

**Home and Community Based Services Domains
For Discussion ONLY—March 14, 2014**

Background Information		Health
Active Legal Issues	Abuse or Neglect (potential for or history of) *	Seizure activity
Assessment Context	Activity Level	Sexual History
Collateral Contacts	Allergies/Adverse Drug Events*	Sleep Pattern
Communication*	Assistive Devices or Adaptations*	Presence of Developmental Disability
Comprehension	Client Self-Rated Health	Stage in Life Cycle and related Developmental Issues*
Cultural History and Influences*	Continence*	
Demographics	Dental Status*	
Education*	Fluid Intake*	
Formal Services and Providers*	Gait & Balance Assessment/Falls*	
Health Insurance*	Genetic History of Family Health*	
Health Literacy*	Hearing*	
Informal Support Systems*	Improvement or Discharge Potential	
Language Issues*	Stability/Instability of Conditions	
Legal Representatives/Documents*	Medical History, Active Diagnoses*	
Others Living in the Home*	Medications*	
Primary Caregiver*	Medication adherence*	
Primary Health Care Provider*	Understanding of medications*	
Residential Status	Mode of Nutritional Intake	
Source of Information	Nutritional Status/Weight Change*	
Spiritual Support*	Pain*	
Veteran Status	Patterns of Health Services Use	
	Physical Exam*	
	Preventive Health	
	Skin Condition	
	Special Treatments*	
	Swallowing*	
	Tobacco Use	
	Vision*	
Financial Assessment		
Employment History*	Special Treatments*	
Income/Assets/Other Private Resources*	Swallowing*	
Out-of-Pocket Expenses and Impact*	Tobacco Use	
Program Eligibility*	Vision*	

Goals and Preferences	Environmental Assessment (Home, Community) *	Caregiver Assessment
Advance Care Planning*	Access to Food	Availability to Provide Care*
Care Goals, Expectations, Preferences*	Adequate Space*	Emotional Competence/Stability*
Health Goals, Expectations, Preferences*	Communication with Utilities and Emerg. Svcs. *	History of Abusive Behaviors*
Personal Values or Beliefs*	Community Resources*	Hours/Tasks*
Transitional/Discharge Plan*	Condition of Home	Physical Capacity*
Informed consent to participate	Emergency Preparedness*	Receiving Support Services
Request for change in authorized services	Housing Accessibility*	Stress or Need for Respite*
Self-care capability/Client's Strengths*	Housing Stability*	Willingness & Ability to Implement Care Plan*

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Goals and Preferences	Environmental Assessment (Home, Community) *	Caregiver Assessment
	Neighborhood Safety*	Willingness & Ability to Work with Care Team*
	Safety In-Home*	Family Dynamics
	Telephone Access*	
	Transportation Access*	
	Back-Up Caregiver Plan	
	Need for supervision	
	Primary mode of locomotion indoors	
	Recreational/leisure pursuits*	

Functional Assessment*		
Activities of Daily Living (ADLs)	Instrumental Activities of Daily Living (IADLs)	Cognitive/Social/Emotional/Behavioral
Ambulating*	Equipment/Supply Management*	Alcohol or Other Substance Use*
Bathing*	Managing Finances*	Behavioral Symptoms*
Bed Mobility	Managing Medications*	Cognitive Functioning*
Dressing*	Meal Preparation*	Level of consciousness
Eating*	Ordinary Housekeeping*	Judgment/decision-making capacity*
Hygiene*	Shopping*	Memory*
Mobility (in/out of home)*	Stair Climbing	Mood and Affect*
Oral Care*	Telephone Use*	Other Psychiatric*
Toilet Use*	Transportation*	Psychological Therapy
Transferring*		Readiness to Change*
		Recent Change in Cognition/Delirium*
		Sexual Functioning/Body Image*
		Social Participation/Isolation*
		Stressors
		Suicide Risk*
		Use Of Physical Restraint
		Wandering
		Learning and Technology Capabilities