

Table 2. Example State Assessment Domains and Topics

| | (MI) LOCD ¹ | (MI) iHC ² | (NY) CHA ³ | (NY) Fnctl Supp ⁴ | (PA) LOCA ⁵ | (PA) CMI ⁶ | (WA) CARE ⁷ |
|---|---------------------------|--------------------------|--------------------------|------------------------------------|---------------------------|--------------------------|---------------------------|
| Background Information | | | | | | | |
| Active Legal Issues | | | | | | | X |
| Assessment Context | | X | X | | X | X | X |
| Collateral Contacts | | X | | | X | X | X |
| Communication [*] | X | X | X | | X | X | X |
| Comprehension | | X | X | | | | X |
| Cultural History and Influences [*] | | | | | | | |
| Demographics | | X | X | | X | X | X |
| Education [*] | | X | | | | X | |
| Formal Services and Providers [*] | X | X | | X | | X | X |
| Health Insurance [*] | | X | | | | X | |
| Health Literacy [*] | | | | | | | |
| Informal Support Systems [*] | | X | | X | X | X | X |
| Language Issues [*] | | X | X | | X | X | X |
| Legal Representatives/Documents [*] | | X | | X | X | X | X |
| Others Living in the Home [*] | | X | X | X | X | X | X |
| Primary Caregiver [*] | | X | | | | X | X |
| Primary Health Care Provider [*] | X | | | | X | X | X |
| Residential Status [*] | | X | X | | X | X | X |
| Source of Information | | | | | X | X | X |
| Spiritual Support [*] | | X | | | | | |
| Veteran Status | | X | X | | X | X | |
| Financial Assessment | | | | | | | |
| Employment History [*] | | | X | | | | X |
| Income/Assets/Other Private Resources [*] | | X | | | X | X | X |
| Out-of-Pocket Expenses and Impact [*] | | X | X | | | X | X |
| Program Eligibility [*] | | X | | | X | X | X |
| Health | | | | | | | |
| Abuse or Neglect (potential for or history of) [*] | | X | X | | | X | X |
| Activity Level | | X | X | | | | X |
| Allergies/Adverse Drug Events [*] | | X | X | | | X | X |
| Assistive Devices or Adaptations [*] | | X | X | X | X | X | x |
| Client Self-Rated Health | | X | X | | | | X |

¹ Medicaid Nursing Facility Level of Care Determination, Michigan, 2005

² MI-Choice Participant Information & Home and Community Based Services Assessment (Altered interRAI-HC), Michigan, 2008

³ Community Health Assessment included in the Uniform Assessment System Community Assessment, New York, 2006

⁴ Functional Supplement, included in the Uniform Assessment System (UAS-NY) Community Assessment, New York, 2006

⁵ Level of Care Assessment, Pennsylvania, 2012

⁶ Care Management Instrument, Pennsylvania, 2010

⁷ Comprehensive Assessment Reporting Evaluation, Washington, 2013

* Externally Recommended Standards (Saliba D et al. Memorandum on External Recommendations for Standardized Assessment in the United States. March 2013)

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|--|---------------------------|--------------------------|--------------------------|------------------------------------|---------------------------|--------------------------|---------------------------|
| Continence* | | X | X | | X | X | X |
| Dental Status* | | X | | X | | X | X |
| Fluid Intake* | | X | X | | | | X |
| Gait & Balance Assessment/Falls* | | X | X | X | X | X | X |
| Genetic History of Family Health* | | | | | | | |
| Hearing* | | X | X | | | X | X |
| Improvement or Discharge Potential | | X | X | X | | | X |
| Stability/Instability of Conditions | | X | X | X | | | |
| Medical History, Active Diagnoses* | X | X | X | X | X | X | X |
| Medications* | | X | X | | X | X | X |
| Medication adherence* | | X | | X | | X | X |
| Understanding of medications* | | | | | | X | X |
| Mode of Nutritional Intake | X | X | | X | | | X |
| Nutritional Status/Weight Change* | | X | X | X | X | X | X |
| Pain* | | X | X | | | | X |
| Patterns of Health Services Use | X | X | | X | X | X | X |
| Physical Exam* | | X | | | | | X |
| Preventive Health | | X | X | | | | X |
| Skin Condition | X | X | | X | X | X | X |
| Special Treatments* | X | X | X | X | X | | X |
| Swallowing* | | X | | X | | X | X |
| Tobacco Use | | X | X | | | | X |
| Vision* | | X | X | | | X | X |
| Functional Assessment* | | | | | | | |
| Activities of Daily Living (ADLs) | | | | | | | |
| Ambulating* | | X | X | | | X | X |
| Bathing* | | X | X | | X | X | X |
| Bed Mobility* | X | X | X | X | | | X |
| Dressing* | | X | X | | X | X | X |
| Eating* | X | X | X | X | X | X | X |
| Hygiene* | | X | X | | X | X | X |
| Mobility (in/out of home)* | | X | X | | X | X | X |
| Oral Care* | | X | | | | | |
| Toilet Use* | X | X | X | X | X | X | X |
| Transferring* | X | X | X | | X | X | X |
| Instrumental Activities of Daily Living (IADLs) | | | | | | | |
| Equipment/Supply Management* | | X | | | | | |
| Managing Finances** | | X | X | | X | X | X |
| Managing Medications* | | X | X | | X | X | X |
| Meal Preparation* | | X | X | X | X | X | X |
| Ordinary Housekeeping* | | X | X | | X | X | X |
| Shopping* | | X | X | | X | X | X |

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|---|---------------------------|--------------------------|--------------------------|------------------------------------|---------------------------|--------------------------|---------------------------|
| Stair Climbing | | X | X | | X | X | X |
| Telephone Use * | | X | X | | X | X | X |
| Transportation * | | X | X | | X | X | X |
| Cognitive/Social/Emotional/Behavioral | | | | | | | |
| Alcohol or Other Substance Use * | | X | X | | | X | X |
| Behavioral Symptoms * | X | X | X | X | X | X | X |
| Cognitive Functioning * | | | | | X | X | X |
| Level of consciousness | | | | | X | X | X |
| Judgment/decision-making capacity * | X | X | X | | | X | X |
| Memory* | X | X | X | X | | X | X |
| Mood and Affect * | | X | X | X | X | X | X |
| Other Psychiatric * | X | X | X | | X | X | X |
| Psychological Therapy | | | | X | | | X |
| Readiness to Change * | | | | | | | |
| Recent Change in Cognition/Delirium * | | X | X | X | | | X |
| Services Use History | | X | | | | | |
| Sexual Functioning/Body Image * | | | | | | | |
| Social Participation/Isolation * | | X | X | | | X | X |
| Stressors | | X | X | | | | |
| Suicide Risk * | | X | | | | | X |
| Use Of Physical Restraint | | X | | X | | | |
| Wandering | X | X | X | X | | | X |
| Goals and Preferences | | | | | | | |
| Advance Care Planning * | | X | | | | | X |
| Care Goals, Expectations, Preferences * | | X | X | X | X | X | X |
| Health Goals, Expectations, Preferences * | | | | | | | X |
| Personal Values or Beliefs * | | X | | | | | |
| Transitional/Discharge Plan * | | | | | | | X |
| Environmental Assessment (Home, Community) * | | | | | | | |
| Access to Food | | X | | X | | | |
| Adequate Space * | | | | | | | |
| Communication with Utilities and Emerg. Svcs. * | | X | | X | | | X |
| Community Resources * | | | | | | X | |
| Condition of Home | | X | | X | | X | X |
| Emergency Preparedness * | | X | | | | | X |
| Housing Accessibility * | | X | | X | | X | X |
| Housing Stability * | | | | | | X | |
| Neighborhood Safety * | | X | | X | | X | X |
| Safety In-Home * | | X | | X | | X | X |
| Telephone Access * | | X | | | | | |

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| Transportation Access * | | | | | | | X |
| Caregiver Assessment | | | | | | | |
| Availability to Provide Care * | | X | | X | X | X | X |
| Emotional Competence/Stability * | | X | | X | | X | X |
| History of Abusive Behaviors * | | | | | | X | |
| Hours/Tasks * | | X | | X | | X | |
| Physical Capacity * | | | | | X | | X |
| Receiving Support Services | | | | | | X | X |
| Stress or Need for Respite * | | X | | X | | X | X |
| Willingness & Ability to Implement Care Plan * | | X | | X | X | X | X |
| Willingness & Ability to Work with Care Team * | | | | | | | |
| Other | | | | | | | |
| Family Dynamics * | | X | X | | | | X |
| Learning and Technology Capabilities * | | | | | | | |
| Need for Supervision | | | | | X | X | |
| Pet Care | | X | | | X | X | X |
| Presence of Developmental Disability | | X | | | X | X | X |
| Primary Mode of Locomotion Indoors | | X | X | | | X | X |
| Recreational/Leisure Pursuits * | | | | | | | X |
| Self-Care Capability/Clients Strengths * | | | | | | | |
| Stage in Life Cycle & Related Developmental Issues * | | | | | | | |
| Supervision of Plan of Care (Client or Other) | | | | | | | X |

From Ray LR, Fulbright K, Newcomer R, Wilber K, Saliba D. Memorandum Comparing Four States' Comprehensive Assessment Systems. May 2013.