

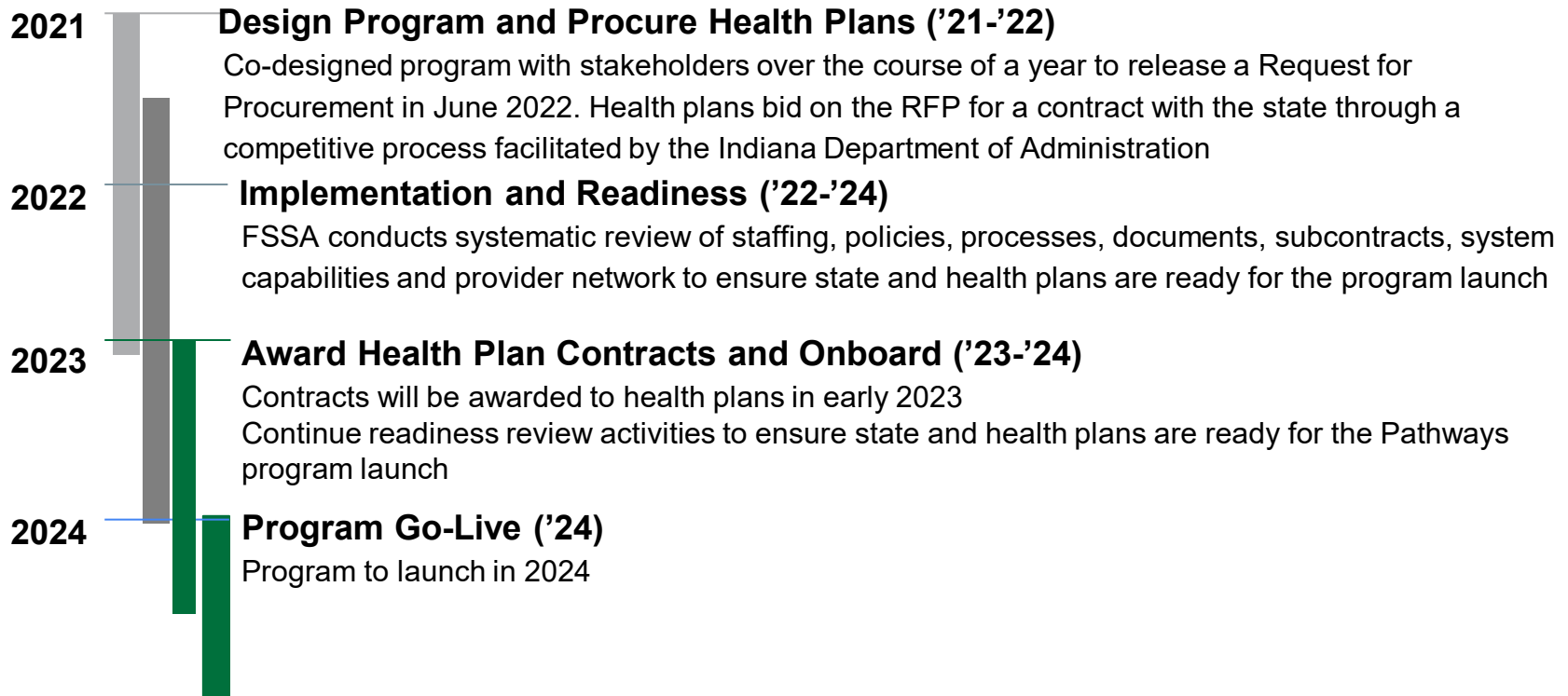
Indiana Pathways for Aging Codesign Workgroup

March 28, 2023

Agenda

- IN Pathways for Aging Project Overview
- Managed Care Entity (MCE) Engagement
- Health Needs Screening (HNS) and Comprehensive Health Assessment Tool (CHAT)
- Q&A

Indiana Pathways for Aging Milestones



Long-Term Services and Supports Reform

Overall Objective: 75% of new LTSS members will live and receive services in a home and community-based setting

- Faster eligibility
- Move to MLTSS (now **Indiana Pathways for Aging**) in early 2024
- Pay for outcomes, not transactions
- Integrate LTSS data systems
- Support the growth, retention and training of the HCBS direct service workforce
- Create Home Health Roadmap
- Integrate HCBS waivers

Engagement with Awarded Managed Care Entities (MCEs)

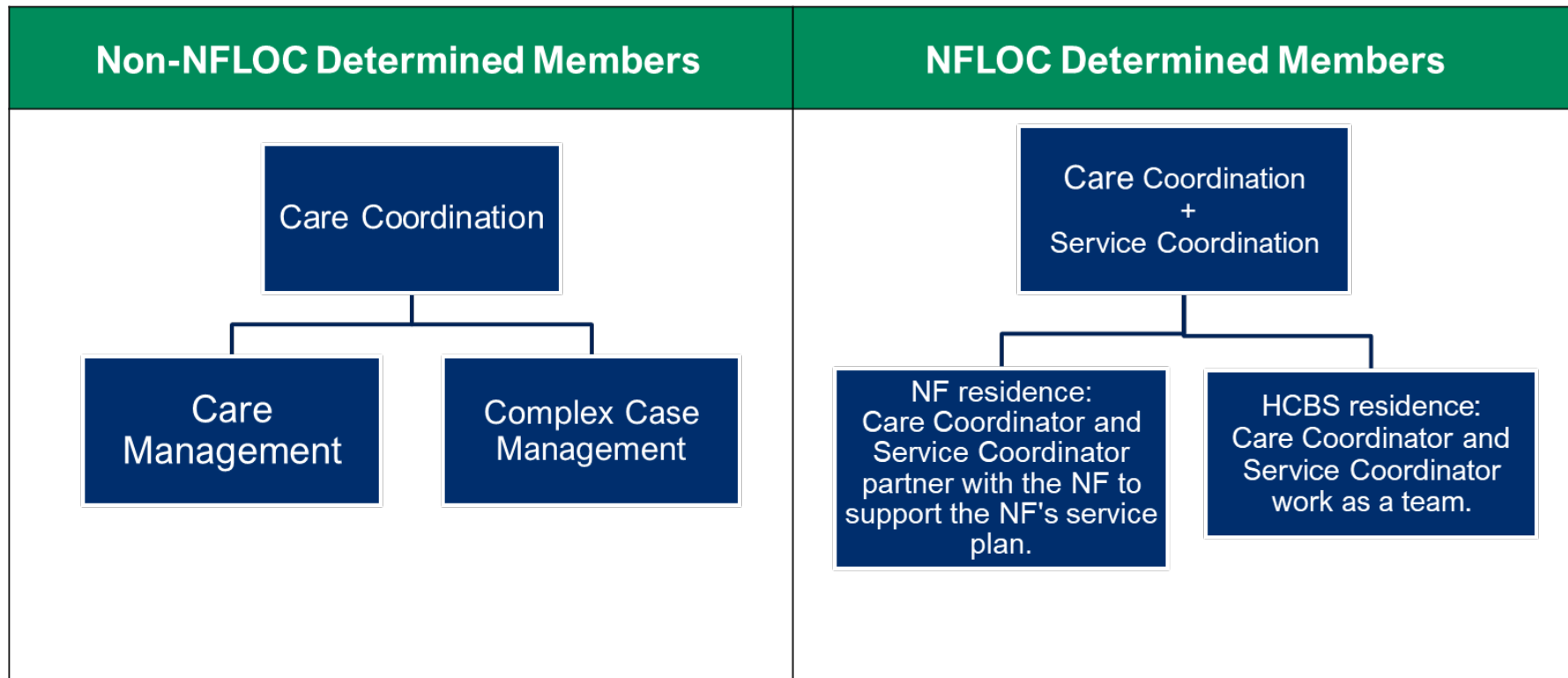
As a reminder, FSSA and IDOA awarded these vendors for the IN Pathways for Aging program:

- Anthem
- Humana
- Molina
- United Healthcare

Health Needs Screen (HNS) and Comprehensive Health Assessment Tool (CHAT)

Dr. Steve Counsell, Division of Aging
Ellen Burton, UIndy Center for Aging & Community

The Importance and Structure of Care and Service Coordination in Indiana's MLTSS system



The Impact of a Cross-Cutting Population on the MLTSS Assessment Landscape

Characteristics of Target Population* December 2020						
	65+	60-64	Total	% Total	Dual	% Dual
<i>A&D Waiver</i>	14,998	3,297	18,295	17.3%	16,775	91.7%
<i>Nursing Facility</i>	18,279	2,119	20,398	19.2%	18,990	93.1%
<i>Other ABD 60+</i>	44,337	22,983	67,320	63.5%	51,010	75.8%
Total	77,614	28,399	106,013	100.0%	86,775	81.9%

interRAI Suite of Assessment Instruments

- interRAI was **established in 1992** and is a not-for-profit research consortium of about **50 clinicians, researchers, and health administrators from 25 countries**
- **Vision**: the “assembly of accurate clinical information in a common format within and across services sectors and countries that enhances both the well-being of frail persons and the efficient and equitable distribution of resources”
- Initial focus on long-term residential care with developed assessment tools including:
 - **Resident Assessment Instrument—Minimum Data Set (RAI-MDS)**
 - **Associated case-mix application—(Resource Utilization Groups (RUGs)**
[an earlier version of which was mandated in 1990 for all Medicare and Medicaid funded nursing homes in the U.S.]
- The **interRAI home care version (RAI-HC) was created in 1994** and has been implemented in several countries alongside the RAI-MDS

interRAI Adoption in U.S.

InterRAI HC is the most widely used with implementation in **24 states/jurisdictions*** including:

- Alaska • Connecticut • District of Columbia • Georgia • Hawaii
- Illinois • Indiana • Iowa • Kansas • Louisiana • Maryland
- Massachusetts • Michigan • Mississippi • Missouri • Nebraska • New Jersey • New York • North Carolina • Pennsylvania
- South Dakota • Tennessee • Utah • Virginia

Assessments are licensed to parent companies of **13 managed care organizations** including:

- Aetna • Amerigroup • Amerihealth Caritas • Anthem
- AtlantiCare • CarePoint • CareSource • Centene
- Cerner • Humana • Molina • United HealthCare
- WellCare

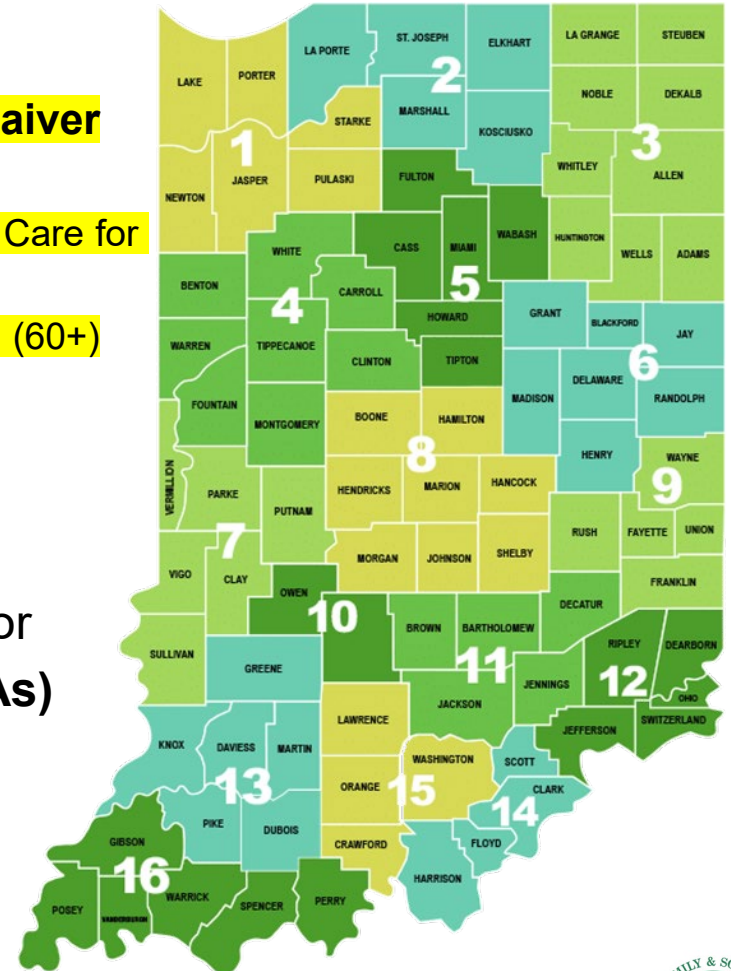
**We include New York in this count which uses the CHA*

interRAI Adoption in Indiana

Division of Aging, Indiana FSSA*

- Programs include:
 - **Medicaid HCBS Aged & Disabled (A&D) Waiver**
 - **Non-Medicaid HCBS / Non-Waiver**
 - **Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)**
 - **Older Americans Act Title III Support Services (60+)**
 - **Social Services Block Grant (SSBG)**
 - Adult Protective Services
 - Adult Guardianship
 - LTC Ombudsman
- Most services accessed via Aging Network, or Indiana's 15 **Area Agencies on Aging (AAAs)** covering 16 Planning & Service Areas

*FSSA programs currently using interRAI HC Assessment



interRAI HC Assessment in Indiana (60+)

Unique Individuals*

CY	Total	Waiver	Non-Waiver
2019	32,259	17,516 (54%)	14,743 (46%)
2020	36,908	21,571 (58%)	15,337 (42%)
2021	40,175	24,946 (62%)	15,229 (38%)
2022	44,575	28,570 (64%)	16,005 (36%)

Assessments

CY	Total	Waiver	Non-Waiver
2019	48,314	31,404 (65%)	16,910 (35%)
2020	57,585	39,984 (69%)	17,601 (31%)
2021	63,559	45,886 (72%)	17,673 (28%)
2022	71,027	52,000 (73%)	19,027 (27%)

*Waiver column includes individuals having both waiver and non-waiver assessments in the same calendar year (e.g., individual who moves from CHOICE to A&D Waiver).

interRAI Home Care (HC) Assessment

Target Population: Community-Based Care

- | | |
|-------------------------------|-------------------------------------------|
| A. Identification Information | K. Oral and Nutritional Status |
| B. Intake and Initial History | L. Skin Condition |
| C. Cognition | M. Medications |
| D. Communication and Vision | N. Treatments and Procedures |
| E. Mood and Behavior | O. Responsibility |
| F. Psychosocial Well-Being | P. Social Supports |
| G. Functional Status | Q. Environmental Assessment |
| H. Continence | R. Discharge Potential and Overall Status |
| I. Disease Diagnoses | S. Discharge |
| J. Health Conditions | T. Assessment Information |

*Total of **250 items** in the HC form*

interRAI Contact Assessment (CA)

A Screening Level Assessment for Intake to Home and Community Care

- | | |
|--------------------------------------|------------------------------------------------------|
| <i>A. Identification Information</i> | K. Oral and Nutritional Status |
| <i>B. Intake and Initial History</i> | L. Skin Condition |
| <i>C. Cognition</i> | M. Medications |
| <i>D. Communication and Vision</i> | N. Treatments and Procedures |
| <i>E. Mood and Behavior</i> | O. Responsibility |
| <i>F. Psychosocial Well-Being</i> | P. Social Supports |
| <i>G. Functional Status</i> | Q. Environmental Assessment |
| H. Continence | R. Discharge Potential and Overall Status |
| <i>I. Disease Diagnoses</i> | S. Discharge |
| <i>J. Health Conditions</i> | T. Assessment Information |

- Text with ~~strikethrough~~ indicates HC categories eliminated in CA form
- Text in *italics* indicates HC sections shortened in CA form
- Total of **49 items** in the CA form (Preliminary Screener 9 items / Clinical Evaluation 40 items)

Potential Benefits of interRAI as a Foundational Assessment Tool

For Clinicians / HCBS Providers

- Improved clinical outcomes
- Provides comprehensive, standardized, and reliable clinical information
- Common assessment language promotes collaboration across disciplines and professions
- Improved efficiency through reduced assessment time

For Health Systems / Government

- Promotes efficient use of resources
- Facilitates earlier identification of geriatric conditions and targeting of interventions to improve outcomes
- Case-mix algorithms to appropriately target resources
- Assessment of quality of care provided
- Facilitate cross-sectoral comparisons and outcomes measurement

Assessment Requirements

HNS

- Determine if referral for LOC is needed
- Identify immediate physical and/or behavioral healthcare needs
 - Caregiver status
 - Red flags including risk of A/N/E
- Identify SDOH needs

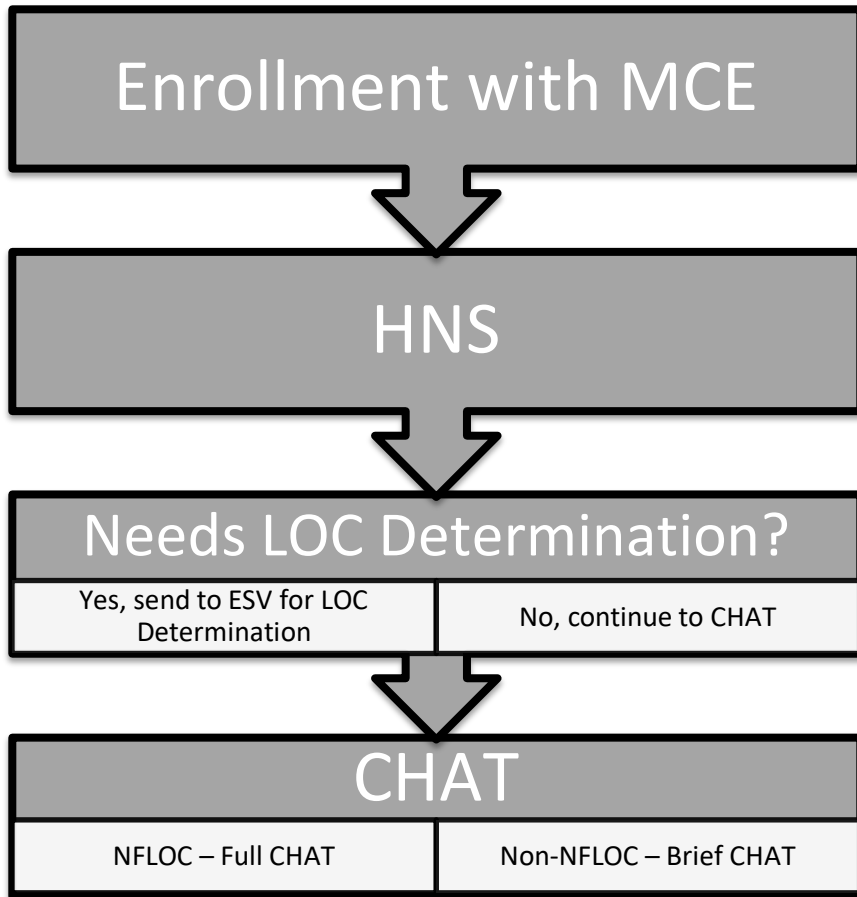
INITIAL SCREENING PROCESS

- Stratification for care coordination
- Ensure continuity of care
- Gather general history

CHAT

- Determine vulnerability and risk for A/N/E
- Identify SDOH needs (based on AHC to align with D-SNPs and CMS)
- Align with components of IN LOC
- Assess functional components based on interRAI

Assessment Process



- Currently, ADRCs use interRAI HC as part of intake
- LOC determination includes interRAI HC
- Brief CHAT for participants with lower needs
- Full CHAT for participants with higher needs

Proposed Assessments



HNS

Everyone - Initial

interRAI Contact Assessment
(sec A, B, C & **some** sec D)

A/N/E screening questions

SDOH screen



Brief CHAT

Non-NFLOC – Initial & Annual

interRAI Contact Assessment
(all sections A-E)

A/N/E screening questions

AHC SDOH questions



CHAT

NFLOC– Initial & Annual

interRAI Home Care
(all sections)

A/N/E screening questions

AHC SDOH questions

HNS – interRAI Contact Assessment (Partial)

Section B. Intake and Initial History

1. ASSESSMENT REFERENCE DATE

— —
Year Month Day

2. REFERRAL DETAILS

Defer to Brief CHAT/CHAT

3. EXPECTED LIVING ARRANGEMENT DURING SERVICE PROVISION

- 1 Alone
- 2 With spouse / partner only

- 3 With spouse / partner and other(s)
- 4 With child (not spouse / partner)
- 5 With parent(s) or guardian(s)
- 6 With sibling(s)
- 7 With other relative(s)
- 8 With nonrelative(s)

4. EXPECTED RESIDENTIAL / LIVING STATUS DURING SERVICE PROVISION [COUNTRY SPECIFIC— CANADA]

- 1 Private home / apartment / rented room
- 2 Assisted living / semi-independent living / board and care
- 3 Mental health residence—e.g., psychiatric group home
- 4 Group home for persons with physical disability
- 5 Setting for persons with intellectual disability
- 6 Psychiatric hospital / unit
- 7 Homeless (with or without shelter)
- 8 Long-term care facility (nursing home)
- 9 Continuing care hospital / unit
- 10 Rehabilitation hospital / unit
- 11 Hospice facility / palliative care unit
- 12 Acute care hospital
- 13 Correctional facility
- 14 Other

HNS – interRAI Contact Assessment (Partial)

Section C. Preliminary Screener

Determination if referral for LOC is needed

Immediate health needs

1. **COGNITIVE SKILLS FOR DAILY DECISION MAKING**
Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do
- 0 Independent—Decisions consistent, reasonable, and safe
 - 1 Some but not severe impairment
 - 2 Severely impaired—Never or rarely makes decisions
2. **ACTIVITIES OF DAILY LIVING (ADL) SELF-PERFORMANCE**
Most dependent episode over last 24 hours. If ADL did not occur in last 24 hours, code the most recent occurrence.
- 0 Independent or set-up help only
 - 1 Supervision or some physical assistance by others
 - 2 Total dependence—Full performance by others during entire period
- a. **Bathing**—How takes a full-body bath / shower. Includes how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area—EXCLUDE WASHING OF BACK AND HAIR, AS WELL AS TRANSFER IN / OUT OF BATH OR SHOWER
- b. **Bath transfer**—How person transfers in / out of bath or shower
- c. **Personal hygiene**—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing and drying face and hands—EXCLUDE BATHS AND SHOWERS
- d. **Dressing lower body**—How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.
- e. **Locomotion**—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair.
3. **DYSPNEA (Shortness of Breath)**
- 0 Absence of symptom
 - 1 Absent at rest, but present when performed moderate activities
 - 2 Absent at rest, but present when performed normal day-to-day activities
 - 3 Present at rest
4. **SELF-REPORTED HEALTH**
Ask: "In general, how would you rate your health?"
- 0 Excellent
 - 1 Good
 - 2 Fair
 - 3 Poor
 - 8 Person could not (would not) respond

5. **SELF-REPORTED MOOD**
- 0 Not in last 3 days
 - 1 Not in last 3 days, but often feels that way
 - 2 In 1–2 of last 3 days
 - 3 Daily in last 3 days
 - 8 Person could not (would not) respond

Ask: "In the last 3 days, how often have you felt . . ."

- a. Little interest or pleasure in things you normally enjoy?
- b. Anxious, restless, or uneasy?
- c. Sad, depressed, or hopeless?
- d. Angry with yourself?
- e. Angry with others?

6. **INSTABILITY OF CONDITIONS**
- 0 No
 - 1 Yes

- a. Conditions / diseases make cognitive, ADL, mood, or behaviour patterns unstable (fluctuating, precarious, or deteriorating)
- b. Experiencing an acute episode or a flare-up of a recurrent or chronic problem

7. **HOME CARE OR COMMUNITY SUPPORT SERVICES MAY BE REQUIRED FOR THIS PERSON**
- 0 No
 - 1 Yes

Note: If ANY of
C1 = 1 or 2
C2 (a–e) = 1 or 2
C3 = 2 or 3
C4 = 3 or 8
C5 (a–e) = 3
C6a = 1
C7 = 1
complete Sections D and E;
otherwise, go to Item E8.

HNS – interRAI Contact Assessment (Partial)

Section D. Clinical Evaluation – select questions

18. TWO KEY INFORMAL HELPERS [COUNTRY SPECIFIC — CANADA]

a. Relationship to person

- 1 Child or child-in-law
- 2 Spouse / partner
- 3 Parent
- 4 Sibling
- 5 Other relative or friend
- 6 No informal helper

Helper
1 2

b. Lives with person

- 0 No
- 1 Yes, 6 months or less
- 2 Yes, more than 6 months
- 8 No informal helper

Helper
1 2

19. INFORMAL HELPER STATUS

- 0 No
- 1 Yes

a. Primary informal helper expresses feelings of distress, anger, or depression

b. Family or close friends report feeling overwhelmed by person's illness

Caregiver
Status

HNS

Section D. Clinical Evaluation – select questions

21. FINANCES

Because of limited funds, during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing, prescribed medications, sufficient home heat or cooling, necessary health care

0 No

1 Yes

Immediate
SDOH related
needs

EASI ANE Screening (4 items #1-4); Recognizing Abuse Tool (1 item, #5 on Self Neglect)

1. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?
2. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
3. Has anyone tried to force you to sign papers or to use your money against your will?
4. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
5. Has anyone told you that you are not caring for yourself as you should?

Abuse/Neglect/
Exploitation
Screening

HNS

- Total Questions: 18 (plus demographic info as needed)
- Estimated time: about 15 minutes (total time)
- Notes: Phone or in-person only

Proposed Assessments



HNS

Everyone - Initial

interRAI Contact Assessment
(sec A, B, C & **some** sec D)
A/N/E screening questions
SDOH screen



Brief CHAT

Non-NFLOC – Initial & Annual

interRAI Contact Assessment
(all sections A-E)
A/N/E screening questions
AHC SDOH questions



CHAT

NFLOC– Initial & Annual

interRAI Home Care
(all sections)
A/N/E screening questions
AHC SDOH questions

Brief CHAT – interRAI Contact Assessment (Full)

Section D. Clinical Evaluation

Components
of LOC

Functional
components
based on
interRAI HC

1. CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)

- 0 Improved
- 1 No change
- 2 Declined
- 8 Uncertain

2. ABILITY TO UNDERSTAND OTHERS (Comprehension)

Understanding verbal information content (however able; with hearing device normally used)

- 0 **Understands**—Clear comprehension
- 1 **Usually understands**—Misses some part / intent of message BUT comprehends most conversation
- 2 **Often understands**—Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
- 3 **Sometimes understands**—Responds adequately to simple, direct communication only
- 4 **Rarely or never understands**

3. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) CAPACITY [COUNTRY SPECIFIC — CANADA]

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require speculation by the assessor.

- 0 **Independent or set-up help only**
- 1 **Supervision or some physical assistance by others**
- 2 **Total dependence**—Full performance by others during entire period

- a. **Meal preparation**—How prepares meals (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)

- b. **Ordinary housework**—How performs ordinary work around the house (e.g., doing dishes, dusting, making bed, tidying up, laundry)
- c. **Manage medications**—How medications are managed (e.g., remembering to take medications, opening bottles, taking correct drug dosages, giving injections, applying ointments)
- d. **Stairs**—How manages full flight of stairs (e.g., 12–14 stairs)
- e. **Shopping**—How performs in-store shopping for food and household items (e.g., selecting items, paying money)—EXCLUDE TRANSPORTATION OR USE OF GROCERY DELIVERY SERVICES
- f. **Transportation**—How travels by paid transportation (e.g., navigating bus system, paying taxi fare) or driving self (including getting out of house, into and out of vehicles)

4. CHANGE IN ADL STATUS AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)

- 0 Improved
- 1 No change
- 2 Declined
- 8 Uncertain

5. DISEASE DIAGNOSES

Record diseases or diagnoses that have a major effect on the care required

- 0 Not present
- 1 Primary diagnosis / diagnoses for current referral
- 2 Diagnosis present, receiving active treatment
- 3 Diagnosis present, monitored but no active treatment

- a. **Alzheimer's disease**
- b. **Dementia other than Alzheimer's disease**
- c. **Stroke**

Brief CHAT – interRAI Contact Assessment (Full)

Section D. Clinical Evaluation, continued

<p>d. Coronary heart disease <input type="checkbox"/></p> <p>e. Chronic obstructive pulmonary disease <input type="checkbox"/></p> <p>f. Congestive heart failure <input type="checkbox"/></p> <p>g. Cancer <input type="checkbox"/></p> <p>h. Diabetes <input type="checkbox"/></p> <p>Diagnosis Disease Code</p> <p>i. _____ <input type="checkbox"/></p> <p>j. _____ <input type="checkbox"/></p> <p>k. _____ <input type="checkbox"/></p> <p>l. _____ <input type="checkbox"/></p> <p>m. _____ <input type="checkbox"/></p> <p><i>[Note: Add additional lines as necessary for other disease diagnoses]</i></p> <p>6. FALLS</p> <p><i>Code for falls over specified time periods below</i></p> <p>0 No fall</p> <p>1 1 fall</p> <p>2 2 or more falls</p> <p>a. Last 30 days <input type="checkbox"/></p> <p>b. 31–90 days <input type="checkbox"/></p> <p>c. 91–180 days <input type="checkbox"/></p> <p>7. PROBLEM FREQUENCY</p> <p><i>Code for presence in last 3 days</i></p> <p>0 Not present</p> <p>1 Present but not exhibited in last 3 days</p> <p>2 Exhibited on 1 of last 3 days</p> <p>3 Exhibited on 2 of last 3 days</p> <p>4 Exhibited daily in last 3 days</p> <p>a. Dizziness <input type="checkbox"/></p> <p>b. Chest pain <input type="checkbox"/></p> <p>c. Peripheral edema <input type="checkbox"/></p> <p>d. Vomiting <input type="checkbox"/></p>	<p>12. MAJOR SKIN PROBLEMS — e.g., lesions, 2nd- or 3rd-degree burns, healing surgical wounds <input type="checkbox"/></p> <p>0 No 1 Yes</p> <p>13. TRAUMATIC INJURY — traumatic injury that has a major effect on the care required (e.g., fracture, major physical injury resulting from assault or motor vehicle accident) <input type="checkbox"/></p> <p>0 No 1 Yes</p> <p>14. TREATMENTS</p> <p><i>Treatments received or scheduled in LAST 3 DAYS</i></p> <p>0 Not ordered AND did not occur</p> <p>1 Ordered, not implemented</p> <p>2 Implemented but not received in last 3 days</p> <p>3 1–2 of last 3 days</p> <p>4 Daily in last 3 days</p> <p>a. Indwelling catheter <input type="checkbox"/></p> <p>b. IV therapy <input type="checkbox"/></p> <p>c. Oxygen therapy <input type="checkbox"/></p> <p>d. Ventilator or respirator <input type="checkbox"/></p> <p>e. Wound care <input type="checkbox"/></p> <p>15. TIME SINCE LAST HOSPITAL STAY</p> <p><i>Code for most recent instance in LAST 90 DAYS</i></p> <p>0 No hospitalization within 90 days</p> <p>1 31–90 days ago</p> <p>2 15–30 days ago</p> <p>3 8–14 days ago</p> <p>4 In last 7 days</p> <p>5 Now in hospital</p> <p>16. EMERGENCY DEPARTMENT VISIT <input type="checkbox"/></p> <p><i>Code for number of visits during the LAST 90 DAYS (not counting overnight hospital stays)</i></p> <p>17. SURGERY IN LAST 90 DAYS <input type="checkbox"/></p> <p>0 No</p> <p>1 Yes, without general anesthesia</p> <p>2 Yes, with general anesthesia</p> <p>18. TWO KEY INFORMAL HELPERS [COUNTRY] <input type="checkbox"/></p>
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Brief CHAT – interRAI Contact Assessment (Full)

Section D. Clinical Evaluation, continued

- d. Vomiting
- 8. PAIN SYMPTOMS**
[Note: Always ask the person about pain frequency and intensity. Observe person and ask others who are in contact with the person.]
- a. **Frequency with which person complains or shows evidence of pain** (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain)
- 0 No pain
 1 Present but not exhibited in last 3 days
 2 Exhibited on 1–2 of last 3 days
 3 Exhibited daily in last 3 days
- b. **Intensity of highest level of pain present**
- 0 No pain
 1 Mild
 2 Moderate
 3 Severe
 4 Times when pain is horrible or excruciating
- 9. SMOKES TOBACCO DAILY**
- 0 No
 1 Not in last 3 days, but is usually a daily smoker
 2 Yes
- 10. NUTRITIONAL ISSUES**
- 0 No 1 Yes
- a. **In LAST 3 DAYS, noticeable decrease in the amount of food usually eaten or fluids usually consumed**
- b. **Weight loss of 5% or more in LAST 30 DAYS or 10% or more in LAST 180 DAYS**
- c. **Special diet**
- 11. PRESENCE OF PRESSURE ULCER / INJURY**
- 0 No pressure ulcer
 1 Any area of persistent skin redness
 2 Any break in skin integrity (e.g., partial loss of skin layers, deep craters in the skin, breaks in skin exposing muscle or bone, necrotic eschar predominant)
- 18. TWO KEY INFORMAL HELPERS [COUNTRY SPECIFIC—CANADA]**
- a. **Relationship to person**
- 1 Child or child-in-law Helper 1 2
 2 Spouse / partner
 3 Parent
 4 Sibling
 5 Other relative or friend
 6 No informal helper
- b. **Lives with person**
- 0 No Helper 1 2
 1 Yes, 6 months or less
 2 Yes, more than 6 months
 8 No informal helper
- 19. INFORMAL HELPER STATUS**
- 0 No 1 Yes
- a. **Primary informal helper expresses feelings of distress, anger, or depression**
- b. **Family or close friends report feeling overwhelmed by person's illness**
- 20. DEGREE OF LONELINESS**—use self-report when possible
Ask: "How often do you feel lonely?"
- 0 Not lonely
 1 Only in certain situations or triggered by specific events (e.g., anniversary of spouse's death)
 2 Occasionally (less than weekly)
 3 Frequently (weekly but less than daily)
 4 Daily
- 21. FINANCES**
Because of limited funds, during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing, prescribed medications, sufficient home heat or cooling, necessary health care
- 0 No 1 Yes

Brief CHAT

Section B, Question 2 – pull forward to Section

2. REFERRAL DETAILS

a. Time frame for initiation of ordered treatments in community

- 0 Not ordered
- 1 Treatment already initiated in community
- 2 48 hours or more
- 3 24 to less than 48 hours
- 4 12 to less than 24 hours
- 5 Less than 12 hours

a. Administration of medication (other than IV)

b. Indwelling catheter

c. IV therapy

d. Wound care

e. Other (specify) _____

b. Referral to initiate or continue rehabilitation services

- 0 No
- 1 Yes

c. Referral to initiate or continue palliative services

- 0 No
- 1 Yes

14. TREATMENTS

Treatments received or scheduled in LAST 3 DAYS

- 0 Not ordered AND did not occur
- 1 Ordered, not implemented
- 2 Implemented but not received in last 3 days
- 3 1-2 of last 3 days
- 4 Daily in last 3 days

a. Indwelling catheter

b. IV therapy

c. Oxygen therapy

d. Ventilator or respirator

e. Wound care

Brief CHAT

Tobacco

- USES ANY TOBACCO (INCLUDES ALL INHALED FORMS SUCH AS CIGARS AND CIGARETTES BUT ALSO SMOKELESS FORMS SUCH AS CHEWING TOBACCO, DIPPING TOBACCO, AND SO ON) DAILY
 1. No
 2. Not in the last 3 days, but usually daily
 3. Yes
- VAPES/USES E-CIGARETTES DAILY
 1. No
 2. Not in the last 3 days, but usually daily
 3. Yes

Brief CHAT

AHC SDOH Questions

SDOH related
needs, based on
AHC

Housing

1. What is your living situation today?
 1. I have a steady place to live
 2. I have a place to live today, but I am worried about losing it in the future
 3. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?
 1. Pests such as bugs, ants, or mice
 2. Mold
 3. Lead paint or pipes
 4. Lack of heat
 5. Oven or stove not working
 6. Smoke detectors missing or not working
 7. Water leaks
 8. None of the above

Brief CHAT

AHC SDOH Questions

Food

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
 1. Often true
 2. Sometimes true
 3. Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 1. Often true
 2. Sometimes true
 3. Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
 1. Yes, it has kept me from medical appointments or from getting my medications
 2. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
 3. No

Brief CHAT

Abuse, Neglect, Exploitation Screening

EASI ANE Screening (4 items #1-4); Recognizing Abuse Tool (1 item, #5 on Self Neglect)

1. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?
2. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
3. Has anyone tried to force you to sign papers or to use your money against your will?
4. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
5. Has anyone told you that you are not caring for yourself as you should?

Brief CHAT

- Total Questions: 51 (18 completed during HNS)
- Estimated time: about 20 minutes (total time)
- Note: In person or over the phone

Proposed Assessments



HNS

Everyone - Initial

interRAI Contact Assessment
(sec A, B, C & **some** sec D)

A/N/E screening questions

SDOH screen



Brief CHAT

Non-NFLOC – Initial & Annual

interRAI Contact Assessment
(all sections A-E)

A/N/E screening questions

AHC SDOH questions



CHAT

NFLOC– Initial & Annual

interRAI Home Care
(all sections)

A/N/E screening questions

AHC SDOH questions

CHAT – interRAI Home Care (HC)

Components of LOC

- A. Identification Information
- B. Intake and Initial History
- C. Cognition
- D. Communication and Vision
- E. Mood and Behavior
- F. Psychosocial Well-Being
- G. Functional Status
- H. Continence
- I. Disease Diagnoses
- J. Health Conditions
- K. Oral and Nutritional Status
- L. Skin Condition
- M. Medications
- N. Treatments and Procedures
- O. Responsibility
- P. Social Supports
- Q. Environmental Assessment
- R. Discharge Potential and Overall Status
- S. Discharge
- T. Assessment Information

Functional components based on interRAI HC

CHAT

AHC SDOH Questions

SDOH related
needs, based on
AHC

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
 1. Yes, it has kept me from medical appointments or from getting my medications
 2. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
 3. No

CHAT

- Total Questions: 78
- Estimated time: about 60 minutes (total time)

Proposed Assessments



HNS

Everyone - Initial

interRAI Contact Assessment
(sec A, B, C & **some** sec D)

A/N/E screening questions

SDOH screen



Brief CHAT

Non-NFLOC – Initial & Annual

interRAI Contact Assessment
(all sections A-E)

A/N/E screening questions

AHC SDOH questions



CHAT

NFLOC– Initial & Annual

interRAI Home Care
(all sections)

A/N/E screening questions

AHC SDOH questions

Questions?

Please reach out to the backhome.indiana@fssa.in.gov for questions or feedback.

Thank you!!!

FSSA will be sending invitations for the upcoming Codesign meetings