In-Home Assessment & Vineland-3 Guide

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Comagine Health

Our Core Principles

Our core principles guide every interaction with recipients and their support team. These principles are fundamental to our commitment to providing exceptional service and ensuring a positive experience for everyone. We strive to embody these principles in all aspects of our work, from initial contact to resolution of any issues.

1

Empathy

Understanding and acknowledging the perspective of the recipient we are interacting with, showing compassion and genuine concern for their needs and well-being. It involves recognizing their emotions and responding thoughtfully to create a sense of support and connection.

2

Respect

Treating everyone with dignity and courtesy, regardless of their background, circumstances, or communication style. It involves recognizing each person's inherent worth, honoring their background and experiences, and maintaining a considerate, inclusive approach in all interactions.

3

Professionalism

Maintaining a high standard of conduct, communication, representing Comagine Health with integrity and accountability. This involves being reliable, respectful, and focused in every interaction, maintaining clear and courteous communication, and managing our responsibilities with diligence.

4

Efficiency

Streamlining processes and minimizing wait times to provide prompt and efficient service, ensuring that our interactions are timely and productive. It involves using resources well, identifying opportunities for improvement, and reducing unnecessary steps in workflows. By focusing on efficiency, we aim to meet or exceed response time expectations.

5

Communication

Effective communication is key to delivering exceptional service and building trust with our recipients. It means actively listening to understand each recipient's needs, providing clear and accurate information, and confirming mutual understanding.

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Role of the In-Home Assessor

Comagine Health's in-home assessors are neutral, trained professionals responsible for gathering accurate and standardized information about a recipient's functional abilities within their natural living environment. The assessor's role requires balancing technical accuracy with respectful, person-centered engagement, ensuring that recipients and families understand the assessment process while maintaining strict adherence to standardized protocols.

1. ***Conducting face-to-face assessments*** in the recipient's residence or other approved community setting, ensuring the environment is appropriate, private, and conducive to an interview.
2. ***Explaining the purpose and process of the assessment in plain language,*** including what the assessment is, why it is being conducted, how the information will be used, and what the assessor can and cannot determine.
3. ***Administering the Vineland-3 Comprehensive Interview Form via Q-global*** in accordance with standardized administration requirements, asking questions exactly as written and using neutral prompts only when clarification is needed.
4. ***Identifying and working with the most appropriate respondent,*** such as the recipient, caregiver, guardian, or legally authorized representative, who has sufficient knowledge of the recipient's day-to-day functioning.
5. ***Observing functional skills and environmental context*** when appropriate to better understand responses, while ensuring that observation does not replace standardized interview scoring.
6. ***Monitoring recipient comfort, fatigue, and emotional responses***, adjusting pacing, offering breaks, or rescheduling when necessary to support accurate and respectful data collection.
7. ***Maintaining professional boundaries and neutrality***, avoiding coaching, leading responses, or expressing personal opinions about services, eligibility, or outcomes.
8. ***Documenting findings accurately and objectively,*** ensuring that responses, observations, and required notes clearly reflect the information provided by the respondent and the context of the assessment.
9. ***Protecting confidentiality and complying with HIPAA requirements*****,** including safeguarding protected health information (PHI) and maintaining secure use of Q-global and other systems.
10. ***Submitting completed assessments and documentation within required timelines*****,** following current standard operating procedure's (SOP) and program requirements. In-home assessors do **not** determine eligibility or services. Their role is to collect reliable, standardized information that supports fair, consistent, and defensible program decisions within New Mexico HCBS programs.

Pre-Visit Preparation for In-Home Assessment

Pre-visit preparation is important to ensure the assessor has advance knowledge of any special accommodations, safety concerns, arrival instructions, and specific location details needed for the visit. Assessors will contact the recipient or caregiver ahead of time to schedule the assessment at a date and time that works best for them. During this call, assessors should briefly explain what the visit will include and how long it may take, which can help reduce anxiety and build trust. Assessors should also confirm who will be present for the interview.

Before the visit, in-home assessors must:

1. C**onfirm recipient demographics, address, and contact information.** Assessors must verify the recipient's physical address is the same as the address provided on the Income Support Division (ISD) application or current address changes is on file with ISD.
2. **Verify the authorized respondent**, confirming whether the interview will be completed with the recipient, guardian, caregiver, or legally authorized representative, and ensuring that the identified respondent has sufficient knowledge of the recipient's daily functioning.
3. **The representative gathers necessary information** from the recipient to understand their needs and concerns.
4. **Confirm language and communication needs**, including preferred language, hearing or communication supports, and arrange interpreter services or accommodations in advance when required.
5. **Review prior assessment history or available records**, when accessible, to understand context, note prior accommodations, and prepare for potential areas requiring clarification, without pre-judging outcomes.

This is important because case management agencies assist recipients in ensuring their contact information is current and accurate, allowing assessments to be scheduled and completed without unnecessary delays. Up-to-date phone numbers, addresses, and authorized representative details reduce missed appointments and repeated outreach, allowing assessments to proceed efficiently. This coordination supports timely service planning and authorizations while minimizing burden on recipients and their support teams.

What to Expect at the In-Home Assessment

In-Home Assessment Overview:

The in-home assessment is a person-centered interview conducted in the recipient's home or approved community setting to gather information about daily living skills. Completing the interview in the recipient's natural environment supports an accurate understanding of typical adaptive behavior while minimizing disruption for the recipient and their support system. The Vineland-3 Interview Form is used to collect consistent data related to adaptive functioning. Assessors are expected to follow established procedures, communicate clearly and respectfully, and remain attentive to recipient comfort throughout the visit to support reliable and ethically sound results. The in-home assessment does not determine program eligibility and is not required to establish an individual budget.

The Length of the Visit:

Each assessor allows two hours for the visit. Depending on the form used, the questions can take 45-90 minutes **(recipients must be present for the interview)**.

Arrival and Recipient Engagement:

The arrival and introduction set the tone for the entire assessment. Upon arrival, assessors must present themselves professionally (showing their employee badge) and ensure the recipient understands who they are and why they are there.

Assessors will always:

- Verify the recipient's identity using two identifiers, such as name and date of birth, before proceeding.
- Confirm consent to proceed with the assessment and address any immediate questions or concerns before beginning.
- Conduct the interview in a private and comfortable area when possible, minimizing distractions and protecting confidentiality.
- Use a calm, respectful, and nonjudgmental tone, demonstrating professionalism and empathy throughout the interaction.
- Remain attentive to recipient comfort, fatigue, and emotional cues, adjusting pacing, offering breaks, or pausing the assessment when needed to support recipient well-being and data accuracy.

Information Used by In-Home Assessors for the Vineland-3

Prior to conducting a recipient's in-home assessment, in-home assessors collect a limited set of demographic and identifying information to appropriately prepare and administer the Vineland-3 questions. This information supports accurate documentation and ensures the assessment tool is completed correctly.

The assessor enters the following information into the assessment system:

- Full legal name
- Date of birth
- Gender
- Episode number
- Name fo the individual responding to the assessment questions and their relationship to the receipient

When the Vineland-3 Comprehensive Form is used vs. the Domain-Level Form

Vineland-3 Comprehensive Interview Form

The Comprehensive Interview Form is used when a complete and detailed picture of an individual's adaptive functioning is needed across all Vineland-3 domains. This form provides the most thorough assessment of everyday functioning and requires more time to administer than other Vineland-3 formats.

***The comprehensive form is commonly used by assessors.**

Vineland-3 Domain-Level Interview Form

The Domain-Level Form is used when information is needed for specific areas of functioning only, rather than a full assessment.

The Domain-Level Form would be utilized:

- When the participant is nonverbal, minimally verbal, and/or immobile
- When there is cognitive fatigue, medical limitations, or endurance concerns
- When the participant's tolerance, availability, or cognitive fatigue makes a shorter, more focused interview more appropriate.

Vineland-3 Overview

The Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) is an individually-administered measure of adaptive behavior that is widely used to assess individuals with intellectual, developmental, and other disabilities. The three administration formats help describe each recipient's profile from a different and important point of view.

The Vineland-3 Form (for ages 0–90+) uses the time-honored semistructured interview technique to licit information about the examinees adaptive functioning from them self, or a parent or caregiver.



We use the Vineland-3 to:

- Understand daily living skills.
- Learn how the recipient communicates.
- See how they interact with others.
- Understand independence and support needs.
- This information helps make fair service decisions and ensures the recipient gets the right level of support.



What Kind of Questions Are Asked?

The interviewer asks questions about everyday activities, such as:

- Communicating needs
- Following directions
- Dressing, eating, and personal care
- Social skills and behavior
- Making choices and staying safe



Who Answers the Questions? The questions are answered by:

- The recipient (if appropriate), or
- Parent, guardian, caregiver, or support person who has the most knowledge of the recipient's daily living.

Vineland-3 Methodology

Purpose of This Section

This section explains how Vineland-3 results are methodologically obtained, appropriately interpreted, and translated into waiver service planning. The Vineland-3 is not a diagnostic tool it is a functional assessment used to understand everyday adaptive behavior and associated support needs.

Vineland-3 Methodology

The Vineland-3 is a standardized, semi-structured interview designed to measure typical adaptive functioning in natural environments. Information is collected from a respondent who has sufficient, ongoing knowledge of the recipient's daily functioning (recipient, guardian, caregiver, or support provider).

Key Methodological Principles

- Naturalistic focus: Captures what the recipient usually does, not maximum or ideal performance.
- Behaviorally anchored items: Responses must be supported by concrete examples.
- Standardized scoring: Interviewers follow fixed scoring rules to ensure reliability across assessors and regions.
- Structured clinical judgment: Probing is permitted, but scoring must align strictly with item criteria.

Methodological Boundaries

- The Vineland-3 does not measure intelligence, academic achievement, psychiatric diagnosis, or medical status.
- Scores reflect functional impact, not effort, motivation, or service availability.

Scope of the Vineland-3

The Vineland-3 assesses adaptive behavior across four domains, which collectively describe how a receipient manages communication, daily tasks, social demands, and (when applicable) motor functioning.

Domains Assessed:

1) **Communication**
   Receptive, expressive, and written communication used in daily life.

2) **Daily Living Skills**
   Personal care, domestic tasks, and community functioning.

3) **Socialization**
   Interpersonal interaction, leisure participation, and coping skills.

4) **Motor Skills** *(primarily relevant for younger recipients)* Gross and fine motor abilities affecting functional independence.

Key Principle:

Vineland-3 domains do not map one-to-one to a single service.
Instead, they inform why a service is needed, how much support is required, and what type of assistance is appropriate.

Using Vineland-3 Results in Service Planning

Appropriate Use

- Establishes functional justification for services
- Supports amount, frequency, and type of assistance
- Informs person-centered planning discussions
- Provides audit-defensible rationale for service decisions

Inappropriate Use

- Using a single domain score to auto-assign services
- Treating scores as diagnoses
- Ignoring contextual or environmental supports
- Using Vineland-3 results without narrative explanation

How Vineland-3 Responses are Scored

During the interview, the respondent answers questions about what the recipient usually does in everyday life. Each item is scored based on typical performance, not best-case ability.

Each question is scored as:

2 = Usually
The recipient performs the skill independently and consistently.

1 = Sometimes / Partially
The recipient performs the skill inconsistently or with help.

0 = Never
The recipient does not perform the skill.

Reminder:
Scoring reflects actual daily functioning, not potential, instruction, or what the recipient could do under ideal conditions.

From interview responses to scores (what the system does), assessors do not calculate scores manually.

After the interview:

1) Responses are entered into the Vineland-3 system, known as Q-Global.
2) Item scores are totaled within each subdomain.
3) Subdomain totals are converted into domain standard scores using age-based norms.
4) An Adaptive Behavior Composite (ABC) score is generated. This ensures scoring is standardized, objective, and age-appropriate.

Understanding Vineland-3 Score Types - Adaptive Behavior Composite (ABC Scores) & Domain

- Average = 100
- Standard Deviation = 15
- Score range typically 20–160

These scores allow comparison to same-age peers.

Score Range Interpretation

130+	Very High
115–129	Moderately High
86–114	Adequate / Average
71–85	Moderately Low
70 and below	Low

Reminder:
"Low" or "Moderately Low" does not mean failure, it indicates increased support needs.

V-Scale Scores: Subdomain vs. Maladaptive Behavior -A standardized score used for subdomains and maladaptive behavior scales.

Subdomain V-Scale Scores (Adaptive Behavior)

These measure what a person CAN do in daily life (e.g., communication, personal care, social skills)

How to Interpret:

Higher scores = stronger functioning

Lower scores = more support needed

20-24 (High), 18-19 (moderately high), 13-17 (average), 11-12 (moderately low), 1-10 (low)

Maladaptive Behavior V-Scale Scores

These measure problem behaviors (e.g., aggression, anxiety, self-injury)

How to Interpret:

Higher scores = MORE problematic behavior

Lower scores = FEWER concerns

18-24 (elevated), 15-17 (average), 1-14 (low)

What the Scores DO Tell Us:

- How the recipient functions compared to same-age peers
- Where support is consistently needed
- Patterns across skill areas (strengths and limitations)
- Functional impact in daily life

What the Scores DO NOT Tell Us:

- Eligibility determinations
- Budget amounts
- Diagnoses
- Quality of care giving
- Recipient motivation or effort

Benefits of the Vineland-3 for Assessors

- Ensure accurate, neutral scoring
- Avoid coaching or rewording that changes meaning
- Clarify examples without leading the respondent
- Document typical performance, not exceptions

For Agencies, the Vineland-3 results can be used to:

- Support service justification in SSPs or ISPs
- Identify functional support needs
- Align services with documented daily challenges
- Develop realistic, functional goals

Example:

A low Daily Living Skills score may support increased personal care or skill-building supports, but does not automatically determine service level.

Vineland-3 Comprehensive Interview Form (CIF)
Quick Reference Sheet – Acronyms & Terms

Core Vineland-3 Acronyms

Acronym	Meaning	Plain-Language Use
Vineland-3	Vineland Adaptive Behavior Scales, Third Edition	Tool used to measure everyday life skills
CIF	Comprehensive Interview Form	Full interview used during in-home assessments
IF	Interview Form	Interview-based Vineland form
AB	Adaptive Behavior	Daily skills needed for independence
ABC	Adaptive Behavior Composite	Overall summary score of adaptive functioning
SS	Standard Score	Domain score compared to same-age peers
v-scale	V-scale Score	Subdomain-level score
PR	Percentile Rank	How the recipient compares to others their age
SD	Standard Deviation	Statistical comparison reference

Domains & Subdomains

Acronym	Meaning	What is Measured
COM	Communication	Understanding & using langage

Vineland-3 Comprehensive Interview Form (CIF)
Quick Reference Sheet – Acronyms & Terms
Continued

Domains & Subdomains

Acronym	Meaning	What is Measured
REC	Receptive	Understanding what others say
EXP	Expressive	Speaking and communicating skills
WRT	Written	Reading and writing skills (if applicable)
DLS	Daily Living Skills	Personal, home, and community skills
PS	Personal Skills	Eating, dressing, hygiene
DS	Domestic Skills	Household tasks
CS	Community Skills	Safety, money use, community access
SOC	Socialization	Social skills, play, coping
MOT	Motor Skills (if applicable)	Fine and gross motor abilities

Interview & Administrative Terms

Acronym	Meaning	Why It Matters
RSP	Respondent	Recipient answering interview questions

Vineland-3 Comprehensive Interview Form (CIF)
Quick Reference Sheet – Acronyms & Terms
Continued

Interview & Administrative Terms

Acronym	Meaning	Why it Matters
LAR	Legally Authorized Representative	Authorized decision-maker if needed
Q-global	Pearson digital platform	System used to administer and score
IHA	In-Home Assessment	Setting where CIF is completed
CM	Case Manager	Uses results for service planning
ISP/SSP	Individual/Service Support Plan	Plans informed by Vineland results

Scoring & Response Codes

Acronym	Meaning	Use
AE	Age Equivalent	Descriptive reference only
CI	Confidence Interval	Score reliability range
N/A	Not Applicable	Item does not apply
DK	Don't Know	Recipient unsure

- **Important Use Reminder**
  The Vineland-3 CIF does NOT determine eligibility. It does NOT set budgets.
- **It DOES provide standardized information that agencies may use to: support service requests, develop goals, and/or justify supports in the ISP/SSP.**