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Assessment Instruments in 12 States

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NATIONAL ACADEMY for STATE HEALTH POLICY

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Assessment Instruments in 12 States

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Summary

Many states are considering, or are in the process of refining, their long-term care assessment instruments and processes. To assist states in these efforts, staff from the U.S. Administration on Aging and the Rutgers Technical Assistance Exchange for Community Living at the Rutgers Center for State Health Policy/NASHP compiled and reviewed State assessment instruments. This document identifies assessment instruments being used and reviews some of the variation across instruments and in the processes for using them. The tables below provide a snapshot of 12 states' assessment instruments. They include an overview of the major components of the assessment instruments and of their role in a state's eligibility determination, assessment, or care planning processes.

Major Points

- There is tremendous variability in how assessment instruments are incorporated into states' eligibility determination, assessment and care planning process for home and community-based care.

- The content of the questions included in assessment instruments is quite similar.

- States are moving toward integrating as many components of the eligibility determination, assessment and care planning processes as possible.

- Financial eligibility is only a function of one-quarter of the assessment instruments reviewed.

- Half of the instruments reviewed are used for both Medicaid beneficiaries seeking home and community-based services and those seeking nursing facility admissions.

- There is a trend toward assessment instruments that can be completed on the Internet.

Program Practices

No universal definition of an assessment instrument exists and states use assessments in a variety of ways. States' assessment instruments vary with respect to the:

- **Functions** performed;
- **Populations** assessed;
- Level of **automation;**
- Extent of **integration** with other systems;
- **Administration** of the assessment; and
- **Questions** included.

Functions

States use assessments to perform a variety of functions. These include: Medicaid functional eligibility determination (and re-determination), financial eligibility determination, and care plan development. Assessment instruments that are used to develop care plans also vary by the funding sources for services included in the care plan. Funding sources may include Medicaid Home and Community-Based Services (HCBS) waiver programs, Medicaid state plan services, the Older Americans Act (OAA), the Social Services Block Grant (SSBG), and state general revenue funded services.

Populations

Assessment instruments are usually designed to assess one or more of the following populations: older adults, people with physical disabilities, and people with developmental disabilities or mental retardation. Each of these variants has implications. For example, assessment instruments developed for older adults tend not to include employment related questions which are important considerations for younger people and people with disabilities. The content of assessment instruments may also vary based on the type of applicants it is used to assess. The intended audience may be applicants for Medicaid HCBS waiver programs or admission to a nursing home for example. If a single instrument is used for both of these types of applicants, the information obtained from the assessment can promote nursing facility diversion, by providing information to the nursing facility applicants about home and community-based alternatives.

Automation

Some states continue to use paper assessment instruments, and wide variation exists among states with automated instruments. Some automated assessments are completed on paper and entered or scanned into a database. Others are completed on laptops connected to an on-line database or uploaded to a database when the case manager returns to his or her office. Assessments that include care plan development vary by the manner in which the care plan is

shared with the consumer. Case managers in Washington complete the assessment on a laptop and mail a copy of the care plan to the consumer. Case managers in Maine bring a small printer to the consumer's home and print a copy of the care plan for the consumer when the plan is completed.

Integration

Automated assessments vary in the extent to which the data collected is integrated with other systems. For example, when the assessment instrument is linked to the local information and referral system, the information collected during the initial telephone call is available to the assessor, eliminating the need for the consumer to provide the same information twice. Assessment instruments may be linked to the care plan and case management tracking system. Assessment instruments that include the care plan can be linked to the state's Medicaid billing system which allows verification of the bill against authorized services. Data from the assessment can also support quality assurance and monitoring activities.

Administration

The organizations responsible for conducting assessment vary from state to state. Most assessments are conducted in the applicant's home. The role of assessors also varies. Some assessors are responsible for all case management or care coordination functions. Others complete the assessment, review service options, determine functional eligibility for various programs, and enroll the applicant. In these cases, responsibility for implementing and monitoring the care plan, reassessment, and adjustments in the service plan may be assigned to a different individual in the same organization or to a separate organization.

The educational requirements for staff conducting assessments also vary by state. Generally, an assessor must be a social worker or a registered nurse. In addition to academic requirements, states may have additional training requirements which include competency testing. In Oregon and Washington, assessors can refer medically complex applicants to be assessed by a registered nurse.

It is difficult to determine the average time needed to complete an assessment and the cost per assessment. The figures contained in the table are estimates. Instruments that have been tested for inter-rater reliability to ensure consistent assessment outcomes are also identified in the table.

Questions

We reviewed state assessment instruments to identify the information elements captured by the assessments.[1] We identified 41 information elements that generally fall into three groups: background information, functional assessment, and outcome decision criteria. Although the terms may be used differently across the instruments, the 41 information elements represent the general intent of the questions. The level of detail and phrasing of the questions vary substantially. Links to the available assessment instruments are included in the tables.

Background Information. The first group of questions relates to background information about the consumer. Some states may collect this information using a separate instrument or process, which may explain why these questions are not included in a number of assessment instruments. Two of the most common background questions are meant (1) to elicit information regarding the formal services being received by an individual and (2) to gather information concerning a person's current living arrangement. Two less common topics are whether an interpreter is needed or present and the client's employment status. This group of information elements includes:

- Demographics (e.g. address, age, gender, marital status)
- Income
- Assets/real estate
- Employment
- Emergency contact
- Legal representatives/documents
- Health insurance
- Primary health care provider
- Client report of functional status
- Primary caregiver
- Current formal services and providers
- Support systems (e.g., spouse, partner, children, other family, friends)
- Living arrangement
- Language or cultural issues
- Interpreter required/present

Health and Functional Assessment. All of the instruments we reviewed include functional assessment questions addressing general health status, physical functioning, and medications. Physical functioning includes activities of daily living (ADLs) and instrumental activities of daily living (IADLs). However, the level of specificity of the questions varies across the instruments. Only four instruments address pain management, and three include questions that deal with abuse or neglect. Only one of the instruments examined for this report addresses the use of complementary and alternative medicine. This group of information elements includes several areas: health, functional, cognitive/emotional/social:

[1] All of the assessment instruments are used to assess older adults and many are also used for adults with physical disabilities and people with mental retardation or developmental disabilities.

Health

- Vital signs
- Preventative health (may include flu vaccinations, blood pressure checks, breast exams)
- Medical condition/diagnoses
- Special treatments and procedures/assistive devices (may include professional nursing services, occupational and/or physical therapy, etc.)
- Professional visits/service utilization
- Medications
- Evidence of pain or palliative care
- Communication/vision/hearing
- Nutrition status and lifestyle
- Skin condition
- Dental status
- Complementary alternative medicine

Functional

- Physical functioning including ADL and IADLs
- Continence
- Physical environment

Cognitive/Emotional/Social

- Cognitive functioning/memory
- Psychosocial assessment. (may include mental status, behavior patterns, losses/stressful events, depression screener, suicide screener, social functioning, etc.)
- Social participation
- Behavior problems

Outcome Decision Criteria. A third group of assessment instrument questions is generally concerned with how the information obtained by the assessment instrument is summarized, *scored*, or translated into a care plan. Outcome decision criteria describe how the assessment compares to the thresholds or eligibility criteria established by the state for the programs covered by the assessment instrument. A checklist, narrative observations of the interviewer, or a combination of both are used to determine the needs of, and services available to, the consumer. The eligibility decisions are based on the information obtained during the assessment process and the state's method for scoring or weighting items. States that include medical factors in their criteria consider the type and frequency of the medical services received. Functional variables are typically rated as independent, supervision/cueing required, limited physical assistance, extensive assistance, or totally dependent/does not perform.

Seven instruments explicitly seek the consumer's preferences, and six include a caregiver interview.[2] Each of the information elements in this group may address eligibility, care plan, or a mandatory reporting field:

- Informal support available
- Evidence of abuse/neglect
- Consumer preferences
- Guardian/family preferences
- Caregiver interview/assessment
- Assessment summary (checklist/scoring of needs and services)
- Interviewer's observations (narrative)

The tables include the name of the assessment instrument and a hyperlink to the instrument. We have also included the state agency responsible for the assessment (which may differ from the organization conducting the assessment), a hyperlink to the state agency website and the name and phone number of a state contact person.

Lessons Learned

There is tremendous variability in how assessment instruments are incorporated into states' eligibility determination, assessment and care planning process for home and community-based care. This paper outlines variations in the: functions performed, populations assessed, level of automation, extent of integration with other systems, and administration of state assessment instruments. This paper also describes the highly similar content of the specific questions raised on the assessment instruments. However, as states move toward consolidating administration and coordination of services for multiple populations, assessment instruments and processes increasingly need address issues unique to each population. Questions about employment training and supports for people with disabilities may be critical to for people with disabilities, for example. The adoption of a person-centered planning philosophy can go a long way toward meeting diverse consumers' preferences and states are increasingly incorporating these principles in assessor training and consumer education programs.

This review of twelve assessment instruments suggests a number of trends, including a trend toward completing assessments on the Internet. States are also moving toward integrating as many components of the eligibility determination, assessment and care planning processes as possible. However, financial eligibility is a function of only one-quarter of the assessment instruments reviewed. Combining functional and financial eligibility is an important component of efforts to streamline access to home and community-based services. In addition, half of the

[2] Other assessment instruments may attempt to capture the consumer's preferences or the assessor's determination of the consumer's need throughout the assessment process, rather than as distinct sections of the assessment instrument. For example, the assessment instrument instruction manual or training programs for assessors may direct the assessor to complete the assessment with the consumer and to ensure that the consumer's preferences are reflected throughout.

instruments reviewed are used for both Medicaid beneficiaries seeking home and community-based services and those seeking admission to a nursing facility. Using the same assessment instruments for both of these populations has the potential to prevent nursing facility admission for people who prefer to live in a community-based setting.

Conclusions

The compilation of assessment instruments in this report is designed to be a resource for states considering refining their instruments or processes for eligibility determination, assessment, or care planning. To assist states streamlining access to home and community-based services, the analysis in this report provides an outline of the major variations across 12 states' assessment instruments and processes.

Useful Resources

The Indiana Department of Administration (IDOA) RFP for a statewide-automated case management system that includes case management, overall tracking and control of cases, person-centered planning to formulate and monitor individually centered plans of service, management and control of provider claims to reduce the effort required in performing these functions, direct linkage to all state systems, outcome-related information for evaluating services and service needs and for determining and supporting future planning and resources, waiting list management to track unmet demands by type of service and individual, and electronic billing to include Medicaid. To obtain a copy of this RFP, search on "Indiana RFP" at: http://www.hcbs.org

Community Integration: The Role of Individual Assessment, Working Paper by Sara Rosenbaum, Joel Teitelbaum, Amanda Bartoshesky, and Alexandra Stewart, George Washington University Medical Center, School of Public Health and Health Services, Center for Health Services Research and Policy. Funded by the Center for Health Care Strategies, Inc. under the Robert Wood Johnson Foundation's Medicaid Managed Care Program. October 2002. To obtain a copy of this report, search on "Rosenbaum" at: http://www.hcbs.org

Improving Quality in Community-Based Care Conference: "Using Automated Data for Quality Improvement" These materials are from the national conference sponsored by the Centers for Medicare & Medicaid Services (CMS) and held in Nashville on May 2-3, 2002. The goal of the conference was to provide an opportunity for information exchange among decision-makers in the design and implementation of quality management/improvement. To obtain a copy of these materials, search on "Using Automated Data" at: http://www.hcbs.org

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Table 1

Assessment Instruments and Processes	Colorado
What is the name of the assessment instrument?	Long Term Care IADL Eligibility Assessment (ULTC 100.2 updated 9/22/03)
Hyperlink to assessment	http://adrc-tae.org/tiki-page.php?pageName=ADRC+Toolbox+Summary#ch5
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	No
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,2, 5
Populations	
What Medicaid populations receive this assessment? **	1, 2, 3, 4 (TBI & HIV/AIDS)
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	Voluntary
Automation	
What format is the tool?	Automated - data entered in office and uploaded
Systems Integration	
Is the tool linked to MMIS for financial accountability?	No
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	
Administration of the Assessment	
What organization is responsible for conducting the assessment?	County Departments of Social/Human Services, or Options for Long Term Care
What type of staff are required to administer the assessment (SW or RN)?	RN review required
Is the assessment conducted by the case manager?	Yes
Where is the assessment conducted?	In person
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	Varies
Has the tool been tested for inter-rater reliability?	
Contact Information	
Responsible state agency	CO Department of Health Care Policy and Financing
Link to state agency	http://www.chcpf.state.co.us/default.asp
State contact	Todd Coffey, 303.866.5659

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Georgia
What is the name of the assessment instrument?	Determination of Need (based on IL form)
Hyperlink to assessment	Form is automated in a proprietary system called CHAT
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	No
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	No, but it is linked by the CHAT software.
What are the funding sources for the services included in the care plan? *	1,3,4,5
Populations	
What Medicaid populations receive this assessment? **	1, 2
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated
Systems Integration	
Is the tool linked to MMIS for financial accountability?	No
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	No
Administration of the Assessment	
What organization is responsible for conducting the assessment?	AAAs
What type of staff are required to administer the assessment (SW or RN)?	Not specified
Is the assessment conducted by the case manager?	No
Where is the assessment conducted?	Phone
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	Varies
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	Georgia Department of Human Resources
Link to state agency	http://www2.state.ga.us/departments/dhr/aging.html
State contact	Cheryl Schramm cschramm@atlantaregional.com

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Illinois
What is the name of the assessment instrument?	Determination of Need (DON)
Hyperlink to assessment	Not available
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,5
Populations	
What Medicaid populations receive this assessment? **	1
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Paper
Systems Integration	
Is the tool linked to MMIS for financial accountability?	No
Is the tool linked to intake and referral system?	No
Is the tool used to track quality?	No
Administration of the Assessment	
What organization is responsible for conducting the assessment?	Private contractors called Case Coordination Units
What type of staff are required to administer the assessment (SW or RN)?	Not specified
Is the assessment conducted by the case manager?	Yes
Where is the assessment conducted?	In home
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	1 to 3 hours
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	IL Department on Aging
Link to state agency	http://www.state.il.us/aging/2wwwlinks/links_list.htm
State contact	Jody Martin, 217.785.0113, jody.martin@aging.state.il.us

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Indiana
What is the name of the assessment instrument?	INsite
Hyperlink to assessment	Not available
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	No
Is financial eligibility determined by this tool?	Yes
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,2,3,4,5,6
Populations	
What Medicaid populations receive this assessment? **	1, 2, 4 (TBI)
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	Mandatory
Automation	
What format is the tool?	Automated, web-based under development
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	AAAs
What type of staff are required to administer the assessment (SW or RN)?	Not specified
Is the assessment conducted by the case manager?	Yes
Where is the assessment conducted?	In home
What is the state's cost per assessment?	$90
On average, how much time is needed to complete the assessment?	Varies
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	Indiana Family and Social Services Administration
Link to state agency	http://www.in.gov/fssa/elderly/
State contact	Pat Casanova, pcasanova@fssa.state.in.us

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Maine
What is the name of the assessment instrument?	Medical Eligibility Determination Tool (MED Ver 5.0 updated 7/1/03)
Hyperlink to assessment	http://www.state.me.us/dhs/beas/medxx_me.htm
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	Yes, printed at consumers home
What are the funding sources for the services included in the care plan? *	1,2,5
Populations	
What Medicaid populations receive this assessment? **	1,2,3
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	Mandatory
Automation	
What format is the tool?	Automated - laptops
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	No
Is the tool used to track quality?	No
Administration of the Assessment	
What organization is responsible for conducting the assessment?	Private vendor
What type of staff are required to administer the assessment (SW or RN)?	RNs with community health experience
Is the assessment conducted by the case manager?	No
Where is the assessment conducted?	In person
What is the state's cost per assessment?	$157.59
On average, how much time is needed to complete the assessment?	.75 hours to 2 hours
Has the tool been tested for inter-rater reliability?	No
Contact Information	
Responsible state agency	Bureau of Elder and Adult Services (BEAS)
Link to state agency	http://www.state.me.us/dhs/beas/ltc/index.htm
State contact	Mollie Baldwin, mollie.baldwin@maine.gov

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Michigan
What is the name of the assessment instrument?	Michigan Medicaid Nursing Facility Level of Care Determination **11/01/04**
Hyperlink to assessment	http://www.michigan.gov/documents/MSA-04-15_104506_7.pdf
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	No
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	No
What are the funding sources for the services included in the care plan? *	1
Populations	
What Medicaid populations receive this assessment? **	1, 2, 3
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated - information captured on paper forms and then scanned
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	No
Is the tool used to track quality?	No
Administration of the Assessment	
What organization is responsible for conducting the assessment?	Local waiver agencies
What type of staff are required to administer the assessment (SW or RN)?	Licensed health professional
Is the assessment conducted by the case manager?	
Where is the assessment conducted?	In home
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	1.5 - 2 hours
Has the tool been tested for inter-rater reliability?	
Contact Information	
Responsible state agency	MI Department of Community Health
Link to state agency	http://www.michigan.gov/mdch/0,1607,7-132-2943_4857_5045-16263--
State contact	Jane Church, churchja@michigan.gov

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Minnesota
What is the name of the assessment instrument?	Minnesota Long-Term Care Consultation Services Assessment Form
Hyperlink to assessment	http://adrc-tae.org/tiki-page.php?pageName=ADRC+Toolbox+Summary#ch5
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	No
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,5
Populations	
What Medicaid populations receive this assessment? **	1, 2, 3
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated - laptop
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	State Department of Human Services
What type of staff are required to administer the assessment (SW or RN)?	MSW or Public Health RN
Is the assessment conducted by the case manager?	No
Where is the assessment conducted?	In home
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	2 hours
Has the tool been tested for inter-rater reliability?	
Contact Information	
Responsible state agency	MN Department of Human Services
Link to state agency	http://www.dhs.state.mn.us/main/groups/aging/documents/pub/DHS_id_005990.
State contact	Jean M. Martin, jean.m.martin@state.mn.us , 651-297-3330

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	North Carolina
What is the name of the assessment instrument?	CAP/DA Data Set January 2004
Hyperlink to assessment	http://www.adrc-tae.org/tiki-download_file.php?fileId=385
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	No
What are the funding sources for the services included in the care plan? *	1
Populations	
What Medicaid populations receive this assessment? **	1, 2
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated - web-based
Systems Integration	
Is the tool linked to MMIS for financial accountability?	No
Is the tool linked to intake and referral system?	No
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	Lead Agencies appointed by county commissioners
What type of staff are required to administer the assessment (SW or RN)?	Both
Is the assessment conducted by the case manager?	Yes
Where is the assessment conducted?	In home
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	
Has the tool been tested for inter-rater reliability?	No
Contact Information	
Responsible state agency	Division of Medical Assistance
Link to state agency	http://www.dhhs.state.nc.us/dma/
State contact	Rosalie Wachsmuth, rosalie.wachsmuth@ncmail.net, 919.855.4260

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	New Jersey
What is the name of the assessment instrument?	NJ EASE Comprehensive Assessment Tool
Hyperlink to assessment	http://adrc-tae.org/tiki-page.php?pageName=ADRC+Toolbox+Summary#ch5
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,2,5
Populations	
What Medicaid populations receive this assessment? **	1
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	No
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated
Systems Integration	
Is the tool linked to MMIS for financial accountability?	No
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	No
Administration of the Assessment	
What organization is responsible for conducting the assessment?	State agency field offices (AAAs for state funded programs)
What type of staff are required to administer the assessment (SW or RN)?	RN
Is the assessment conducted by the case manager?	No
Where is the assessment conducted?	
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	.5 hours *Section 2 by phone* 1.5 hours *Section 3 in home*
Has the tool been tested for inter-rater reliability?	
Contact Information	
Responsible state agency	NJ Department of Health and Senior Services
Link to state agency	http://www.state.nj.us/health/senior/index.shtml
State contact	Mary O'Conner, mary.o'conner@doh.state.nj.us

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Oregon
What is the name of the assessment instrument?	Client Assessment and Planning System
Hyperlink to assessment	Hardcopy print screens available from state.
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	Yes
Is the care plan determined by this tool?	Yes
What are the funding sources for the services included in the care plan? *	1,2,5
Populations	
What Medicaid populations receive this assessment? **	1,2
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated - *laptops*
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	Seniors and People with Disabilities Division, State Department of Human
What type of staff are required to administer the assessment (SW or RN)?	Not specified, option for referral to an RN
Is the assessment conducted by the case manager?	Yes, unless assessment is referred to an RN
Where is the assessment conducted?	In home
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	1 hour
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	OR Department of Human Services, Seniors and People with Disabilities Div.
Link to state agency	http://www.dhs.state.or.us/seniors/
State contact	Judy Giggy, 503-947-1179, Judy.A.Giggy@state.or.us

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Washington
What is the name of the assessment instrument?	Comprehensive Assessment Reporting Evaluation (CARE)
Hyperlink to assessment	http://www.adrc-tae.org/documents/washcare.pdf
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	Yes
Is the care plan determined by this tool?	Yes, mailed to consumer
What are the funding sources for the services included in the care plan? *	1,2, 3
Populations	
What Medicaid populations receive this assessment? **	1, 2, 3
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	No
Automation	
What format is the tool?	Automated - *laptops*
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	State agency field offices
What type of staff are required to administer the assessment (SW or RN)?	SW with training and option for referral to a RN
Is the assessment conducted by the case manager?	Yes
Where is the assessment conducted?	In person
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	3 hours
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	Aging and Disability Services Administration
Link to state agency	http://www.aasa.dshs.wa.gov/
State contact	Terry Rupp, rupptl@dshs.wa.gov

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other

Table 1

Assessment Instruments and Processes	Wisconsin
What is the name of the assessment instrument?	Functional Screen
Hyperlink to assessment	http://www.dhfs.state.wi.us/LTCare/FunctionalScreen/PaperFormV3.pdf
Functions	
Is Medicaid functional eligibility (NF LOC) determined by this tool?	Yes
Is this tool used for redetermination of functional eligibility?	Yes
Is financial eligibility determined by this tool?	No
Is the care plan determined by this tool?	No
What are the funding sources for the services included in the care plan? *	na
Populations	
What Medicaid populations receive this assessment? **	1, 2
Are beneficiaries seeking HCBS waiver services assessed with this tool?	Yes
Are beneficiaries seeking NF admission assessed with this tool?	Yes
Are non-Medicaid consumers seeking NF admission assessed with this tool?	voluntary
Automation	
What format is the tool?	Automated - web-based, data entered on laptops and uploaded.
Systems Integration	
Is the tool linked to MMIS for financial accountability?	Yes
Is the tool linked to intake and referral system?	Yes
Is the tool used to track quality?	Yes
Administration of the Assessment	
What organization is responsible for conducting the assessment?	ADRC
What type of staff are required to administer the assessment (SW or RN)?	Either with training and certification.
Is the assessment conducted by the case manager?	No
Where is the assessment conducted?	In person
What is the state's cost per assessment?	
On average, how much time is needed to complete the assessment?	Varies
Has the tool been tested for inter-rater reliability?	Yes
Contact Information	
Responsible state agency	Wisconsin Department of Health and Family Services
Link to state agency	http://dhfs.wisconsin.gov/LTCare/INDEX.HTM
State contact	Alice Mirk, mirka@dhfs.state.wi.us

* Funding Sources: 1 = Medicaid waiver, 2= Medicaid state plan, 3= OAA, 4= SSBG, 5 = Other state funded, 6 = Other

** Populations: 1= Older Adults, 2 = Adults with Physical Disabilities, 3 = People with MR/DD, 4 = Other