



# TEFT FASI Alpha Test Report

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Barbara Gage<sup>1</sup>, Trudy Mallinson<sup>1</sup>, Laurie Lyons<sup>1</sup>, Joyce Maring<sup>1</sup>, Ken Harwood<sup>1</sup>, Anju Paudel<sup>1</sup>,  
Alex Gorsky<sup>1</sup>, Beth Jackson<sup>2</sup>, Pat Rivard<sup>2</sup>, Lisa Gold<sup>2</sup>, Allison Weaver<sup>3</sup>, Kerry Lida<sup>3</sup>

<sup>1</sup> The George Washington University

<sup>2</sup> Truven Health Analytics

<sup>3</sup> Centers for Medicare & Medicaid Services

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## Introduction

The Centers for Medicare & Medicaid Services (CMS), as part of the Testing Experience and Functional Assessment Tools (TEFT) demonstration, is testing the use of Functional Assessment Standardized Items (FASI) to assess the status of individuals receiving community-based long-term services and supports (CB-LTSS). The TEFT initiative builds on national efforts to create exchangeable data across the caregiving team for beneficiaries in the Medicare and Medicaid programs. This report summarizes the results of the FASI Alpha Test that was conducted during December 2015 in preparation for the national field test on the reliability and validity of the standardized functional items and their use with people in the CB-LTSS programs who have disabilities.

## Background

CMS funded the TEFT demonstration to provide grants to nine states to help them improve the use of data in their CB-LTSS programs. TEFT supports four areas of participation: (1) testing the Home and Community-Based Services (HCBS) Experience of Care Survey for people with disabilities served in Medicaid HCBS programs, (2) testing the use of FASI in the CB-LTSS populations, (3) developing personal health records (PHRs) and (4) participating in the development of an electronic LTSS (eLTSS) plan and an interoperability framework for exchanging standardized data.

Six TEFT states—Arizona, Colorado, Connecticut, Georgia, Kentucky, and Minnesota—are participating in the fourth effort, the FASI component, to test the use of specific data elements to measure functional status and related factors in CB-LTSS programs. States will be involved in two rounds of data collection. The first round will be managed by Truven Health Analytics and will test the reliability and usability of the proposed items to measure individual functional abilities and needs. These items measure self-care, mobility, instrumental activities of daily living (IADLs), assistive device use, and caregiver assistance needs. The items will be tested with five population groups in the state programs:

- Individuals who are frail elderly
- Individuals with a physical disability
- Individuals with an intellectual or developmental disability
- Individuals with a brain injury
- Individuals with serious mental illness

Based on the results of the reliability and validity tests, the CMS contractor, Truven Health, and their subcontractor, George Washington University (GW), will work with the eLTSS plan development teams, including CMS and the Office of the National Coordinator for Health IT, to help create electronic standards for FASI that can be added to the CMS Data Element Library. These items will be used in the



last year of the TEFT contract to develop quality metrics that can be submitted to the National Quality Forum for use in CB-LTSS populations.

Following the first round of data collection (i.e., reliability testing), states will conduct a second round of data collection to demonstrate the use of the standardized function items in their programs. Each of the six FASI states will determine which items they will use, how the items will be used (e.g., for data exchangeability across state programs, quality monitoring, level-of-care determinations, or other uses), and how these efforts will improve state programs. Truven Health will provide technical assistance to the states, but each state will conduct the second round of data collection based on its individual state proposal.

## Development of the FASI Set

The FASI items were selected based on input from two technical expert panels (TEPs) that comprised representatives from each of the five population communities, the participating states, and experts in functional measurement.<sup>1</sup> The purpose of the TEPs was to identify and select items related to measuring functional abilities in CB-LTSS populations and to align those efforts with CMS's related efforts to develop standardized approaches to measuring function across the Medicare post-acute care programs.

In 2015, CMS added standardized function items (Section GG) to three of the federally mandated assessment tools, including (1) the minimum data set (MDS) required in nursing facilities, (2) the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) required in the IRF, and (3) the Long-Term Care Hospitals Care Data Set.<sup>2</sup> The items included in Section GG are standardized approaches for measuring mobility and self-care. They were developed with input from over 25 health and social service groups and were tested for reliability and validity under prior CMS-funded work, the Congressionally mandated Post-Acute Care Payment Reform Demonstration (PAC PRD).<sup>3</sup>

The FASI TEPs reviewed the standardized function items as well as additional items that might be appropriate for assessing community-based needs related to function (see FASI TEP Summary Report, 2015). Their recommendations led to the testing of a proposed set of items under the FASI field test or Round 1 data collection. These items focus on six areas related to function: self-care, mobility, IADLs,

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<sup>1</sup> The first Technical Expert Panel (TEP) was conducted by RTI, International in 2014 under a related contract; Truven Health conducted the second TEP in 2015.

<sup>2</sup> The standardized function items were published in the fall 2015 Federal Register.

<sup>3</sup> Gage B, Morley M, Smith L, et al. Post-Acute Care Payment Reform Demonstration: Final Report. Prepared for the Centers for Medicare & Medicaid Services; March 2012. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/Downloads/PAC-PRD\\_FinalRpt\\_Vol1of4.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/Downloads/PAC-PRD_FinalRpt_Vol1of4.pdf)



assistive devices, care preferences, and caregiver assistance. Each area, or domain, was broken into several items targeting specific functional activities within the domain. For example, the self-care domain includes eight items, each focusing on a different activity (i.e., eating, oral hygiene, toileting hygiene, washing upper body, showering/bathing, upper body dressing, lower body dressing, and putting on/taking off footwear). The individual items were designed to measure separate functional activities in each domain.

The FASI items originated from two sources. The self-care and the majority of the mobility and assistive device items came from Section GG of the federal assessment tools and are being standardized across the Medicare program assessment tools, including the MDS. The second set of items came from several sources and was designed to target the needs of people living in the community and receiving long-term services and supports. The second set includes six mobility items that were developed to expand the current standardized items to reflect mobility in the community—both ambulatory mobility and mobility in a wheelchair. In addition, the device needs list from the standardized items was expanded to include devices that are often in state HCBS assessment tools. A pair of open-ended questions on personal priorities was added to the mobility, self-care, and IADL sections. Lastly, a set of IADL and caregiver assistance items was selected from the Outcome and Assessment Information Set (OASIS) tool that currently is used in the Medicare home health quality reporting program.

The TEP discussions of these items highlighted several areas that would be important to examine in the reliability testing. One area was the use of the response scales and directions included in the federally standardized function items. The standardized Section GG items all use the same response scale, which measures the beneficiary's ability to complete the different activities independently. The scale was designed to be easy to use by many different types of professionals. It focuses on whether the individual can complete all, none, more than half, or less than half of the tasks independently. If the individual can contribute more than half of the effort to the task, does s/he need help setting up the activity or alternatively, does someone need to stay and supervise or cue him/her for safe completion of the task? Although this scale worked well in the Medicare program where the assessor typically was a nurse or therapist, it will be important to test the reliability of the scale when social workers and others use it in LTSS programs.

A second area of discussion focused on the data collection approach. The standardized function items were intended to be collected via observation of the person's performance. However, in use by home health agencies in the PAC PRD, assessors were trained to use a hierarchy of modalities to collect the information. First, they would observe the performance of the task, when possible; second, they would interview the beneficiary about his/her abilities; and third, they would speak with available caregivers. Questions were raised about whether HCBS assessors typically observed the beneficiary's performance



on the assessment items or generally used interviews with the beneficiary or caregiver to collect the data.

A third area on which the TEP focused was the reference window for performing the task. The standardized items ask about the person’s ability to perform the task during the last 3 days. Although this allows measurement of the beneficiary’s current ability, which is important in any of the programs, the community-based population may experience fluctuations in their abilities that could require assessing ability over the recent past in order to determine resource needs. This concern also applied to the newer, nonstandardized items, such as the IADL, assistive device, and caregiver assistance items. The reference window for personal priorities was set at 6 months to provide a longer-term window for accomplishing goals in the different areas of function. The complete tool from the Alpha Test is included in Appendix A.

## Alpha Test Overview

The Alpha Test was designed to test the clarity, usability, and feasibility of the proposed function items and related training materials in order to prepare the FASI materials for Round 1 field testing in the six FASI states in 2016. The Alpha Test was conducted in December 2015 in Hartford, Connecticut. The test included three components:

- December 1: A 3-hour training for assessors on the use and administration of the proposed FASI items
- December 2–17: Data collection using the proposed FASI items to assess one or two participants in each of the five Medicaid 1915(c) HCBS waiver programs<sup>4</sup> serving people with different types of disability
- December 17: A 2-hour cognitive interview with the assessors following data collection to gain feedback on the use of the FASI items in the various HCBS populations represented by the five waiver programs

## Data Collection Procedures

The goals of the data collection were to test the clarity of the instructions, understand the feasibility of implementing the assessment in the field, and identify the amount of time it takes to administer the FASI items. Prior to beginning data collection, all materials were reviewed and approved by the George

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<sup>4</sup> The five population groups sampled were individuals who are frail elderly, individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with a brain injury, and individuals with serious mental illness.



Washington University (GW) Institutional Review Board (IRB). The data collection forms for the Alpha Test were designed intentionally to exclude protected health information (PHI); assessors were working with their own beneficiaries and not providing the study team with any PHI. Each assessor also was required to sign a business associate agreement (BAA) with Truven Health prior to contacting the participants.

At the training, assessors also signed a contract letter attesting to Truven Health that the individual assessors were—

- Participating in the TEFT pilot
- Not providing any PHI, such as participants' names, addresses, social security numbers, or dates of birth to the Truven Health team
- Receiving one or two \$25 gift cards (one for each of the participants)

The state of Connecticut selected five assessors to participate in the data collection effort. All five assessors were social workers with varying educational backgrounds. They were selected because of their work with one of the five target populations.

The assessors were provided a 3-hour training prior to beginning the data collection. The following were among the materials that assessors were given at the training:

- Invitation letters to be provided to the recipient that explained the purpose of the project
- Exempt consent forms
- Assessment forms to be used in the training and to collect the data
- Training slides reviewing the points made during the training session

The training reviewed all the materials and provided the following components:

- An overview of the TEFT demonstration and the FASI component
- Education on the FASI items and rating scales
- Instructions on consenting participants and meeting the state abuse and neglect procedures
- Directions on the data collection approach, including the preferred order of observing performance, interviewing the participant, interviewing caregivers and others involved with the participant, and reviewing the participant notes
- The goal of the Alpha Test—to provide feedback on the perceived strengths or weaknesses of items and the proposed process for collecting FASI



## Sample

The five assessors each selected up to two beneficiaries from their respective caseloads. The final sample included two participants from each of the following four waiver programs: those serving individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with a serious mental illness, or an individual with brain injury, as well as one participant from the frail elderly waiver program. The Alpha Test was limited to nine assessments; because the standardized items already had been tested extensively with the older populations in the PAC PRD, only one participant was included from the frail elderly program.

## Data Collection Process

Assessors contacted their respective beneficiaries to ask whether they would be willing to participate in a federally funded initiative in which the State of Connecticut was participating. They informed the participants about the purpose of the study using a letter prepared by Truven Health and approved by the GW IRB, explaining that this would be a voluntary study and their benefits would not be affected by whether they participated. They explained the goal of the study as being to improve the way the state collects information on participants' functional abilities, support needs, and caregiver needs. Assessors also reviewed the exempt consent form with each participant as they provided it to the participant. After completing the assessment, assessors provided a \$25 gift card to the participant as a token of appreciation for participating in the Alpha Test.

Assessors completed the assessment form while meeting with the participants. In addition to conducting the assessment, assessors also were asked to document the time required to complete each section.

All nine assessments were conducted between December 11 and 17, 2015. Assessors met with the Truven Health/GW team on December 17 to participate in cognitive interviews. Assessors reviewed and acknowledged an exempt consent form that explained their participation in the interviews. Stipends were provided to each assessor following completion of the Alpha Test and the cognitive interviews.

## Cognitive Interviews

The goal of the cognitive interviews was to gain insight into questions, issues, and concerns that assessors and participants experienced in administering the assessments. All five assessors took part in the cognitive interviews. The interviews followed a semi-structured format (see Appendix B). The results provided qualitative feedback on the use of the standardized items with the five CB-LTSS populations. The following section discusses the results.



## Alpha Test Results

### General Impressions

Assessors were asked about their general impressions of the items, including their experience using the items and observing the participant. They also were asked to compare the approach with their current assessment practices. Overall, the assessors thought that the assessment questions were straightforward, clear, and easy to use. They liked having examples embedded in the questions and felt that the examples helped trigger the participant’s memory. They also thought that the response categories or rating scales were clear and easy to use. Several noted that the assessment items flowed nicely from one question to another. The assessors also commented that both they and some of the participants found the FASI form easier to follow and understand than their other assessment tools. One participant positively noted that the questions focused on her. The assessors and participants both appreciated that the questions were easy to understand and were broken down into smaller components compared with their other assessment tools. They perceived that having the questions broken into smaller components allowed the participants to provide more detailed answers and to better describe their mobility and functional abilities.

The assessors also discussed whether there could be differences in the usability of the items with new versus existing beneficiaries. Although one assessor mentioned that it may be harder to get newer beneficiaries to demonstrate their abilities, another assessor who worked with new people did not find that to be an issue. Each assessor related that the FASI assessment items are easier to understand than others they have used and that they liked having the items provide relatable examples in the questions.

The five assessors also commented on the inclusion of the beneficiary goals in each subsection (i.e., following the self-care, mobility, and IADL items) and agreed that embedding them in each section was a useful and informative addition. It allowed the participants to identify “tangible,” achievable goals. Assessors also said that having the goals embedded in each section helped participants provide responses that were relevant to that section. Several commented that having the personal goal items follow relevant functional items—rather than asking about overall goals at the end of the assessment, as is more common in other tools—helped keep the discussion of goals more focused. For example, one participant started to answer that he had no goals in mobility but then noted the desire to get in and out of his grandson’s car. Similarly, having the goals embedded in the self-care section allowed one participant to say she wanted to help with preparing holiday cookies and have her children participate, which let the participant and assessor discuss attainable goals. In other tools in which discussion of goals appears at the end of all the items, participants may be less able to articulate specific goals. One assessor said the FASI format made the participants think about realistic goals, such as navigating stairs independently.



These perceptions differed slightly depending on the population being assessed. One assessor raised concerns that individuals with serious mental illness frequently are asked about their goals and felt that this question may not be as valuable to them. On the other hand, another assessor noted that, for individuals with brain injury, the ability to capture the goals after each section was preferred because some individuals may not recall some goals if they were asked about them at the end of the entire assessment.

## Approaches to Data Gathering

The assessors were trained to use a hierarchical approach when collecting the data. They were instructed to observe the participants' performance of the tasks when possible, to interview them, and to speak with their caregiver(s) to verify the information. The assessors noted that this approach was consistent with their current assessment approaches. They commented, though, that the opportunity to observe the participants varied. Additionally, the assessors noted that caregiver presence led to more dialogue and that some participants seemed to provide additional information after a caregiver responded. In some cases, the lack of the caregiver led to more observations where the assessor needed to ask the participant to demonstrate an item. The assessor who worked with individuals with brain injury pointed out that the caregivers had requested that the assessor also verify information with her (the caregiver) to ensure information was correct. In general, assessors liked observing the participants complete the tasks, because as it gave them more information than just interviewing the participants or their caregivers.

Several assessors noted that it was helpful to have the functional areas (i.e., self-care, mobility, and IADL) broken into groups of items with examples. One assessor commented that in working with the elderly waiver populations, it was helpful to have the items broken down into components, as it helped identify which activities the individual was able to complete versus those areas in which assistance would be required. For example, in the mobility section, which included separate items to measure the distance one could safely walk, the assessor could differentiate the person's ability to safely walk (or wheel) 10 feet compared with 150 feet. The assessor who worked with people with brain injury also noted that a participant's ability to be independent varied in different situations and thought that some of the IADLs did not disaggregate the tasks sufficiently. For example, items that collected information on a person's ability to make a light meal included both preparing a cold bowl of cereal and reheating food. However, this participant could prepare a bowl of cereal but not reheat food. The assessor was concerned that both simple and more complex tasks were included in some of the IADL items.

The assessors also had some comments about the wheelchair-related items. The assessor who worked with people with physical disabilities commented that both of her participants used wheelchairs and found that observing mobility was challenging or not applicable; she relied more on the interview approach to gather this information. However, the assessor did note that being able to observe the



participant in the home was useful because it allowed her to see that the person could not reach the counters there. It also revealed that one participant was using a wheelchair that did not meet her needs, which, in turn, limited her abilities. That prompted a discussion about the need to be able to identify not only whether the beneficiary used an assistive device but also whether it was an appropriate device (the Alpha Test version elicited only whether they used a device). The assessors also noted that some participants used two different wheelchairs—a manual wheelchair for indoors and a motorized wheelchair for outdoors. This observation raised a question about the protocol for observing a beneficiary with two different modes of mobility.

The assessors also discussed their approach for assessing the mobility questions. The assessor working with a participant with serious mental illness found some of the questions relating to mobility to be repetitive because both of her participants were independent in walking. The assessor working with the participant with a brain injury, on the other hand, approached the mobility questions by asking the most “difficult” question first. For example, asking whether a beneficiary could climb a flight of stairs before asking about a single step allowed the assessor to complete the items more efficiently.

A question that arose in the mobility section was how to code the item that asks about walking and carrying something in both hands. An assessor raised the example of a participant who uses a walker and as such is unable to carry an item in both hands. Conversely, the assessors noted that some beneficiaries may use a rolling walker and can put some items on the tray/basket in front. These types of questions highlighted areas that will be important to cover in the training materials being developed for the larger Round 1 Field Test.

### Three-Day Reference Period

The research team asked the assessors about their experience evaluating participant performance and the need for assistance relative to the 3-day reference period associated with FASI. Feedback generally was positive because they felt that the 3-day period was short enough for beneficiaries to recall usual performance although, in some cases, the beneficiaries needed to be reminded of the correct time period. The assessors noted that for some populations, accurately reporting on a 3-day time period may be challenging. For these participants, the assessor asked whether the participant was able to complete a task and then asked whether this ability had changed recently. If a change had occurred, the assessor then would inquire as to when it happened. This issue generated a discussion about the variable nature of some of the participant’ conditions. For example, the assessors noted that it was important to recognize that beneficiaries have good days and bad days and that this variation should be accounted for in the assessment, because it would lead to different resource needs. The assessors suggested that the 3-day reference period be complemented by a 30-day reference period to determine whether the beneficiaries’ abilities fluctuate.



## Rating Scale

There was a consensus among the assessors that the section on living arrangements and availability of assistance was confusing. Effectively, it comprised two components: (1) “What is the person’s living arrangement?” and (2) “What is the availability of assistance?” The assessors found these questions confusing to answer. They also recommended that a question be included that elicits information on whether the assistance the person receives is paid or unpaid.

The assessors also discussed the response codes for the items regarding the amount and type of caregiving assistance available. These ranged from “assistance needed but not available,” “needed but unclear whether caregiver will provide assistance,” “needs training to currently provide assistance,” to “none needed.” The assessors noted that it would be important to add the following code: “Has needs, but declines assistance.” This would identify the need but also highlight why no services currently were in place, which would be important for determining subsequent service needs.

The assessors also pointed out the importance of separately rating caregiver needs and availability with each of the different areas of functional activity for assistance provided by a paid versus an unpaid caregiver. One assessor raised the concern that someone may have unpaid assistance with certain activities but also need paid assistance with that activity or that the person’s level of care may be affected if assistance is provided only by unpaid assistance that is unreliable or discontinued. Following discussion, it was decided that two columns of responses would be included—one for paid and one for unpaid caregiver assistance.

## Assessor Recommendations for Items and Training

The assessors had recommendations for clarifying and improving some of the assessment items. A full list of the recommendations and explanations can be seen in Appendix C; the following are a few of those recommendations:

- Clarifying when to use “Not applicable” or “Not attempted due to medical condition or safety concerns”
- Clarifying questions for individuals with walkers and wheelchairs
- Splitting the Living Arrangement and Assistance Available item into two separate questions
- Adding an option to identify whether assistance is paid or unpaid
- Standardizing the rating scale across sections

Some of the recommendations were specific to the particular populations with whom the assessors worked and will be important to consider in developing the training materials.

When asked what aspects of the assessment tool would require the most training, the most common responses were the rating scale and the living arrangement/availability of assistance items. Assessors



also were asked for their input on the training approach. Some assessors preferred having the training in groups so that they could ask questions and all get the same answer. They believe that this would be particularly beneficial for encouraging similar coding across participants and assessors. These suggestions underscore the importance of having standardized training and opportunities for the assessors to meet and raise questions in a group. The electronic training modules that will be used in the field test will ensure not only that everyone receives the same information but also that all obtain a similar level of competence in scoring items. This comment also was helpful in addressing the helpdesk efforts and the value of offering monthly or biweekly calls to let the assessors “meet” over issues.

### Data Collection Burden

The last topic area included in the cognitive interviews focused on the time that each section of the assessment took to administer. The Alpha Test form included one page that asked the assessor to record the time that it took complete each of the following sections:

- Section A: Person Demographics
- Section B1: Self-Care
- Section B2: Mobility
- Section B3: Instrumental Activities of Daily Living
- Section C: Assistive Devices
- Section D: Support Needs and Caregiver Assistance

The goal of this effort was to document the time it took the assessor to collect each type of information, including the time involved in observing the performance and interviewing the participant and any caregivers or others who may contribute to the assessment. Assessors were trained to discreetly look at their watches before beginning and after completing a section and then to document the time at the end of the form. The following table shows the mean and median minutes required to collect the data in each section.

**Table 1. Time in Minutes to Collect FASI Items by Section**

Assessment Section	Mean	Median
Section A: Person Demographics	4	5
Section B1: Self-Care	5	5
Section B2: Mobility	6	5
Section B3: IADLs	5	5
Section C: Assistive Devices	4	5
Section D: Support/Caregiving	4	5
Total Time	28	30

Abbreviation: IADL, instrumental activities of daily living.



On average, each section took 4 to 6 minutes to gather the information and complete the scoring of the items. The mobility section, which has the highest number of items, took the longest to complete (6 minutes, on average), whereas the demographic, assistive devices, and support/caregiving sections took only 4 minutes, on average, to complete. The entire set of items took 28 minutes, on average, to complete. The median times also are included to reflect the degree to which the means differed from the median across the nine assessments. The two sets of numbers are close, suggesting that the average time of 28 minutes to complete the FASI set is representative of the expected average time across this small number of assessors and participants.

## Assessment Form Revisions

Based on the Alpha Test results, the assessment form was revised in several ways for the Round 1 Data Collection (See Appendix C for a summary of the issues and Appendix D for the Revised Form for the Round 1 data collection). One consistent change to each section added information on whether the participants' needs had changed during the past month to supplement information on their current state. Second, the opportunity to identify personal priorities was expanded to all sections except the assistive device use section in which other changes were made. In general, no changes were made to the standardized items themselves or their response codes, but items may have been added within the respective sections. This section reviews the changes made in each substantive section of the tool (Section B–D).

**Section B. Functional Abilities and Goals.** First, each of the functional activity items was modified to add a series of screener questions (in self-care, mobility and IADL sections) asking whether the person's performance had changed in the past month, and if so, to score activities in the column that describe the person's most dependent performance in the past month. This addition should make it easier for assessors to document variation in need for assistance when they occur.

Second, perineal hygiene was added to the toileting hygiene question to ensure that this need was addressed in service planning where appropriate. This addition did not alter the item, because feminine hygiene is part of the definition of perineal hygiene; however, it highlighted the issue for discussion when appropriate.

Third, the mobility section that addresses wheelchair use was rearranged to identify ability with (1) ambulation, (2) a manual chair, and (3) a motorized chair. A series of screener questions guides assessors through these three subsections so that any combination of mobility (e.g., walking and wheelchair, walking and scooter, wheelchair and scooter, or walking, wheelchair, and scooter) can be accommodated. This will allow the assessor to code the individuals' ability consistent with the use of their different assistive devices.



Fourth, several of the IADL items were refined to distinguish between simple tasks and more complex tasks. Several of the IADL items that were in the proposed set included both types of tasks within a single item. For example, under light meals, the preparation of a cold bowl of cereal was included in the same item as reheating a light meal. These activities require different levels of skill, so two new items were created to differentiate between making a light cold meal and making a light hot meal. Similar changes were made to the money management item because it originally included counting change and making budgeting and financial decisions in the same item. Items that already have been validated in other studies served as a basis for creating two new items on financial money management. Changes also were made in the housework item, which was simplified to reflect being able to maintain a safe home—the assumption was made that a home that is dirty enough to attract pests is problematic because it is unsafe. Removing the evaluation of a “clean” environment will ensure that the subjectivity of the assessor’s values in determining cleanliness will be minimized. In addition, the housework item was broken into a light, daily housework item and a heavier, periodic housework item with the assumption that difficulty performing these two kinds of tasks would require different kinds of service planning.

**Section C. Assistive Devices.** The response categories for the assistive device section were revised in several ways. The responses were reordered so that the most independent state was coded as the highest number to be consistent with the standardized item coding approach that emphasizes a person’s abilities instead of his/her disabilities. Second, the codes were revised to provide three levels of responses for those needing a device that reflected both the need for and availability of assistive devices, including identifying whether the current device is suitable. Two additional options were provided for situations in which a device was not used to indicate whether a device was needed but refused or the person did not need a device.

**Section D. Support Needs and Caregiver Assistance.** The greatest changes were made in this section. The first item that coded the living arrangement and availability of assistance in one item was disaggregated into two items to make them easier to use, and these two items were moved to the end of the form. The response options on both items were modified to enable assessors to indicate whether the individual’s circumstances had changed during the past month.

Second, the caregiver assistance with activities item was modified to distinguish between the availability of paid and unpaid assistance. Two sets of columns allowed the response to reflect caregiver needs related to the two types of caregivers. The response options also were expanded to seven levels to add the option in which assistance is needed but the person declines assistance. In addition, the IADL item in this section was disaggregated to separately describe the assistance needs related to mobility versus self-care activities. Two questions also were added that ask whether the person had experienced changes in his/her paid and unpaid caregiver’s willingness, ability, or availability in the past month.



Finally, space was added at the end of this section to enable individuals to report their priorities in the areas of caregiving and living arrangements.

## Conclusion

The Alpha Test was very informative for considering the applicability of the proposed items and the strengths and weaknesses of the proposed data collection approach for the larger field test. The feedback was appreciated for illustrating potential problems in using the federally standardized items and the supplemental items with the CB-LTSS populations. Although the federally standardized items previously had been tested in the home health population, they had not been tested with people having the wider range of disabilities found among individuals covered under the waiver programs who may require different approaches to data collection. The chronic and dynamic nature of the disabilities among the five populations underscored the need to consider whether a point-in-time measure of their functional abilities provided sufficient information or whether additional information on short-term changes over the month also would be important when considering resource needs and supports.

The Alpha Test also was beneficial for highlighting the use of the FASI items for care planning in the community. The assessors noted that it is important when considering resource needs to recognize not only the need for assistance but also whether assistance provided is paid or unpaid, as well as to note an individual's potential need for but refusal of assistance. These issues are much more critical in the CB-LTSS assessments because the data are used for level-of-care determinations as well as eligibility criteria.

Last, the assessors' feedback on the high value of having the individual's preferences or priorities for addressing care needs embedded in each subsection was very helpful. This approach is different from the historical approach for assessment in LTSS programs and not entirely consistent with some of the approaches currently being implemented to make assessments more person-centered. However, the feedback on how the embedded open-ended questions allowed both the assessors and the individuals to focus their discussion on specific goals within each area was quite helpful.

The Alpha Test served a very important function. By pilot-testing the proposed items and data collection approach, the research team was given valuable input on the strengths and weaknesses of the proposed items and data collection approaches. This input allowed the forms to be modified slightly to better collect information on the range of topics proposed for inclusion in the FASI set prior to the larger Round 1 field test.

**Appendix A: Testing Experience and Functional  
Tools (TEFT) Functional Assessment Standardized  
Items (FASI)**

SECTION A	Identification Information
<input type="checkbox"/> <input type="checkbox"/>	<b>A1. Recipient</b> <i>Check one – 01 (1<sup>st</sup> person assessed) 02 (2<sup>nd</sup> person assessed)</i>
<input type="checkbox"/> <input type="checkbox"/>	<b>A2. Age</b> <i>In years</i>
<input type="checkbox"/> <input type="checkbox"/>	<b>A3. Gender</b> <i>01 – Male; 02 – Female</i>
<input type="checkbox"/> <input type="checkbox"/>	<b>A4. Waiver Population</b> <i>01=Aged 02=Bl 03=ID/DD 04=Physically Disabled 05=SMI</i>
<input type="checkbox"/> <input type="checkbox"/>	<b>A5. Assessor Initials</b> <i>Provide your initials</i>

**Section B Functional Abilities and Goals**

**1. Self-Care (3-day assessment period)**

Code the person's usual performance during the past 3 days for each activity using the 6-point scale. If activity was not attempted, code the reason.

CODING: Safety and Quality of Performance – If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	Performance Level	
	Enter Codes in Boxes	
06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.	<input type="text"/> <input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
05. <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="text"/> <input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/> <input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="text"/> <input type="text"/>	<b>D. Wash upper body:</b> The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.
02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/> <input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.	<input type="text"/> <input type="text"/>	<b>F. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<b>If activity was not attempted, code reason:</b>	<input type="text"/> <input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
07. <b>Person refused</b>	<input type="text"/> <input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.
09. <b>Not applicable</b>	<input type="text"/> <input type="text"/>	
88. <b>Not attempted due to medical condition or safety concerns</b>	<input type="text"/> <input type="text"/>	

Please indicate your top two priorities in the area of self-care for the next six months:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Section B Functional Abilities and Goals**

**2. Mobility (3-day assessment period)**

Code the person's usual performance during the past 3 days for each activity using the 6-point scale. If activity was not attempted, code the reason.

<p><b>CODING:</b>                      Safety and Quality of Performance – If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p>	Performance Level	
	Enter Codes in Boxes ↓	
o6. Independent – Person completes the activity by him/herself with no assistance from a helper.	<input type="text"/> <input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
o5. Setup or clean-up assistance – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
o4. Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/> <input type="text"/>	C. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
o3. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="text"/> <input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
o2. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
o1. Dependent – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.	<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
If activity was not attempted, code reason: o7. Person refused o9. Not applicable 88. Not attempted due to medical condition or safety concerns	<input type="text"/> <input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.  H. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
	<input type="text"/> <input type="text"/>	Q1. Does the person walk? o.No, and walking goal is not indicated 1.No, and walking is indicated in future If No, go to item Q2 2.Yes – continue to I
	<input type="text"/> <input type="text"/>	I. Walks 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
	<input type="text"/> <input type="text"/>	J. Walks 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	<input type="text"/> <input type="text"/>	K. Walks 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**2. Mobility continued (3-day assessment period)**

Code the person's usual performance during the past 3 days for each activity using the 6-point scale. If activity was not attempted, code the reason.

CODING: Safety and Quality of Performance – If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.  <i>Activities may be completed with or without assistive devices.</i>	Performance Level		
	Enter Codes in Boxes		
	<input type="checkbox"/> <input type="checkbox"/>	<b>L. Walks 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.	
06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.	<input type="checkbox"/> <input type="checkbox"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.	
05. <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="checkbox"/> <input type="checkbox"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.	
04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="checkbox"/> <input type="checkbox"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.	
03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="checkbox"/> <input type="checkbox"/>	<b>P. Walks indoors:</b> from room to room, around furniture and other obstacles.	
02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<b>Q2. Does the person use a wheelchair/ scooter?</b> 0. No, go to Section B3 1. Yes, go to Q3
01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<b>Q3. Type of wheelchair/ scooter used?</b> 0. Manual 1. Motorized 2. Both manual and motorized
If activity was not attempted, code reason: 07. Person refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns	<input type="checkbox"/> <input type="checkbox"/>	<b>U. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/> <input type="checkbox"/>	<b>V. Wheels 150 feet:</b> Once seated in wheelchair/ scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/> <input type="checkbox"/>	<b>W. Wheels for 15 minutes:</b> without stopping or resting (e.g. department store, supermarket.)	
	<input type="checkbox"/> <input type="checkbox"/>	<b>X. Wheels across a street:</b> crosses street before light turns red.	

Please indicate your top two priorities in the area of mobility for the next six months:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Section B Functional Abilities and Goals**

**3. Instrumental Activities of Daily Living (3-day assessment period)**

Code the person's usual performance during the past 3 days for each activity using the 6-point scale. If activity was not attempted, code the reason.

CODING: Safety and Quality of Performance – If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	Performance Level	
	↓ Enter Codes in Boxes ↓	
06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.	<input type="checkbox"/> <input type="checkbox"/>	<b>A. Make light meal:</b> The ability to plan and prepare all aspects of a light meal such as a bowl of cereal or a sandwich and cold drink, or reheat a prepared meal.
05. <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="checkbox"/> <input type="checkbox"/>	<b>B. Housework:</b> The ability to safely and effectively maintain cleanliness of the living environment by washing cooking and eating utensils; changing bed linens; dusting; cleaning the stove, sinks, toilets, tubs/showers and counter; sweeping, vacuuming, and washing floors; and taking out garbage.
04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="checkbox"/> <input type="checkbox"/>	<b>C. Light shopping:</b> Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.
03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="checkbox"/> <input type="checkbox"/>	<b>D. Laundry:</b> Includes all aspects of completing a load of laundry using a washer and dryer. Includes sorting, loading and unloading, adding laundry detergent, and folding laundry.
02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="checkbox"/> <input type="checkbox"/>	<b>E. Telephone-answering:</b> The ability to pick up call in person's customary manner and maintain for 1 min or longer. Does not include getting to the phone.
01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.	<input type="checkbox"/> <input type="checkbox"/>	<b>F. Telephone-placing call:</b> The ability to pick up and place call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.
If activity was not attempted, code reason: 07. Person refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns	<input type="checkbox"/> <input type="checkbox"/>	<b>G. Medication management-oral medications:</b> The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.
	<input type="checkbox"/> <input type="checkbox"/>	<b>H. Medication management-inhalant/mist medications:</b> The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.
	<input type="checkbox"/> <input type="checkbox"/>	<b>I. Medication management-injectable medications:</b> The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.
	<input type="checkbox"/> <input type="checkbox"/>	<b>J. Money Management:</b> The ability to manage finances for basic necessities (food, clothing, shelter, including counting money and making change, paying bills/writing checks, making budgeting and other financial decisions, and balancing checkbook.

Please indicate your top two priorities in the area of instrumental activities of daily living for the next six months:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Section C      Assistive Devices**

**1. Assistive Devices for Everyday Activities (3-day assessment period)**

Indicate each of the assistive devices the person usually needs to complete self-care, mobility, and instrumental activities of daily living.

**CODING:**  
**Need for and availability of assistive devices** – Code the person’s usual need for, and availability of assistive devices to complete self-care, mobility, and instrumental activities of daily living.

02. **Assistive device needed but not available** – Person needs the device but it is not available in the home.

01. **Assistive device needed and available** – Person needs this device to complete daily activities and has the device in the home.

00. **Assistive device not needed** – Person does not need this assistive device.

Devices Used		
↓ Enter Codes in Boxes ↓		
<input type="checkbox"/> <input type="checkbox"/>		A. Manual wheelchair
<input type="checkbox"/> <input type="checkbox"/>		B. Motorized wheelchair or scooter
<input type="checkbox"/> <input type="checkbox"/>		C. Specialized seating pad (e.g. air-filled, gel, shaped foam)
<input type="checkbox"/> <input type="checkbox"/>		D. Mechanical lift
<input type="checkbox"/> <input type="checkbox"/>		E. Walker
<input type="checkbox"/> <input type="checkbox"/>		F. Walker with seat
<input type="checkbox"/> <input type="checkbox"/>		G. Cane
<input type="checkbox"/> <input type="checkbox"/>		H. Crutch(es)
<input type="checkbox"/> <input type="checkbox"/>		I. Prosthetics
<input type="checkbox"/> <input type="checkbox"/>		J. Orthotics/Brace
<input type="checkbox"/> <input type="checkbox"/>		K. Bed rail
<input type="checkbox"/> <input type="checkbox"/>		L. Electronic bed
<input type="checkbox"/> <input type="checkbox"/>		M. Grab bars
<input type="checkbox"/> <input type="checkbox"/>		N. Transfer board
<input type="checkbox"/> <input type="checkbox"/>		O. Shower/commode chair
<input type="checkbox"/> <input type="checkbox"/>		P. Walk/wheel-in shower
<input type="checkbox"/> <input type="checkbox"/>		Q. Glasses or contact lenses
<input type="checkbox"/> <input type="checkbox"/>		R. Hearing aid
<input type="checkbox"/> <input type="checkbox"/>		S. Communication device
<input type="checkbox"/> <input type="checkbox"/>		T. Stair rails
<input type="checkbox"/> <input type="checkbox"/>		U. Lift chair
<input type="checkbox"/> <input type="checkbox"/>		V. Ramps
<input type="checkbox"/> <input type="checkbox"/>		Other: _____

**Section D Support Needs and Caregiver Assistance**

**1. Living Arrangement and Assistance Available (3-day assessment period)**

Code "01" to indicate the person's usual living arrangement and the availability of assistance in the person's home. Code only one box.

Living Arrangement	Availability of Assistance									
	Around the clock		Regular daytime		Regular nighttime		Occasional/short term assistance		No assistance available	
a. Person lives alone	<input type="text"/>	<input type="text"/> 01	<input type="text"/>	<input type="text"/> 02	<input type="text"/>	<input type="text"/> 03	<input type="text"/>	<input type="text"/> 04	<input type="text"/>	<input type="text"/> 05
b. Person lives with other person(s) in the home	<input type="text"/>	<input type="text"/> 06	<input type="text"/>	<input type="text"/> 07	<input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/> 09	<input type="text"/>	<input type="text"/> 10
c. Person lives in congregate home (for example, assisted living, residential care home)	<input type="text"/>	<input type="text"/> 11	<input type="text"/>	<input type="text"/> 12	<input type="text"/>	<input type="text"/> 13	<input type="text"/>	<input type="text"/> 14	<input type="text"/>	<input type="text"/> 15

**2. Types and Source of Assistance (3-day assessment period)**

Code the level of the person's usual caregiver's ability and willingness to provide assistance with the following activities.

CODING: Code safety and quality of caregiver assistance and their willingness to provide assistance with each of the following activities.	Assistance available	
	Enter Codes in Boxes	
05. Assistance needed but no caregiver(s) are available – Person needs assistance with task but no helper is available.	<input type="text"/>	A. ADL assistance (for example transfer/ambulation, bathing, dressing, toileting, eating/feeding)
04. Caregiver currently provides assistance – Person's usual caregiver(s) is willing and able to provide needed assistance.	<input type="text"/>	B. IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)
03. Caregiver(s) need training/supportive services to provide assistance – Caregiver(s) are available and will need assistance to provide support.	<input type="text"/>	C. Medication administration (for example, oral, inhaled, or injectable)
02. Caregiver(s) are not likely to provide assistance – Caregiver(s) are in the home but are not likely to provide assistance needed.	<input type="text"/>	D. Medical procedures/treatments (for example, changing wound dressing, home exercise program)
01. Unclear if caregiver(s) will provide assistance – Caregiver(s) available in the home but it is not clear if they will provide needed assistance.	<input type="text"/>	E. Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)
00. Assistance needed but no caregiver(s) available – Person needs assistance but no caregiver(s) are available in the home.	<input type="text"/>	F. Supervision (for example, due to safety concerns)
09. Not applicable – Person does not do this activity.	<input type="text"/>	G. Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments)

<b>SECTION E</b>	<b>Time to Complete Each Section</b>
Indicate the total time, in minutes to complete each section.	
<input type="text"/>	Section A: Person Demographics
<input type="text"/>	Section B1: Self Care
<input type="text"/>	Section B2: Mobility
<input type="text"/>	Section B3: Instrumental Activities of Daily Living
<input type="text"/>	Section C: Assistive Devices
<input type="text"/>	Section D: Support Needs and Caregiver Assistance

## **Appendix B: FASI Cognitive Interview Protocol**

1. General impressions
  - Overall, describe your experience with making observations of client performance.
  - In what ways was this the same as your current assessment practices, and in what ways was it different?
2. Approaches to data gathering
  - Which items did you observe?
  - Which items did you gather by interviewing the person?
  - What other methods of data gathering did you use? For which items did you use these methods?
3. 3-day reference period
  - Describe your experience with evaluating client performance and need for assistance relative to the 3-day reference period.
  - Is this an appropriate timeframe for your clients? Did the timeframe apply equally well to each of the items?
4. Rating scale
  - Describe your experience using the rating scale.
  - How well did the descriptions of the rating scale apply to your clients?
5. Items
  - Describe your experience with evaluating clients on the items.
  - How well did the items apply to your clients?
6. New mobility items
  - Describe your experience with the “skip” pattern items Q2 and Q3.
  - Tell us about how you observed and scored mobility items P (walks indoors), R (carries something in both hands), S (walks for 15 minutes), and T (walks across the street). (Also tell us about wheeling versions items W and X.)
  - How well did these items apply to your clients? Were the items clearly worded?
7. Writing goals
  - Describe your experience in working with clients to identify and write goals for each of the sections?
  - What worked well about these sections? What might you change or modify?

8. Possible new items

- Would an item describing assistance needed to manage personal feminine hygiene be relevant to your female clients?
- What components of managing this task do you think it would be important to focus on?
- What issues or challenges do you see with this item that we should be aware of?

9. Training input

- Please describe your preferences for online training. What kinds of things have worked well for you in prior online training?
- What aspects of this assessment tool would require the most training?
- What suggestions do you have related to the format of training and support for technical issues?

Appendix C: FASI Tool Recommendations/Explanations

Section	Question #	Recommendation	Explanation	Change Made to Form
B	Coding	Clarify when to use code 88 vs 09 to respond when the task was "not attempted"	Unclear when to use not applicable (09) vs. not attempted due to medical condition or safety concerns.	88 code changed to "Not attempted due to <i>short-term</i> medical condition or safety concern"; 09 code now "Not applicable- <i>Person does not usually do this activity.</i> "
B1	B.1.C	Expand the toileting hygiene item to incorporate feminine hygiene as an example of perineal hygiene	Currently feminine hygiene is subsumed under perineal hygiene, but assessors thought it was worth calling out as it is sometimes a "taboo" subject. Might be useful in case there is a need that is not being properly addressed. Many assessors did not think that this was an issue for their clients because it is already being taken care of or it does not come up. One asked whether the client needs help in the bathroom, not about personal hygiene.	Text changed to "The ability to maintain perineal/ <i>feminine</i> hygiene, adjust clothes..."
B2	Q3, U, V, W, X	When a client has both types of wheelchairs, specify which one to score on	Some clients have both types of wheelchairs, and the assessment does not specify which wheelchair should be scored.	Q3 removed and section reorganized to add separate sections for Manual Wheelchair and Motorized Wheelchair/Scooter. Also series of screener questions inserted to direct assessors to the appropriate subsections of questions.
B2	I	On mobility questions, ask the most "difficult" first	Felt repetitive asking about different walking distances with fully ambulatory clients. Whereas starting with the furthest allowed to reduce total time and still fully assess the clients' ability.	No change needed for form. Training will address this issue.
B2	R	Clarify question for clients with a walker	Assessors conflicted on how to answer, because clients with walker require both hands on the walker. But if clients use a rollator walker, they would be able to "carry" items. Some would code as 1, whereas others would say independent or n/a.  Although the intent was split attention, the assessors focused more on physical ability than mental capability. After deliberation among the group, it was agreed that this question should focus on the original intent of split attention and would be coded as 01 (dependent).	No change needed for form. Training will address this issue.
B2		Add question on falls	Currently no question asking about falls. Important information to have.	No question added. Falls items are on other parts of the federal standardized items but are not included in the FASI set.
B3	A	Assessors asked for clarification on the IADL items	Items included both simple and complex tasks under "make light meal." One assessor noted that a client is able to make a bowl of cereal but has trouble reheating a meal.	Question split into "make a light cold meal" and "make a light hot meal." Similar changes made to the housework and money management items to create greater unidimensionality of items.
C	1	Add another option for "Has device but inappropriate"	One client has an inappropriate type of wheelchair, which limited her mobility, but there is no option that adequately describes it. Would otherwise list under "Other."	Added option "Assistive device needed but current device unsuitable."
C1	Q	Change lettering of question Q to R	In Section B2, question Q was skipped in the lettering because it is used for subquestions (e.g., Q2. Does the person use a wheelchair?). To keep consistent, need to skip Q in Section C as well.	Renumbering to accommodate other form changes made and address this concern.
D	D1	Split into two items: (1) Type of living arrangement and (2) Availability of assistance	Captures more clearly what is currently being asked. Current coding method also was confusing.	Split Living Arrangement and Assistance Available into two separate items, and added column to note change over past 30 days.
D2	Coding	Change D2 coding to the codes used in Section B	Assessors will be able to identify whether assistance is provided by each caregiver less or more than half the time.	None. Would be duplicative of earlier information. Further discussion showed the issue was whether the available assistance was paid or unpaid.
D2	Coding	Add a "Has Needs but Declines Assistance" code	One assessor had a client with a need but who declined assistance. Code currently not available in this section.	Code added as "Has need but declines assistance."
D2	Coding	Need to distinguish between paid and unpaid assistance	Assessors noted that it is important to capture the availability of paid and unpaid assistance for service planning purposes.	Split into two items—one asking about paid assistance and one asking about unpaid assistance.
D2	A	Separate ADL and mobility questions	ADL and mobility activities vary, and a person may need more assistance with one type of activity than the other. But coding more "harshly" may not truly represent the situation or their needs.	Separated into two questions consistent with measurement of activities (self-care, mobility)
Other	3-Day Reference Period	Possibly expand to 30-day period, but with "has this changed anytime recently?"	Asking whether a specific item has changed recently (last 30 days) is beneficial for clients where it is important to monitor fluctuations. For many clients, services they receive are on a weekly basis (e.g., shopping, laundry). Possibly include language "today vs. usually." The 30-day period would more accurately reflect fluctuations for some populations (e.g., SMI) than for others. Some populations (e.g., ABI) have difficulties grasping time. So the assessor in this instance would ask whether a change had occurred recently, and if so, when it did occur. One assessor requested having a space to write an explanation to the answer.	Added a "past month" column for responses for most sections. Also added a screener question, so that this additional column is only completed when a person's performance has changed in the past month. Section C (Assistive Devices) was changed to refer only to the past month, which covers both time periods. Any change in between that period would be noted in the other areas.
Other	Priorities	Remove "priorities" question for SMI clients	SMI clients are frequently asked about their priorities, and thus this item is not as valuable to them. The other assessors found this to be a great addition.	Assessing priorities is a standard across the five waiver groups. Although repetitive for these clients, it is still useful for the others and remains on the form. Many other comments highlighted the strength of having priorities embedded in each functional section, which allowed focused goal development in each area. Assessment of priorities also added to the caregiving and support section.
Other	Process	Verify information collected from the client with staff to ensure it is accurate	The ABI assessor noted that staff working with her clients asked that she verify information with them.	No change needed for form. Training will address this issue.
Training		Have trainings in groups	Assessors can ask questions and all get the same answer, which encourages the same coding for possibly confusing questions. Especially useful if all assessors who work with same type of client are trained at the same time. Can decide which areas are more important to focus on for their clients' specific needs. (ID different than PD.)	No change needed for form. Training will address this issue.
Training		Run a Q&A electronically	Having an electronic Q&A would allow assessors to develop clear and appropriate responses to questions they have when coding may not be as specific as desired. It also would help keep answers consistent across assessors.	No change needed for form. Training will address this issue.
Training	C1	Encourage assessors to ask about specific assistive devices	Some devices are not easily observed (e.g., brace), and assessors may not discover it unless they specifically ask.	No change needed for form. Training will address this issue.
Training	Overall Assessment	Shorter training with test questions following each section, with an online discussion board for feedback	Assessors would like to know the amount of time it would take to complete a training and the number of questions included in the training. They would like to be able to track the time/progress during the training. Training useful when feedback is available and if questions arise.	No change needed for form. Training will address this issue.

Abbreviations: ABI, [what?]; ADL, activities of daily living; FASI, Functional Assessment Standardized Items; IADL, instrumental activities of daily living; ID, intellectual disability; PD, physical disability; SMI, serious mental illness.

## Appendix D: Testing Experience and Functional Tools (TEFT)

### Functional Assessment Standardized Items (FASI)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-Reinstatement. The SORN is 09-70-0569.

By checking this box, I certify that all of the following statements, to the best of my knowledge, are accurate and truthful:

- I reviewed the consent form (and assent form when required) with the person and/or their Legally Authorized Representative (LAR).
- I gave all parties the opportunity to ask questions prior to initiating the assessment.
- *If the person being assessed does not have a LAR:*
  - The person demonstrated cognitive competence to provide informed consent.
- *If the person being assessed has a LAR:*
  - The LAR provided informed consent by signing the consent form.
  - The person being assessed provided assent.
- I have provided a signed copy of the consent form to signee.
- When applicable, I have provided the LAR with a signed copy of the assent.
- I have securely stored at my assessment entity one original copy of signed consent and assent forms.

I further certify, to the best of my knowledge, the information I have recorded in this assessment:

- Was collected only after the person, or their LAR, provided informed consent/assent.
- Was collected in accordance with the guidelines provided by CMS for participation in this TEFT FASI project.
- Is an accurate and truthful reflection of assessment information for this person.
- Was carefully reviewed for accuracy of data recording post-assessment.

Consent/assent and assessment interview were conducted in a language other than English (may include use of a translator).

CMS-10243

OMB 0938-1037

Expiration Date: TBD

**Testing Experience and Functional Tools (TEFT)  
Functional Assessment Standardized Items (FASI)**

**Please Complete All Items on Each Page**

SECTION A	Identification Information
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1. Recipient Study ID Number</b> <i>State ID and observation number</i>
<input type="text"/> <input type="text"/>	<b>2. Assessor ID Number</b> <i>Assessor assigned number</i>

**Section B Functional Abilities and Goals**

**Self-Care**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code his or her **most dependent** performance in **Column B**. If the person's self-care performance was **unchanged** during the **past month**, code column B the same as column A. *If the activity was not attempted, code the reason.*

*Please complete the Self-Care Priorities section at the bottom of this page.*

**CODING:**

**Safety and Quality of Performance**—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent**—Person completes the activity by him/herself with no assistance from a helper.

05. **Setup or cleanup assistance**—Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance**—Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance**—Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort.

02. **Substantial/maximal assistance**—Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent**—Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

07. **Person refused.**

09. **Not applicable**—Person does not usually do this activity.

88. **Not attempted because of short-term medical condition or safety concerns.**

**Performance Level  
Enter Codes in Boxes**

**A  
Usual**

**B  
Most  
Dependent**

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**6a. Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.

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**6b. Oral hygiene:** The ability to use suitable items to clean teeth.  
[Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]

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**6c. Toileting hygiene:** The ability to maintain perineal/feminine hygiene, to adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

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**6d. Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

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**6e. Shower/bathe self:** The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.

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**6f. Upper body dressing:** The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.

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**6g. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.

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**6h. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**Self-Care Priorities:** Please indicate your top two priorities in the area of self-care for the next 6 months.

1. \_\_\_\_\_
2. \_\_\_\_\_

Section B		Functional Abilities and Goals		
<b>Mobility (Bed Mobility and Transfers)</b>				
<b>Form Instructions:</b> Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b> . If the person's performance <b>changed</b> during the <b>past month</b> , also code his/her <b>most dependent</b> performance in <b>Column B</b> . If the person's transfer/bed mobility performance was <b>unchanged</b> during the <b>past month</b> , code column B the same as column A. <i>If the activity was not attempted</i> , code the reason.				
<b>CODING:</b>				
<p><b>Safety and Quality of Performance</b>—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i></p>		<p><b>Performance Level</b> Enter Codes in Boxes</p>		
		<p><b>A</b> Usual</p>	<p><b>B</b> Most Dependent</p>	
<p>06. <b>Independent</b>—Person completes the activity by him/herself with no assistance from a helper.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7a. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.</p>
<p>05. <b>Setup or cleanup assistance</b>—Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7b. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.</p>
<p>04. <b>Supervision or touching assistance</b>—Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7c. Lying to sitting on side of bed:</b> The ability to safely move from lying on back to sitting on the side of the bed with feet flat on the floor without any back support.</p>
<p>03. <b>Partial/moderate assistance</b>—Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7d. Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</p>
<p>02. <b>Substantial/maximal assistance</b>—Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7e. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).</p>
<p>01. <b>Dependent</b>—Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7f. Toilet transfer:</b> The ability to safely get on and off a toilet or commode.</p>
<p><b>If activity was not attempted, code reason:</b></p>				
<p>07. <b>Person refused</b></p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>7g. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.</p>
<p>09. <b>Not applicable</b>—Person does not usually do this activity</p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
<p>88. Not attempted because of <b>short term medical condition or safety concerns</b></p>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

**Section B Functional Abilities and Goals**

**Mobility (Ambulation)**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code his/her **most dependent** performance in **Column B**. If the person's ambulation mobility performance was **unchanged** during the **past month**, code column B the same as column A. *If the activity was not attempted*, code the reason.

**CODING:**

**Safety and Quality of Performance**—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent**—Person completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or cleanup assistance**—Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance**—Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance**—Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance**—Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent**—Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Person refused.**
- 09. **Not applicable**—Person does not usually do this activity.
- 88. **Not attempted because of short-term medical condition or safety concerns.**

**8. Does the person walk?**

- 0. **Yes**—Continue to question 8a.
- 1. **No**, but walking is indicated in the future—skip to question 9.
- 2. **No**, and walking is not indicated—skip to question 9.

**Performance Level**  
Enter Codes in Boxes

<b>A</b> Usual	<b>B</b> Most Dependent
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□ □	□ □
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- 8a. **Walks 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
- 8b. **Walks 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
- 8c. **Walks 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
- 8d. **Walks 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces such as grass or gravel.
- 8e. **1 step (curb):** The ability to step over a curb or up and down one step.
- 8f. **4 steps:** The ability to go up and down four steps with or without a rail.
- 8g. **12 steps:** The ability to go up and down 12 steps with or without a rail.
- 8h. **Walks indoors:** The ability to walk from room to room around furniture and other obstacles.
- 8i. **Carries something in both hands** when walking indoors (e.g., several dishes, light laundry basket, tray with food).
- 8j. **Picking up object:** The ability to bend/stoop from a standing position to pick up a small object (e.g., a spoon) from the floor.
- 8k. **Walks for 15 minutes** without stopping or resting (e.g., department store, supermarket).
- 8l. **Walks across a street:** Crosses street before light turns red.

□ □	□ □
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**Section B Functional Abilities and Goals**

**Mobility (Wheelchair)**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code his/her **most dependent** performance in **Column B**. If the person's wheelchair mobility performance was **unchanged** during the **past month**, code column B the same as column A. *If the activity was not attempted, code the reason.*

*Please complete the Mobility Priorities section at the bottom of this page.*

**CODING:**

**Safety and Quality of Performance**—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.*

06. **Independent**—Person completes the activity by him/herself with no assistance from a helper.

05. **Setup or cleanup assistance**—Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance**—Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance**—Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance**—Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent**—Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

07. **Person refused.**

09. **Not applicable**—Person does not usually do this activity.

88. Not attempted because of **short-term medical condition or safety concerns.**

<input type="checkbox"/>	<b>9. Does the person use a manual wheelchair?</b> 0. No—Skip to question 10. 1. Yes—Continue to question 9a.	
<b>Manual Wheelchair</b>		
<b>Performance Level Enter Codes in Boxes</b>		
<b>A Usual</b>	<b>B Most Dependent</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>9a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="checkbox"/>	<input type="checkbox"/>	<b>9b. Wheels 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	<input type="checkbox"/>	<b>9c. Wheels for 15 minutes</b> without stopping or resting (e.g., department store, supermarket).
<input type="checkbox"/>	<input type="checkbox"/>	<b>9d. Wheels across a street:</b> Crosses street before light turns red.
<input type="checkbox"/>		
<b>10. Does the person use a motorized wheelchair/scooter?</b> 0. No—Skip to question 11a. 1. Yes—Continue to question 10a.		
<b>Motorized Wheelchair/Scooter</b>		
<b>Performance Level Enter Codes in Boxes</b>		
<b>A Usual</b>	<b>B Most Dependent</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>10a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="checkbox"/>	<input type="checkbox"/>	<b>10b. Wheels 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	<input type="checkbox"/>	<b>10c. Wheels for 15 minutes</b> without stopping or resting (e.g., department store, supermarket).
<input type="checkbox"/>	<input type="checkbox"/>	<b>10d. Wheels across a street:</b> Crosses street before light turns red.

**Mobility Priorities:** Please indicate your top two priorities in the area of mobility for the next 6 months.

1. \_\_\_\_\_
2. \_\_\_\_\_

**Section B Functional Abilities and Goals**

**Instrumental Activities of Daily Living**

**Form Instructions:**  
 Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code his/her **most dependent** performance in **Column B**. If the person's IADL performance was **unchanged** during the **past month**, column B should be coded the same as column A. *If the activity was not attempted, code the reason.*

CODING:	Performance Level Enter Codes in Boxes		
	A Usual	B Most Dependent	
<p><b>Safety and Quality of Performance</b>—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.  <i>Activities may be completed with or without assistive devices.</i></p>	<input type="text"/>	<input type="text"/>	<b>11a. Makes a light cold meal:</b> The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal or a sandwich and cold drink.
06. <b>Independent</b> —Person completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>	<b>11b. Makes a light hot meal:</b> The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup or reheating a prepared meal.
05. <b>Setup or cleanup assistance</b> —Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="text"/>	<input type="text"/>	<b>11c. Light daily housework:</b> The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within his/her home. Examples include wiping countertops or cleaning dishes.
04. <b>Supervision or touching assistance</b> —Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/>	<input type="text"/>	<b>11d. Heavier periodic housework:</b> The ability to complete heavier periodic housework to maintain a safe home environment such that the person is not risk for harm within his/her home. Examples include doing laundry, vacuuming, and cleaning the bathroom.
03. <b>Partial/moderate assistance</b> —Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.	<input type="text"/>	<input type="text"/>	<b>11e. Light shopping:</b> Once at a store, can locate and select up to five needed goods, take them to check out, and complete purchasing transaction.
02. <b>Substantial/maximal assistance</b> —Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/>	<input type="text"/>	<b>11f. Telephone-answering call:</b> The ability to answer call in person's customary manner and maintain call for 1 minute or longer. Does not include getting to the phone.
01. <b>Dependent</b> —Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.	<input type="text"/>	<input type="text"/>	<b>11g. Telephone-placing call:</b> The ability to place a call in person's customary manner and maintain call for 1 minute or longer. Does not include getting to the phone.
<p><b>If activity was not attempted, code reason:</b></p> 07. <b>Person refused.</b> 09. <b>Not applicable</b> —Person does not usually do this activity. 88. <b>Not attempted because of short-term medical condition or safety concerns.</b>	<input type="text"/>	<input type="text"/>	

**Section B Functional Abilities and Goals**

**Instrumental Activities of Daily Living (continued)**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code his/her **most dependent** performance in **Column B**. If the person's IADL performance was **unchanged** during the **past month**, code column B the same as column A. *If the activity was not attempted, code the reason.*

*Please complete the IADL Priorities section at the bottom of this page.*

**CODING:**

**Safety and Quality of Performance**—If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent**—Person completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or cleanup assistance**—Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance**—Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance**—Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance**—Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent**—Helper does ALL of the effort. Person does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Person refused.**
- 09. **Not applicable**—Person does not usually do this activity.
- 88. Not attempted because of **short-term medical condition or safety concerns.**

**Performance Level  
Enter Codes in Boxes**

A Usual	B Most Dependent
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□ □	□ □
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□ □	□ □
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□ □	□ □
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□ □	□ □
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□ □	□ □
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**11h. Medication management-oral medications:** The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

**11i. Medication management-inhalant/mist medications:** The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

**11j. Medication management-injectable medications:** The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

**11k. Simple financial management:** The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, or writing a check.

**11l. Complex financial management:** The ability to complete financial decision-making such as budgeting and remembering to pay bills.

**IADL Priorities:** Please indicate your top two priorities in the area of instrumental activities of daily living for the next 6 months.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Section C      Assistive Devices**

**Assistive Devices for Everyday Activities**

**Form Instructions:**

Identify the person's need for and availability of each assistive device. *If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box (09). If device is needed but not used, code reason (00–02).*

**CODING:**

Code the person's usual need for and availability of assistive devices to complete self-care, mobility, or instrumental activities of daily living.

- 02. **Assistive device needed and available**—Person needs this device to complete daily activities and has the device in the home.
- 01. **Assistive device needed but current device unsuitable**—Device is in home, but it no longer meets person's needs.
- 00. **Assistive device needed but not available**—Person needs the device, but it is not available in the home.

**If device is not used, code reason:**

- 07. **Person refused**—Person chooses not to use needed device.
- 09. **Not applicable**—Person does not need this device.

**Enter Codes in Boxes**

<input type="checkbox"/>	<input type="checkbox"/>	<b>12a. Manual wheelchair</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12b. Motorized wheelchair or scooter</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12c. Specialized seating pad (e.g., air-filled, gel, shaped foam)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12d. Mechanical lift</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12e. Walker</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12f. Walker with seat</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12g. Cane</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12h. Crutch(es)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12i. Prosthetics</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12j. Orthotics/Brace</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12k. Bed rail</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12l. Electronic bed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12m. Grab bars</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12n. Transfer board</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12o. Shower/commode chair</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12p. Walk-in/wheel-in shower</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12q. Glasses or contact lenses</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12r. Hearing aid</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12s. Communication device</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12t. Stair rails</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12u. Lift chair</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12v. Ramps</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other: _____</b>
<input type="checkbox"/>		<b>I have indicated all the devices needed (check box)</b>
<input type="checkbox"/>		<b>Not Applicable—No assistive device needed in past month (check box)</b>

Section D		Living Arrangements, Caregiver Assistance, and Availability	
<b>Living Arrangements</b>			
<b>13. Identify the person's usual living arrangement during the past 3 days and the past month.</b> <b>CODING:</b> 05. <b>Person lives alone</b> —no other residents in the home. 04. <b>Person lives with others in the home</b> —for example, family, friends, or paid caregiver. 03. <b>Person lives in congregate home</b> —for example, assisted living or residential care home. 02. <b>Person does not have a permanent home or is homeless.</b> 01. <b>Person is in a medical facility.</b>	<b>A</b> Past 3 Days	<b>B</b> Past month	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of Assistance</b>			
<b>14. Does the person have assistance in his/her home?</b> 0. <b>No</b> —Skip to question 15a. 1. <b>Yes</b> —Continue to question 14a.	<input type="checkbox"/>		
<b>14a. Code the level of assistance in the person's home (both paid and unpaid) during the past month.</b> <b>CODING:</b> 05. <b>No assistance received</b> 04. <b>Occasional/short-term assistance</b> 03. <b>Regular night-time assistance</b> 02. <b>Regular day-time assistance</b> 01. <b>Around-the-clock assistance</b>	<b>A</b> Paid	<b>B</b> Unpaid	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

**Section D Living Arrangements, Caregiver Assistance and Availability**

**Availability of Paid and Unpaid Assistance**

**Form Instructions:**  
 Code the **Paid** caregiver’s usual ability and willingness to provide assistance with each activity during the past 3 days in **Column A** and the **Unpaid** caregiver’s usual ability and willingness to provide assistance with each activity during the past 3 days in **Column B**. *If the activity was not attempted, code as not applicable (09).*  
 Please complete the *Living Arrangement and Caregiving Priorities* section at the bottom of this page.

CODING:	Enter Codes in Boxes		
	A Paid	B Unpaid	
Code safety and quality of <i>BOTH</i> paid and unpaid caregiver assistance and their willingness to provide assistance with each of the following activities.	<input type="text"/>	<input type="text"/>	
05. <b>Assistance not needed</b> —No assistance needed.	<input type="text"/>	<input type="text"/>	<b>15a.</b> Self-care assistance (e.g., bathing, dressing, toileting, or eating/feeding).
04. <b>Caregiver(s) currently provide assistance</b> —Person’s usual caregiver(s) are willing and able to provide needed assistance.	<input type="text"/>	<input type="text"/>	<b>15b.</b> Mobility assistance (e.g., bed mobility, transfers, ambulating, or wheeling).
03. <b>Caregiver(s) need training/supportive services to provide assistance</b> —Caregiver(s) are available but need assistance to provide support.	<input type="text"/>	<input type="text"/>	<b>15c.</b> IADL assistance (e.g., making meals, housekeeping, telephone, shopping, or finances).
02. <b>Unclear if caregiver(s) will provide assistance</b> —Caregiver(s) available in the home, but it is not clear if caregiver(s) will provide needed assistance.	<input type="text"/>	<input type="text"/>	<b>15d.</b> Medication administration (e.g., oral, inhaled, or injectable medications).
01. <b>Assistance needed but no caregiver(s) available</b> —Person needs assistance, but no caregiver(s) available in the home.	<input type="text"/>	<input type="text"/>	<b>15e.</b> Medical procedures/treatments (e.g., changing wound dressing or home exercise program).
00. <b>Assistance needed but person declines assistance</b> —Person needs caregiving but declines this assistance.	<input type="text"/>	<input type="text"/>	<b>15f.</b> Management of equipment (e.g., oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).
09. <b>Not applicable</b> —Person does not do this activity.	<input type="text"/>	<input type="text"/>	<b>15g.</b> Supervision (e.g., because of safety concerns).
	<input type="text"/>	<input type="text"/>	<b>15h.</b> Advocacy or facilitation of person’s participation in appropriate medical care (e.g., transportation to or from appointments).
	<input type="checkbox"/>		<b>16. Has the PAID caregiver(s) ability, willingness, or availability changed during the past month?</b> 0. No—It was the same or it increased. 1. Yes—Caregiver(s) had less ability, willingness, or availability.
	<input type="checkbox"/>		<b>17. Has the UNPAID caregiver(s) ability, willingness, or availability changed during the past month?</b> 0. No—It was the same or it increased. 1. Yes—Caregiver(s) had less ability, willingness, or availability.

**Living Arrangement and Caregiving Priorities:** Please indicate your top two priorities in the area of living arrangements and caregiving for the next 6 months.

1. \_\_\_\_\_

2. \_\_\_\_\_