# APPENDIX G: REVIEW OF UNIFORM ASSESSMENT EFFORTS

Review of State and National Efforts to Conduct Uniform Assessments

Several universal assessment tools have been created across the country, designed to collect uniform or standardized data across service programs, populations, or geographic locations. These tools have been developed with three general purposes in mind: eligibility determination, service and support planning, and/or quality monitoring (see graphic below). Some tools are specifically designed to address one function, while others tackle more than one. Within this framework, the Balancing Incentive Program CSA effort focuses on eligibility determination and portions of service and support planning (i.e., identify support needs and inform service planning).
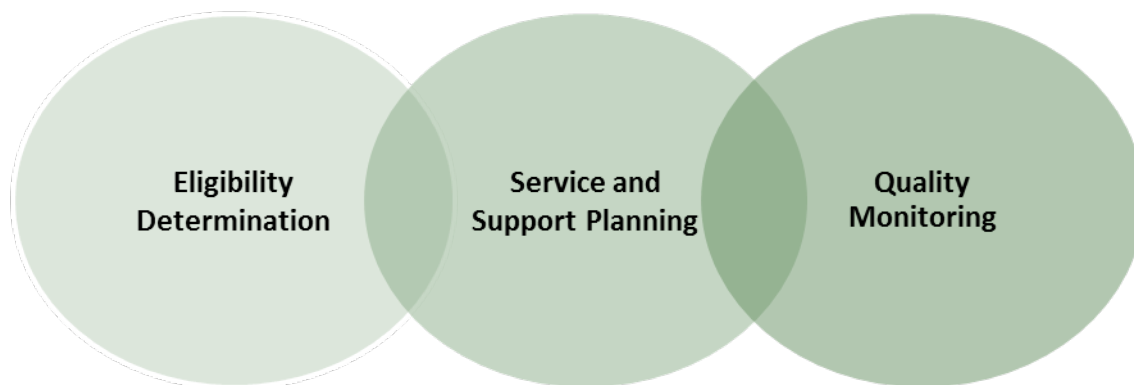
A review of twelve long-term care assessment tools used across the country (Gillespie, 2005) noted that while there is consistency in many of the topic areas addressed across tools, assessments vary by function/purpose, population assessed, level of automation, extent of integration with other systems, administration of the tools, and the specific questions included. The study also noted a movement toward utilizing assessment instruments that could be completed over the internet, and that questions generally fall into the broad categories of background information, health, functional assessment, and cognitive/social/emotional assessments.

To develop a framework for creating a program-compliant CSA, a range of instruments that serve the goals outlined in the Balancing Incentive Program (i.e., determine eligibility, identify support needs, and inform service planning) were reviewed. Some of the tools reviewed were developed for use within one particular State, while others were designed for use across multiple States. Some were designed to assess one particular population (e.g., aging adults, people with developmental disabilities), while others included multiple populations. Regardless, it is recognized that the design of uniform/universal assessment tools is a complex and involved process, requiring many person-hours, negotiations, instrument testing, and stakeholder buy in. Therefore, the logical first step in developing guidance related to a Balancing Incentive Program CSA and CDS involved reviewing these existing tools and processes.

Presented below are selected results of this environmental scan. They include:

Profiles of Selected State and National Tools

- Descriptions of notable State-specific efforts where work was undertaken to bring uniformity to their processes for assessing needs and making eligibility determinations across programs and populations.

- Descriptions of selected nationally recognized and utilized tools for functional and support need assessment.

Comparisons of Uniform Assessment Tools

- Comparisons of multiple assessment tools used throughout the United States for determining an individual's eligibility and/or needs for long-term services.

- Identification of common domains and data elements.

Profiles of Selected State and National Tools

Our national inventory of tools identified seven assessment tools developed at the State level, and six assessment instruments used more broadly across States worth profiling for their unique design qualities, processes, use across multiple populations or programs, functions, and/or capacity for automation. Each is briefly described below, highlighting its unique qualities:

Colorado – The Department of Human Services (DHS) and Department of Health Care Policy and Financing (HCPF) use the *Uniform Long Term Care* (ULTC) tool to assess individuals of all ages, and across populations. The tool is used alone or in combination with other tools to assess LTSS needs for DHS' community-based programs. For example, in the developmental disability system, the ULTC is used to determine an individual's level-of-care eligibility for Colorado's home and community-based services (HCBS) waiver programs, and in combination with the Supports Intensity Scale (SIS) to identify support needs to inform an individual's service planning process.[10]

Maine - Maine's *Medical Eligibility Determination (MED) Tool* is used to determine medical eligibility for a variety of State and Medicaid funded long-term care services. In use since 1998, the MED was built using the MDS-HC tool (described below) as a foundation, but modified and expanded to meet eligibility requirements for Maine-specific programs and services. The tool is automated and used Statewide. The MED also has a section assessing an individual's capacity for consumer-directed services.[11]

Massachusetts – The *Massachusetts Real Choice Functional Needs Assessment* was developed by the University of Massachusetts Medical School and the Center for Health Policy and Research between 2003 and 2005 as part of a CMS-funded Real Choice Systems Change Grant. While not ultimately selected for widespread use across the State, this modular assessment tool contains a core set of questions (including a Level I Intake section and a Level II Long-Term Supports section) that can be used regardless of

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[10] More information may be found at:
http://www.hcbs.org/moreInfo.php/source/152/ofs/100/doc/847/Colorado_Screening_Tool_ULTC_100.2
[11] More information can be found at: http://www.maine.gov/dhhs/oes/medxx/medxx.pdf

population or program, and a set of additional Level 3 "modules" to meet specific population, program or service information needs.[12]

Minnesota – In 2011, Minnesota's Department of Human Services (DHS) will begin using the web-based, *MnCHOICES Comprehensive Assessment* to assess the needs of children, adults, and the elderly for LTSS. DHS currently uses a variety of assessment and screening documents to determine eligibility for LTSS. The MnCHOICES tool will replace all long-term assessment processes to ensure greater consistency across all lead agencies in the State. Their goal is to implement a single framework for access to and assessment of coverage and services options. The assessment has three phases: initial screening/intake, a full health and functional assessment, and a support planning module. As an automated application, responses to specific questions trigger the addition or removal of subsequent questions, as required.

Virginia – Since 1994, all publicly funded health and human resource agencies in Virginia have been using the *Virginia Uniform Assessment Instrument* (UAI) to collect information for determining the long-term care needs and service eligibility for individuals, and for planning and monitoring their needs across agencies and services. The UAI contains both a short assessment (Part A) and a full assessment (Parts A and B). Part A is primarily an intake/screening document, which can be completed by phone, and used to assess whether or not a full assessment is needed. The full assessment (Part B) is a comprehensive evaluation of individual functioning, and is designed to gather enough information to begin a service plan. It is designed to be completed as a face-to-face interview with the individual.[13]

Washington – The Washington State Department of Social and Health Services uses the *Comprehensive Assessment Reporting Evaluation* (CARE) tool to determine eligibility for individuals applying to or receiving aging or disability services. Washington has used the CARE tool since 2003 to gather information for determining program eligibility, benefit level, and assist with services planning (including consumer choices and preferences).[14]

Wisconsin – Developed by the State's Department of Health Services, Wisconsin's Functional Screen system consists of three functional assessment tools: the *Wisconsin Adult Long Term Care Functional Screen*, the *Functional Eligibility Screen for Children's Long Term Support Programs*, and the *Functional Eligibility Screen for Mental Health and AODA (Co-Occurring) Services*. Each tool uses a web-based application to collect information about an individual's functional status, health, and need for assistance from programs serving the elderly, and/or people with physical or developmental disabilities. The screen determines functional eligibility for certain mental health services, adult long-term care programs and children's long-term support programs. Screeners (typically social workers, nurses or other professionals) who have taken an online training course and passed a certification exam are able to access and administer the screen. The children and adult tools have been tested and considered valid and reliable.[15]

CARE Tool - The CARE Tool was designed for implementation with Medicare populations, primarily those who are aging and/or have physical disabilities. Developed for use in acute and post-acute-care (PAC) settings participating in the PAC Payment Reform Demonstration, CARE was originally tied to payments made for services in relation to impacts on individuals. In other words, it was meant to serve as a tool for measuring quality of care in different contexts. It has been shown to be a valid and reliable

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[12] More information can be found at: http://www.adrc-tae.org/tiki-download_file.php?fileId=26933
[13] More information can be found at: http://www.dmas.virginia.gov/downloads/forms/UAI.pdf
[14] More information can be found at:
http://www.hcbs.org/moreInfo.php/type_tool/147/ofs/80/doc/1129/Comprehensive_Assessment_Reporting_Evaluation_(CAR
[15] More information can be found at: http://www.dhs.wisconsin.gov/ltcare/FunctionalScreen/

instrument. CARE contains a variety of questions that measure functional capabilities and limitations (e.g., activities of daily living).[16]

Inventory for Client and Agency Planning (ICAP) – The ICAP is a standardized assessment instrument that measures adaptive and maladaptive behavior. Specifically, it collects descriptive and diagnostic information and measures functional limitations, needed assistance, motor skills, social and communication skills, personal living skills, community living skills, and broad independence as well as eight categories of maladaptive behavior. It can be used for both children and adults and includes program planning and evaluation, transition testing, and eligibility determination for services, including home and community-based services.[17]

Minimum Data Set (MDS) – The MDS is a CMS-mandated assessment of all residents in Medicare or Medicaid certified nursing homes, assessing each individual's functional capabilities, and helping nursing home staff to identify health problems. Resident Assessment Protocols (RAPs) are part of the assessment process, and provide a basis for developing each person's individual care plan. These assessments are required on admission to the nursing facility and then periodically thereafter. MDS information is transmitted electronically, first to State databases and then into the national MDS database at CMS.[18]

Minimum Data Set-Home Care (MDS-HC) - The MDS-HC is a validated assessment tool created by interRAI Corporation, that was built off of the MDS 2.0 (see above). It was developed to assist agencies in identifying the needs, preferences, and strengths of elderly clients living in the community, although it may also be used for adults with disabilities. The MDS-HC tool incorporates many sections including demographics, cognition, mood and behavior, social functioning, activities of daily living (ADLs), instrumental activities of daily living (IADLs), informal supports, health and medical conditions, medications, and environmental factors. Some States use the MDS-HC tool to conduct level of care determination for Medicaid and other State-funded programs and to develop individual service plans. [19]

Outcome and Assessment Information Set (OASIS) - The OASIS tool was developed by the Health Care Financing Administration (HCFA – now CMS), Robert Wood Johnson Foundation (RWJF), and University of Colorado. The tool collects data that can be gathered across home health agencies in a standardized manner, to improve the quality of services using outcomes-based quality improvement methods. The OASIS tool is used across all Medicare-certified home health agencies in the country. A national data repository, referred to as HAVEN, gathers State-level information on a regular basis. These data are analyzed as part of CMS' outcomes-based quality improvement efforts and used to compare State and national level statistics on provider performance and clinical outcomes.[20]

Supports Intensity Scale (SIS) - The SIS is a validated and normed tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). The tool is designed for use with adults (16 and over) with developmental disabilities; a similar version appropriate for children is anticipated in 2011. The SIS is novel in that it assesses the frequency and level of support needed by the individual, rather than documenting performance deficits or behaviors that lead to the needs for supports. The SIS uses a structured interview to assess support needs over several topical areas: home

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[16] More information can be found at: http://www.pacdemo.rti.org/meetingInfo.cfm?cid=caretool

[17] More information can be found at: http://icaptool.com/

[18] More information can be found at:
https://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp#TopOfPage

[19] More information can be found at: http://www.interrai.org/section/view/?fnode=15

[20] More information can be found at: http://www.cms.gov/oasis/

living, community living, lifelong learning, employment, health and safety, social activities, protection and self-advocacy, medical health, and behavioral conditions. The SIS is noteworthy in that it is used by many States for planning purposes, and is increasingly used for resource allocation purposes as well.[21]

Comparisons of Uniform Assessment Tools

Our environmental scan identified 23 uniform assessment tools used with an array of long-term service and support populations (i.e., individuals with physical disabilities, individuals with developmental disabilities, individuals with mental illness, children, adults, and the elderly). They were comprehensive and consistent (at least in part) with the intentions of the Balancing Incentive Program CSA – that is, at a minimum, they included a functional assessment component and could be used to inform support planning. Eighteen of these tools are State-specific, three (SIS, ICAP, and MDS-HC) are used in multiple States, and two (MDS, OASIS) are used nationally.

The table below summarizes the features of these tools, with information on each to illustrate their target populations, the age groups for which they are intended, as well as the intention of the tool (i.e., for functional or financial assessment, and/or to inform the development of a support plan). Of the 23 assessment tools, 19 are applicable for assessing the elderly; 16 are for people with physical disabilities; 13 are designed for individuals with developmental disabilities; and nine are for use with individuals with mental illness.

Most (21) are for use with adults; two are intended for use with children only, and eight can be used for people of all ages. Of the 23 tools, seven were for use in all LTSS populations. Many cross-population assessment tools were developed as a component of State Aging and Disability Resource Center (ADRC) programs, which helps to explain why so many of the tools are appropriate for multiple populations[22].

All 23 instruments measure an individual's functional capabilities and limitations (e.g., activities of daily living). Ten assessment tools also capture financial information (e.g., income, assets, public benefits) for the individual being assessed; 14 instruments are designed to inform support planning for the person being assessed.

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[21] More information can be found at: http://www.siswebsite.org/

[22] ADRCs are a collaborative effort between the Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). 46 States (all except Louisiana, Mississippi, Missouri, Pennsylvania), the District of Columbia, and two territories (Guam, Puerto Rico) had ADRC programs.

Comparison of Intended Populations and Uses for Select Assessment Tools

St.	Assessment Tool	Pop: Aging	Pop: PD	Pop: DD	Pop: MH	Age Group: Child	Age Group: Adult	Use: Financial Assessment	Use: Functional Assessment	Use: Inform Planning
CO	Colorado Uniform Long Term Care Initial Screening and Intake	X	X	X	X	X	X	X	X	X
CO	Colorado Long Term Care Assessment for Instrumental Activities of Daily Living	X	X	X	X	X	X		X	X
CT	Connecticut ADRC Assessment Tool	X	X	X	X		X	X	X	
FL	Florida Department of Elder Affairs Assessment Instrument	X					X	X	X	
GA	Georgia Determination of Need (DON) Functional Assessment Tool	X					X		X	
IL	Illinois Dept. on Aging Statewide Comprehensive Needs Assessment Form	X	X				X	X	X	X
KS	Kansas Developmental Disability Profile (DDP)			X			X	X	X	
ME	Medical Eligibility Determination (MED) Tool	X	X	X	X	X	X	X	X	X
MA	Massachusetts Real Choice Functional Needs Assessment	X	X	X	X	X	X	X	X	X
MN	MnCHOICES (to be implemented in 2011)	X	X	X	X	X	X		X	X
NC	Community Alternatives Program/Adults Data Set	X	X		X		X		X	
NC	Comm. Alternatives Program/Children Case Manager Assessment		X	X		X			X	X
NY	New York COMPASS - Comprehensive Assessment for Aging Network Community-Based Long Term Care Services	X					X		X	X
RI	Rhode Island Uniform Comprehensive Assessment Tool (UCAT)	X					X	X	X	
VA	Virginia Uniform Assessment Instrument	X	X	X	X	X	X	X	X	X
WA	WA State Comprehensive Assessment Reporting Evaluation (CARE)	X	X				X	X	X	X
WI	Wisconsin Adult Long-Term Care Functional Screen	X	X	X			X		X	
WI	Functional Eligibility Screen for Children's Long-Term Supports Programs		X	X	X	X			X	
US	Inventory for Client and Agency Planning (ICAP)	X	X	X		X	X		X	X
US	Supports Intensity Scale (SIS)			X		2011	X		X	X
US	Minimum Data Set (MDS)	X				X	X		X	X
US	Minimum Data Set for Home Care (MDS-HC)	X	X				X		X	X
US	Outcome and Assessment Information Set (OASIS)	X	X				X		X	

Of the State-specific tools, information indicating the tool was deemed valid and reliable could only be found for the two Wisconsin tools. All of the nationwide assessments, however, were tested and determined to be valid and reliable instruments.

From these 23 assessment tools, nine instruments were selected for more in-depth review. Figure 4-2 depicts these tools, chosen because they are designed to be used across multiple populations or because they could be automated. Many of these tools were comprehensive, and most were designed to perform functions similar to those required by the Balancing Incentive Program (i.e., they focused on eligibility determination, identification of support needs, and support planning).

Crucially, the efforts abstracted away from the specifics of these tools to identify six broad content *domains*, including background information; financial assessment; health; functional assessment; cognitive, social, emotional, behavioral assessment; and other. Across these domains, 56 common *topics* were found. These domains and topics were based from categories identified in earlier studies (Gillespie, 2005), and supplemented as necessary.

The table below illustrates that:

- Of the 56 topics areas, three tools (MA, MN, and WA) include at least 53 topics. The Massachusetts and Minnesota tools are not currently in use. The Colorado, Maine and Virginia tools include about 70 percent of the topics (38, 40, and 41 respectively). Wisconsin includes nearly 60 percent (32), and the two tools used across several States contain about half of the topic areas (the ICAP covers 27, the SIS 28).

- All of these tools cover ADLs, IADLs, and cognitive/social/emotional/behavioral indicators. Within ADLs, each of the nine tools includes the topics of bathing, dressing, in-home mobility, toileting and eating. Eight of the nine tools include the topic of communication. Within IADLs, each of the nine tools includes the topics of meal preparation, housework, and managing finances. Finally, eight of the nine tools include the topics of managing medications, phone use, shopping, and transportation.

- A financial assessment, to some degree, is included in each State-specific tool, but in neither multi-State tool.

- A topic covering caregiver/support person stress is included in about half of the tools.

	CO	ME	MA	MN	VA	WA	WI Adult	ICAP	SIS
Background Information									
Demographics	X	X	X	X	X	X	X	X	X
Emergency Contacts		X	X	X	X	X	X	X	
Primary Caregiver			X	X	X	X			X
Legal Representatives/Documents	X	X	X	X		X	X	X	
Health Insurance	X		X	X	X	X	X		
Primary Health Care Provider	X		X	X	X	X			
Client Report of Functional Status/Needs	X		X	X	X	X	X		
Support Systems	X		X	X		X	X		X
Current Formal Services and Providers	X		X	X	X	X	X	X	X
Living Arrangements	X	X	X	X	X	X	X	X	
Language or Cultural Issues	X	X	X	X	X	X	X	X	X
Interpreter Requires/Present			X	X		X	X		
Citizenship/Vet Status		X	X	X		X			
Request for Assistance	X	X	X	X		X			
Financial Assessment									
Income	X	X	X		X	X			
Assets/Real Estate			X		X	X			
Employment			X	X	X	X	X		
Health									
Vital Signs			X			X			
Preventive Health (vaccines, breast exams)			X	X		X			
Medical Condition/Diagnosis	X	X	X	X	X	X	X	X	
Special Treatments, Assistive Devices	X	X	X	X	X	X			X
Professional Nursing/Therapy Services	X	X	X	X	X	X	X	X	X
Medications	X	X		X	X	X	X	X	
Pain or Palliative Care			X	X		X			
Vision	X	X	X	X	X	X		X	
Hearing	X	X	X	X	X	X		X	
Nutrition Status/Lifestyle		X	X	X	X	X			X
Skin Condition		X	X	X		X			X
Dental Status		X	X	X					
Alternative Medicine				X					
Potential for Abuse or Neglect	X	X	X	X	X	X	X		X
Functional Assessment									
Activities of Daily Living (ADLs)									
Bathing	X	X	X	X	X	X	X	X	X
Personal Hygiene	X	X	X	X		X		X	X
Dressing	X	X	X	X	X	X	X	X	X
Mobility Outside of Home	X	X	X	X		X		X	X
Mobility In Home	X	X	X	X	X	X	X	X	X
Transferring	X	X	X	X	X	X	X		
Toilet Use	X	X	X	X	X	X	X	X	X
Mobility in Bed		X	X	X		X			
Eating	X	X	X	X	X	X	X	X	X
Communication		X	X	X	X	X	X	X	X
Instrumental Activities of Daily Living (IADLs)									
Meal Preparation	X	X	X	X	X	X	X	X	X
Ordinary Housework	X	X	X	X	X	X	X	X	X
Managing Finances	X	X	X	X	X	X	X	X	X
Managing Medications	X	X	X	X	X	X	X		X
Phone Use	X	X	X	X	X	X	X	X	
Shopping	X	X	X	X	X	X		X	X
Transportation	X	X	X	X	X	X	X		X
Pet Care				X		X			
Physical Environment		X	X	X	X	X			
Cognitive/Social/Emotional/Behavioral									
Cognitive Functioning	X	X	X	X	X	X	X	X	X
Memory Concerns	X	X	X	X	X	X	X		
Psychosocial (mental status, stressful events)	X	X	X	X	X	X			X
Social Participation	X		X	X	X	X		X	X
Behavior Problems	X	X	X	X	X	X	X	X	X
Other									
Caregiver/Support Person Stress			X	X	X	X			