

Children's Mental Health Waiver Assessment

PART A VERIFICATION OF HCBS CONSUMER CHOICE

<p>Home- and Community-Based Services (HCBS)</p> <p>My right to choose a home- and community-based program has been explained to me. I have been advised that I may choose: (1) Home- and Community-Based Services or (2) Medical Institutional Services.</p> <p>I choose: <input type="checkbox"/> HCBS <input type="checkbox"/> Medical Institutional Services</p>	
<p>Signature of Consumer or Guardian or Durable Power of Attorney for Health Care</p>	<p>Date</p>

PART B ASSESSMENT Initial Review Continued Stay Review

Social security number DO NOT ENTER SS NUMBER	Payment source <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid pending		
Child's name	Medicaid number		Address
Address	City	State	Zip code
Legal guardian or parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	County name COUNTY OF RESIDENCE		County no.
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Living situation at time of application to Children's Mental Health Waiver			

Parent's name		Telephone number	
Address	City	State	Zip code
Parent's name (if joint custody)		Telephone number	
Address	City	State	Zip code
Guardian's name (if applicable)		Telephone number	
Address	City	State	Zip code

Service worker/case manager NAME OF TCM		Telephone number	
Agency name			
Address	City	State	Zip code

Attending psychiatrist, psychologist or certified mental health professional's name		Telephone number	
Address	City	State	Zip code

Name of agency providing Children's Mental Health Waiver services		Telephone number	
Address	City	State	Zip code

Mental Health Diagnoses: (Axis I required)

Axis I: 314.9 ATTENTION DEFICIT/HYPERACTIVITY DISORDER
Axis II: DEFERRED
Axis III: OBESITY AND FRACTURED WRIST
Axis IV: STRESSORS WITH LEGAL SYSTEM AND PARENT/CHILD RELATIONSHIP ISSUES.
Axis V/GAF: CURRENT GAF: 50 WITH HIGHEST IN THE LAST YEAR OF 55.

The service worker or Medicaid targeted case manager must obtain written documentation that authenticates that the child has a mental health diagnosis of serious emotional disturbance (SED) according to a psychiatrist, psychologist, or certified mental health professional. "Serious emotional disturbance" means a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), published by the American Psychiatric Association; and (2) has resulted in a function impairment that substantially interferes with or limits a consumer's role or functioning in family, school, or community activities. "Serious emotional disturbance" shall not include developmental disorders, substance-related disorders, or conditions or problems classified in DSM-IV-TR as "other conditions that may be a focus of clinical attention" (V codes), unless then co-occur with another diagnosable serious emotional disturbance.

a. Do you have documentation in the child's file, as stated above, regarding a mental health diagnosis of SED?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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b. Does the documentation in the child's file verify the mental health diagnosis of SED is valid within the past twelve months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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c. Indicate the date of the mental health diagnosis of SED: DATE WITHIN 12 MONTHS.

d. Signature of service worker or case manager certifying that documentation diagnosing SED is in the child's file. (The case manager must sign and date this each year.)

Name	Title	Date

List the most current assessment results that address the child's level of intellectual/adaptive functioning and/or grade equivalency (optional).

DOCUMENT AVAILABLE IQ SCORE, ADAPTIVE RATING SCALE, AND OTHER ACADEMIC INFORMATION. PROVIDE ADDITIONAL DIAGNOSIS (Dx) INFORMATION.

Medications (required)	Route
LIST CURRENT MEDICATIONS. DOSAGES ARE OPTIONAL.	ORAL, NASAL, TOPICAL ETC.
	(IF AVAILABLE)

Notes:

NOTE RECOMMENDATIONS OF PREVIOUS/CURRENT PROVIDERS. (IE; PMIC, PSYCHIATRIST, THERAPIST, CASE WORKER, ETC.)

LIST DATES AND SOURCES FROM WHICH ASSESSMENT INFORMATION IS GATHERED.

IF THE CHILD IS IN FOSTER CARE OR PMIC, THERE MUST BE A PLAN TO RETURN HOME. (HOME IS DEFINED AS THE HOME OF THE NATURAL PARENT(S), ADOPTED PARENT(S) OR LEGAL REPRESENTATIVE (S) WHEN WAIVER SERVICES ARE APPROVED IN ISIS TO BEGIN.)

LIST ANY ADDITIONAL SERVICES THE CHILD IS RECEIVING SUCH AS REMEDIAL.

PROVIDE ADDITIONAL INFORMATION NOT INDICATED ELSEWHERE BUT BELIEVED TO BE OF VALUE.

Children's Mental Health Waiver Assessment Criteria

The child must meet **all of** criteria Sections I, II, and III to meet the level of care required for the HCBS Children's Mental Health Waiver.

- I. Member presents with a serious emotional disorder as supported by the DSM-IV diagnostic criteria. "Serious emotional disturbance" shall not include developmental disorders, substance-related disorders, or conditions or problems classified in DSM-IV-TR as "other conditions that may be a focus of clinical attention" (V codes) unless they co-occur with another diagnosable SED. He/she does not present with a mental retardation diagnosis. A substance abuse DX alone is not sufficient for involvement in the Children's Mental Health Waiver program. (See Axis 1-V.)
- II. Level of Stability (must meet **all** of the following):
 - a) The member demonstrates a risk to self and/or others but can be managed with services available through the Children's Mental Health Waiver.
 - b) The member demonstrates the ability to engage in activities of daily living but lacks adequate medical/behavioral stability and/or social and familial support to maintain or develop age-appropriate cognitive, social and emotional processes.
 - c) The member is medically stable but may require occasional medical observation and care.
- III. Degree of Impairment (must meet **a** and **either b or c**).
 - a) The member has impairment in judgment, impulse control and/or cognitive/perceptual abilities arising from a mental disorder that indicate the need for close monitoring, supervision and intensive intervention to stabilize or reverse the dysfunction.
 - b) Social/Interpersonal/Familial – The member demonstrates significantly impaired interpersonal functioning arising from a mental disorder that requires active intervention to resume an adequate level of functioning.
 - c) Educational/Prevocational/Vocational – The member demonstrates significantly impaired educational and/or prevocational/vocational functioning arising from a mental disorder that requires active intervention to resume an adequate level of functioning.

PART C CHILDREN'S MENTAL HEALTH ASSESSMENT

Assessment Sections	Assessment	Additional Notes
<p>Section I</p> <p>Child presents with a serious emotional disorder as supported by the DSM-IV diagnostic criteria. He/she does not present with a mental retardation diagnosis. A substance abuse diagnosis alone is not sufficient for involvement in the Children's Mental Health Waiver.</p>	<p><u>Y OR N</u></p>	<p>TO INDICATE YES (Y), CHILD MUST HAVE AN ALLOWABLE Dx FOR WHICH THEY RECEIVED TX IN THE PAST YEAR. CHILD CANNOT PRESENT WITH MR AND CANNOT HAVE ONLY A SUBSTANCE ABUSE DX. INDICATE NO (N). (REFER TO DEFINITION OF SED ON PAGE 2 OF THE ASSESSMENT.)</p>
<p>Section II. Level of Stability</p> <p>a) The child demonstrates a risk to self and/or others but can be managed with services available through the Children's Mental Health Waiver.</p> <p>Displays concerns requiring verbal intervention.</p> <p>Displays concerns requiring physical intervention.</p> <p>Displays concerns requiring behavior management.</p> <p>Displays concerns requiring a structured environment.</p> <p>Displays concerns requiring medication management, if clinically indicated.</p>	<p>_____</p> <p><u>X OR Blank</u></p> <p><u>X OR Blank</u></p> <p><u>X OR Blank</u></p> <p><u>X OR Blank</u></p> <p><u>X OR Blank</u></p>	<p>THIS IS TO BE COMPLETED BY IME MEDICAL SERVICES AND IS IS BASED ON THE INFORMATION PROVIDED. *Refer to the Assessment Tool Help Sheet for descriptions of possible behaviors.</p> <p>INDICATE X WHEN CHILD REQUIRES VERBAL INTERVENTIONS BEYOND THE NORM.</p> <p>DESCRIBE FREQUENCY AND INTENSITY OF NEEDED PHYSICAL INTERVENTIONS AND MOST RECENT DATE OF THE PHYSICAL INTERVENTION IF AVAILABLE.</p> <p>INDICATE X WHEN CHILD REQUIRES BEHAVIORAL MANAGEMENT.</p> <p>INDICATE X WHEN CHILD REQUIRES A STRUCTURED ENVIRONMENT. DESCRIBE STRUCTURE/ACCOMMODATIONS BEYOND THE NORM.</p> <p>DO NOT LIST MEDICATIONS HERE. DESCRIBE THE SPECIFIC PROBLEMS AND FREQUENCY OF PROBLEMS.</p>

Assessment Sections	Assessment	Additional Notes
<p>* Check areas that require <u>verbal</u> or <u>physical</u> intervention and specify in additional notes.</p>		
1. <i>Self-injurious behavior</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
2. <i>Verbal aggression</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
3. <i>Physical aggression</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
4. <i>Destruction</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
5. <i>Stereotypical, repetitive behavior</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
6. <i>Antisocial behavior</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
7. <i>Depressive symptoms</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
8. <i>Elopement</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
9. <i>Risky or inappropriate sexual behavior</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
10. <i>Eating disorders</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
11. <i>Abuse of chemicals or alcohol</i>	<input type="checkbox"/>	SYMPTOMS/BEHAVIORS OBSERVED. INCL. DATE OF LAST EPISODE, FREQ, DURATION AND INTENSITY IF AVAILABLE.*
12. <i>Other; specify in additional notes</i>	<input type="checkbox"/>	*Mark the box if the behaviors described are within the last 3 months or behaviors with significant safety issues displayed within the past year.

Assessment Sections	Assessment	Additional Notes
<p>b) The child demonstrates the ability to engage in activities of daily living but lacks adequate medical/behavioral stability and/or social and familial support to maintain or develop age-appropriate cognitive, social and emotional processes.</p>	<p><u>Y OR N</u></p>	<p>INDICATE YES (Y) OR NO (N) BASED ON RESPONSES TO THE INFORMATION PROVIDED IN THIS SECTION.</p> <p>*Refer to the Assessment Tool Help Sheet for descriptions of family/caregiver issues.</p>
<p>There is evidence that the family/caregiver(s) understand, are able to, willing to and committed to providing the level of care, treatment, cooperation and supervision required for the child.</p>	<p><u>X OR BLANK</u></p>	<p>INDICATE X WHEN THE PARENTS ARE CAPABLE AND WILLING TO MEET THE CHILD'S NEEDS WITH CMH WAIVER SERVICES. LEAVE BLANK WHEN THEY ARE NOT CAPABLE OR WILLING TO MEET THE CHILD'S NEEDS.*Explain why they are not capable of meeting child's needs.</p>
<p>Family/caregiver(s) display difficulty in providing the level of care, treatment and/or supervision in supporting the child.</p>	<p><u>X OR BLANK</u></p>	<p>INDICATE X WHEN PARENTS HAVE DIFFICULTY MTG NEEDS OF CHILD BUT APPEAR TO UNDERSTAND THE CHILD'S NEEDS & ARE WILLING TO WORK TO MAKE CHANGES TO MEET CHILD'S NEEDS. OTHERWISE LEAVE SPACE BLANK.*Explain difficulties.</p>
<p>* Check each area that applies and specify in additional notes.</p>		
<p>1. <i>Physical abuse</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>
<p>2. <i>Sexual abuse</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>
<p>3. <i>Neglect in meeting the child's needs</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>
<p>4. <i>Parental/caregiver substance use issues</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>
<p>5. <i>Parental/caregiver mental health issues</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>
<p>6. <i>Parental/caregiver medical issues</i></p>	<p><input type="checkbox"/></p>	<p>MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.</p>

Assessment Sections	Assessment	Additional Notes
7. <i>Parental/caregiver criminal issues</i>	<input type="checkbox"/>	MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.
8. <i>Domestic violence</i>	<input type="checkbox"/>	MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES, TIME FRAME, AND EXTENT OF CONCERNS.
9. <i>Siblings with special needs</i>	<input type="checkbox"/>	MARK BOX IF THERE ARE SIBLINGS IN THE HOME WITH SPECIAL NEEDS INCLUDING EMOTIONAL AND MENTAL HEALTH ISSUES.
10. <i>Housing issues</i>	<input type="checkbox"/>	MARK BOX AS IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES.
11. <i>Financial issues</i>	<input type="checkbox"/>	MARK BOX IT PERTAINS TO CURRENT PARENT/GUARDIAN. DESCRIBE ISSUES.
12. <i>Other; specify in additional notes</i>	<input type="checkbox"/>	NOTE ABUSE BY NON PARENT/GUARDIAN, CUSTODY ISSUES, MARITAL RELATIONSHIP OR OTHER FAMILY ISSUES HERE.
c) The child is medically stable but may require occasional medical observation and care.	<u>Y OR N</u>	INDICATE YES (Y) OR NO (N) BASED ON RESPONSES TO THE INFORMATION PROVIDED IN THIS SECTION.
No medical problems are present.	<u>X OR BLANK</u>	INDICATE X IF THERE ARE NO MEDICAL CONCERNS. LEAVE BOX BLANK IF THERE ARE MEDICAL CONCERNS.
Medical problems are present but child is able to manage them independently.	<u>X OR BLANK</u>	INDICATE X IF THERE ARE MEDICAL PROBLEMS BUT CHILD IS ABLE TO MANAGE THEM INDEPENDENTLY.
Medical problems are present and child requires assistance to manage his/her care.	<u>X OR BLANK</u>	WHEN INDICATING X DESCRIBE WHAT TYPE OF ASSISTANCE IS NEEDED. INCLUDE MEDICATION MANAGEMENT AND TYPE OF ILLNESS OR DISEASE. MENTAL HEALTH IS A MEDICAL CONCERN.
* <i>Check areas that require direct personal assistance and specify in additional notes.</i>		
1. <i>Ambulation</i>	<input type="checkbox"/>	DESCRIBE THE ASSISTANCE NEEDED AND THE EXTENT OF THE PROBLEM.
2. <i>Musculoskeletal, fine or gross motor skills</i>	<input type="checkbox"/>	MARK BOX IF CHILD HAS CONCERNS IN THIS AREA AND DESCRIBE.

Assessment Sections	Assessment	Additional Notes
Cognitive impairment (e.g. orientation, attention, concentration, perception, memory, reasoning, and/or self direction).	<u>X OR BLANK</u>	DYSFUNCTIONAL THINKING PROCESSES MAY INCLUDE HALLUCINATIONS, DELUSIONS, POOR REASONING SKILLS AND PERCEPTIONS BUT LESS SEVERE THAN ABOVE. DESCRIBE THE ISSUES IN EACH AREA.
Exhibits mental status changes consistent with a psychiatric disorder.	<u>X OR BLANK</u>	INDICATE X WHEN CHILD EXHIBITS MENTAL STATUS CHANGES CONSISTENT WITH A PSYCHIATRIC DISORDER.
The child demonstrates impairment in the ability to take care of personal grooming/hygiene needs or to cooperate in meeting those needs.	<u>X OR BLANK</u>	INDICATE X FOR IMPAIRMENT BASED ON ASSESSMENT OF THE EXPECTATIONS BELOW. THIS IS BASED ON THE LEVEL OF ABILITY TYPICAL FOR THE CHILD'S AGE.
* <i>Check areas that require direct personal assistance and specify in additional notes.</i>		
1. <i>Dressing and/or undressing</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.
2. <i>Washing and/or bathing</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.
3. <i>Oral hygiene</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.
4. <i>Hair care</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.
5. <i>Shaving</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE AND GENDER.
6. <i>Menses care</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE AND GENDER.
7. <i>Other; specify in additional notes</i>	<input type="checkbox"/>	

Assessment Sections	Assessment	Additional Notes
<p>The child demonstrates impairment in the ability to independently complete domestic tasks without close monitoring and supervision.</p> <p><i>* Check areas that require direct personal assistance and specify in additional notes.</i></p> <ol style="list-style-type: none"> 1. <i>Home skills</i> 2. <i>Food preparation</i> 3. <i>Clothes and laundry care</i> 4. <i>Other; specify in additional notes</i> 	<p><u>X OR BLANK</u></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>INDICATE AN X OR LEAVE BLANK BASED ON THE ASSESSMENT OF THE TASKS BELOW. CONSIDER WHAT IS TYPICAL FOR THE CHILD'S AGE. DOES THE CHILD BECOME OPPOSITIONAL OR DEFIANT, OR JUST NEED REMINDERS?</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS. CONSIDER CHILD'S AGE.</p>
<p>The child demonstrates impaired self-advocacy skills with a lack of appropriate boundaries and/or inability to independently seek help or resources when necessary.</p> <p><i>* Check all that apply and specify in additional notes.</i></p> <ol style="list-style-type: none"> 1. <i>Places self in risky situations</i> 2. <i>Poor social boundaries</i> 3. <i>Lack of awareness of emergency situations or procedures for:</i> <ol style="list-style-type: none"> a. <i>Strangers</i> 	<p><u>X OR BLANK</u></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>INDICATE X OR LEAVE BLANK BASED ON ASSESSMENT OF THE FOLLOWING STATEMENTS. PROVIDE EXAMPLES IN EACH AREA REGARDING ISSUES.</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS SUCH AS: firesetting, running away, walking on HWY, provoctative dress, etc.</p> <p>INDICATE RUDENESS, TOUCHING OTHERS CONSTANTLY, POOR SPACIAL BOUNDARIES & POOR SEXUAL BOUNDARIES, ETC .</p> <p>DO THEY KNOW (AGE APPROPRIATELY) WHAT TO DO, WHERE TO GO AND HOW TO SEEK ASSISTANCE TO KEEP SAFE?</p>

Assessment Sections	Assessment	Additional Notes
b. Fire	<input type="checkbox"/>	DO THEY KNOW (AGE APPROPRIATELY) WHAT TO DO, WHERE TO GO AND HOW TO SEEK ASSISTANCE TO KEEP SAFE.?
c. Weather	<input type="checkbox"/>	DO THEY KNOW (AGE APPROPRIATELY) WHAT TO DO, WHERE TO GO AND HOW TO SEEK ASSISTANCE TO KEEP SAFE?
d. Medical	<input type="checkbox"/>	DO THEY KNOW (AGE APPROPRIATELY) WHAT TO DO, WHERE TO GO AND HOW TO SEEK ASSISTANCE TO KEEP SAFE?
e. Other; specify in additional notes	<input type="checkbox"/>	ADDITIONAL INFORMATION REGARDING THE ABOVE AREAS CAN BE NOTED HERE.
4. Other; specify in additional notes	<input type="checkbox"/>	INDICATE ADDITIONAL SELF ADVOCACY ISSUES AND MARK BOX ACCORDINGLY.
<p>b) Social/Interpersonal/Familial – The child demonstrates significantly impaired interpersonal functioning arising from a mental disorder that requires active intervention to resume an adequate level of functioning.</p> <p>* Check all that apply and specify in additional notes.</p> <p>1. Doesn't get along with other children</p> <p>2. Doesn't get along with siblings</p> <p>3. Disobedient at home</p> <p>4. Disobedient in the community</p> <p>5. Argumentative</p>	<p><u>Y OR N</u></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>INDICATE YES (Y) OR NO (N) BASED ON THE INFORMATION PROVIDED. KEY WORDS ARE "SIGNIFICANTLY IMPAIRED" & "REQUIRES ACTIVE INTERVENTION". DESCRIBE CHILD'S BEHAVIORAL CONCERNS.</p> <p>THIS IS IN REFERENCE TO BEHAVIORS BEYOND TYPICAL FOR CHILD'S AGE AND INTERFERES WITH RELATIONSHIPS.</p> <p>PROVIDE EXAMPLES RELATIVE TO SIBLING CONFLICT/RELATIONSHIP.</p> <p>THIS IS FOR A CHILD WHO ROUTINELY DOES NOT LISTEN TO DIRECTIONS OF PARENT/GUARDIAN IN THE HOME.</p> <p>THIS IS FOR A CHILD WHO ROUTINELY DOES NOT LISTEN OR BEHAVE WHEN OUT IN THE COMMUNITY.</p> <p>MARK BOX WHEN BEYOND THE NORM.</p>

Assessment Sections	Assessment	Additional Notes
<p>6. <i>Poor judgment/decision making skills</i></p> <p>7. <i>Breaks rules at home</i></p> <p>8. <i>Breaks rules/laws in the community</i></p> <p>9. <i>Lacks appropriate behavioral controls</i></p> <p>10. <i>Cruelty, bullying or meanness</i></p> <p>11. <i>Inability to accept nurturing and/or affection</i></p> <p>12. <i>Isolates or withdraws from interactions</i></p> <p>13. <i>Other; specify in additional notes</i></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>GIVE A SPECIFIC EXAMPLE OF POOR JUDGEMENT/DECISION MAKING SKILLS.*</p> <p>INDICATE WHEN A CHILD IS DEFIANT OF SET RULES IN THE HOME. *</p> <p>INDICATE WHEN A CHILD IS DEFIANT OR DOES NOT FOLLOW RULES/LAWS IN THE COMMUNITY.*</p> <p>GIVE A SPECIFIC EXAMPLE OF LACK OF BEHAVIOR CONTROLS.*</p> <p>INDICATE WHEN A CHILD IS CRUEL, BULLIES OR IS MEAN TO PEERS, ANIMALS OR OTHERS. MAY GIVE AN EXAMPLE.*</p> <p>INDICATE WHEN A CHILD STRUGGLES TO ACCEPT AFFECTION OR WILL ONLY ACCEPT IT ON THEIR TERMS.*</p> <p>INDICATE WHEN A CHILD WITHDRAWS OR ISOLATES ROUTINELY. *</p> <p>*Mark the boxes if the behaviors described are within the last 3 months or behaviors with significant safety issues within the past year.</p>
<p>c) Educational/Prevocational/Vocational – The child demonstrates significantly impaired educational and/or prevocational/vocational functioning arising from a mental disorder that requires active intervention to resume an adequate level of functioning.</p> <p>Educational impairments are present that require assistance.</p>	<p><u>Y OR N OR NA</u></p> <p><u>X OR BLANK</u></p>	<p>INDICATE YES (Y) OR NO (N) BASED ON CURRENT ASSESSMENT OF THE INFORMATION PROVIDED AND WHAT IS TYPICAL FOR CHILD'S AGE. KEY WORDS ARE "SIGNIFICANTLY IMPAIRED" AND "REQUIRES ACTIVE INTERVENTION." HISTORICAL INFO CAN BE NOTED BUT THE BOX CANNOT BE CHECKED W/O CURRENT CONCERNS. IF CHILD IS NOT IN SCHOOL, MARK NA.</p> <p>FOR CHILDREN IN SCHOOL MARK AN X IF THE CHILD HAS IEP, 504 PLAN, BEHAVIOR INTERVENTION PLAN OR OTHER SPECIAL PLANNING. DESCRIBE ASSISTANCE PROVIDED.</p>

Assessment Sections	Assessment	Additional Notes
<p>* Check all that apply and specify in additional notes.</p> <p>1. <i>Noncompliance with authority</i></p> <p>2. <i>Significant defiance</i></p> <p>3. <i>Repeated truancy</i></p> <p>4. <i>Property damage</i></p> <p>5. <i>Violence toward others</i></p> <p>6. <i>Poor task completion</i></p> <p>7. <i>Achievement below grade level or academic potential</i></p> <p>8. <i>Failing grades</i></p> <p>9. <i>Hyperactivity</i></p> <p>10. <i>Poor attention span/distractibility</i></p> <p>11. <i>Impulsivity</i></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO SCHOOL COMPLIANCE. *</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO SCHOOL DEFIANCE. *</p> <p>INDICATE WHEN A CHILD HAS POOR ATTENDANCE, REFUSES TO ATTEND OR ROUTINELY SKIPS CLASSES.*</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO PROPERTY DAMAGE AT SCHOOL. *</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO VIOLENCE TOWARD OTHERS AT SCHOOL.*</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO TASK COMPLETION AT SCHOOL.*</p> <p>INDICATE WHEN A CHILD IS BELOW ACADEMIC LEVEL DUE TO POOR ACADEMIC PERFORMANCE OR LEARNING DISABILITIES. *</p> <p>INDICATE EXTENT OF FAILING GRADES.*</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO HYPERACTIVITY AT SCHOOL. *</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO SCHOOL BEHAVIORS. *</p> <p>DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO IMPULSIVITY AT SCHOOL.*</p>

Assessment Sections	Assessment	Additional Notes
12. <i>Poor personal boundaries</i>	<input type="checkbox"/>	DESCRIBE CHILD'S BEHAVIORAL CONCERNS RELATED TO PERSONAL BOUNDARY ISSUES AT SCHOOL.*
13. <i>Other; specify in additional notes</i>	<input type="checkbox"/>	*Mark the box if the behaviors described are within the last 3 months of school or behaviors with significant safety issues within the past year.
Prevocational/Vocational impairments are present that require assistance.	<u>X OR BLANK</u>	MARK X OR LEAVE BLANK BASED ON THE INFORMATION PROVIDED. PREVOCATIONAL SKILLS ARE TYPICAL FOR CHILD'S AGE AND ARE DEVELOPED OVER TIME FOR FUTURE CAREERS.
* <i>Check all that apply and specify in additional notes.</i>		
1. <i>Noncompliance with authority</i>	<input type="checkbox"/>	GENERAL NONCOMPLIANCE AT SCHOOL OR IN THE HOME MAY INDICATE PROBLEMS VOCATIONALLY.
2. <i>Inability to set and work toward goals</i>	<input type="checkbox"/>	GIVE A SPECIFIC EXAMPLE HERE.
3. <i>Poor task completion</i>	<input type="checkbox"/>	A PATTERN OF INABILITY TO COMPLETE TASKS WOULD INDICATE ISSUES IN WORK SKILLS.
4. <i>Poor attendance</i>	<input type="checkbox"/>	TRUANCY ISSUES WOULD INDICATE ISSUES FOR ATTENDANCE ON THE JOB.
5. <i>Lack of respect for property/equipment</i>	<input type="checkbox"/>	DESTRUCTION OF PROPERTY AT SCHOOL OR IN THE HOME WOULD BE AN INDICATION OF THIS TYPE OF BEHAVIOR.
6. <i>Violence/disrespect to others</i>	<input type="checkbox"/>	AGGRESSION AND DISRESPECT OF OTHERS INDICATE FUTURE PROBLEMS IN THIS AREA.
7. <i>Other; specify in additional notes</i>	<input type="checkbox"/>	

The purpose of this assessment is to provide information for the required determination and redetermination of the level of care certified by the Iowa Medicaid Enterprise Medical Services for the Iowa Department of Human Services (DHS) HCBS Children's Mental Health Waiver. Each assessment needs to be signed by the person completing the assessment to certify that the information was accurate when the assessment was signed and dated. This person is accountable for accuracy of all information stated in the assessment.

Name	Title	Date
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