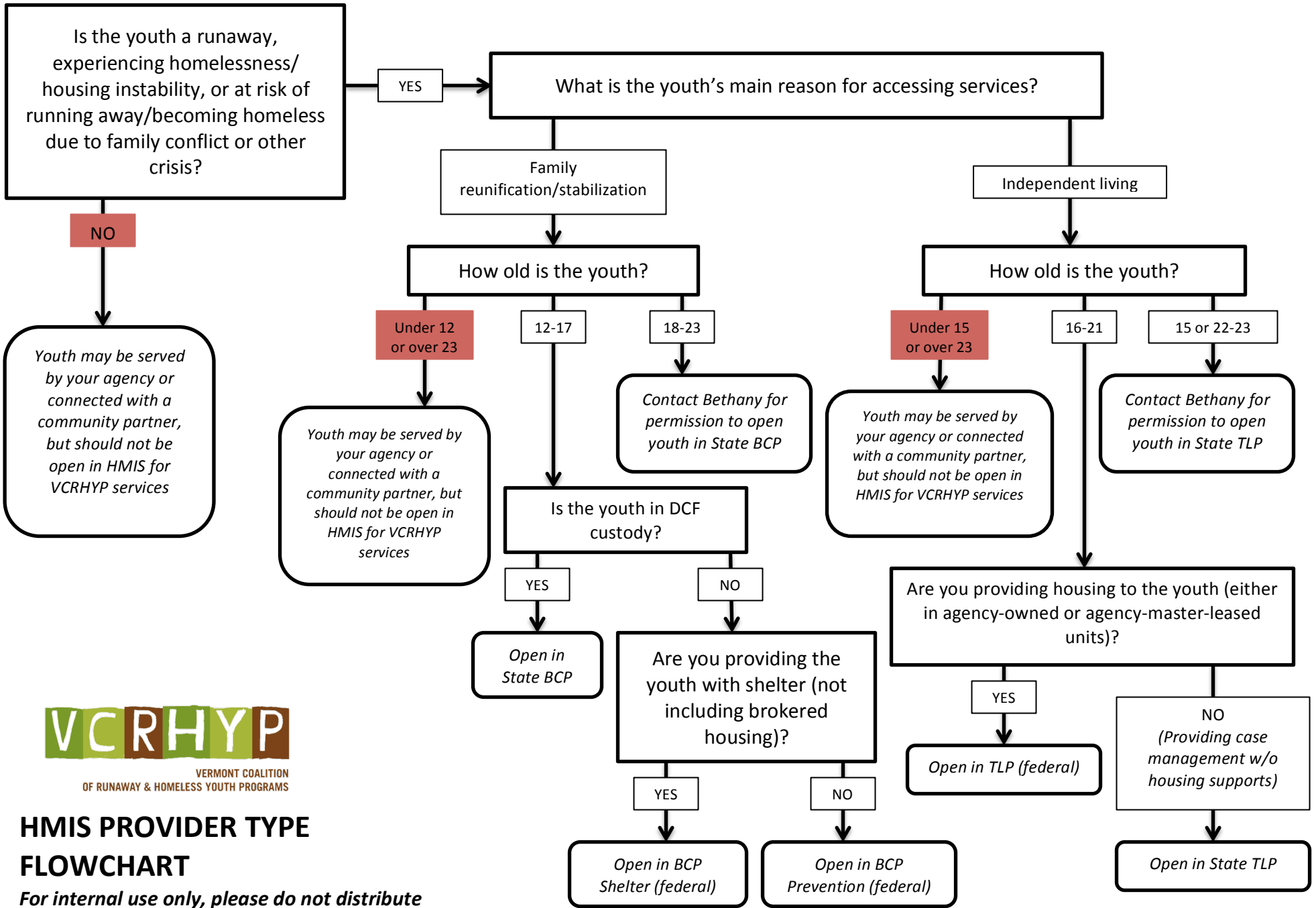


## Appendix

1. HMIS Provider Type Flowchart
2. VCRHYP Paperwork Manual
3. Medicaid Billing Information
4. Evidence-Based Assessments & Screening Tools Chart
5. VCRHYP Member Agency Monthly Invoice
6. MEMO: Medicaid billing for aftercare services
7. VCRHYP Medicaid Reimbursement System Documentation Checklist



## HMIS PROVIDER TYPE FLOWCHART

*For internal use only, please do not distribute*

# **VCRHYP PAPERWORK MANUAL**

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## VCRHYP Intake Assessment

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### *Use when:*

- A new client enters a project
- A previously-served client enters a project and it has been a **full month or more** since they were last exited
- A client previously served by a BCP project enters a TLP project, **regardless of how much time has passed** since the client's exit from BCP

### *Do not use when:*

- A client is reentering the same project they exited from **less than one month ago**
  - See *Project Reentry Form* on pg. 6
- A client is switching between projects due to changes in circumstances, eligibility, etc.
  - See *Project Switch Form* on pg. 7

### *This form:*

- Includes questions you are required to ask by FYSB, and by DCF, as well as questions VCRHYP suggests asking
  - All questions required by FYSB need to be answered completely
    - Check the "Data Not Collected" box if you did not ask a FYSB-required question
  - Non-FYSB required questions are italicized
    - Check "declined to answer" or leave question blank if you did not ask a FYSB-required question
- Should be sent to the data entry clerk to be entered into HMIS

### *Things to remember:*

- All member agencies, except for Spectrum, will choose VT-500 Vermont Balance of State CoC for "Client Location"
- Documentation of disabilities is not required: a youth's self-report is considered sufficient to answer "Yes"
- Dr. Dynasaur should be marked off as "Medicaid" in the Health Insurance section
- Monthly income only needs to be gathered for youth in TLP or State TLP
- If a youth/family cannot answer the questions about current or past DCF involvement and sign a Release of Information, it is your responsibility to follow-up with your DCF district office to try and get this information; if you are successful in getting it, pass it onto VCRHYP so we can update the youth's data in HMIS

## **VCRHYP Resiliency Assessment**

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### *Use when:*

- A new client enters a project
- A previously-served client enters a project and it has been a **full month or more** since they were last exited
- A client previously served by a BCP project enters a TLP project, **regardless of how much time has passed** since the client's exit from BCP
- Client has been served in a project for **6 months**
- Client is exiting a project

### *Do not use when:*

- A client is reentering the same project they exited from **less than one month ago**
- A client is switching between projects due to changes in circumstances, eligibility, etc.

### *This form:*

- Should be completed at entry, every six months, and at exit
- Needs to have a box checked for each statement
- Can have a response written for each follow-up question
- Should be sent to the data entry clerk to be entered into HMIS

## VCRHYP Quarterly Update

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### *Use when:*

- Each three month quarter is coming to end (Quarter 1: September, Quarter 2: December, Quarter 3: March, Quarter 4: June)

### *Do not use when:*

- A client first enters a project
- A client is switching between projects
- A client is exiting a project

### *This form:*

- Must have answers for the four questions in the Employment and Enrollment Status section
- Should indicate what is true for the client at the time of review
- Needs to indicate a review date, as well as the quarter being reviewed
- Should indicate any services provided to a client during the quarter
- Should be sent to the data entry clerk to be entered into HMIS
  - The Disability Addendum does not need to be sent to the data entry clerk unless there have been changes to a client's disability status

### *Things to remember:*

- You can write "No Changes" above any section on the form that remains the same for the client (except for the Employment and Enrollment Status section, which must have answers)
- VCRHYP will send a reminder to complete Quarterly Updates in the last month of each quarter, along with a list of youth who have been served during the quarter
  - A Quarterly Update must be submitted for all youth served during the quarter, even those who have exited
    - However, for youth who have exited during the quarter, the only sections that need to be completed are Employment and Enrollment Status and Brokered Housing

## **VCRHYP Exit Assessment**

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### *Use when:*

- A client is exiting from a project

### *This form:*

- Should include answers in the TLP Outcomes section if a client is receiving TLP services, regardless of if they are listed as being in TLP or in State TLP
- Includes a Services Provided section to ensure that all services provided to the client during project enrollment are entered into HMIS
- Should be sent to the data entry clerk to be entered into HMIS
  - The Disability Addendum does not need to be sent to the data entry clerk unless there have been changes to a client's disability status

### *Things to remember:*

- A client should be exited from a project if a full month passes without any engagement

## **VCRHYP Project Reentry Form**

---

### *Use when:*

- A client is reentering the **same** project they exited from **less than one month ago**

### *Do not use when:*

- A client is entering a **different** project than the one they exited from, **regardless of how much time has passed** since the client's exit
  - *See Project Switch Form on pg. 7*
- A client's circumstances have changed drastically and a full Intake Assessment would better reflect a client's current situation than this form

### *This form:*

- Is a shortened version of the Intake Assessment
- Includes questions you are required to ask by FYSB, and by DCF, as well as questions VCRHYP suggests asking
  - All questions required by FYSB need to be answered completely
    - Check the "Data Not Collected" box if you did not ask a FYSB-required question
  - Non-FYSB required questions are italicized
    - Check "declined to answer" or leave question blank if you did not ask a FYSB-required question
- Should be sent to the data entry clerk to be entered into HMIS



## VCRHYP Project Switch Form

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### *Use when:*

- A client is switching between projects due to changes in circumstances, eligibility, etc.

### *Do not use when:*

- A client is switching from any BCP project to a TLP project
  - *See Intake Assessment on pg. 2*
- A client is reentering the **same** project they exited from **less than one month ago**
  - *See Project Reentry form on pg. 6*

### *This form:*

- Is a combination of the Exit Assessment and the Intake Assessment
- Includes questions you are required to ask by FYSB, and by DCF, as well as questions VCRHYP suggests asking
  - All questions required by FYSB need to be answered completely
    - Check the “Data Not Collected” box if you did not ask a FYSB-required question
  - Non-FYSB required questions are italicized
    - Check “declined to answer” or leave question blank if you did not ask a FYSB-required question
- Should be sent to the data entry clerk to be entered into HMIS

## **MEDICAID BILLING INFORMATION**

Each VCRHYP agency participates in monthly Medicaid billing. VCRHYP manages Medicaid billing and agency compliance according to Medicaid standards. Below is a brief overview of VCRHYP Medicaid billing processes, contact and case management expectations, and documentation requirements. Each agency has variations on how they manage Medicaid billing internally and you should know your agency's practices. Any questions about VCRHYP billing can be submitted to VCRHYP's Medicaid Billing Specialist, Jane Parker, at [jparker@wcysb.org](mailto:jparker@wcysb.org).

### **CASE MANAGEMENT AND FILE DOCUMENTATION COMPLIANCE:**

VCRHYP agencies are required to maintain file documentation for each youth served, adhering to the minimum standards for Medicaid billing compliance. The following documentation criteria must be met for each youth:

- **Assessment:** In addition to the VCRHYP Intake Assessment and VCRHYP Resiliency Assessment, agencies must use evidence-based assessment tools to ensure a youth's needs are being identified and responded to appropriately. Examples of evidence-based assessment tools can be found [here](#).
- **Plan of Care (POC):** A POC (sometimes called a treatment or service plan) must be created with youth input and signed by all necessary parties within 30 days of intake. All signatures must be dated at the time of signing.
  - Signatures:
    - Licensed practitioner – required
      - VCRHYP must have a copy of the license on file of any licensed clinician your agency is having sign POCs
      - Licensed clinician will assign the diagnosis code
    - Youth – best practice to have all youth sign; highly encouraged to have all youth over the age of 18 sign
    - Parent or guardian – best practice to have parent/ guardian sign for all youth under the age of 18
    - Youth care worker/ case manager – best practice for all youth care workers to sign
  - POC must include an ICD-10 Medicaid billable diagnosis, assigned by licensed practitioner.
  - POC is valid for a maximum of one year, but VCRHYP requires the document be rewritten/ updated every six months, along with the Resiliency Assessment. Any updates or revisions on the form require new signatures and dates.
  - All POCs must contain a goal having to do with stable housing. POCs for youth in independent living programs must contain a goal related to education or employment. POCs for youth in family reunification programs must have a goal related to family reunification/ stabilization or relationship management.

- POCs should address risks identified through the Resiliency Assessment and other assessments the agency utilizes.
- POCs should build on youth's strengths and include what access to internal and external resources the youth has that can help with goal achievement. It is expected that the youth help develop their own goals and indicators of progress (action steps) with support from their youth care worker.
- **Contact notes:**
  - A ***minimum*** of two contacts between youth and youth care worker must be documented each month. At least one of these must be in person. Phone, text, or email exchanges may also count as contacts, so long as they demonstrate a conversation has been had. If no in-person meeting occurred, attempts at contacting the youth to schedule one should be well documented.
  - Contact notes must be initialed or signed, as well as dated by the youth care worker.
  - Contact notes should reflect progress being made towards goals outlined in the Plan of Care and case coordination and service linkages with other service providers.
  - Contact notes should be strengths-based reflections on a youth's progress and ongoing challenges that are based in youth's self-determination and empowerment.
  - VCRHYP suggests a monthly summary is completed each month that captures the number of contacts made (specifically of in person sessions held with a youth/ family) and any major accomplishments and/ or challenges that occurred during the month.

#### **INVOICING:**

An invoice is due for each month and should be submitted to VCRHYP's Medicaid Billing Specialist, Jane Parker by email ([jparker@wcysb.org](mailto:jparker@wcysb.org)) by the 15<sup>th</sup> of the month following the month services have been provided (i.e. January invoice is due by February 15<sup>th</sup>).

- All invoices need to be submitted through secure, encrypted email. Faxes and mailed copies of invoices will not be accepted. If your agency does not have a secure and encrypted email server, VCRHYP can initiate an encrypted email that you can respond to directly to ensure encryption. VCRHYP's Medicaid Billing Specialist sends a monthly reminder for Medicaid billing through this system for easy access. Responding directly to that email will encrypt your response.
- All youth served by VCRHYP should be included on the invoice, regardless of whether or not a claim is to be submitted to Medicaid for billing.
- VCRHYP's invoicing template must be used to ensure that all necessary information is being provided.
- The template requires the following information for all youth, regardless of if you are submitting them for billing or simply indicating that a youth was served during the month:
  - Youth's name

- Youth's date of birth
- Whether the youth should be submitted for billing to Medicaid (Y = yes, N = no)
- Whether the youth is being billed for aftercare services (mark the Aftercare column to indicate a yes)
- For youth that are marked as "Y" for submitting to Medicaid, the following information must also be included:
  - Youth's Medicaid ID number (or their social security number if ID number is unknown)
  - Youth's diagnosis code assigned by the licensed clinician who signed off on the youth's Plan of Care
- **Note:** There is a shaded column on the invoice that is titled "HMIS" and is for VCRHYP administrative purposes only.

#### **BILLING FOR AFTERCARE:**

Agencies who are providing aftercare services to youth/ families may submit claims to Medicaid for the months those services were provided, as long as all of the required documentation exists. Billable aftercare services must meet the same minimum contact requirements as any other services, meaning a service provider must have at least two contacts with a youth and one of them must be in person. An Aftercare Plan must have been completed with a youth/ family and indicate a goal related to maintaining stable housing. The Aftercare Plan will act as a youth's Plan of Care for the purposes of billing if it has all of the necessary components of a regular POC (*as described above*). There is a place on VCRHYP's invoicing template to indicate that a youth is being billed for aftercare services: if this column is checked, the agency is stating that all required documentation is in the client's file and that the minimum number of required contacts has been made for the month being invoiced.

**Note:** If an agency is providing aftercare services to a youth, but are not submitting them for billing, they should not include those youth on their invoice.

#### **HMIS AND INVOICES:**

All youth present on the invoice, whether being submitted for billing or not, must have up-to-date information in HMIS. VCRHYP's data entry clerk will check for this when an invoice is received. If HMIS data is not up-to-date, VCRHYP will hold billing and contact the agency to request the missing information. Once necessary information has been received, the invoice will be approved and claims will be submitted Medicaid. To avoid delays, ensure all youth on invoice are up-to-date in HMIS prior to submitting invoices. A youth is considered up-to-date when:

- They are in HMIS and open in the right provider type depending on eligibility factors
- Their profile in HMIS has been updated during the previous quarter

**RECEIVING PAYMENT:**

Once billing has been processed by VCRHYP, which may take several weeks depending on HMIS and Medicaid-related issues, VCRHYP will send the agency the following documentation through the mail (USPS):

- The reimbursement check for paid Medicaid claims
- A spreadsheet, which represents monthly invoicing data
- A copy of the invoice, which is highlighted to indicate the claim status of each youth invoiced that month

**THINGS TO HAVE IN PLACE AT YOUR AGENCY:**

- A process ensuring that whomever is submitting Medicaid billing invoices is working with youth care workers serving the youth to verify that minimum Medicaid documentation requirements laid out above are met and youth information is up-to-date in HMIS.
- A process that ensures when your agency receives payment from VCRHYP, youth care workers are notified of the billing status, and if any billed claim was denied payment. The highlighted invoice the agency receives with payment will include the denial code. VCRHYP's Medicaid Billing Specialist can clarify any denials and help rectify certain issues to ensure that billing is successful.
- Ensure that your agency has a licensed clinician sign off on all Plans of Care within 30 days of a youth's intake.

**FILE COMPLIANCE AUDIT:**

Once per year, the VCRHYP administrative team will conduct a file compliance audit and provide your agency with a report identifying whether or not your agency was in compliance at that time or is in need of corrective action follow up. The audit report will also identify best practice strengths and needs the agency is seen to be using. Audits will be scheduled at least a month ahead of time. Names of which files will be reviewed will not be provided until the day before the audit, unless other accommodations are requested and approved by the VCRHYP Director.

## Evidence-Based Assessment & Screening Tools

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|   | <i>Target Population</i>     | <i>Purpose/Description</i>   | <i>Time to Administer</i>                            | <i>Completed By</i>            | <i>Training/Qualifications Needed</i>  | <i>Availability</i>  |
|---|------------------------------|--|--|--------------------------------|--|--|
| <b>MENTAL HEALTH and OVERALL WELL-BEING</b>                                     |                              |  |  |                                |  |  |
| <b>Connor-Davidson Resilience Scale – CD-RISC 2 OR CD-RISC-10 OR CD-RISC 25</b> | Youth ages 10-18;<br>Adults  | 2-item OR 10-item OR 25-item scale used as a measure of degree of resilience, a predictor of outcome to treatment with medication or psychotherapy, stress management, and resilience-building, a marker of progress during treatment, and a marker of biological changes in the brain | 1-5 min. (CD-RISC 2 & CD-RISC 10)<br>OR<br>5-10 min. | Unknown                        | Unknown;<br>User’s manual provided   | Agency must <a href="#">submit a project information form</a> and then sign an agreement |
| <b>Pediatric Symptom Checklist-17 (PSC-17)</b>                                  | Youth ages 4-18              | 17-item questionnaire that reflects parents’ impressions of their child’s psychosocial functioning; Intended to facilitate the recognition of emotional & behavioral problems so that appropriate interventions can be initiated as early as possible                                  | 3 minutes  | Parent/<br>Guardian            | Refer to screening instructions before using   | Free; Download from <a href="#">Massachusetts General Hospital</a>                       |
| <b>Beck Depression Inventory-II (BDI-II)</b>                                    | Youth age 13 & up;<br>Adults | 21-item instrument used to assess the intensity of depression based on the DSM-IV’s criteria   | 5 minutes  | Client or<br>Youth Care Worker | Requires <a href="#">Pearson Qualification Level B</a> ; Brief <a href="#">online training video</a> available | Agency must purchased from <a href="#">Pearson</a>                                       |

|  |                            |   |                               |                           |  |  |
|--|----------------------------|---|-------------------------------|---------------------------|--|--|
| <b>Reynolds Adolescent Adjustment Screening Inventory (RAASI)</b>                                      | Youth ages 12-19           | 32-item self-report measure that provides indications of the clinical severity of the most meaningful domains of psychological adjustment problems; Provides an adjustment total score and scores in four scales                              | 5 minutes                     | Youth Care Worker         | Requires <a href="#">PAR Qualification Level B</a> ; Manual provided | Agency must purchase from <a href="#">PAR</a>  |
| <b>Youth Outcome Questionnaire 30.2 – Self-Report (Y-OQ 30.2 SR) OR Parent/Guardian (Y-OQ 30.2 PR)</b> | Youth (Ages not specified) | Brief tool designed to be incorporated into therapy in an unobtrusive manner; Allows a clinician to track clients’ progress and find the ones who are not on track  | 5 minutes                     | Client or Parent/Guardian | Unknown  | Agency must purchase from <a href="#">OQ Measures</a>                                  |
| <b>Massachusetts Youth Screening Instrument – Second Version (MAYSI-2)</b>                             | Youth ages 12-17           | 52-item brief screening tool used to identify youth who may have important, pressing behavioral needs; Provides scores on 7 scales; Used primarily in juvenile probation, diversion programs, and intake in juvenile detention or corrections | 5-10 minutes                  | Youth                     | None; Manual provided  | Agency must <a href="#">purchase manual and register user with the MAYSI-2 Project</a> |
| <b>Mood and Feelings Questionnaire – Short Form (MFQ-SF) OR Long Form (MFQ)</b>                        | Youth age 8 & up           | <b>13-item OR 33-item</b> questionnaire based on DSM-III-R criteria for depression; Consists of a series of descriptive phrases regarding how the youth has been feeling or acting recently   | <b>5 minutes OR 5-10 min.</b> | Client or Parent/Guardian | None   | Free; Download from <a href="#">Duke University</a>                                    |



|  |                  |   |  |                               |   |  |
|--|------------------|---|--|-------------------------------|---|--|
| <b>Strengths and Difficulties Questionnaire (SDQ)</b>  | Youth ages 2-17  | Mental health screening tool that asks about 25 psychological attributes and their impact   | 5-10 min.                                    | Client or Parent/<br>Guardian | Websites available as resources   | Free; Download from <a href="#">YouthinMind</a>                    |
| <b>Reynolds Adolescent Depression Scale – 2<sup>nd</sup> Edition (RADS-2) OR Short Form (RADS-2: SF)</b> | Youth ages 11-20 | 30-item self-report scale measures 4 basic dimensions of depression and provides an indication of the clinical severity of depressive symptoms (RADS-2) OR brief screening measure that assesses the frequency of symptoms that are positive psychopathological signs of a depressive disorder, alerts that client may require immediate clinical attention, and quickly determines those in need of further treatment (RADS-2: SF) | 5-10 min.                                    | Unknown                       | Requires <a href="#">PAR Qualification Level B</a> ; Manual provided                  | Agency must purchase from <a href="#">PAR</a>                      |
| <b>Global Appraisal of Individual Needs Short Screener (GAIN-SS)</b>                                     | None specified   | 23-item screening tool to quickly and accurately identify clients who may need a referral to behavioral health treatment; Screens for internalizing disorders, externalizing disorders, substance disorders, and crime/violence   | 5-10 min.                                    | Client or Youth Care Worker   | 1 hour self-paced online training course  | Agency must purchase from <a href="#">GAIN Coordinating Center</a> |
| <b>Children’s Depression Inventory 2<sup>nd</sup> Edition (CDI 2) – Short OR Parent OR Self-Report</b>   | Youth ages 7-17  | <b>12-item OR 17-item OR 28-item</b> comprehensive multi-rater assessment of depressive symptoms  | <b>5 minutes OR 10 minutes OR 20 minutes</b> | Client or Parent/<br>Guardian | Requires <a href="#">Multi-Health Systems B-Level Qualification</a> ; Manual provided | Agency must purchase from <a href="#">Multi-Health Systems</a>     |

|  |                               |  |            |                   |  |  |
|--|-------------------------------|--|------------|-------------------|--|--|
| <b>Brief Symptom Inventory (BSI)</b>   | Youth age 13 & up;<br>Adults  | 53-item inventory that gathers client-reported data to provide an overview of psychological symptoms and intensity   | 8-10 min.  | Youth Care Worker | Requires <a href="#">Pearson Qualification Level B</a> ; 20-30 min. <a href="#">online training session</a> available; Manual provided | Agency must purchase from <a href="#">Pearson</a>  |
| <b>Symptom Assessment-45 Questionnaire (SA-45)</b>                             | Youth ages 13 & up;<br>Adults | 45-item assessment of symptomatology that can be used as a screening tool, to help formulate diagnoses, to develop treatment plans, and to measure outcomes                  | 10 minutes | Client            | <a href="#">Requires Multi-Health Systems B-Level Qualification</a> ; Manual provided  | Agency must purchase from <a href="#">Multi-Health Systems</a>                           |
| <b>Children's Inventory of Anger (ChIA)</b>                                    | Youth ages 6-16               | 39-item inventory that identifies the kinds of situations that provoke anger in particular youth, as well as the intensity of their anger response                           | 10 minutes | Client            | Manual provided  | Agency must purchase from <a href="#">WPS</a>  |
| <b>Behavioral and Emotional Rating Scale – 2<sup>nd</sup> Edition (BERS-2)</b> | Youth ages 5-18               | Measures personal strengths and competencies from the perspective of the youth, the parent, and the teacher/youth care worker  | 10 minutes | Youth Care Worker | Requires <a href="#">PAR Qualification B</a> ; Manual provided   | Agency must purchase from <a href="#">PAR</a>  |
| <b>Mental Health Screening Tool (MHST)</b>                                     | Youth ages 5-18               | Rapidly screens youth for a referral for a mental health assessment and determines urgency of need; Originally designed for youth being considered for out of home placement | 10 minutes | Youth Care Worker | Manual provided  | Free; Download from <a href="#">California Institute for Behavioral Health Solutions</a> |

|   |                            |   |  |                               |   |  |
|---|----------------------------|---|--|-------------------------------|---|--|
| <b>Screen for Childhood Anxiety Related to Emotional Disorders (SCARED)</b>                             | Youth ages 8-18            | 41-item self-report instrument used to screen for childhood anxiety disorder, panic disorder, and social phobia   | 10 minutes   | Client or Parent/<br>Guardian | Important to understand the meaning of the scores before using                        | Free; Download from <a href="#">University of Pittsburgh</a>   |
| <b>Coping Inventory for Stressful Situations – Adolescent (CISS: Adolescent) OR Adult (CISS: Adult)</b> | Youth ages 13-18 OR Adults | 48-item self-report instrument measures three types of coping styles in either adolescents or adults; Helps determine the preferred coping style of a client and contributes to an overall understanding of the relationship between a client’s coping style and their personality  | 10 minutes   | Client                        | Requires <a href="#">Multi-Health Systems B-Level Qualification</a> ; Manual provided | Agency must purchase from <a href="#">Multi-Health Systems</a> |
| <b>Coping Inventory for Stressful Situations – Situation-Specific Coping (CISS: SSC)</b>                | Adults                     | 21-item self-report instrument that examines a designated event, such as a change in social situation, change in relationship, or a personal conflict   | 10 minutes   | Client                        | Requires <a href="#">Multi-Health Systems B-Level Qualification</a> ; Manual provided | Agency must purchase from <a href="#">Multi-Health Systems</a> |
| <b>Emotional Quotient Inventory: Youth Version (EQ-i: YV) – Short-Length OR Full-Length</b>             | Youth ages 7-18            | <a href="#">30-item</a> OR <a href="#">60-item</a> self-report instrument to assess emotional intelligence in children and teenagers; <a href="#">Short-length</a> measures 5 key areas; <a href="#">Full-length</a> also measures general mood and inconsistency and is recommended for initial evaluations with clients | <a href="#">10 minutes</a> OR <a href="#">30 minutes</a> | Client                        | Requires <a href="#">Multi-Health Systems B-Level Qualification</a> ; Manual provided | Agency must purchase from <a href="#">Multi-Health Systems</a> |

|  |                                     |   |                                |                   |  |  |
|--|-------------------------------------|---|--------------------------------|-------------------|--|--|
| <b>School Situation Survey (SSS)</b>   | Youth in K - 12 <sup>th</sup> grade | 34-item survey to assess a youth's perceptions of school-related sources and manifestations of stress   | 10-15 min.                     | Client            | Manual provided  | Agency must purchase from <a href="#">Mind Garden</a>  |
| <b>Child and Adolescent Functional Assessment Scale (CAFAS)</b>                          | Youth ages 5-19                     | Assesses functioning across 8 areas in a youth's life (school, home, community, behavior towards others, moods, self-harm, substance abuse, thinking) and 2 areas in caregiver functioning (material needs, social support)   | 10-15 min.                     | Youth Care Worker | Agency Reference Manuals and Self-Training Manuals provided                | Agency must purchase from <a href="#">Multi-Health Systems</a> & pay an Annual Maintenance Fee |
| <b>Psychosocial Evaluation &amp; Threat Risk Assessment (PETRA)</b>                      | Youth ages 11-18                    | Assesses psychosocial symptomatology and risk of violence threat among adolescents; Following a threat of violence, the tool enables you to analyze the context of psychosocial, ecological, and coping/resiliency factors to assist in the identification, assessment, intervention, treatment planning, and behavioral management of adolescents who pose a risk of targeted violence toward others | 10-15 min.                     | Youth Care Worker | Requires <a href="#">PAR Qualification Level S</a> ; Manual provided       | Agency must purchase from <a href="#">PAR</a>  |
| <b>Adolescent Coping Scale: 2<sup>nd</sup> Edition (ACS-2) – Short Form OR Long Form</b> | Youth ages 12-18                    | Designed to support young people when examining their own coping behavior; Measures the usage and helpfulness of 20 distinct coping strategies  | 10-15 min.<br>OR<br>20-30 min. | Youth Care Worker | Degree in Psychology or Social Work required; Assessment-specific training | Agency must purchase from the <a href="#">Australian Council for Educational Research</a>      |

|  |  |   |                                  |         |  |   |
|--|--|---|----------------------------------|---------|--|---|
| <b>Social Skills Improvement System Rating Scales (SSIS)</b>                                     | Youth ages 3-18                                | Enables targeted assessment of individuals and small groups to evaluate social skills, problem behaviors, and academic competence; Forms available for teacher, parent, and youth                   | 10-25 min.                       | Unknown | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided | Agency must purchase from <a href="#">Pearson</a>                             |
| <b>Child Health Questionnaire – Child Self-Reported Version (CHQ-CF87)</b>                       | Youth ages 10-18                               | 87-item pediatric quality of life survey that measures 14 unique physical and psychosocial concepts   | 15 minutes                       | Client  | Unknown  | Agency must receive permission and purchase from <a href="#">HealthActCHQ</a> |
| <b>Resiliency Scales for Children &amp; Adolescents – A Profile of Personal Strengths (RSCA)</b> | Youth ages 9-18                                | Three stand-alone scales (Sense of Mastery, Sense of Relatedness, Emotional Reactivity) of 20-24 questions each that measures the personal attributes of the youth that are critical for resiliency | 15 minutes (5 minutes per scale) | Unknown | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided | Agency must purchase from <a href="#">Pearson</a>                             |
| <b>Personality Inventory for Youth (PIY) – Screener OR Full Scale</b>                            | Youth ages 9-19                                | <b>80-item OR 270-item</b> instrument covering 9 clinical scales that measure emotional & behavioral adjustment, family interaction, and academic functioning                                       | <b>15 minutes OR 45 minutes</b>  | Client  | Requires <a href="#">WPS Qualification C</a> ; Manual provided           | Agency must purchase from <a href="#">WPS</a>                                 |
| <b>State-Trait Anxiety Inventory for Children (STAI-CH)</b>                                      | Youth in upper elementary & junior high school | 40-item instrument measures anxiety in children; Distinguishes between a general proneness to anxious behavior rooted in personality and anxiety as a fleeting emotional state                      | 20 minutes                       | Client  | Manual provided  | Agency must purchase from <a href="#">Mind Garden</a>                         |

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| <b>Juvenile Inventory for Functioning (JIFF)</b>                 | Youth ages 5-19 | Hands-on, interactive, computerized interview that covers 10 life domains (school/work, home, family environment, peer influence, community behavior, feelings, self-harm potential, substance use, health related needs, rational thinking)   | 15-30 min. | Client or Parent/<br>Guardian | None  | Agency must purchase from <a href="#">Multi-Health Systems</a> & pay an Annual Maintenance Fee |
| <b>Child &amp; Adolescent Risk/Needs Evaluation (CARE-2)</b>     | Youth ages 6-19 | A 57-item assessment that measures risk factors associated with youth violence, as well as protective factors; Scored assessment is used to complete the Case Management Planning Form that helps clinicians gauge the intensity of potential behavior problems and identify the appropriate level and types of interventions needed | 15-30 min. | Youth Care Worker             | Unknown   | Agency must purchase from <a href="#">Care2Systems</a>   |
| <b>Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)</b> | Not specified   | Evaluates emotional intelligence; Tests ability to perceive, use, understand, and regulate emotions; Measures how well people perform tasks and solve emotional problems   | 30-45 min. | Client                        | Requires <a href="#">Multi-Health Systems B-Level Qualification</a> | Agency must purchase from <a href="#">Multi-Health Systems</a>                                 |

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| <b>Life Stressors and Social Resources Inventory – Youth (LISRES-Y) OR Adult (LISRES-A)</b> | Youth ages 12-18 OR Adults           | Structured interview that monitors ongoing life stressors & social resources; Covers 8 major areas of life experience  | 30-60 min. | Youth Care Worker           | Requires <a href="#">PAR Qualification B</a> ; Manual provided  | Agency must purchase from <a href="#">PAR</a>                                    |
| <b>Child and Adolescent Psychiatric Assessment: V 4.2 (CAPA) – Child OR Parent</b>          | Youth ages 9-18                      | Interviewer-based structured diagnostic interview with versions to use with children OR parents; Assesses symptoms and potential areas of incapacity   | 1.5 hours  | Youth Care Worker           | Formal training is required and must be <a href="#">requested</a>   | Agency must receive permission and purchase from <a href="#">Duke University</a> |
| <b>Young Adult Psychiatric Assessment (YAPA)</b>  | Youth (Ages not specified)           | A modification of the CAPA (above) that is suitable for use with young adults; Provides a focus on diagnoses, living situations, relationships, and areas of functioning relevant to the young adult age group | Unknown    | Unknown                     | Formal training is required and must be <a href="#">requested</a>   | Free; Agency must receive permission from <a href="#">Duke University</a>        |
| <b>Functional Assessment Rating Scale – Children (CFARS) OR Adult (FARS)</b>                | Youth (Ages not specified) OR Adults | Assesses cognitive, social, and role functioning   | Unknown    | Youth Care Worker           | Certification required through the FL DCF Training & Certification System for <a href="#">CFARS</a> OR <a href="#">FARS</a> | Free; Download from the <a href="#">University of South Florida</a>              |
| <b>Optum SF Health Survey – SF-12v2 OR SF-36v2</b>  | Adults                               | <a href="#">12-item</a> OR <a href="#">36-item</a> questionnaire to measure functional health and well-being from the client’s point of view across 8 domains  | Unknown    | Client or Youth Care Worker | Unknown   | Agency must request survey license from <a href="#">Optum</a>                    |

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| <b>Youth Outcome Questionnaire - Y-OQ 2.01 OR Therapeutic Alliance (Y-OQ 2.01 TA)</b>                   | Youth ages 4-17            | 64-item OR 68-item parent report measures treatment progress for youth receiving mental health intervention; Designed to reflect the total amount of distress a youth is experiencing; Indicates those who may need immediate intervention beyond standard outpatient treatment; <b>Therapeutic Alliance</b> version also assesses youth’s perception of the relationship between themselves and the provider                         | Unknown | Parent/ Guardian | Unknown | Agency must purchase from <a href="#">OQ Measures</a> |
| <b>Youth Outcome Questionnaire – Self Report (Y-OQ SR 2.0) OR Therapeutic Alliance (Y-OQ SR TA 2.0)</b> | Youth (Ages not specified) | 64-item OR 69-item self-report version of the Youth Outcome Questionnaire (above) designed to capture the youth’s voice; Can be used in tracking treatment progress for youth receiving therapy or counseling; Indicates those who may need immediate intervention beyond standard outpatient treatment; <b>Therapeutic Alliance</b> version also assesses youth’s perception of the relationship between themselves and the provider | Unknown | Client           | Unknown | Agency must purchase from <a href="#">OQ Measures</a> |



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| <b>Ohio Scales for Youth</b>                              | Youth ages 12-18 | Brief measure of outcomes for youth receiving mental health services; Youth and parent scales include 20-item problem severity scale, 20-item functioning scale, satisfaction with treatment scale, and hopefulness scale; Youth care worker scale includes 20-item functioning scale and restrictiveness of living environment scale | Unknown    | Client or Parent/<br>Guardian<br>or Youth<br>Care<br>Worker | Online <a href="#">training aids</a> available                 | Agency must purchase from <a href="#">Brigham Young University</a> |
| <b>Youth Assessment and Screening Instrument (YASI)</b>   | Youth ages 10-25 | Pre-screen or full assessment tool measures both risk and strengths in juvenile populations or other high risk youth; Includes case planning component; Covers 10 domains   | Unknown    | Unknown   | Unknown  | Agency must purchase from <a href="#">Orbis Partners</a>           |
| <b>ADDICTION and SUBSTANCE USE</b>                        |                  |   |            |   |  |  |
| <b>CAGE – Adapted to Include Drugs (CAGE-AID)</b>         | None specified   | 4-item screening questionnaire to indicate a need for further drug/alcohol assessments  | 1 minute   | Client or Youth Care Worker                                 | Instructions appear on form                                    | Free; Download from <a href="#">SBIRT</a>                          |
| <b>Personal Experience Screening Questionnaire (PESQ)</b> | Youth ages 12-18 | 40-item questionnaire to screen youth for substance abuse; Identifies youth who should be referred for a complete chemical dependency evaluation; Measures problem severity, psychosocial items, and drug use history   | 10 minutes | Youth Care Worker   | Requires <a href="#">WPS Qualification B</a> ; Manual provided | Agency must purchase from <a href="#">WPS</a>                      |

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| <b>Substance Abuse Subtle Screening Inventory – Adolescent (SASSI-A2) OR Adult (SASSI-4)</b> | Youth ages 12-18 <u>OR</u> Adults | Identifies high/ low probability of substance use disorders; Measures level of defensiveness; <b>SASSI-A2</b> provides clinical insight into family & social risk factors; <b>SASSI-4</b> includes prescription drug scale and provides a measure of willingness to acknowledge experienced consequences of substance use | 15 minutes | Youth Care Worker | Must meet <a href="#">The SASSI Institute's Qualifications for Test Purchase</a> | Agency must purchase from <a href="#">The SASSI Institute</a> |
| <b>Personal Experience Inventory (PEI)</b>   | Youth ages 12-18                  | Self-report inventory helps identify, refer, and treat youth with drug & alcohol programs; Covers all forms of substance abuse, assesses both chemical involvement and psychosocial problems, and documents the need for treatment; Identifies personal risk factors that may precipitate or sustain substance abuse      | 45 minutes | Youth Care Worker | Requires <a href="#">WPS Qualification C</a> ; Manual provided                   | Agency must purchase from <a href="#">WPS</a>                 |
| <b>TRAUMA/ABUSE HISTORY</b>  |                                   |   |            |                   |  |   |
| <b>Childhood Trauma Questionnaire: A Retrospective Self-Report (CTQ)</b>                     | Youth ages 12 & up                | 28-item questionnaire for a history of child abuse & neglect (physical/sexual/emotional abuse & emotional neglect); Includes a minimization/denial scale for detecting individuals who may be underreporting traumatic events   | 5 minutes  | Client            | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided         | Agency must purchase from <a href="#">Pearson</a>             |

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| <b>Report of Post-Traumatic Symptoms – Child (CROPS) OR Parent (PROPS)</b>                                  | Youth ages 7-17<br><u>OR 6-17</u>                 | 26-item scale that assesses posttraumatic symptoms; Acceptable for use with youth who do not have an identified traumatic event; Can be used to monitor changes in symptoms over time   | 5 minutes                            | Client, Youth Care Worker, or Parent/ Guardian | Psychologists or those under the supervision of psychologists   | Agency must purchase from <a href="#">Child Trauma Institute</a>                                    |
| <b>Juvenile Victimization Questionnaire 2<sup>nd</sup> Revision (JVQ-R2) - Reduced Item OR Screener Sum</b> | Youth ages 8-17;<br>Adults                        | Screener for childhood victimization experiences (conventional crime, child maltreatment, peer/sibling victimization, sexual victimization, witness/indirect victimization); Forms available for youth, caregivers, or adults; Versions available to ask about lifetime experiences or experiences in the past year | 5-10 min.<br><u>OR</u><br>10-15 min. | Client or Parent/ Guardian                     | Training in psychological & epidemiological assessment; Para-professionals may administer under supervision | Free; Download from <a href="#">Crimes Against Children Research Center</a> ; Citation must be used |
| <b>Revised Conflict Tactics Scales (CTS2)</b>   | Adults  | 78-item tool to assess partner violence across 5 dimensions   | 10 minutes                           | Client or Youth Care Worker                    | Handbook provided   | Agency must purchase from <a href="#">WPS</a>   |
| <b>Conflict Tactics Scales: Parent-Child Version (CTSPC)</b>  | Parents/ caregivers of youth (Ages not specified) | 35-item tool to assess child maltreatment and parent-to-child violence; Scores 6 dimensions (nonviolent discipline, psychological aggression, physical assault, weekly discipline, neglect, sexual abuse)   | 10 minutes                           | Parent/ Guardian or Youth Care Worker          | Handbook provided   | Agency must purchase from <a href="#">WPS</a>   |
| <b>Abuse Risk Inventory for Women (ARI)</b>   | Adult women                                       | 25-item screening device to help identify women who have been, or are at risk of being, abused  | 10-15 min.                           | Client   | Manual provided   | Agency must purchase from <a href="#">Mind Garden</a>   |

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| <b>Child PTSD Symptom Scale (CPSS) – Self-Report OR Interview</b>   | Youth ages 8-18                       | 24-item measure to assess for the presence and frequency of PTSD symptoms during the past month in youth who have experienced a traumatic event   | 10-15 min.<br>OR<br>20 minutes | Client<br>OR<br>Youth Care Worker | Mental health professional with clinical training and diagnostic assessment experience                 | Free; Email request to foa@mail.med.upenn.edu      |
| <b>Adolescent Dissociative Experiences Scale (A-DES)</b>            | Youth ages 11-17                      | 30-item self-report measure of normative & pathological dissociation; A screening tool designed to identify youth in need of further assessment   | 10-15 min.                     | Client                            | None   | Unknown; Email request to jarmstrong@mizar.usc.edu |
| <b>Los Angeles Symptoms Checklist (LASC)</b>                        | Youth (Ages not specified); Adults    | 43-item measure of PTSD symptoms and general psychological distress; General distress items were developed to reflect symptoms that are often associated with PTSD  | 10-20 min.                     | Youth care worker                 | Qualified mental health professionals  | Free; Email request to King.lynda@va.gov           |
| <b>Trauma Events Screening Inventory – Self-Report (TESI-SRR)</b>   | Youth ages 8-18                       | Brief measure to screen for lifetime exposure to potentially traumatic events; May be administered as either a questionnaire (26 items, 10-30 min.) or as a semi-structured clinical interview (15 items, 20-30 min.) | 10-30 min.                     | Client or Youth Care Worker       | Licensed for independent practice in child assessment & psychotherapy w/ child trauma survivors/family | Free; Email request to ncptsd@ncptsd.org           |
| <b>Trauma Events Screening Inventory – Parent-Report (TESI-PRR)</b> | Parents/ caregivers of youth ages 4-7 | 26-item questionnaire to screen for a child’s lifetime exposure to potentially traumatic events as reported by their parent or guardian   | 10-30 min.                     | Parent/ Guardian                  | Same as above (for TESI-SRR)   | Free; Email request to ncptsd@ncptsd.org           |

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| <b>Juvenile Victimization Questionnaire 2<sup>nd</sup> Revision (JVQ-R2) - Abbreviated Interview OR Full Interview</b> | Youth ages 8-17;<br>Adults | Comprehensive evaluation of childhood victimization experiences (conventional crime, child maltreatment, peer/sibling victimization, sexual victimization, witness/indirect victimization); Forms available for youth, caregivers, or adults; Versions available to ask about lifetime experiences or experiences in the past year ( <i>Abb.</i> ); Supplements available to evaluate exposure to family violence, neglect, and relational victimization ( <i>Full</i> ) | 15-20 min.<br>OR<br>20-30 min. | Youth Care Worker | Training in psychological & epidemiological assessment; Para-professionals may administer under supervision | Free; Download from <a href="#">Crimes Against Children Research Center</a> ; Citation must be used |
| <b>Trauma Symptom Checklist for Children (TSCC)</b>  | Youth ages 8-16            | 54-item self-report tool measures posttraumatic stress and related psychological symptomatology in youth who have experienced traumatic events (physical/ sexual abuse, major loss, natural disasters, witness to violence); Useful in assessing symptoms related to acute, single-event traumas as well as repeated or chronic trauma exposure; Can be used to monitor symptom changes over time/ treatment   | 15-20 min.                     | Unknown           | Requires <a href="#">PAR Qualification B</a> ; Manual provided  | Agency must purchase from <a href="#">PAR</a>   |

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| <b>UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI)</b>                   | Youth ages 7-18   | Self-report measure to assess a youth's history of exposure to potentially traumatic events and screen for frequency of DSM-IV PTSD symptoms; Child (7-12), adolescent (13-18), and parent-report versions available  | 15-30 min. | Client or Youth care worker | Qualified mental health professionals or graduate student under the supervision of a licensed masters level clinician                   | Free; Email request to <a href="mailto:rpynoos@mednet.ucla.edu">rpynoos@mednet.ucla.edu</a> or <a href="mailto:Asteinberg@mednet.ucla.edu">Asteinberg@mednet.ucla.edu</a> |
| <b>Trauma Symptom Inventory-2 (TSI-2)</b>   | Adults            | 136-item assessment evaluates posttraumatic stress and other psychological sequelae of traumatic events (sexual/physical assault, intimate partner violence, combat, torture, motor vehicle accidents, mass casualty events, medical trauma, traumatic losses, childhood abuse/neglect)             | 20 minutes | Unknown                     | Requires <a href="#">PAR Qualification B</a> ; Manual provided  | Agency must purchase from <a href="#">PAR</a>   |
| <b>Clinician-Administered PTSD Scale for DSM-5 – Child/Adolescent Version (CAPS-CA-5)</b> | Youth ages 7 & up | 30-item scale assesses the 20 DSM-5 PTSD symptoms; Questions target onset & duration of symptoms, subjective distress, impact on social functioning, development impairment, overall response validity, overall PTSD severity, improvement of symptoms, and specifications for dissociative subtype | Unknown    | Youth care worker           | Master's degree in clinical discipline; 4.5 hour <a href="#">online training</a> ; Technical manuals available from <a href="#">WPS</a> | Agency must complete an <a href="#">Assessment Request Form</a> or purchase from <a href="#">WPS</a>  |

| FAMILY COHESION/FUNCTIONING                   |  |  |               |                                 |  |  |
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| <b>Eyberg Child Behavior Inventory (ECBI)</b> | Youth ages 2-16                            | 7-point intensity scale and a yes-or-no problem scale that assesses the current frequency & severity of disruptive behaviors in the home setting and the extent to which parents find the behavior troublesome                             | 5 minutes     | Parent/<br>Guardian             | Requires <a href="#">PAR Qualification B</a> ; Manual provided | Agency must purchase from <a href="#">PAR</a>  |
| <b>Protective Factors Survey (PFS)</b>        | Youth (Ages not specified)                 | 20-item survey assesses the perceived presence of 5 protective factors against child abuse and neglect (family functioning/resiliency, social support, concrete support, child development/knowledge of parenting, nurturing & attachment) | 10-15 min.    | Parent/<br>Guardian             | Training protocols are provided in the manual                  | Free: Download from <a href="#">FRIENDS National Resource Center</a>                           |
| <b>Family Environment Scale (FES)</b>         | Youth age 11 & up and their family members | 90-item assessment that evaluates the social environment of the family unit through 3 dimensions and 3 perceptions: real, ideal, expected  | 15-20 minutes | Client and their family members | Manual provided  | Agency must purchase from <a href="#">Mind Garden</a>  |
| <b>Caregiver Wish List (CWL)</b>              | Youth ages 3-19                            | Computerized interview that allows parents/caregivers to report on their children and their own parenting behaviors across 6 key areas   | 30 minutes    | Parent/<br>Guardian             | None   | Agency must purchase from <a href="#">Multi-Health Systems</a> & pay an Annual Maintenance Fee |

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| <b>North Carolina Family Assessment (NCFAS)</b>   | Family members of all ages    | Designed to examine family functioning in 5 domains; Conducting assessment at the beginning of service, at 90-day intervals, and at the end of service provides workers with the opportunity to prioritize goals and services; Obtaining sufficient information may require a number of hours of face-to-face contact with the family and collateral sources | 30-40 min.                                 | Youth Care Worker | Self-administered training requires several hours to complete; Training may be completed individually or in groups  | Agency must receive permission and purchase from <a href="#">National Family Preservation Network</a> |
| <b>LIFE SKILLS and INDEPENDENT LIVING</b>   |                               |  |  |                   |   |   |
| <b>Vineland Adaptive Behavior Scales, Second Edition (Vineland-II) – Survey Interview Form OR Parent/Caregiver Rating Form OR Expanded Interview Form</b> | Youth ages birth & up; Adults | <b>Targeted assessment OR rating scale OR in-depth expanded assessment</b> that supports diagnosis of intellectual and developmental disabilities, autism, and developmental delays; Helps to determine eligibility/qualification for special services, plan rehabilitation or intervention programs, and track & report progress                            | 20-60 min. (Survey & Rating) OR 25-90 min. | Parent/Guardian   | Requires <a href="#">Pearson Qualification Level B</a> ; <a href="#">Online webinars</a> available; Manual provided | Agency must purchase from <a href="#">Pearson</a>   |



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| <b>Casey Life Skills Assessment (CLSA)</b>   | Youth ages 14-21              | Assesses the behaviors and competencies youth need to achieve their long term goals; Designed to be used in a collaborative conversation between a case worker and youth; Additional supplements available; Appropriate for all youth regardless of whether they are in foster care, live with their biological parents, or reside in a group home | 30-40 min. | Client            | Practitioners Guide and other resources available from <a href="#">Casey Family Programs</a> | Free; Sign up to administer through <a href="#">Casey Family Programs</a> |
| <b>Daniel Memorial Institute Independent Living Assessment for Life Skills – Short OR Long</b> | Youth ages 15 & up            | A <a href="#">90-item</a> OR <a href="#">231-item</a> interview assessment covering <a href="#">14</a> OR <a href="#">16</a> independent living categories; Designed for administration in one-on-one situations   | Unknown    | Youth Care Worker | None   | Agency must purchase from <a href="#">Daniel Memorial Institute</a>       |
| <b>VOCATIONAL/CAREER INTERESTS</b>   |                               |  |            |                   |  |   |
| <b>Picture Interest Career Survey – Second Edition (PICS)</b>                                  | Youth ages 10 & up;<br>Adults | 36 sets of pictures of people at work help youth identify occupational interests; Creates a profile of the youth that leads directly to career information and potential job matches; Designed for those with limited reading ability, special needs, or who might struggle with text-based assessments  | 10-15 min. | Client            | Manual provided  | Agency must purchase from <a href="#">JIST</a>                            |

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| <b>Adjective Check List – Success Factors at Work Report (ACL-SFW)</b> | Youth in high school or older;<br>Adults  | Checklist of 300 adjectives and adjectival phrases commonly used to describe a person’s personality;<br>Generates a report presenting results on 30 scales to assess 6 work success factors  | 10-15 min. | Client | Manual provided  | Agency must purchase from <a href="#">Mind Garden</a> |
| <b>Career Interests, Preferences, and Strengths Inventory (CIPSI)</b>  | Youth ages 11-22  | Career exploration tool that identifies interests, strengths, general preferences, and favored careers; Youth’s choices are aligned with the U.S. Department of Education 16 Career Clusters   | 15-30 min. | Client | User Manual provided   | Agency must purchase from <a href="#">ProEd</a>       |
| <b>Career Beliefs Inventory (CBI)</b>                                  | Youth (Ages not specified);<br>Adults   | 96-item tool that measures a youth’s assumptions, generalizations, and beliefs about themselves and the world of work;<br>Ideal to use at the beginning of the career counseling process   | 25-30 min. | Client | None; Manual provided  | Agency must purchase from <a href="#">Mind Garden</a> |
| <b>Career Assessment Inventory – The Vocational Version (CAI)</b>      | Youth age 15 & up planning to enter careers right after HS or to attend community college/<br>tech school | 305-item assessment that compares an individual’s vocational interests to those of individuals in 91 specific careers (including skilled trades and technical and service professions) that require 2 years or less of post-secondary training; Inventory can be used to help clients develop career and study plans | 35-40 min. | Client | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided | Agency must purchase from <a href="#">Pearson</a>     |

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| <b>Career Assessment Inventory – The Enhanced Version (CAI)</b>                               | Youth ages 15 and up;<br>College-bound or non-college bound | 370-item assessment that compares an individual’s occupational interests to those of individuals in 111 specific careers that reflect a broad range of technical and professional positions; Inventory can be used to help clients develop career and study plans  | 40 minutes                                 | Client | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided   | Agency must purchase from <a href="#">Pearson</a>                      |
| <b>ACADEMIC SKILLS</b>  |   |  |  |        |  |  |
| <b>Wide Range Achievement Test 4 (WRAT4)</b>  | Youth ages 5 & up;<br>Adults                                | Academic skills assessment that measures reading skills, math skills, spelling, and comprehension  | 35-45 min.                                 | Client | Requires <a href="#">Pearson Qualification Level B</a> ; Manual provided   | Agency must purchase from <a href="#">Pearson</a>                      |
| <b>Tests of Adult Basic Education 9 &amp; 10 (TABE 9&amp;10) – Survey OR Complete Battery</b> | Youth ages 14 & up;<br>Adults                               | <b>100-item OR 195-item</b> assessment of basic skills in reading, mathematics, language, vocabulary, mechanics, and spelling; Focused on key factors required for vocational training programs and most often demanded by employers; Comes in 4 test levels from Easy to Advanced ( <b>Survey</b> ) OR 5 test levels from Limited literacy to Advanced ( <b>Complete Battery</b> ); Pre- and post-tests allow growth to be measured; Wide range of accommodation materials available to help evaluate the skills of adults with special needs | <b>1.5 hours</b><br>OR<br><b>2.5 hours</b> | Client | Can be administered by adult educators who have a general knowledge of measurement principles and are willing to abide by the assessment standards of the American Psychological Association | Agency must purchase from <a href="#">Data Recognition Corporation</a> |

| PERMANENT CONNECTIONS   |                                    |  |            |                   |   |   |
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| <b>Inventory of Socially Supportive Behaviors (ISSB) – Short Form</b> | None specified                     | 19-item self-report measure designed to assess how often individuals received various forms of assistance (e.g. advice, encouragement, etc.) during the preceding month  | Unknown    | Client            | Information about scoring can be found <a href="#">here</a>   | Free; PDF available <a href="#">here</a>  |
| <b>Youth Connections Scale</b>  | Youth (Ages not specified)         | Tool to measure permanent, supportive connections for youth in foster care and to guide case planning around strengthening youth connections to caring adults  | Unknown    | Youth Care Worker | Minimal; ½ hour training module available from the <a href="#">Center for Advanced Studies in Child Welfare</a> | Free; Download tool and Implementation & Scoring Guide from the <a href="#">Center for Advance Studies in Child Welfare</a> |
| COMPREHENSIVE CASE PLANNING TOOLS                                     |                                    |  |            |                   |   |   |
| <b>Global Appraisal of Individual Needs Q3 Standard (GAIN-Q3)</b>     | Youth (Ages not specified); Adults | Consists of nine screeners (background, school problems, work problems, physical health, sources of stress, risk behaviors & infectious diseases, mental health, substance abuse, and crime & violence); Computes a measure of participants' quality of life and collects information on frequency of service utilization and behavior during the past 90 days | 25-35 min. | Youth Care Worker | 7 hours of self-paced online training required to gain certification  | Agency must purchase from <a href="#">GAIN Coordinating Center</a>  |

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| <b>Global Appraisal of Individual Needs Initial (GAIN-I)</b>  | None specified  | A comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, and treatment planning; Contains over 100 scales and subscales; Sections cover background, substance use, physical health, risk behaviors & disease prevention, mental & emotional health, environment & living situation, legal, and vocational needs | 1.5-2.5 hours | Youth Care Worker | 7 hours of self-paced online training required to gain certification  | Agency must purchase from <a href="#">GAIN Coordinating Center</a>  |
| <b>Self-Sufficiency Matrix</b>  | None specified  | A customizable case management tool (with up to 25 key outcome areas) that documents the progress or maintenance of client skills and abilities by providing a clear illustration of where a client has strengths, as well as where to focus additional energy to generate improvement  | Unknown       | Youth care worker | Instructions available <a href="#">here</a>   | Free; Content to customize your own tool is available <a href="#">here</a> ; A sample of a customized tool can be found on the <a href="#">HUD Exchange</a> |
| <b>Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment (CANS-Comprehensive)</b> | Youth ages 5-22 | A comprehensive assessment to help providers get to know youth & families, learn about issues they are facing, and discover their hopes/goals for treatment and/or services   | Unknown       | Youth Care Worker | Some; Providers must become certified by completing an online or in-person training program & passing an exam | \$12 to become certified; Information available from Vermont AHS: <a href="#">Integrating Family Services</a>   |

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|---|----------------------------|---|---------|---------|---------|---|
| <b>Youth Outcome Questionnaire Treatment Support Measure (Y-OQ TSM)</b> | Youth (Ages not specified) | Tool designed to work in conjunction with the Y-OQ 2.01, Y-OQ SR 2.0, or Y-OQ 30.2 (see Mental Health & Overall Well-Being Section); Designed as a treatment planning tool to assist therapists working with children, youth, and their parents or guardians and as a clinical support tool to provide therapists with actionable feedback when youth are not making expected progress in treatment; Results obtained at the beginning of treatment can be used to identify client strengths and weaknesses which can be used in treatment planning | Unknown | Unknown | Unknown | Agency must purchase from <a href="#">OQ Measures</a> |
| <b>Partners for Change Outcome Management System (PCOMS)</b>            | None specified             | Two simple clinical tools (Outcome Rating Scale, Session Rating Scale) provide data that is integrated into clinical practice through Feedback-Informed Treatment (a method for using client feedback regarding the therapeutic alliance and outcome of care to inform, tailor, and improve service delivery)   | Unknown | Client  | Unknown | Agency must <a href="#">purchase</a>                  |

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## MEMO

Re: Medicaid billing for aftercare services

January 10<sup>th</sup>, 2018

VCRHYP member agencies are allowed to submit Medicaid billing requests for aftercare services provided to youth who have closed out of VCRHYP programming. This memo provides information about when aftercare is billable, what must be documented in client files, and the process to submit billing for aftercare services.

### ***When is aftercare billable?***

Aftercare services are billable when services meet the same monthly threshold as any other billable services. This means that a minimum of two contacts must be made with a youth/ family within a month and at least one of those contacts must be in person and significant.

#### *Examples of billable contacts:*

- *You met with client to review a resume or help fill out some paperwork.*
- *You met with client for 30 minutes of general conversation about housing stability or issues related VCRHYP programming*

#### *Examples of non-billable contacts:*

- *The client is engaged in other non-VCRHYP programming at your agency*
- *You saw client at the agency as they were getting another service and chatted in the hall for 5 minutes*
- *The client called with a question and you answered it in 10 minutes*

### ***What documentation must be in place to bill for aftercare services?***

Aftercare services are billable when the following documentation exists in a client's file:

- An active Plan of Care (see below for more information)
- Contact notes demonstrating that at least the minimum amount of contact was made with a youth/ family in the month

In order to ensure that an active Plan of Care is in place, any agency who bills for aftercare services will be required to use the updated VCRHYP Aftercare Plan template for any youth who exit services after January 31<sup>st</sup>, 2018.

The VCRHYP Aftercare Plan template (attached) has been updated to include a section where youth identify a housing goal that the provision of aftercare services by the agency will support. This goal may be related to the maintenance of stable housing (if they exit to a stable housing location) or be related to securing stable housing in the future. The housing goal for youth exiting Family Reunification/ Stabilization programs

can be focused specifically on healthy family relationships, if appropriate. A licensed clinician, who assigns the diagnosis code used for Medicaid billing, must sign the Aftercare Plan. An Aftercare Plan with the above elements will be considered active for the purposes of billing for 12 months after it is signed and dated.

If a youth exits services prior to January 31<sup>st</sup>, 2018, an agency must have a signed Plan of Care in that youth's file that has been created within the last 6 months in order to submit billing for aftercare services.

***What is the process to bill for aftercare services?***

VCRHYP has updated the Medicaid billing invoice to include a column titled Aftercare. If an agency is submitting billing for a youth who is receiving aftercare services, that column must be checked. If unchecked, the invoice will be held up due to the youth being closed in HMIS, but appearing on an invoice. If the aftercare column is checked, this will indicate to the VCRHYP administrative team that the youth has exited services (and will appear closed in HMIS), but that the necessary documentation exists in the youth's file to submit for billing.

Please make sure that any staff members at your agency who submit billing have the updated Medicaid billing invoice and are aware of what needs to be in place to submit billing for aftercare.

If you have questions, contact Jane at [jparker@vcrhyp.org](mailto:jparker@vcrhyp.org) or Ari at [akisler@vcrhyp.org](mailto:akisler@vcrhyp.org).

## VCRHYP Aftercare Plan

Youth name: \_\_\_\_\_

HMIS ID #: \_\_\_\_\_ Date plan is completed: \_\_\_\_\_

Where are you planning to live at time of program exit?

\_\_\_\_\_

Can you identify a few people that you can depend on for help after leaving the program (a.k.a. your support network)?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is your current housing goal (e.g. maintain stable housing, find stable housing, maintain positive relationships at home, etc.)?

\_\_\_\_\_

What steps do you plan to take to achieve this housing goal?

\_\_\_\_\_

\_\_\_\_\_

How can the agency support you in achieving your housing goal (e.g. schedule check-in calls, assist you in connecting with other resources, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What additional aftercare services would be helpful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Youth signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian signature (if appropriate)

\_\_\_\_\_  
Date

**To be completed by youth care worker:**

What referrals to resources outside of your program were provided (both during service provision and during the aftercare planning process)?

|   |  |
|---|--|
| <input type="checkbox"/> Education supports       | <input type="checkbox"/> Reach Up benefits/services                            |
| <input type="checkbox"/> Employment supports      | <input type="checkbox"/> Food assistance                                       |
| <input type="checkbox"/> Medical care             | <input type="checkbox"/> Economic supports                                     |
| <input type="checkbox"/> Dental care              | <input type="checkbox"/> Emergency shelter                                     |
| <input type="checkbox"/> Health insurance         | <input type="checkbox"/> Domestic violence agency                              |
| <input type="checkbox"/> Sexual health services   | <input type="checkbox"/> Housing supports                                      |
| <input type="checkbox"/> Parenting supports       | <input type="checkbox"/> Childcare   |
| <input type="checkbox"/> Legal assistance         | <input type="checkbox"/> Probation/parole                                      |
| <input type="checkbox"/> Social security benefits | <input type="checkbox"/> Life skills training                                  |
| <input type="checkbox"/> Counseling/therapy       | <input type="checkbox"/> Law enforcement                                       |
| <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> Transportation resources                              |
| <input type="checkbox"/> Residential treatment    | <input type="checkbox"/> Sports/social activities                              |
| <input type="checkbox"/> Mentoring program        | <input type="checkbox"/> Resources to obtain personal identification documents |
| <input type="checkbox"/> Other: _____             |  |

\_\_\_\_\_  
Youth care worker signature

\_\_\_\_\_  
Date

***The following section must be completed by a licensed clinician in order for aftercare services to be billable:***

Diagnosis code: \_\_\_\_\_

\_\_\_\_\_  
Licensed clinician signature

\_\_\_\_\_  
Date

## Vermont Coalition of Runaway and Homeless Youth Programs

| VCRHYP Medicaid Reimbursement System Documentation Checklist |                        |
|--|------------------------|
| <b>Agency:</b>   | <b>Date of review:</b> |
| <b>Review period:</b>  | <b>Reviewers:</b>      |

| Medicaid Compliance Checklist  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Case initials</b>   |  |  |  |  |  |  |
| <b>Date of Birth</b>   |  |  |  |  |  |  |
| <b>Open Date</b>   |  |  |  |  |  |  |
| <b>Discharge Date</b>  |  |  |  |  |  |  |
| <b>PLAN OF CARE</b>  |  |  |  |  |  |  |
| <b>Plan of Care Present</b>  |  |  |  |  |  |  |
| <b>Developed within 30 days of initiating services</b>                       |  |  |  |  |  |  |
| <b>Signed by youth and/or parent</b>   |  |  |  |  |  |  |
| <b>Signed by youth care worker</b>   |  |  |  |  |  |  |
| <b>Signed by licensed practitioner within 30 days of initiating services</b> |  |  |  |  |  |  |
| <b>Diagnosis Code</b>  |  |  |  |  |  |  |
| <b>Goals identified</b>  |  |  |  |  |  |  |
| <b>Strategies identified</b>   |  |  |  |  |  |  |
| <b>Indicators of Progress identified</b>                                     |  |  |  |  |  |  |
| <b>Plan of Care updated every 6 months</b>                                   |  |  |  |  |  |  |

| Case Initials   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>CONTACT/PROGRESS DOCUMENTATION</b>   |  |  |  |  |  |  |
| <b>Contact/Progress Notes Present</b>   |  |  |  |  |  |  |
| <b>Dates of contact identified</b>  |  |  |  |  |  |  |
| <b>Contact Notes initialed by appropriate staff</b>                                 |  |  |  |  |  |  |
| <b>DISCHARGE &amp; AFTERCARE PLAN</b>   |  |  |  |  |  |  |
| <b>Discharge summary present</b>  |  |  |  |  |  |  |
| <b>Summary includes living situation at exit</b>                                    |  |  |  |  |  |  |
| <b>Aftercare plan created</b>   |  |  |  |  |  |  |
| <b>Aftercare plan dated</b>   |  |  |  |  |  |  |
| <b>Aftercare plan signed by staff</b>   |  |  |  |  |  |  |
| <b>FILE DOCUMENTATION AND CONSISTENCY BETWEEN DOCUMENTATION &amp; HMIS DATABASE</b> |  |  |  |  |  |  |
| <b>File documentation well organized</b>  |  |  |  |  |  |  |
| <b>File documentation appears consistent with data entered in HMIS database</b>     |  |  |  |  |  |  |
| <b>Monthly update data maintained</b>   |  |  |  |  |  |  |
| <b>TLP outcomes entered at program exit (if applicable)</b>                         |  |  |  |  |  |  |

| Case Initials   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>USE OF BEST PRACTICE STRATEGIES/POSITIVE YOUTH DEVELOPMENT APPROACH</b>  |  |  |  |  |  |  |
| <b>Use of Evidence-based or informed screening &amp; assessment tools</b>   |  |  |  |  |  |  |
| <b>Youth's strengths identified as part of assessment/case planning</b>   |  |  |  |  |  |  |
| <b>Resiliency Assessment completed at intake, exit &amp; every 6 months of service</b>  |  |  |  |  |  |  |
| <b>Service plan was created with youth input</b>  |  |  |  |  |  |  |
| <b>Strategies for accomplishing goals leverage existing strengths</b>   |  |  |  |  |  |  |
| <b>Indicators of Progress reflect youth input &amp; relate to goals</b>   |  |  |  |  |  |  |
| <b>Nature of contacts attentive to helping youth accomplish their goals</b>   |  |  |  |  |  |  |
| <b>Contact/Progress notes demonstrate consistent contact with youth</b>   |  |  |  |  |  |  |
| <b>Contact/Progress notes identify progress youth is making towards goals</b>   |  |  |  |  |  |  |
| <b>Evidence that youth is being connected to available community resources</b>  |  |  |  |  |  |  |
| <b>Documentation reflects use of evidence based or informed practices</b> <i>Ie: trauma-informed approach, harm reduction, etc.</i> |  |  |  |  |  |  |
| <b>Aftercare Plan identifies ongoing supports and ensures youth knows how to maintain contact with agency</b>                       |  |  |  |  |  |  |

**LEVEL OF COMPLIANCE WITH VCRHYP MEDICAID REQUIREMENTS**

**IN FULL COMPLIANCE**

**IN COMPLIANCE, WITH FOLLOW-UP NEEDED**

**NOT IN COMPLIANCE – CORRECTIVE ACTION REQUIRED**

**COMMENTS:**

**Reviewer:**

**Date:**

**Reviewer:**

**Date:**

**Reviewer:**

**Date:**