver members:

- / The **CSA scheduler** completes the **Current Waiver Member Questionnaire** for all currently enrolled fee-for-service members (FFS).
- / The **case manager** completes the **Current Waiver Member Questionnaire** for all currently enrolled MCO members.

Completing the Assessment Questionnaire

Step 1: Identify if the member must complete a questionnaire and which questionnaire using the table below.

Group	Complete questionnaire?	Which questionnaire?
Newly enrolled or current HD waiver members aged 0 to 3	No	N/A; do not complete the Assessment Questionnaire with these members.

Newly enrolled HD waiver members ages 4 to 20	Yes	New Member Youth Assessment Questionnaire.
Newly enrolled HD waiver members ages 21 to 64	Yes	New Member Adult Assessment Questionnaire.
Current HD waiver members ages 4 to 20	Yes	Current Member Youth Assessment Questionnaire.
Current HD waiver members ages 21 to 64	Yes	Current Member Adult Assessment Questionnaire.

Step 2: Work with the member or their family member/caregiver to fill out the questionnaire using the “How to complete” instructions. For more information on interpreting the questions, see section “How to interpret the questions” below.

Step 3: Add up the totals for each column at the bottom of the questionnaire where it says “Total.” For boxes that are blank, count them as zero. Determine which interRAI tool the member would complete based on their highest scoring column and enter it in the “Final Result” field at the top of the questionnaire. See the Scoring Criteria section below for more information. **As a reminder, this is a testing period and the Assessment Questionnaire will not actually impact which interRAI tool the member completes.**

Step 4: Complete the staff feedback form questions on page 2 of the questionnaire. These questions are for you to answer. You do not need to work with the member to answer these questions.

Step 5: Upload the completed questionnaire to IMPA.

IMPA File Saving Conventions

Path: IMPA > File > MCO Reporting and Resources > [MCO or FFS Folder] > Pilot Assessment Questionnaire April/May 2026 > Upload

Naming convention: Pilot_[Type]_[Name]_[MCO]_[Date]

Type: initial or CSR

Name: First Initial + Last Name (e.g., Jsmith)

MCO: ITC, WLP, MOL, or FFS

Date: Use YYYYMMDD format (e.g. 20260327)

Example: Pilot_CSR_Jsmith_MOL_20260327

Scoring Criteria

Adults Ages 21+ Scoring Criteria:

Highest scoring column	Final Result
Developmental	ID Assessment
Medical	HC Assessment

If scores are tied in both columns, the member will be scheduled for the assessment that corresponds to the column they feel is most critical to them.

Children Ages 4-20 Scoring Criteria:

Highest scoring column	Final Result
Developmental	ChMYH-DD Assessment
Medical	Peds-HC Assessment
Mental Health	ChMYH Assessment

If scores are tied in two or more columns, the member will be scheduled for the assessment that corresponds to the column they feel is most critical to them.

How to interpret Assessment Questionnaire Questions

The purpose of the questionnaire is to determine which interRAI assessment tool best fits the member's life context. The questionnaire identifies the best fit by pinpointing the source or root cause of the functional limitation or need for help. The table below provides guidance on how to interpret each interRAI assessment tool category.

Category	Adult Questionnaire	Child/Youth Questionnaire	Focus
Developmental	How the member learns, understands, or behaves	How the member learns, understands or behaves	Cognition, skill acquisition, and sustained behavioral patterns that interfere with daily life or learning
Medical	The member's health, medicine, illness, or injury	The member's health, medicine, illness, or injury	Physical health conditions that limit mobility or physical function, or require medical management
Mental Health	Not Applicable	The member's social, emotional, and	Emotional and psychological disorders

		psychological well-being	that cause functional impairment
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Question-Specific Interpretation Guidance

Question	Guidance
Have your/your child’s needs changed since last year, or do you feel that your/your child’s previous assessment is not appropriate to assess your/your child’s needs?	<p>Look for new diagnoses, changes in functioning, or significant life events. If the member/their family express concern that the previous assessment is no longer a good match, select “Yes.”</p>
Help with Everyday Tasks (e.g., Dressing, Bathing, Eating, Shopping)	<p>For children, compare to typical developmental milestones.</p> <p>For adults, children, and youth, consider:</p> <ul style="list-style-type: none"> • Developmental: Delays in motor or cognitive skills. • Medical Health: Physical impairments or chronic illness. • Mental Health: Anxiety, depression, or behavioral issues affecting daily functioning. <p>For children and adults: If the answer is “yes”, the reason for the limitation is likely...</p> <ul style="list-style-type: none"> • Developmental if the member struggles to follow multi-step directions or cannot remember the steps of an ADL/IADL routine due to a cognitive or intellectual disability. • Medical if the member cannot perform the ADL/IADL task because they have a medical condition such as a spinal injury, chronic arthritis, or require medical support to perform an ADL such as eating using a feeding tube. • Mental health if the child/youth refuses to perform an ADL such as bathing or eating due to extreme anxiety, depression or an emotional disorder that causes severe functional regression in self-care.

<p>Help Managing Physical Limitations (e.g., Wheelchair, Moving from Bed to Chair)</p>	<p>Consider use of assistive devices, frequent falls, or fatigue related to:</p> <ul style="list-style-type: none"> • Developmental: Neuromuscular delays. • Medical Health: Conditions like cerebral palsy or muscular dystrophy. • Mental Health: Psychosomatic symptoms or fear-based immobility. <p>For children and adults: If the answer is “yes”, the reason for the limitation is likely...</p> <ul style="list-style-type: none"> • Developmental if the member has severe gross motor developmental delays and cannot safely ambulate or transfer without hands-on assistance. • Medical if the member needs help due to paralysis, muscular dystrophy, or a physical injury requiring assistance with transfers and mobility devices. • Mental health if the child/youth has a conversion disorder or severe functional neurological symptom disorder that physically prevents movement.
<p>Help Managing Behavioral Concerns (e.g., Self-Injury, Aggression)</p>	<p>Look for aggression, self-harm, defiance, or social withdrawal related to:</p> <ul style="list-style-type: none"> • Developmental: Autism spectrum behaviors. • Medical Health: Medication side effects or neurological issues. • Mental Health: ADHD, trauma, anxiety, or mood disorders. <p>For children and adults: If the answer is “yes”, the reason for the limitation is likely...</p> <ul style="list-style-type: none"> • Developmental if the member has behaviors that stem from an intellectual or autism spectrum disorder, where the behavior is related to communication or coping deficits. • Medical if the member has behaviors resulting from a side effect of a medication, or directly caused by a medical issue (e.g., severe pain, seizure activity). • Mental health if the child/youth has behaviors that are primarily symptoms of a mental illness such as Bipolar Disorder, Conduct Disorder, or severe anxiety impacting emotional or psychological well-being.

<p>Help to Manage Chronic Medical Conditions</p>	<p>Include chronic illnesses, frequent hospitalizations, or complex medication regimens.</p>
<p>Ranking the Reasons for Help</p>	<p>Consider which domain most affects the member’s daily life and long-term outcomes, and</p> <ul style="list-style-type: none"> • Validate their choice by making statements such as “that makes sense given [refer to specific need mentioned earlier in the conversation]”. • Explain the outcome by reinforcing that their choice directly determines which instrument/tool and assessor will conduct the assessment (e.g., an assessor who specializes in working with people with developmental disabilities or a nurse who understands medical needs). • Focus on function by reminding them to think about which issue is causing the <i>greatest functional challenge</i> or the <i>most immediate risk</i> in daily life.

Suggested Script

Below is recommended language you can use when completing the Assessment Questionnaire with members.

Question	Guidance
<p>Getting started</p>	<p>We have one new part of the assessment process to talk about today called the Assessment Questionnaire. Before we start the Assessment Questionnaire, I want to explain what it is and what it means for you.</p> <p>Iowa uses assessment tools called interRAI to understand people’s needs. There are different tools for different groups of people. The Assessment Questionnaire helps decide which interRAI tool is the best fit for each person.</p> <p>Later this year, this questionnaire will be used for members when the new HOME waivers begin. Right now, Iowa HHS is testing the questionnaire with Health and Disability (HD) waiver members to make sure it works well.</p> <p>The questionnaire we complete today is just for practice. We are trying these questions out to make sure they make sense. Your answers will not affect your services or assessments, and you will</p>

Question	Guidance
	<p>continue using your current interRAI assessment tool. For you, this means that your next assessment will still be with the (Home Care) (Pediatric Home Care) tool.</p> <p>The questionnaire will take about 5–10 minutes.</p> <p>You do not have to complete the questionnaire and can stop at any time.</p> <p>Would you like to complete the questionnaire today?</p>
<p>For current members only: Have your/your child’s needs changed since last year, or do you feel that your/your child’s previous assessment is not appropriate to assess your/your child’s needs?</p>	<p>We want to understand how your needs have changed since last year or since your last assessment. Last year, you completed the ___ assessment. Do you feel your needs have changed since then?</p> <p>Think about any new diagnoses, changes in how you move about your daily activities, or significant life events. Or, if you feel that your previous assessment tool was not the best tool to assess your needs, please let me know.</p>
<p>Help with Everyday Tasks (e.g., Dressing, Bathing, Eating, Shopping)</p>	<p>Do you need help with everyday tasks, such as dressing, bathing, eating or shopping?</p> <p>If “yes”: For Adults: Please tell us whether the main reason you need help is because of a developmental need or a medical need. A developmental need might include things like finding it hard to follow complex instructions because of an intellectual disability. A medical need might include things like a spinal injury, chronic arthritis, or needing to eat using a feeding tube. Which of these is the main reason you need supports and services? Which comes second?</p> <p>For children/youth: Think about the reasons (NAME) needs help. There are three main areas we want you to consider: developmental needs, medical needs, and mental health needs. A developmental need might include things like finding it hard to follow complex instructions because of an intellectual disability.</p>

Question	Guidance
	<p>A medical need might include things like a spinal injury, chronic arthritis, or needing to eat using a feeding tube.</p> <p>A mental health need might include anxiety or depression that makes self-care, eating, or bathing difficult.</p> <p>Of these three categories, which is the main reason why (NAME) needs help in their everyday life? Which feels second-most important?</p>
<p>Help Managing Physical Limitations (e.g., Wheelchair, Moving from Bed to Chair)</p>	<p>Do you need help with physical challenges like moving around your home or transferring from a bed or chair? Do you use a wheelchair or other device to get around? If “yes”:</p> <p>For Adults: “Members sometimes have difficulty moving around because of developmental needs or medical needs. Think about the needs you have that cause these physical challenges. Are they more developmental or medical? <i>If more prompting is needed:</i></p> <p>A developmental need might impact your ability to move around. Sometimes this is called a challenge with fine motor planning or gross motor planning.</p> <p>A medical need might impact your ability to move around. For some members, this is because of cerebral palsy, muscular dystrophy, or a physical injury.</p> <p>Which of these feels more accurate to you?</p> <p>For Children: Members sometimes have difficulty moving around because of developmental needs, medical needs, or mental health needs. Thinking about (NAME)’s physical challenges, which of these is the main reason (NAME) has difficulty moving around? <i>If more prompting is needed:</i></p> <p>A developmental need might impact your ability to move around. Sometimes this is called a challenge with fine motor planning or gross motor planning.</p> <p>A medical need might impact your ability to move around. For some members, this is because of cerebral palsy, muscular dystrophy, or a physical injury.</p> <p>A mental health need might impact your ability to move around. This can be because of extreme fear that makes it hard to walk or complete daily activities.</p> <p>Which of these feels most accurate for (NAME)?</p>

Question	Guidance
<p>Help Managing Behavioral Concerns (e.g., Self-Injury, Aggression)</p>	<p>Do you need help managing behaviors that are challenging or distressing for you or others around you? This may include things like aggression, self-harm, difficulty following directions, or withdrawing from social interactions.</p> <p>If “yes”:</p> <p>For Adults: Some members have support needs because of developmental reasons, and others have support needs because of medical reasons. Which feels most right for you?</p> <p>A developmental need might mean that your behavior is related to a sensory challenge or communication challenge.</p> <p>A medical need might mean that your behavior is related to pain you have or side effects from a medicine you take.</p> <p>Which feels most accurate?</p> <p>For Children: Members can have behavioral needs that are related to developmental needs, medical needs, or mental health needs. Which of these feels like the main reason why (NAME) needs support?</p> <p>A developmental need might mean that the behavior is related to a sensory challenge or communication challenge.</p> <p>A medical need might mean that the behavior is related to pain or side effects from medication.</p> <p>A mental health need might mean that the behavior is related to emotional dysregulation or trauma.</p> <p>Which of these reasons feels most accurate for (NAME)? What feels second most accurate?</p>
<p>Help to Manage Chronic Medical Conditions</p>	<p>Do you need help managing ongoing health conditions? This could include long-term illnesses, frequent hospital visits, or needing help with medications.</p>
<p>Ranking the Reasons for Help</p>	<p>We’ve talked about the different areas where you may need help. For this last question, we want to understand your overall needs. Tell me which area is most important for you right now.</p> <p>For adults: Is the main reason you need help related more to developmental needs (like learning, understanding, or behavior) or medical needs (like health conditions, illness, injury, or medications)?</p> <p>For children: is the main reason (NAME) needs help more related to developmental needs (like learning, understanding, or behavior),</p>

Question	Guidance
	<p>medical needs (like health conditions, illness, injury, or medications), or mental health needs (like anxiety, depression, or impulsiveness)? What would you rank as the second most important reason?</p>

Assessment Questionnaire Examples

Current Member Example – Adult

Name: John M.

Age: 45

Diagnosis: Traumatic Brain Injury (TBI), Post-Traumatic Epilepsy, Right Hemiparesis.

Living Situation: Assisted Living Facility

Background: John sustained a severe TBI 10 years ago. He is an existing member due for his annual reassessment. He has chronic right-sided weakness (hemiparesis) requiring assistance with physical tasks. The most challenging aspect of his care, however, is his severe short-term memory loss, poor judgment, and impulsive behavior, which require constant supervision for safety. Because John is enrolled with an MCO, his MCO case manager should complete the questionnaire with him.

- / Q1: John completed the ID assessment last year. John’s staff informs his case manager that he has been experiencing more impulsive behavior recently.
- / Q2: John needs cueing and sequencing help for dressing and managing his money due to cognitive deficits. He also needs physical assistance with bathing. Put a 2 under Developmental (Cognitive/Behavior) and a 1 under Medical (Physical help).
- / Q3: John uses a walker and needs hands-on assistance for transfers (bed/chair) due to his right-sided weakness. Put a 2 under Medical (Physical limitation) and a 1 under Developmental (If he resists using aids/following directions).
- / Q4: John exhibits severe impulsivity and poor safety judgment (e.g., leaving the stove on, trying to walk unassisted), which is a direct result of his TBI. Put a 2 under Developmental and a 1 under Medical (Secondary consideration for medication management).
- / Q4: John has post-traumatic epilepsy and chronic spasticity requiring regular medication management and monitoring. Put a 2 under Medical.
- / Q5: John’s assisted living facility staff reports his cognitive and behavioral needs are the biggest safety concern and the main reason he requires this level of care. John also agrees that safety is his biggest worry. Put a 2 under Developmental and a 1 under Medical.

Total Score:

- / Developmental: 7

/ Medical: 7

The Developmental and Medical totals are tied (7 each). The case manager asks John/staff which is most critical. Based on the overall concern for safety and impulsivity (Q5), the ID Assessment is still the best fit for John's needs.

Current Member Example – Child

Name: Chloe

Age: 14

Diagnosis: Type 1 Diabetes (T1D), Major Depressive Disorder, and Severe Anxiety

Living Situation: With a single mother

Background: Chloe has had diabetes since age 8, requiring daily insulin and blood sugar monitoring. Over the last year, her diabetes management has declined due to severe depression and anxiety, resulting in multiple hospitalizations for diabetic ketoacidosis. Her mother is struggling to manage both her physical and mental health needs. She is up for her annual reassessment. Because Chloe is enrolled in an MCO, her MCO case manager should complete the questionnaire with her.

- / Q1: Due to her recent hospitalizations, Chloe and her family answer Yes to Q1, her needs have changed.
- / Q2: Chloe struggles to maintain her daily routines, including adequate nutrition, due to her depression. Put a 3 under Mental Health (Emotional refusal/apathy), 2 under Medical (Impact on diabetes management) and 1 under Developmental.
- / Q3: Chloe is physically mobile and does not require help with mobility devices. Leave boxes empty.
- / Q4: Chloe exhibits severe withdrawal, self-isolation, and refusal to participate in treatment (including diabetes care). Put a 3 under Mental Health (Core symptoms of depression/anxiety), a 2 under Medical (Refusal impacts physical health), and a 1 under Developmental.
- / Q5: Chloe has Type 1 Diabetes, a chronic medical condition. Put a 3 under Medical.
- / Q6: The mother states that while the diabetes is serious, the Mental Health issues are currently the most critical barrier to all areas of her life. Put a 3 under Mental Health, 2 under Medical and a 1 under Developmental.

Total Score:

- / Developmental: 3
- / Medical: 9
- / Mental Health: 9

Last year, Chloe completed the Peds-HC assessment. The Medical and Mental Health totals are tied (9 each). The case manager asks Chloe and her family which is most critical. Chloe and her family say that managing her depression and anxiety are most important at the moment. Based on the overall concern for her emotional wellbeing, the ChYMH Assessment is the best fit for Chloe's needs.

New Member Example – Adult

Name: Sarah F.

Age: 32

Diagnosis: Quadriplegia

Living Situation: With a roommate

Background: Sarah was involved in a car accident that resulted in a spinal cord injury and quadriplegia. She has limited movement in her shoulders and wrists and no movement in her legs. Sarah used a powered wheelchair to get around and needs help with everyday tasks. She is newly accessing waiver services for the first time and is enrolled with an MCO. The CSA scheduler will complete the assessment questionnaire with Sarah because she is new to the waiver.

- / Q1: Sarah needs help with personal care, including showering, dressing and using the toilet. Put a '2' under the medical column and '1' under the developmental column.
- / Q2: Sarah used a powered wheelchair to get around and used a lift in and out of bed. Put a '2' under the medical column and '1' under the developmental column.
- / Q3: Sarah does not have behavioral concerns. Leave boxes empty.
- / Q4: Sarah undergoes physical therapy to strengthen her muscles and needs frequent monitoring for pressure ulcers. Put a '2' under the medical column.
- / Q5: Sarah feels that her medical condition is most important for needing help. Put a '2' under the medical column and '1' under the developmental column.

Total Score

/ Developmental: 3

/ Medical: 8

The HC assessment is the best fit for Sarah's needs.

New Member Example – Child

Name: Elijah T.

Age: 6

Diagnosis: Autism Spectrum Disorder

Living Situation: With parents

Background: Elijah is non-verbal and has significant delays in adaptive functioning. He often struggles with routines and has frequent, intense tantrums (elopement, aggression) when his routine is disrupted. He needs continuous, direct supervision. His family is newly applying for services. Elijah just received his waiver slot. Because he is newly enrolled, the CSA scheduling team should complete the questionnaire with him.

- / Q1. Elijah requires hands-on assistance for dressing and eating due to cognitive and fine motor delays that exceed expectations for his age. Put a 3 under Developmental, 2 under Medical and 1 under Mental Health.
- / Q2. Elijah is physically mobile and does not require help with mobility devices or transfers. Leave boxes empty.
- / Q3. Elijah exhibits aggression and frequent tantrums that require intervention and management. Put a 3 under Developmental (cognitive/skill deficit), 2 under Mental Health (impact on social well-being) and 1 under Medical.
- / Q4. Elijah does not have a chronic medical condition requiring frequent medical management. Leave box empty.
- / Q5. The family feels that managing the behavioral issues stemming from his developmental disability is the most critical area of need. Put a 3 under Developmental, 2 under Mental Health, and a 1 under Medical.

Total Score

- / Developmental: 9
- / Medical: 4
- / Mental Health: 5

The ChYMH-DD assessment is the best fit for Elijah's needs.