

APPENDIX H: CSA IMPLEMENTATION GUIDANCE

This section offers guidance for States to meet the Balancing Incentive Program’s Core Standardized Assessment (CSA) requirements tied to uniformity across populations and geography: 1) implementing a Level I screening process, 2) meeting the three CSA purposes, and 3) capturing a uniform Core.

IMPLEMENTING A LEVEL I SCREENING PROCESS

The purpose of a Level I screen is to identify those individuals who are *likely* to be eligible candidates for Medicaid-funded community LTSS. The Level I screen must be available for completion by the potential applicant or his/her representatives online (with online support), in person, or over the phone (by calling a toll-free number with live support available). It should be as short, concise, and as simple to complete as possible, recognizing that the screening tool might be completed by the individual with support needs themselves, by family members, or others on behalf of the individual. The Level I screen, for those considered likely eligible for community LTSS, provides a base of information for determining if a Level II assessment is appropriate.

The Level I screen may be specific to Medicaid community LTSS or be part of a screen that is broader in scope, that is, one that helps respondents identify and access a variety of community supports. The following pages provide three examples of screening tools, where Medicaid-funded services are just one of many community resources to which individuals may be linked. Additional links to existing screening tools are provided in the “Additional Links and Resources” section at the end of this chapter.

WEB-BASED LEVEL I SCREEN EXAMPLES:

Example 1: Arizona: <https://www.azdes.gov/main.aspx?menu=8&id=584>

The screenshot displays the Arizona Department of Economic Security (AZDES) website. At the top, there is a navigation bar with links for 'Basic Needs', 'Child & Family', 'Seniors', 'Disabilities', 'Employment', and 'Online Services'. The main header features the AZ.GOV logo and the text 'ARIZONA DEPARTMENT OF ECONOMIC SECURITY'. Below the header, there is a search bar and a navigation menu on the left side with categories like 'AZ Links Home', 'Screening Tool', 'Featured Topics', 'Arizona Events', 'About AZ Links', 'Important Phone Numbers', 'Options Counselor', 'Disability Resources', 'Employment & Civic Engagement', 'Financial & Legal', 'Health', 'Home & Community', 'Partners', 'Frequently Asked Questions', 'Contact AZ Links', and 'AZ Links Website Feedback'. The main content area is titled 'Arizona Links Screening Tool for Yuma County Residents'. It includes a sub-header 'THE AZ LINKS SCREENING TOOL' with 'AGING' and 'DISABILITY' icons. A text box explains that after completing the form, an Information Specialist from the Area Agency on Aging, Western Arizona Council of Governments (WACOG) will contact the user. Below this, there is a note: 'Please submit a separate Screening Tool for each person seeking services.' A paragraph provides contact information for the WACOG Aging and Disability Helpline at (928) 753-6247. The form consists of nine numbered questions:

1. What is your primary reason for filling out this Screening Tool?
2. Have you contacted the WACOG AAA before?
 No Yes
3. I am seeking information/care for:
4. Please select a Zip Code / Location:
5. The date of birth of the person identified above is (month-day-year):
Month: Day: Year (four-digit format 1944):
6. Assistance with the following tasks is needed: (check all that apply)
 Bathing
 Eating
 Communicating
 Dressing/Grooming
 Medication reminders or supervision
 Mobility
 Toileting
 Transferring (from bed into wheelchair)
 None
 Other
7. Assistance with the following household chores is needed: (check all that apply)
 Cooking
 Housekeeping
 Money Management
 Shopping
 Telephone Calls
 Transportation
 None
 Other
8. The current care situation is such that: (check all that apply)
 Periods of more than 24 hours when left alone
 Care needs are often unmet
 Inadequate opportunities to socialize with others
 Family and friends do not live close enough to visit on a regular basis
 Periods of memory loss
 Episodes of grief and loss
 Frequent or occasional falling
 Thoughts of depression or suicide
 Generally sufficient care for my needs
9. Most pressing needs are: (check all that apply)
 Assistance with Housekeeping
 Assistance with Personal Care
 Assistance with reconciling medical bills and insurance records
 Behavior assistance
 Benefits counseling (public benefits)
 Care in case of emergency
 Care management
 Companionship
 Educational assistance
 Employment
 End of Life Care/Hospice
 Food
 Grandparent services
 Housing
 In-home instructions for daily living
 Legal advice or estate planning
 Mental health support
 Medication and appointment reminders
 Medication management
 Nutrition counseling
 Occupational Therapy
 Ombudsman (advocacy rights)
 Physical Therapy
 Prescription drug assistance
 Rehabilitation (from surgery/accident/stroke/etc.)
 Respite (temporary relief for a Caregiver)
 Skilled nursing care

Example 2: Oregon: <http://oregonhelps.org/>



Oregon Helps!

[Home](#) [About](#) [Prescreener](#) [Programs](#) [Local Resources](#) [What to Bring](#)

4%

Household Information

Information about Yourself

What county do you live in?

Where are you using Oregon Helps from?

How did you hear about Oregon Helps?

Other Household Members

Do you have a spouse that lives with you?

* How many of your and/or your spouse's children under 21 live with you?

* How many other children under 21 live with you?

* How many other adults, age 21 or older, live with you?
Note: Include all children 21 and older, but do not include your spouse.

Does everyone in your household share food?

Does anyone in your household have a disability or is anyone blind?

Information About Yourself

Background Information

* How old are you?

Are you pregnant?

If you pay child support how much do you pay per month?

Are you a veteran of the US military?

Earnings and Income

Do you work for an employer for pay?

Are you self-employed?

Do you have income from other sources?

Housing Information

Please tell us about your housing situation:

Rent Information

Rent Amount

How much is your rent each month?

Utilities

Do you pay for heating and/or cooling?

Do you pay for electricity?

Do you pay for phone?

Other Household Information

FICA Information

Have any of these people ever worked in a job where taxes were paid?

Yourself:

Medical Expenses Information

Please report the average monthly out-of-pocket medical expenses for the following household members who are age 60 or older, disabled, or both.

Out-of-pocket medical expenses include:

- health insurance premiums
- deductibles
- co-payments
- costs of other medical goods and services not covered by insurance (for example, prescription drugs, dentures, hearing aids, eyeglasses, nursing care)

Yourself:

Example 3: Virginia: <http://www.srnv.org/virginiannavigator/IndexEasyNav.aspx>

VirginiaNavigator
for EASY ACCESS

Powered by SeniorNavigator

Text Size:

Home » Virginia Navigator

- Community Supports
- Emergency Preparedness
- Financial Help
- Housing
- My Rights: Who Can Help?
- Transportation
- Veterans
- Related Links
- About Easy Access
- Contact Us
- Site Map
- Home

Version: 3.0.0.7

MEMBER PROVIDER ACCESS

1. I have difficulty or anticipate it in the future with my ...

- Vision
- Hearing
- Speech/Language

2. I am able to do the following tasks without any assistance:

- Bathing
- Grooming
- Toileting
- Dressing
- Eating
- Shopping
- Preparing meals
- Housework (cleaning, yard work)
- Handling personal finances (balancing checkbook, paying bills, etc.)

3. I need help with transportation:

- Yes
- No

4.L...

- Walk without assistance
- Have difficulty standing or walking for more than 10 minutes
- Use a cane
- Use a white cane (vision impairment)
- Use crutches
- Use a walker
- Use a wheelchair unassisted
- Need assistance with my wheelchair
- Am unable to get around without assistance

5. I'd like a list of housing options in my community to help me live as independently as possible:

- Yes
- No

6. I have fallen recently or am concerned about the risk of falling:

- Yes
- No

7. I have chronic conditions including:

- Arthritis, fibromyalgia or a related condition
- Depression or mental health issues (post-traumatic stress disorder, bi-polar, schizophrenia, substance abuse)
- Diabetes
- Heart Disease, hypertension or a related condition (high cholesterol, high blood pressure, stroke)

8. If you had a medical emergency, could you call someone for assistance?

- Yes
- No

9. I'd like to talk with an expert about my needs and resources in the community:

- Yes
- No

10. I have the following insurance and resources:

- Long Term Care
- Medicaid

MEETING THE THREE PURPOSES OF A BALANCING INCENTIVE PROGRAM CSA

To review, the purpose of a Balancing Incentive Program CSA is to: 1) determine LTSS eligibility, 2) identify support needs, and 3) inform a service and support plan.

Determine Eligibility for Medicaid-Funded LTSS – The domains and topics identified in the CDS must be incorporated, in part or as a whole, alone or in combination with other factors, in determining an individual’s eligibility for a State’s Medicaid-funded LTSS. CMS recognizes that different programs and services may have different eligibility criteria and leaves to State discretion the manner which it determines/weights specific eligibility criteria for each service/program. In other words, while the CDS must be collected on all individuals, the methods by which this dataset is used to determine eligibility for a particular program or service are up to the State. Eligibility criteria, however, must incorporate some portion of the CDS.

Identify an Individual’s Needs for Services and Supports and Inform an Individual Service Planning – The required CDS can provide a direct link to identifying essential long-term services and support needs, and informing (i.e., providing a springboard for) individual service planning.

The CSA/CDS Crosswalk provided in the following section will help States assess the extent to which their existing instruments comply with the requirements of the Balancing Incentive Program.

CAPTURING THE LEVEL II CORE DATASET

CMS recognizes States already have assessment processes in place, for both eligibility determination and support planning purposes. In some cases, these tools have been used for many years, providing States with opportunities to analyze longitudinal data. In some cases, large financial resources have been spent to assure the validity and reliability of tools used. In an effort to recognize the practical constraints that States might face in shifting, full-on, to a universal CSA, CMS is requiring that a CDS be captured by the CSA.

CMS, too, has adopted a flexible approach for States to collect the CSA. In fact, States have three options for meeting the CSA/CDS requirements under the Balancing Incentive Program. A State may: 1) use their existing assessment tool(s) to ensure that the CDS is collected for all individuals seeking community LTSS via the NWD/SEP system; 2) adapt or supplement their existing assessment tool(s) with new question sets to ensure that all domains and topics of the CDS are fully covered; or 3) completely replace their existing processes for collecting assessment information, and develop new CSA instruments that fulfill the CDS requirements.

Here, tools are provided to guide States as they assess their current data collection tools and processes, and determine which option best suits their needs. These tools include:

1. A CSA/CDS Crosswalk – for States to identify, tool-by-tool, topic-by-topic, how their existing assessment instrument(s) measure up to the Balancing Incentive Program CDS.
2. Sample question sets for each required domain and topic area, to provide an array of approaches to achieving a summative assessment of the stated topic area, with references indicating from where the samples were derived.
3. References and links to additional sources of information (e.g., assessment tools, question sets) for States to review as they ensure that their CDS requirements are fulfilled, across populations and throughout the State.

Once again, when a State completes the process of modifying its existing instruments to meet the requirements of the Balancing Incentive Program, it must be able to assure CMS that those modifications will not change eligibility requirements in a way that reduces its maintenance of effort (MOE).

States must demonstrate that each of these domains and topics (sub-domains) within the CDS is addressed for all community LTSS populations within the State, across all geographic locations of the State, and that the questions within each domain and topic area are sufficient to meet the three purposes or intentions of the Balancing Incentive Program CSA (i.e., determine eligibility, identify support needs, and inform support planning).

Under the CDS model, States can exercise considerable discretion in the specific questions they ask. As an example, all States must collect data on the domain, “*Activities of Daily Living*,” and the topic, “*Eating*.” However, States have a number of options available to them to meet this requirement. For instance, our sample State may choose to cover “eating” for their aging and developmental disability populations with *Tool A: Questions 10-14*, as Tool A is an assessment already in place for individuals in these populations. Alternatively, the State may choose *Tool B: Questions 6-8* for individuals with physical disabilities and/or mental health issues. This is fine, given both sets of questions adequately assess the individual’s support needs for eating (i.e., there is enough information to determine eligibility, generally identify support needs, and inform service planning). Key is that the topic area “Eating” is adequately addressed for all populations across the State. The CSA/CDS Crosswalk Tool provides additional guidance to support States as they identify which domains/topics are fully covered, which are partly covered, and which are not addressed at all.

States also have discretion in the response options provided for each question, the scoring methodology, and how this methodology is used to determine community LTSS eligibility. This approach provides States with additional flexibility when incorporating the CDS into their current community LTSS assessment processes, while also ensuring that a core set of data domains and topics is collected by all participating States.

Completing the CSA/CDS Crosswalk with Existing State Tools – As is previously described, CMS has adopted a flexible approach for States to collect the CSA/CDS. States may either:

- Use their existing assessment tool(s) to assure that the CDS is collected for all individuals seeking LTSS via the NWD/SEP system.
- Adapt or supplement their existing assessment tool(s) with new question sets to assure that all domains and topics of the CDS are fully covered.
- Replace their existing processes for collecting assessment information, and develop new CSA instruments that fulfill the CDS requirements.

For States choosing either of the first two options, they will need to complete the CSA/CDS Crosswalk, matching CDS domains and topics to their existing State tools. A *Sample Section of the Crosswalk Tool* is provided below. States may use the full crosswalk to map their existing tools to the CDS to ensure data on all required domains and topic areas are collected during the community LTSS assessment process. The crosswalk will support State efforts to:

- Identify assessment tools currently in use across populations and purposes in their State.
- Match question sets from these existing tools to required domains/topics of the CDS.
- Determine the extent to which each topic is adequately addressed.
- Note whether the Balancing Incentive Program CSA requirements and recommendations for the CDS have been met.
- Identify domains/topics where action is required to meet BIP requirements.

***Please note: an electronic version of the CSA/CDS Crosswalk is available to download from the Balancing Incentive Program website (<http://www.balancingincentiveprogram.org/>).*

DOMAIN: INSTRUMENTAL ACTIVITIES OF DAILY LIVING (not required for children)

TOPIC	Which assessment tools are being used?	Which questions are relevant to this topic?	Which program purposes will these questions address?	Which requirements and recommendations are being met?	What further actions are required?
Preparing Meals			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Shopping			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Transportation			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Housework			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Managing Money			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Telephone Use			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Managing Medications			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Employment			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	

DOMAIN: MEDICAL CONDITIONS/DIAGNOSES					
TOPIC	Which assessment tools are being used?	Which questions are relevant to this topic?	Which program will these questions address?	Which requirements and recommendations are being met?	What further actions are required?
Medical Conditions/ Diagnoses			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
DOMAIN: COGNITIVE FUNCTIONING/MEMORY CONCERNS					
TOPIC	Which assessment tools are being used?	Which questions are relevant to this topic?	Which program purposes will these questions address?	Which requirements and recommendations are being met?	What further actions are required?
Diagnoses tied to Cognitive Functioning			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Memory & Learning			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Judgment & Decision-Making			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
DOMAIN: BEHAVIOR					
TOPIC	Which assessment tools are being used?	Which questions are relevant to this topic?	Which program purposes will these questions address?	Which requirements and recommendations are being met?	What further actions are required?
Injurious Behavior			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Destructive Behavior			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
Socially Offensive Behaviors			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met <input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	

DOMAIN: BEHAVIOR (continued)

Uncooperative Behaviors			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required 	
Other Serious Behaviors			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Requirements Met <input type="checkbox"/> Statewide <input type="checkbox"/> 2 or 3 Purposes <input type="checkbox"/> Recommendations Met	
			<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	

INSTRUCTIONS FOR COMPLETING THE CORE DATASET CROSSWALK

To complete the Crosswalk, States should follow the following steps:

1. Pick a Population - Complete a CDS Crosswalk for each population of individuals seeking LTSS (e.g., aging, physical disabilities, developmental disabilities, mental health). To begin, at the top of the chart, check the box or boxes for the selected population(s). See example below.

CSA/CDS Crosswalk with Existing State Tool(s)					
Populations: <input type="checkbox"/> Aging <input checked="" type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Mental Health					
DOMAIN: ACTIVITIES OF DAILY LIVING					
TOPIC	Which assessment tools are being used?	Which questions are relevant to this topic?	Which Balancing Incentive Program purposes will these questions address?	Which requirements and recommendations are being met?	What further actions are required?
Eating	XYZ Eligibility Tool	Q14, Q18a-c	<input checked="" type="checkbox"/> Eligibility Determination <input checked="" type="checkbox"/> ID of Support Needs <input checked="" type="checkbox"/> Inform Support Planning	<input checked="" type="checkbox"/> Requirements Met <input checked="" type="checkbox"/> Statewide <input checked="" type="checkbox"/> 2 or ③ Purposes	
	ABC Assessment Tool	Q22	<input type="checkbox"/> Eligibility Determination <input checked="" type="checkbox"/> ID of Support Needs <input checked="" type="checkbox"/> Inform Support Planning	<input type="checkbox"/> Recommendations Met <input checked="" type="checkbox"/> Summative View <input type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required 	
Bathing	XYZ Eligibility Tool		<input type="checkbox"/> Eligibility Determination NA <input type="checkbox"/> ID of Support Needs <input type="checkbox"/> Inform Support Planning	<input checked="" type="checkbox"/> Requirements Met <input checked="" type="checkbox"/> Statewide <input checked="" type="checkbox"/> ② or 3 Purposes	
	ABC Assessment Tool	Q32-34	<input type="checkbox"/> Eligibility Determination <input checked="" type="checkbox"/> ID of Support Needs <input checked="" type="checkbox"/> Inform Support Planning	<input checked="" type="checkbox"/> Recommendations Met <input checked="" type="checkbox"/> Summative View <input checked="" type="checkbox"/> Supports-Based <input type="checkbox"/> Action Required	

2. Find Current Assessments - Identify any/all assessment instruments that the State currently uses to determine LTSS eligibility and/or inform service and support planning for this population. There is space on the chart for two tools per population (i.e., two rows each, under the column “Which assessment tools are being used?”). If more than two tools for a given population are used, extra charts will be required. See example above.
3. Identify the Question Sets – Next to each assessment tool, in the column labeled “Which questions are relevant to this topic?”, identify the question sets that get at “the heart” of each topic area (e.g., see sample above where Q14 and 18a-c are used from one tool to address the topic of eating).

For the purpose of a Balancing Incentive Program CSA, the question set need not be exhaustive. In fact, it is recommended that the question set apply a “summary” approach to understanding an individual’s support needs within each topic. That is, select an item or items that tend to sum up the individual’s support needs to complete an activity (e.g., shopping, toileting), rather than selecting questions that “pin point” a specific component of an activity (e.g., asking if a person can cut with a knife provides isolated utility for understanding a person’s overall ability to eat).

Sample questions/question sets from existing assessment tools are provided below to provide an array of approaches to achieving a summative assessment of each topic.

4. Identify the Purpose/Intention of the Question Set - In the column labeled “Which program purposes will these questions address?”, identify the Balancing Incentive Program purposes for which this question set is appropriate (i.e., determine eligibility, identify support needs, and/or inform service planning). Mark all boxes that are appropriate.

**Note: For each topic, the questions, as a whole, *must* meet the two Balancing Incentive Program purposes of identifying support needs and informing support planning. It is left to the State’s discretion, however, to determine which topics will be used for eligibility determination purposes. If a topic is NOT USED in the State’s eligibility determination for a particular population, write “NA” (i.e., not applicable) next to eligibility determination on the chart (see example above).

5. Determine if Requirements and Recommendations Have Been Met - In the “Which requirements and recommendations are being met?” column, indicate whether the questions, as are, meet the Balancing Incentive Program CSA requirements tied to uniformity. For example, are the questions adequate to assess the topic area for this population across all portions of the State? If so, check the “Statewide” box.

Are the questions adequate to assess the topic area across two or three Balancing Incentive Program CSA purposes? If so, check the “2 or 3 purposes box” and circle whether two or three of the purposes are reached.

Next, indicate whether the recommendations for question design have been met (i.e., whether the questions are support-based rather than deficit-based²³, and whether the question set provides a summative view of the individual’s support needs for the topic). If additional actions are required, indicate by checking the “Action Required” box, and provide further detail in the “What further actions are required?” column.

6. Notes - The final column, labeled “What further actions are required?” can be used to provide any additional clarification necessary.
7. Repeat this process (Steps 1-5) for additional populations.
8. Attach all referenced tools to the completed crosswalks.
9. Completion of the CSA/CDS Crosswalk is a milestone listed in the Work Plan. Therefore, the completed crosswalks (and attachments) should be submitted to meet this requirement.

²³ CMS anticipates that question sets for each of these domains/topics, when possible, will be support-need oriented as opposed to deficits-based, and will inquire about both frequency and intensity of support needs for each topic, to provide adequate bases for the purpose of eligibility determination and informing a support plan.

SAMPLE QUESTIONS/QUESTION SETS FOR DOMAINS AND TOPIC AREAS

On the following pages, sample question sets are provided for each of the domains and topic areas required within the Balancing Incentive Program CDS. These questions are derived from a variety of sources across the country, and references are provided for each question set.

The goal of offering these samples is to illustrate an array of approaches that are used for assessment purposes across the nation. Here, these questions have been plucked from existing tools, to give examples of how a summative assessment of each topic area might be achieved.

The question sets can be used for several purposes. For example, they can be used to help States fill in the gaps of their current instruments. In addition, if the State wishes to replace existing questions, these may be useful options.

***Please note, however, that before adopting any questions/question sets from the samples below, proper measures must be taken to ensure that copyright laws are not infringing upon.*

Sample Core Dataset Question Sets

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC

ACTIVITIES OF DAILY LIVING

<p>1. Eating (Source: MNChoices -Minnesota) Do you have any difficulties with eating or require support or assistance with eating? <input type="checkbox"/> No (skip to next question set) <input type="checkbox"/> Yes What degree of oversight, cueing, monitoring and/or encouragement is required to support the individual with eating? <input type="checkbox"/> None <input type="checkbox"/> To initiate the task <input type="checkbox"/> Intermittently during the task <input type="checkbox"/> Constantly throughout the task What type/degree of physical assistance is required to support the individual with eating? <input type="checkbox"/> None <input type="checkbox"/> Setup/Prep <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Full support</p>	<p>2. Bathing (Source: CARE Tool – Admission) The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. <i>Activities may be completed with/without assistive devices.</i> 6. Independent – Individual completes the activity by him/herself with no assistance. 5. Setup or clean-up assistance – Support person SETS UP or CLEANS UP; individual completes activity. Support person assists only prior to or following the activity. 4. Supervision or touching assistance – Support person provides VERBAL CUES or TOUCHING/STEADYING assistance as individual completes activity. Assistance may be provided throughout the activity or intermittently. 3. Partial/moderate assistance – Support person does LESS THAN HALF the effort. Support person lifts, holds or supports trunk or limbs, but provides less than half the effort. 2. Substantial/maximal assistance – Support person does MORE THAN HALF the effort. Support person lifts or holds trunk or limbs and provides more than half the effort. 1. Dependent – Support person does ALL of the effort. Individual does none of the effort to complete the task.</p>
<p>3. Dressing (Source: Supports Intensity Scale) Frequency 0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently Daily Support Time 0 = none 1 = less than 30 minutes 2 = 30 minutes to less than 2 hours 3 = 2 hours to less than 4 hours 4 = 4 hours or more Type of Support 0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance</p>	<p>4. Grooming/Hygiene (Source: MNChoices -MN) Do you have any difficulties with personal grooming/hygiene or require support or assistance with personal grooming/hygiene? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question set) What degree of oversight, cuing, monitoring and/or encouragement is required to support the individual with personal grooming/hygiene? <input type="checkbox"/> None <input type="checkbox"/> To initiate the task <input type="checkbox"/> Intermittently during the task <input type="checkbox"/> Constantly throughout the task What type/degree of physical assistance is required to support the individual with personal grooming/hygiene? <input type="checkbox"/> None <input type="checkbox"/> Setup/Prep <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Full support</p>

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

ACTIVITIES OF DAILY LIVING

5. **Toileting** (Source: Massachusetts Real Choice Functional Needs Assessment)
 ___ Overall Toilet Use Performance (0-9)
 ___ Overall Toilet Use Difficulty (0-3)
Performance/Ability Code:
 0 **INDEPENDENT**—No help, setup, or oversight—OR—Help, setup, oversight provided only 1 or 2 times (with any task or subtask)
 1 **SETUP HELP ONLY**—Article or device provided within reach of client 3 or more times
 2 **SUPERVISION**—Oversight, encouragement or cueing provided 3 or more times during last 3 days—OR—Supervision (1 or more times) plus physical assistance provided only 1 or 2 times (for a total of 3 or more episodes of help or supervision)
 3 **LIMITED ASSISTANCE**—Individual highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times—OR—Combination of non-weight bearing help with more help provided only 1 or 2 times during period (for a total of 3 or more episodes of physical help)
 4 **EXTENSIVE ASSISTANCE**—Individual performed part of activity on own (50% or more of subtasks), but help of following type(s) were provided 3 or more times:
 Weight-bearing support--OR--Full performance by another during part (but not all) of last 3 days
 5 **MAXIMAL ASSISTANCE**—Individual involved and completed less than 50% of subtasks on own (includes 2+ person assist); received weight bearing help or full performance of certain subtasks 3 or more times
 6 **TOTAL DEPENDENCE**—Full performance of activity by another
 8 **ACTIVITY DID NOT OCCUR** (regardless of ability)
 9 **UNABLE TO PERFORM**
ADL Difficulty Code: How difficult it is (or would it be) for individual to do activity on own
 0 NO DIFFICULTY
 1 SOME DIFFICULTY-e.g. needs some help, is very slow, or fatigues
 2 GREAT DIFFICULTY-e.g. little or no involvement in the activity is possible
 3 UNABLE TO PERFORM

6. **Mobility** (Source: New York COMPASS – Comprehensive Assessment for Aging Network Community-Based Long Term Care Services)
 What can the person do?
 1. Walks with no supervision or assistance. May use adaptive equipment.
 2. Walks with intermittent supervision. May require human assistance at times.
 3. Walks with constant supervision and/or physical assistance.
 4. Wheels with no supervision or assistance, except for difficult maneuvers, or is wheeled chairfast or bedfast. Relies on someone else to move about, if at all.
 Check if assistance is/will be provided by:
 Informal supports
 Formal supports
 Comments: Describe parts of tasks to be done and responsibilities of informal supports and formal supports.

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

ACTIVITIES OF DAILY LIVING

<p>7. Positioning (Source: Minimum Data Set – HC) MOBILITY IN BED—Including moving to and from lying position, turning side to side, and positioning body while in bed. The following address the individual's physical functioning during the LAST 3 DAYS, considering all episodes of these activities. For individuals who performed an activity independently, be sure to determine and record whether others encouraged the activity or were present to supervise or oversee the activity.</p> <ol style="list-style-type: none"> 0. INDEPENDENT—No help, setup, or oversight —OR— Help, setup, oversight provided only 1 or 2 times (with any task or subtask) 1. SETUP HELP ONLY— Article or device provided within reach of client 3 or more times 2. SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last 3 days —OR— Supervision (1 or more times) plus physical assistance provided only 1 or 2 times (for a total of 3 or more episodes of help or supervision) 3. LIMITED ASSISTANCE—Client highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Combination of non-weight bearing help with more help provided only 1 or 2 times during period (for a total of 3 or more episodes of physical help) 4. EXTENSIVE ASSISTANCE—Client performed part of activity on own (50% or more of subtasks), but help of following type(s) were provided 3 or more times: — Weight-bearing support —OR— — Full performance by another during part (but not all) of last 3 days 5. MAXIMAL ASSISTANCE—Client involved and completed less than 50% of subtasks on own (includes 2+ person assist), received weight bearing help or full performance of certain subtasks 3 or more times 6. TOTAL DEPENDENCE—Full performance of activity by another 7. ACTIVITY DID NOT OCCUR (regardless of ability) 	<p>8. Transferring (Source: Wisconsin LTC Functional Screen) The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position. The ability to get in and out of bed or usual sleeping place. The ability to use assistive devices for transfers. <i>Excludes toileting transfers.</i></p> <p><input type="checkbox"/> USES MECHANICAL LIFT (not a lift chair) <input type="checkbox"/> USES TRANSFER BOARD, TRAPEZE OR GRAB BARS</p> <p>Help Needed?</p> <ol style="list-style-type: none"> 0 Person is independent in completing the activity safely. 1 Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. "Help" can be supervision, cueing, or hands-on assistance. 2 Help is needed to complete task safely and helper DOES need to be present throughout task. "Help" can be supervision, cueing, and/or hands-on assistance (partial or complete). <p>Who will help in next 8 weeks?</p> <p>U Current UNPAID caregiver will continue PP Current PRIVATELY PAID caregiver will continue PF Current PUBLICLY FUNDED paid caregiver will continue N Need to find new or additional caregiver(s)</p>
<p>9. Communicating (Source: Kansas Uniform Assessment Instrument) Expresses information content, however able.</p> <ol style="list-style-type: none"> 1. Understandable 2. Usually understandable 3. Sometimes understandable 4. Rarely or never understandable 	<p>Ability to understand other verbal information, however able.</p> <ol style="list-style-type: none"> 1. Understandable 2. Usually understandable 3. Sometimes understandable

4. Rarely or never understandable

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

<p>1. Preparing Meals (Source: Supports Intensity Scale)</p> <p>Frequency</p> <ul style="list-style-type: none">0 = none or less than monthly1 = at least once a month, but not once a week2 = at least once a week, but not once a day3 = at least once a day, but not once an hour4 = hourly or more frequently <p>Daily Support Time</p> <ul style="list-style-type: none">0 = none1 = less than 30 minutes2 = 30 minutes to less than 2 hours3 = 2 hours to less than 4 hours4 = 4 hours or more <p>Type of Support</p> <ul style="list-style-type: none">0 = none1 = monitoring2 = verbal/gestural prompting3 = partial physical assistance4 = full physical assistance	<p>2. Shopping (Source: MN Choices)</p> <p>Do you need assistance with shopping?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No (skip to next question set) <p>With which level of support is the individual able to shop and purchase goods and services?</p> <ul style="list-style-type: none"><input type="checkbox"/> Assistance with Setup/Arrangements<input type="checkbox"/> Minimal Assistance<input type="checkbox"/> Moderate Assistance<input type="checkbox"/> Substantial Assistance<input type="checkbox"/> Full Support <p>With support, what level of difficulty does this individual experience procuring goods and services?</p> <ul style="list-style-type: none"><input type="checkbox"/> No difficulty<input type="checkbox"/> Some difficulty<input type="checkbox"/> Great difficulty <p>Summary: When purchasing goods and services, this individual:</p> <ul style="list-style-type: none"><input type="checkbox"/> Needs no help or supervision<input type="checkbox"/> Sometimes needs assistance or occasional supervision<input type="checkbox"/> Often needs assistance or constant supervision<input type="checkbox"/> Always or nearly always needs assistance
<p>3. Transportation (Source: Wisconsin LTC Functional Screen)</p> <ul style="list-style-type: none"><input type="checkbox"/> 1a Person drives regular vehicle<input type="checkbox"/> 1b Person drives adapted vehicle<input type="checkbox"/> 1c Person drives regular vehicle, but there are serious safety concerns<input type="checkbox"/> 1d Person drives adapted vehicle, but there are serious safety concerns<input type="checkbox"/> 2 Person cannot drive due to physical, psychiatric, or cognitive impairment. Includes no driver's license due to medical problems (e.g., seizures, poor vision).<input type="checkbox"/> 3 Person does not drive due to other reasons	<p>4. Housework (Source: Colorado ULTC Initial Screening and Intake)</p> <p>Definition: The ability to maintain cleanliness of the living environment.</p> <ul style="list-style-type: none"><input type="checkbox"/> 0=The individual is independent in completing activity.<input type="checkbox"/> 1=The individual is physically capable of performing essential housework tasks but requires minimal prompts/cues or supervision to complete essential housework tasks.<input type="checkbox"/> 2=The individual requires substantial prompts/cues or supervision and/or physical assistance to complete essential housework tasks. The individual may be able to perform some housekeeping tasks but may require another person to complete heavier cleaning tasks.<input type="checkbox"/> 3=The individual is dependent upon others to do all housework in his/her use area.

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

<p>5. Managing Money (Source: Colorado ULTC Initial Screening and Intake) Definition: The ability to handle money, pay bills, plan, budget, write checks or money orders, exchange currency, handle coins and paper work, i.e. to do financial management for basic necessities (food, clothing, shelter). Do not check if limitation is only cultural (e.g., recent immigrant who has not learned U.S. currency and/or English language).</p> <p><input type="checkbox"/> 0=The individual is independent in completing activity.</p> <p><input type="checkbox"/> 1=The individual requires cueing and/or supervision. May need minimal physical assistance.</p> <p><input type="checkbox"/> 2=The individual requires assistance in budgeting, paying bills, planning, writing checks or money orders and related paperwork. Individual has the ability to manage small amounts of discretionary money without assistance.</p> <p><input type="checkbox"/> 3=The individual is totally dependent on others for all financial transactions and money handling.</p>	<p>6. Telephone Use (Source: Massachusetts Real Choice Functional Needs Assessment)</p> <p>___ Overall Phone Use Performance (0-8)</p> <p>___ Overall Phone Use Difficulty (0-3)</p> <p>Self-Performance Code/Ability Code (Code for individual's performance during LAST 7 DAYS)</p> <p>0. INDEPENDENT- did on own</p> <p>1. SOME HELP- help some of the time</p> <p>2. FULL HELP- performed with help all of the time</p> <p>3. BY OTHERS- performed by others</p> <p>8. ACTIVITY DID NOT OCCUR</p> <p>Difficulty Code: How difficult it is (or would it be) for individual to do activity on own</p> <p>0. NO DIFFICULTY</p> <p>1. SOME DIFFICULTY-e.g. needs some help, is very slow, or fatigues</p> <p>2. GREAT DIFFICULTY-e.g. little or no involvement in the activity is possible</p> <p>3. UNABLE TO PERFORM</p>
<p>7. Medication Management (Source: MN Choices)</p> <p>Do you need assistance managing your medications?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (skip to next question set)</p> <p>With which level of support is the individual able to administer/manage their medications?</p> <p><input type="checkbox"/> Self directs medication assistance or administration</p> <p><input type="checkbox"/> Assistance Required</p> <p><input type="checkbox"/> Must be administered</p> <p>How often does this individual require medications?</p> <p><input type="checkbox"/> Several times daily</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> 2-6 days a week</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Every two weeks</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> As needed</p> <p>Summary: In regard to the ability to manage and take medications, this person:</p> <p><input type="checkbox"/> Needs no help or supervision</p> <p><input type="checkbox"/> Doesn't take medications</p> <p><input type="checkbox"/> Needs medication setup only</p> <p><input type="checkbox"/> Needs visual or verbal cues only</p> <p><input type="checkbox"/> Needs medication setups and reminders</p>	<p>8. Employment (Source: MN Choices)</p> <p>Are you currently employed or involved in volunteer/educational/ training activities?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable (e.g., retired)</p> <p>If yes: What type of employment/volunteer/ education/ training activities are you currently involved in?</p> <p><input type="checkbox"/> Competitive – without job support</p> <p><input type="checkbox"/> Competitive – with job supports/coaching</p> <p><input type="checkbox"/> Self-employment – without job support</p> <p><input type="checkbox"/> Self-employment – with job support</p> <p><input type="checkbox"/> Supported work in an enclave/group/ crew setting</p> <p><input type="checkbox"/> Center-based sheltered employment/ activity</p> <p><input type="checkbox"/> Volunteer activity - describe: _____</p> <p><input type="checkbox"/> Educational program - describe: _____</p> <p><input type="checkbox"/> Training program – describe: _____</p> <p><input type="checkbox"/> Other - describe: _____</p> <p>If no: Are you interested in any of the following?</p> <p><input type="checkbox"/> Obtaining a full time or part time job</p> <p><input type="checkbox"/> Finding a volunteer work opportunity</p> <p><input type="checkbox"/> Obtaining more education or training</p> <p>Would you like to look for another opportunity?</p> <p><input type="checkbox"/> Yes</p>

<input type="checkbox"/> Needs medication setups and administration	<input type="checkbox"/> No
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SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

COGNITIVE FUNCTIONING/MEMORY CONCERNS

1. Diagnoses contributing to cognitive limitations (Source: MN Choices)

Check if any of the following exist:

- Learning disability
- Communication, sensory or motor disabilities
- Diagnosed Traumatic Brain Injury prior to the person turning 22 years of age
- Diagnosed Traumatic Brain Injury since turning 22
- Memory Loss

Is there a diagnosis on record that explains the functional memory and cognitive issues?

- Yes, specify: _____
- No

Does the person have a problem with cognitive functioning due to mental retardation or a related condition, which manifested itself during the developmental period (birth through age 21)?

- No
- Yes

2. Memory (Source: Massachusetts Real Choice Functional Needs Assessment)

Do you have trouble remembering things (e.g. difficulty remembering the right word, being forgetful)?

- No
- Yes (if "Yes," complete the following questions)

Do you ever forget what someone just said to you? Do you forget what you were going to do or say?

- Short-term memory is OK – seems/appears to recall after 5 minutes)
- Short-term memory is a problem

Do you ever start to do something and then forget what comes next?

- Procedural memory OK – can perform all or almost all steps in a multitask sequence without cues for initiation
- Procedural memory is a problem

Do you ever go out of your home and forget where you are or where you are going?

- No
- Yes

Do you know what the current year is? _____

Do you know what the current season is? _____

Do you know what the current day is? _____

Do you know what the current month is? _____

Do you know what State we are in? _____ What city we are in? _____

Do you know what street you live on? _____

Can you repeat these three objects after me? APPLE? PENNY? TABLE?

- No
- Yes

Can you repeat the following phrase: "No ifs, ands, or buts"?

- No
- Yes

Can you recall the three objects I asked you to say before? (APPLE, PENNY, TABLE)

- No
- Yes

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

COGNITIVE FUNCTIONING/MEMORY CONCERNS

3. Judgment and Decision-making (MN Choices – Minnesota)

What type of support does the person need in the home for assistance with activities that require remembering, decision-making or judgment?

- Someone else needs to be with the person always, to observe or provide supervision.
- Someone else needs to be around always, but they only need to check on the person now and then.
- Sometimes the person can be left alone for an hour or two.
- Sometimes the person can be left alone for most of the day.
- The person can be left alone all day and night, but someone needs to check in on the person every day.
- The person can be left alone without anyone checking in.

What type of support does the person need to help with remembering, decision-making, or judgment when away from home?

- The person cannot leave home, even with someone else, because of behavioral difficulties (becomes very confused or agitated during outings, engages in inappropriate behavior, becomes aggressive, etc.).
- Someone always needs to be with the person to help with remembering, decision making or judgment when away from the home.
- The person can go places alone as long as they are familiar places.
- The person does not need help going anywhere.

3. COGNITION FOR DAILY DECISION MAKING: (Source: Wisconsin LTC Functional Screen)

(Beyond medications and finances, which are captured elsewhere)

- 0 Independent - Person can make decisions that are generally consistent with her/his own lifestyle, values, and goals (not necessarily with professionals' values and goals)
- 1 Person can make safe decisions in familiar/routine situations, but needs some help with decision making when faced with new tasks or situations
- 2 Person needs help with reminding, planning, or adjusting routine, even with familiar routine
- 3 Person needs help from another person most or all of the time

MEDICAL CONDITIONS/DIAGNOSES

Current Diagnoses (CARE Tool – Admissions)

- A. Primary Diagnosis: _____
- B. Other Diagnoses, Comorbidities, and Complications: List other diagnoses being treated, managed, or monitored. Include all diagnoses (e.g., depression, schizophrenia, dementia, protein calorie malnutrition).

Current Health Status (Source: MNChoices - Minnesota)

- 1. Overall, how would you rate your health?
 - Excellent
 - Good
 - Fair
 - Poor
- 2. Immediate health concerns:
 - No
 - Yes (describe) _____
- 3. Allergies to medication or food
 - No
 - Yes (describe what the individual is allergic to, and describe the severity of the reaction)

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)

MEDICAL CONDITIONS/DIAGNOSES (continued)

Risk Screen (Source: MNChoices – Minnesota)

In this section, identify the types of services received and any health risks that may exist for the individual.

Number of times in last 90 days

1. Calls to 911 to address medical needs
 None
 ___ times – Reason(s)
2. Emergency room (not counting overnight stay)
 None
 ___ times – fall related
 ___ times – not fall related, Reason(s)
3. Inpatient acute hospital with an overnight stay
 None
 ___ times – fall related
 ___ times – not fall related, Reason(s)

Events in LAST YEAR

4. Nursing facility stay(s)
 None
 ___ times for a total of day - Reason(s)
5. Inpatient psychiatric facility stay(s)
 None
 ___ times for a total of days - Reason(s)
6. In-home crisis services
 None
 ___ times - Reason(s)
7. Out-of-home crisis services
 None
 ___ times for a total of days - Reason(s)

BEHAVIOR CONCERNS

1. Injurious behaviors

(Source: Supports Intensity Scale)

How much support is needed for the prevention of self-injury?

- No support needed
- Some support needed
- Substantial support needed

How much support is needed for the prevention of assault or injury to others?

- No support needed
- Some support needed
- Substantial support needed

How much support is needed for the prevention of sexual aggression?

- No support needed
- Some support needed
- Substantial support needed

2. Destructive behaviors

(Source: Supports Intensity Scale)

How much support is needed for the prevention of destruction of property (i.e. fire setting, breaking furniture)?

- No support needed
- Some support needed
- Substantial support needed

SAMPLE QUESTIONS WITHIN EACH DOMAIN & TOPIC (continued)	
BEHAVIOR CONCERNS	
<p>3. Socially offensive/disruptive behaviors (Source: Supports Intensity Scale) How much support is needed for the prevention of stealing?</p> <p><input type="checkbox"/> No support needed <input type="checkbox"/> Some support needed <input type="checkbox"/> Substantial support needed</p> <p>How much support is needed for the prevention of nonaggressive but inappropriate behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)?</p> <p><input type="checkbox"/> No support needed <input type="checkbox"/> Some support needed <input type="checkbox"/> Substantial support needed</p> <p>How much support is needed for the prevention of substance abuse?</p> <p><input type="checkbox"/> No support needed <input type="checkbox"/> Some support needed <input type="checkbox"/> Substantial support needed</p>	<p>4. Uncooperative behaviors (Source: Supports Intensity Scale) How much support is needed for the prevention of tantrums or emotional outbursts?</p> <p><input type="checkbox"/> No support needed <input type="checkbox"/> Some support needed <input type="checkbox"/> Substantial support needed</p>
<p>5. Other serious behaviors (Source: Supports Intensity Scale) How much support is needed for the prevention of other serious behaviors? Specify: _____</p> <p><input type="checkbox"/> No support needed <input type="checkbox"/> Some support needed <input type="checkbox"/> Substantial support needed</p>	

REFERENCES AND LINKS TO ADDITIONAL RESOURCES

References and links for finding additional information on each of the assessment tools cited in the Sample Questions chart (and other uniform/universal assessment instruments or processes) can be found below. This list, however, is by no means all-inclusive. These resources can be used to support efforts to design a CSA that captures the CDS, across populations and throughout the State.

- Continuity Assessment Record and Evaluation (CARE) Tool – Admissions: <http://www.pacdemo.rti.org/meetingInfo.cfm?cid=caretool>
- Colorado ULTC Initial Screening and Intake: http://www.hcbs.org/moreInfo.php/source/152/ofc/100/doc/847/Colorado_Screening_Tool_ULTC_100.2
- Inventory for Client and Agency Planning (ICAP): <http://icaptool.com/>
- Kansas Uniform Assessment Instrument: http://www.srs.ks.gov/agency/css/Documents/PD%20Waiver/UAI_Revision.pdf

- Maine Medical Eligibility Determination (MED) Tool:
<http://www.maine.gov/dhhs/oes/medxx/medxx.pdf>
- Massachusetts Real Choice Functional Needs Assessment: http://www.adrc-tae.org/tiki-download_file.php?fileId=26933
- Minimum Data Set (MDS):
https://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp#TopOfPage
- Minimum Data Set – HC: <http://www.interrai.org/section/view/?fnode=15>
- Minnesota MN Choices:
http://www.hcbsstrategies.com/Client_Project%20Page_MN_subpage.html#IUMP
- New York COMPASS – Comprehensive Assessment for Aging Network Community-Based Long Term Care Services: http://www.adrc-tae.org/tiki-download_file.php?fileId=28119
- Outcome and Assessment Information Set (OASIS): <http://www.cms.gov/oasis/>
- Supports Intensity Scale: <http://www.siswebsite.org/>
- Virginia Uniform Assessment Instrument (UAI):
<http://www.dmas.virginia.gov/downloads/forms/UAI.pdf>
- Washington Comprehensive Assessment Reporting Evaluation (CARE):
http://www.hcbs.org/moreInfo.php/type_tool/147/ofs/80/doc/1129/Comprehensive_Assessment_Reporting_Evaluation_CAR
- Wisconsin Long Term Care Functional Screen:
<http://www.dhs.wisconsin.gov/ltcare/FunctionalScreen/>
- Wisconsin Functional Eligibility Screen for Children’s Long Term Support Programs:
<http://www.dhs.wisconsin.gov/ltcare/FunctionalScreen/>
- Wisconsin Functional Eligibility Screen for Mental Health and AODA (Co-Occurring) Services:
<http://www.dhs.wisconsin.gov/ltcare/FunctionalScreen/>