Assessment Tools to Determine Nursing Facility Level of Care (Functional/Med		Auto	l l	Auto	Auto	Auto	Auto			Auto	<b></b>		A.4a	10.16
	Auto	GA	IL.	Auto IN	ME	MI	MN	NC	NJ		· +v	· •	Auto	Auto
Functional/Medical Assessment tool	1 0	GA	<u> </u>	1 IN	WE	IVII	IVIN	NC	. NJ	OR	TX	TX	WA	WI*
Form Name	Long	Client	Illinois	INsite	Medical	MI	Minnesota	CAD/DA	NJ EASE	Orogon	Texoma	Communit	Comprehe	Eunatia
Form Link	http://adrc		Forms		http://www		http://adrc							
Services authorized	1,2		IFOIIIS	1,2,3,4,5,		Folins	1 A				nttp://www			
Description		1,3,4,5 The	<del>  '                                   </del>	1,2,3,4,5,	1,2,5	<del> </del>	<u> </u>		1,2,5	1,2,5	<u>                                     </u>	1,2, 4	1,2, 3	1,5
Connection/crosswalk to other tools	11115 1001	i i iie	<del> </del>	<del> </del>	MDS-HC	MDS-HC	<u> </u>	<u> </u>				<u> </u>		<del> </del>
Organization responsible for completing form	Caumba	AAA .	State	AAAs			State	District		Colisions		· · · · · · · · · · · · · · · · · · ·	A	1
	County	AAAs		<del></del>	Private		<del> </del>	Division	DNs		Area		Aging	ADRC
Type of staff administering form	Case	Case	Certified	No	Nurses	Social				Case	Care			Experie
Training	-			State	Several			Training			Specialize		2 days	Online
Format			Paper		Automate		Both LTC						Automate	
Time to complete	Varies	Varies	1 to 3	Varies	.75 hours	1.5 - 2	2 hours	5 hours	.5 hours	1 hour	Varies	ļ	2.5 hours	
Has tool been tested for inter-rater reliability?	<del>- </del>	<u> </u>	<u> </u>	Yes	no °	<b> </b>	L	·		·			Yes	Yes
Redetermination	Separate.		ļ	No	<b></b>									<u> </u>
Linked to MMIS for financial accountability	<u> </u>	ļ	<u> </u>	<u> </u>	ļ	L	.:		·				Yes	ļ <b>*</b>
MD sign off required?					<u> </u>	<u> </u>					·			
Number of pages				<u> </u>	<u> </u>	<u> </u>				·				<u> </u>
Used to track quality?		No	·	<u> </u>		<u> </u>		<u> </u>					Yes	No
Consumer preferences	Yes	No	No	No ·	No	No			No	No	No		Yes	Yes
Informal caregiver assessment			No	No	No	Yes	Yes	No ·	Yes	No	No		Yes	Yes
Employment	No	No	No	No	No	Yes	No	No	Yes	No	No		Yes	Yes
External confirmation from caregiver?														
Evidence of cost savings associated with tool	1 .	i												
Cost per assessment					Cost per									1
Cost of implementing tool?		-								:			\$3 million	T
	i													
Population Receiving Functional/Medical Assessment with this tool to												·		†
Determine NF Level of Care		l		1										1
Medicaid Population	1, 2, 3, 4	1, 2	1	1, 2, 4	1,2,3	1, 2	1, 2, 3	1, 2	1	1,2	1. 2	1.2	1. 2	1, 2
Asssessment of Medicaid beneficiaries seeking HCBS waiver services?	Yes	Yes	Yes	Yes	Yes	<u> </u>	Yes					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	Yes
Assessment of Medicaid beneficiaries seeking NF admission?	Yes	No	Yes	Yes	Yes		No						Yes	Yes
Type of Medicaid reimbursement for assessment of HCBS applicants?														1
Type of Medicaid reimbursement for assessment of NF applicants?		na					na			-				<del>                                     </del>
Assessment of non-Medicaid consumers seeking NF admission?		na		<b></b>		<del> </del>	na							<del>                                     </del>
Waiting list for waiver HCBS?				<del> </del>	· · · · · · · · · · · · · · · · · · ·					<u> </u>				<del>                                     </del>
If yes, is assessment conducted when requested or when waiver slot				<del> </del>	···								-	
If yes, is waiting list chronological or prioritzed by need?	1		<del>                                     </del>	<del> </del>	l	<u> </u>			,.					<del>                                     </del>
11 on one organical of profitted by flood:	+	<del> </del>	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<b> </b>	<del>  </del>							+
Care Plan	+	<u> </u>	<del> </del>	<del> </del>	<u> </u>	<b></b>					·			<del></del>
Is the care plan determined by this tool?	Yes	Yes, but		Yes	Yes.	<del>                                     </del>	·						Yes,	No
Is care plan detailed, not a list of eligible services?	1	res, pul	·	169	160,	<b></b>			<del>- :</del>				162,	140
determine care plan immediately	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>	<b> </b>	ļ							<del></del>	<del> </del>
how does consumer get copy?	+	<b> </b>	<del>                                     </del>	ļ	<b> </b>	<del> </del>	ļ	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>				<del> </del>

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inancial Eligibility inancial eligibility determined	No	Yes	<del></del>	Yes, for	No	Yes	Yes	N-	<del> </del>	\		<del></del>		ļ
		165	<del> </del>		nà	168	res	No	<u> </u>	Yes		· · ·	Yes,	No.
	na na				na			na		<u> </u>			ļ	na
47 A7 19 114	na				na .			na		ļ		<del></del>		na
If no, how is financial eligibilty coordinated?		na	·	na	na .	na	na	na	<del></del>	no				na
	Colorado		IL.		Bureau of		iia .	-	State	na		<del> </del>	na	VA//a = a
			http://www				i-	<del></del>	http://www				Aging	Wisco
Contact	Todd	Cheryl	Jody	Pat	Mollie	Jane	Jean M.	Rosalie	Mary	Judy	Janis	http://www		/ <u>  nttp://o</u>
Potential issues for other states interested in replicating?	, , , ,	Jiloiyi	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 61	MONG	Jane	Jean W.	Nosaile	IVIAIY	Judy	Janis	Jacquelyn	тепу	┼
	C.R.S. 26-		http://www		http://janu			<del></del>	<del> </del>	<del> </del>		i	WAC 388	Family
	Departme		http://www		in paria			<del> </del>	<del> </del>	<del> </del>			VVAC 300	
	- оранине		11.00					<del> </del>	<del> </del>	<del> </del>				http://d
								· · · · · · · · · · · · · · · · · · ·					<del> '-</del>	<del> </del> -
= Medicaid waiver services, 2= Medicaid state plan services, 3= OOA, 4= SSBG	5, 5 = Othe	r state fund	led services	. 6 = Other										
<ul> <li>Older Adults (65+), 2 = Adults with Physical Disabilities, 3 = People with MR/D</li> <li>N1 = CO, GA, IL, NJ, TX 60+</li> <li>N2 = ME all adults seeking access to NF or HCBS</li> <li>IJ = Jersey Assistance for Community Caregiving (JACC), Community Care Programmer</li> </ul>	D, 4 = Oth	er <sub>.</sub>								_				

IN = Has a separate assessment screen for adult day services to determine the level of service required and a sperate screen for assisted living of determine service level and reimbursement level.

NJ = this tool develops the care plan. Fincial eligibility is determined by the XXXX. The XXX conducts a PAS to determine NF LoC or functional eligibility.

WI = Refers to Family Care