

Instructions for Completing the Comprehensive Assessment and Social History

The Comprehensive Assessment and Social History (CASH) is designed to provide a comprehensive picture of the member and to meet the requirements outlined in the Health Home State Plan Amendments, Person-Centered Planning practices, the National Committee on Quality Assurance LTSS Standards, and Iowa Administrative Code.

The purpose of the CASH is to identify:

- Areas of strength, preferences, and opportunities
- Current or potential barriers
- Health and safety risks
- Needs including medical, social, educational, housing, transportation, vocational or other services

The CASH considers the person's physical and social environment and provides the foundation for developing the person-centered service plan.

The CASH is required for use with members seeking and maintaining eligibility for the 1915(i) Habilitation program (Hab) and 1915(c) Children's Mental Health waiver (CMHW).

Administering the CASH

Most questions are worded in the voice of the member, using "I describe" or "I communicate" as a way to personalize the assessment. In the case that you are asking the questions to someone other than the member, such as a parent or guardian, you can change the wording to fit the situation. For example, "Is Joe satisfied with his relationships?"

Throughout the assessment, the term "guardian" refers to guardian / legal representative. The last two sections, Identified Risks and Needs by the assessor and Habilitation Eligibility, are meant to be completed by the assessor.

The assessment can be used for both children and adults, although certain sections may pertain to only one or the other. These sections are clearly labeled. For children, a question may pertain more to the parent or guardian and should be answered as such. For example, "In the past 12 months, I needed to see a doctor but could not because of the cost or lack of resources" should be applied to the parent or guardian and not just to the child and their lack of financial means or resources.

Answer all items. Items should not be left blank unless the assessment instructs you to skip a section. For items that are not applicable, you may indicate "none," "none mentioned," "none noted," "none reported," or a similar response.

If a member does not have a comment or additional information for a question that is followed up by a "comment," do not leave it blank. Instead, you may indicate, "no comment" or "no additional information."

Sometimes a question won't quite fit the particular member. In this case, check the answer that you think best fits the member and use the comment box to provide additional information. You may also use other sources of information such as medical records or reports from providers. This may especially be helpful in the medical and physical health section if the member has difficulty recalling specific information. Any records used should be noted in the "other" field in the "Assessment Information" section.

Most of the questions are in a yes/no or limited choice format. However, most questions have a comment area intended to provide space for the assessor to provide additional information. It is very important that the assessor include written comments to provide a clear picture of the member's needs and abilities at the time of the assessment and to provide sufficient amount of information to provide a clear understanding of the member. The information in the comment areas should be written in complete sentences.

If the assessor believes the member to be at imminent risk at any time during the assessment based on responses or actions, the assessor will follow organizational protocol in developing an immediate safety plan.

Initial and reassessments occur face-to-face. A reassessment must be conducted at minimum every 365 days and more frequently if medical, functional status, or material changes occur in the member's condition or circumstances.

Habilitation Program and Needs-based Eligibility

When the CASH is being used to establish needs based eligibility for the Habilitation program, assessors should ensure that:

- Members receive individualize prior notification of the assessment tool to be used and who will conduct the assessment.
- Members choose who they want present at their assessment.
- Members and chosen team members receive notice to schedule no less than 14 days prior to the current assessment end date.
- Members and chosen team members receive a copy of the completed assessment within three (3) business days of the assessment.
- The CASH is submitted with other supporting documentation, as relevant, to the member's MCO for completion of the LOCUS / CALOCUS online tool.

Other Uses for the CASH

The CASH is also approved for use as the comprehensive assessment for members enrolled in a Health Home in tiers 1–6 (i.e. Chronic Condition Health Home or non-ICM Integrated Health Home.)

Domain Areas

The assessment information is organized in the following way:

- **Assessment Information.** This section provides assessment information including type of assessment, sources of information, reason for referral, and pertinent information from any additional assessments or screening including scores or results. If provider records are reviewed and included in the review for the CASH, indicate the name of the document in "other" under the sources used to gather and develop the CASH. Select "initial" for the initial assessment, "annual" for an annual update, and "change in status update" if you are submitting an updated CASH for a tier change review.
- **Personal Information.** This section covers member demographics as well as strengths and preferences. Preferences should include personal preferences for how case management and services are delivered. For example, where and with who to live, when to go to bed, when and what to eat, whom to involve in care planning, which services and service providers to use, etc. The section identified as "For Children Only" is for children / youth up to age 18 and should be completed with the parent(s) or guardian.
- **Communication and Language.** This section includes subsections for Awareness and Memory, Hearing, Vision, and Speech and Communication. This section also covers member insight and health literacy.
- **Social, Cultural, and Spiritual Preferences.** This section includes subsections for Social, Cultural, and Spiritual preferences.
- **Leisure Activities.** This section identifies hobbies, activities, and who the member enjoys spending time with.
- **Martial and Dating Status.** This section covers topics relevant to marriage and dating.
- **Developmental Milestones.** This section is for children / youth, up to age 18, and includes questions about child development. This section should be completed with the parent(s) or guardian.

- **Medical and Mental Health History.** This section addresses current and historical medical and mental health diagnoses and family history. Additional subsections include Surgeries / Major Procedures, Significant Illnesses, Dental, and Fall History.
- **Behavioral and Mental Health.** This section focuses on the member’s current mental health and stressors and includes assessment questions for harm to self or others, depression, and psychosis. If the assessor believes the member’s assessment of their mental health isn’t accurate, the assessor can clarify in the comments section. The subsection Mental Health Treatment Services includes a table to record current and past services. Additional lines can be added to the table as needed. There is also a section to summarize the member’s mental health including onset of diagnosis, symptoms, and barriers to recovery.
- **Hospitalization and Emergency Room Use.** This section includes subsections for psychiatric hospitalizations, medical hospitalizations, and emergency room visits.
- **Preventative Visits.** This section covers preventative care. The section identified as “For Children Only” is for children / youth up to age 18 and should be completed with the parent(s) or guardian.
- **Allergies.** This section has a table to record food, medication, or other allergies.
- **Physical Health.** This section has the member rate their overall physical health, height, weight, and BMI. If the assessor believes the member’s assessment of their physical health isn’t accurate, the assessor can clarify in the comments section. Subsections include Exercise Routine, Nutrition, and Toxin Exposure.
- **Domestic Violence, Physical, Emotional, Sexual Abuse, and Trauma.** This section has a place to indicate if the member has been a victim or perpetrator of abuse and/or trauma history.
- **Medications.** This section covers medication administration and potential barriers to taking medication. Subsections include Current Medication, Past Relevant Medications, Medication Side Effects, and Pharmacy. If additional lines are needed for current medications, past medications, or medication side effects, you may add additional lines to the table.
- **My Current Medical Support Team.** This section includes a list of possible providers with a place to record name, address, phone, last visit date, and reason for last visit. There is a place to also record if the member is needing assistance to access or identify providers. There is a subsection, Supports and Services Received, to record current and past services. Additional questions address satisfaction with providers and participation in support groups.
- **Substance Use or Abuse.** Subsections include Alcohol Use, Caffeine Use, Illegal Substances, Tobacco Use, and Alcohol/Substance Abuse Treatment. There is a place to record family history of substance use, treatment and/or issues.
- **Gambling Dependence.** This section addresses potential gambling dependence.
- **Self-Care, ADLS, IADLS.** This section covers activities of daily living and instrumental activities of daily living that the member needs assistance with. Subsection, Caregiver(s) Natural Supports, records if the member has caregivers and the caregivers supports and needs.
- **Transportation.** This section addresses transportation.
- **Employment and Volunteering.** This section addresses employment and volunteering.
- **Educational History.** This section includes questions about education.
- **Housing Situation.** This section asks about current living situation, safety, and housing needs and concerns.
- **Financial.** This section includes payee and conservator information, managing finances, and accessing assistance and community resources.

- Legal Information. Subsections include Legal Guardian, Advanced Directive, Power of Attorney, Substance Abuse Committal, and Probation or Parole. The section identified as “For Children Only” is for children / youth up to age 18 and should be completed with the parent(s) or guardian.
- Future Identified Goals and Needs. This section covers the member’s typical day, urgent needs, overall goals, and stage of change.
- Identified Risks and Needs by the Assessor. This section is a place where the assessor can indicate specific needs of the member and summarize information from the assessment.
- Habilitation Eligibility. For member’s seeking or utilizing habilitation, the identified risk factors and need for assistance should be listed in this section referencing 441 Iowa Administrative Code Chapter 78.27(2).

Updates

The CASH can be updated at any time by updating the “Assessment Date” and selecting “Annual” or “Change in Status” under “Type of Assessment.” As applicable, historical information should remain on the CASH as much as possible and where relevant, a date should be included next to new information.