



Functional Assessment Standardized Items Frequently Asked Questions (FAQs)

Is Functional Assessment Standardized Items mandatory for any program?

CMS made the Functional Assessment Standardized Items set available for states and programs to use on a voluntary basis. States may decide to require its use for Medicaid home and community-based services (HCBS) programs.

Can states use a subset of Functional Assessment Standardized Items or must they use all items?

Some states will move to adopt the complete set of Functional Assessment Standardized Items while other states may feel adoption of select items best meets their programmatic needs. It is important to note that the full Functional Assessment Standardized Items set was broadly tested in multiple states for reliability and validity. When a subset of items is used rather than the entire item set, the reliability and validity of the subset may be affected. For reliability and validity related to use of select items, states are encouraged to review the [final testing report](#). Selecting a subset of items most likely includes consideration of the level of assistance needed. In particular, kinds of daily activities by persons served in a specific program, program requirements, and maintaining connection with content of previous assessments.

[The FASI field testing, conducted as part of the CMS Testing Experience and Functional Tools demonstration¹](#) from March- September 2017, demonstrated good reliability and validity of eight self-care items, 27 mobility and transfer items, 12 instrumental activities of daily living items, 30 assistive device items, one living arrangement item, two availability of assistance items, eight paid and unpaid assistance items, and personal preferences. Each item demonstrated good inter-rater reliability and both convergent and concurrent validity. Collectively, the items within each domain were also shown to reflect good construct validity.

When using the **entire Functional Assessment Standardized Items set**, please consider the following:

- Substantive validity is maintained across HCBS stakeholder groups (e.g., older adults, persons with physical disabilities, intellectual or developmental disabilities, brain injury, or mental health and substance use disorders). Substantive validity indicates the items (e.g., upper body dressing) and concepts (e.g., self-care) were found to be important to measure the construct of function in HCBS;
- A comprehensive assessment of function is provided;
- Person-centeredness is enhanced as individual personal preferences for improvement are documented in each functional area;

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- Interoperability of functional data across the continuum of care is supported to ensure necessary information for healthcare decision making and service planning follows the person as they move across programs and settings;
- The intended structure of previously developed performance measures aligns with an individual’s personal priorities within each domain; and
- When the full FASI set is used, the time to complete is estimated to be between 30 and 45 minutes.

When using a **subset of Functional Assessment Standardized Items**, please consider the following:

- Substantive and content validity found during the field test is maintained;
- Inter-rater reliability of individual items is retained, thus assessors trained to the same degree as that provided in the field test should be expected to be as reliable in scoring individual items;
- Using select items may better align with the needs of specific populations and programs in a state, so long as careful planning is used to select specific items;
- Depending on the subset of items adopted, it may be more challenging to adopt the proposed performance measures. The Functional Assessment Standardized Items set was created to be implemented in its entirety. Performance measures pull from multiple domains. States that select a subset of items should discuss the impact of using a subset in calculating measures; and
- Interoperability is supported as the Functional Assessment Standardized Items set is represented in the [CMS Data Element Library \(DEL\)](#) and has specific [Logical Observation Identifiers Names and Codes](#).

How many states have adopted Functional Assessment Standardized Items?

Functional Assessment Standardized Items is a relatively new item set for functional assessments and adoption is evolving across states and managed care entities. States such as Colorado and Oregon have adopted Functional Assessment Standardized Items. Oregon has used Functional Assessment Standardized Items for their intellectual and developmental disabilities population. As part of the CMS Testing Experience and Functional Tools Demonstration, six states participated in piloting the Functional Assessment Standardized Items set. Colorado participated in the Testing Experience and Functional Tools Demonstration, along with Arizona, Connecticut, Georgia, Kentucky, and Minnesota.

In January 2021, CMS launched a Functional Assessment Standardized Items Early Adoption Work Group to provide states and other entities a forum to develop and share strategies to adopt Functional Assessment Standardized Items into HCBS programs. For more information about available technical assistance, please visit the CMS website.

What are the Functional Assessment Standardized Items performance measures?

CMS stewards two performance measures derived from Functional Assessment Standardized Items that assess and compare state performance related to person-centered planning. The

measures were endorsed by a consensus-based entity (CBE) in 2021 and 2023, respectively. The performance measures are:

- **CBE-Endorsed Functional Assessment Standardized Items Performance Measure 1:**

- Description: The percentage of HCBS participants aged 18 years or older who have identified as many total personal priorities (up to three) as needs in the areas of self-care, mobility, or instrumental activities of daily living as determined by their most recent Functional Assessment Standardized Items assessment;
- Denominator: HCBS participants, aged 18 years and older, with documented needs in the areas of self-care, mobility, or instrumental activities of daily living, as determined by responses to their most recent Functional Assessment Standardized Items assessment;
- Numerator: HCBS participants, aged 18 years and older, with documented needs in the areas of self-care, mobility, or instrumental activities of daily living as determined by responses to the most recent Functional Assessment Standardized Items assessment and who have identified at least as many total personal priorities (up to three) as functional needs in the areas of self-care, mobility, or instrumental activities of daily living combined on the same Functional Assessment Standardized Items assessment; and
- Exclusions: Exclusions inherent in the denominator definition include individuals younger than 18 years, individuals who have not had a Functional Assessment Standardized Items assessment within the chosen time period, and individuals who have had a Functional Assessment Standardized Items assessment but no functional needs were identified in the areas of self-care, mobility, or instrumental activities of daily living.

- **CBE-Endorsed Functional Assessment Standardized Items Performance Measure 2:**

- Description: The percentage of HCBS participants aged 18 years or older whose person-centered service planning documentation addresses needs in the areas of self-care, mobility, and instrumental activities of daily living as determined by the most recent Functional Assessment Standardized Items assessment;
- Denominator: The number of HCBS participants aged 18 years or older with documented needs in the areas of self-care, mobility, or instrumental activities of daily living as determined by the most recent Functional Assessment Standardized Items assessment within the previous 12 months;
- Numerator: The number of HCBS participants aged 18 years or older with documented needs in the areas of self-care, mobility, or instrumental activities of daily living as determined by the most recent Functional Assessment Standardized Items assessment within the previous 12 months and with documentation that the subsequent person-centered service planning addresses the Functional Assessment Standardized Items-identified functional needs in self-care, mobility, and instrumental activities of daily living; and
- Exclusions: Exclusions inherent in the denominator definition include individuals younger than 18 years, individuals who have not had a Functional Assessment Standardized Items assessment within the previous 12 months, and individuals who have had a Functional Assessment Standardized Items assessment, but no functional needs were identified in the areas of self-care, mobility, or instrumental activities of

daily living. In addition, individuals without three months of continuous HCBS enrollment are excluded.

How do Functional Assessment Standardized Items support interoperability?

Interoperability refers to the exchange of assessment information across states, programs, and settings (e.g., HCBS, post-acute care facilities). CMS specifies data elements (e.g., items) to be captured in skilled nursing facilities, inpatient rehabilitation facilities, and long-term acute care hospitals within the [CMS Data Element Library](#). The CMS Data Element Library facilitates the exchange of information across settings by ensuring alignment of the data elements such as the text of items and rating scale steps. The Functional Assessment Standardized Items set is included within the CMS Data Element Library and where possible, data elements have been aligned with other assessments in the CMS Data Element Library. States and programs should check the [Medicare website](#) for the latest information on subsets of items collected in each setting if interoperability across settings is important.

For those that are considering adoption, are states using electronic-based forms or paper-based forms?

States are using electronic-based forms. Given the complexity of the information being collected and the goal of having this linked to a participant's support plan, it generally makes sense to use electronic-based forms. This facilitates collection of core information as a key starting point in building a data-driven system. However, the challenges with automation and automation vendors can be a significant challenge that should be addressed by states on a case-by-case basis.

Do states determine a score matrix to determine eligibility or amount/level of services? Are those determined by Functional Assessment Standardized Items or states that use Functional Assessment Standardized Items?

States commonly use a score matrix or something like determine eligibility or amount/level of services. This type of "algorithm" or stratification assists states in aligning services to the level of need of an individual as determined by a functional assessment. The Functional Assessment Standardized Items set may be used in this way by attributing scores to Functional Assessment Standardized Items responses (e.g., scores for "Independent", "Partial/moderate assistance", which would support a state in determining program eligibility as well as identifying the appropriate level/tier or range of services that would best support an individual's needs).

How does Functional Assessment Standardized Items apply to managed care plans?

Managed care plans may adopt Functional Assessment Standardized Items as part of their functional assessments or as part of a screening tool. There are no restrictions on who may adopt Functional Assessment Standardized Items, and it is in the public domain for use by all provider types. Specifically, for managed care plans, the Functional Assessment Standardized Items set could support attribution or risk stratification to align a member's functional needs to a package of services that best meets their needs, as an example. Functional Assessment Standardized Items can also support managed care plans in their overall functional assessment of individuals for specific programs.

What is the difference between Functional Assessment Standardized Items and the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey? Can they be combined?

States may use Functional Assessment Standardized Items and the [HCBS CAHPS Survey](#) with Medicaid HCBS participants, but the two serve different purposes and should be conducted at different points in the care continuum.

Tested between 2014 and 2018 by the CMS [Testing Experience and Functional Tools](#) Demonstration, Functional Assessment Standardized Items is a set of functional items used as part of a comprehensive functional assessment, and HCBS CAHPS is an experience of care survey measuring a participant's experience receiving HCBS services and supports. The similarity between the two is that they are targeting similar populations.

Functional Assessment Standardized Items are used as part of the initial assessment process when someone is applying for services and needs to be determined clinically eligible or needs an annual re-evaluation of their plan of care to maintain eligibility and service plan continuity. Functional Assessment Standardized Items may also be used to develop personalized care plans. A state may embed Functional Assessment Standardized Items into their comprehensive functional assessment.

The HCBS CAHPS Survey is an experience of care survey for participants aged 18 years of age and older who have been receiving services for at least three months through a state managed care plan or Medicaid program. It asks about their experience with the care they have been receiving from a personal care assistant, homemaker, behavioral health staff, etc.

During reassessment of an individual's function, it could be worthwhile to also administer the HCBS CAHPS survey in addition to the Functional Assessment Standardized Items at the same time. Information from the CAHPS survey will allow providers to understand the individual's experience with care, which may support the plan of care while also capturing information about the participant's functional status through administration of the Functional Assessment Standardized Items set/reassessment.

Are the family caregiving questions asked directly of the family caregiver, or the care recipient?

The person is most important during the assessment process and the observation of and directing of questions to the person is very important. However, it is also important to get as much information as possible when conducting assessments. It is appropriate to direct questions to a caregiver or family member present during the interview with the individual's permission, or if the individual is unable to respond due to physical or cognitive difficulties. Incorporating the caregiver or family member's perspective can be very helpful in getting as accurate an assessment as possible.

Why are Tub Transfers and Grooming not included in Functional Assessment Standardized Items?^{i,ii}

This information can and should be collected for developing person-centered service plans and should be included as part of the functional assessments in support of program eligibility determination across states, as necessary. However, scores on these items should not be used for quality improvement programs given the uniqueness of the task and as such, were not included in the Functional Assessment Standardized Items set itself.

Earlier literature demonstrated that tub transfers and grooming were unreliable indicators of an individual's need for assistance because scores largely reflected the demands of unique environments and thus could not be used to consistently (i.e., reliably) evaluate the quality of programs. For example, when scoring a tub transfer for an individual that needs to get in and out of a claw-foot tub versus someone that needs to get in and out of a tub/shower combination, the challenge of the item will vary because it reflects the person's living environment and home design. Grooming is also dependent on the person's habits and routine. For example, applying brushing and styling one's hair may vary significantly based on both hair style and personal preferences; additionally, a person's ability to brush/style their hair will vary greatly based on the types of implements being used.

Tub transfers and grooming are not a part of Functional Assessment Standardized Items. These data elements were not tested during development of the [Continuity Assessment Record and Evaluation \(CARE\)](#)² or during the [Post-Acute Care-Payment Reform Demonstration \(PAC-PRD\)](#)³ on which the Functional Assessment Standardized Items set was based. The original item set included core items that are completed in every post-acute care setting and supplemental items that may be selected for use based on need of the participant or condition. The Post-Acute Care-Payment Reform Demonstration used this standardized item set, such as functional status items, to examine outcomes, quality, and resource utilization for Medicare participants across post-acute care settings. Post-acute care settings include home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. These standardized items now form the basis of the current Medicare quality measurement program and are collectively referred to as [standardized patient assessment data elements \(SPADE\)](#).

ⁱ Mallinson T, Dietrich CN, Harwood K, et al. (2018). Functional Assessment Standardized Items 2017 Field Test Final Report. Centers for Medicaid & Medicare Services. Retrieved from <https://www.medicaid.gov/sites/default/files/2019-12/fasi-2017-field-test-report.pdf>. Gage B, Deutsch A, Smith L, et al. (2012). The Development and Testing of the Continuity Assessment Record and Evaluation (CARE) Item Set: Final Report on CARE Item Set and Current Assessment Comparisons. Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/files/document/development-and-testing-care-item-final-report-development-care-item-set-and-current-assessment.pdf>.

ⁱⁱ Gage B, Deutsch A, Smith L, et al. (2012). The Development and Testing of the Continuity Assessment Record and Evaluation (CARE) Item Set: Final Report on CARE Item Set and Current Assessment Comparisons. Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/files/document/development-and-testing-care-item-final-report-development-care-item-set-and-current-assessment.pdf>.