

As a GSSC, you will mostly be looking for changes in the member’s function as you complete the Comprehensive Assessment 3.0 (CA). This guide follows the CA as it appears in CaseTrakker:



Items marked with a yellow light are items to take note of, particularly if there is a change from the last home visit.



Items marked with a red light should be reported to the SCO Consultant after the home visit is complete, either via email, phone or task in CaseTrakker.



Click the “Show History” icon next to important questions to see what answer was given when the last CA was completed.

Question (click Question List for this view)	Assessment Guidance
<p>Personal Information</p> <ul style="list-style-type: none"> ● 0 Marital Status ● 0 Education <p>Health Literacy</p> <ul style="list-style-type: none"> ● 0 How often do you need to have someo... <p>Race, Ethnicity, Language and Disability</p> <ul style="list-style-type: none"> ● 0 What is your race? ● 0 What is your ethnicity? ● 0 How well do you speak English? ● 0 What is the primary language you speak? ● 0 Member’s identified communication pre... ● 0 Do you have any special circumstances... ● 0 Do you need support services/reasonab... 	<p>These items will be pre-populated from the last CA.</p> <p>Generally, these items do not change. If you are unsure, ask the member to confirm.</p>
<p>Communication Needs</p> <ul style="list-style-type: none"> ● 0 Hearing (With hearing appliance if used... ● 0 Making Self Understood (Expression) C.2 ● 0 Ability to Understand Others (Compreh... 	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Have you noticed any change in your hearing? • Has it become more difficult to understand other people, or for them to understand you? • Do you have any appointments scheduled with an audiologist? <p> If the member notes a change in hearing or being able to be understood, offer contact information for Hearing Care Solutions (866-344-7756) and offer to assist in contacting for an appointment.</p>

Question (click Question List for this view)	Assessment Guidance
<p>Visual Needs D.1</p> <p><input type="radio"/> 0 Vision - Ability to see in adequate light...</p>	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Have you noticed any change in your sight? • Do you have any appointments scheduled with an optometrist or ophthalmologist? <p> If the member notes a change in their vision, ask if they would like you to have the SCO Consultant contact them for follow up.</p>
<p>Living Arrangements</p> <p><input type="radio"/> 0 Is this your Correct Physical Address?</p> <p><input type="radio"/> 0 What is your current living arrangement?</p> <p><input type="radio"/> 0 Home Environment - [Check any of the...</p> <p><input type="radio"/> 0 Do you have someone to help you if yo...</p> <p><input type="radio"/> 0 Who would help you if you became ill?</p> <p>PCP Contact Info</p> <p><input type="radio"/> 0 Do you have a primary care physician?</p> <p><input type="radio"/> 0 When was the last time you saw your P...</p>	<p>Home Environment – Check the boxes that apply based on your observation of the member’s home</p> <p>If the member says their PCP is someone other than the person listed on their Member File, confirm that this is the doctor they would see for a physical or other routine care (not a specialist).</p> <p> If the member has changed their PCP, email SCO_Enrollment@tufts-health.com, Care Coordinator and the SCO Consultant.</p> <p>When was the last time you saw your PCP – options are only within the past year or longer.</p>
<p>Support Services</p> <p><input type="radio"/> 0 Do you attend or participate in any of t...</p> <p><input type="radio"/> 0 Are you currently receiving any of the fo...</p> <p>Validate Services</p> <p><input type="radio"/> 0 Member validates the above services (e...</p>	<p>Before the HV, take note of the Outpatient Authorizations in Authorization Summary to confirm the member’s current services. Click the link under Parent Event # for full details on approved services (i.e. provider, problem addressed, approved units per week, etc.)</p>
<p>IADL Function</p> <p><input type="radio"/> 0 MEAL PREPARATION (e.g., planning mea...</p> <p><input type="radio"/> 0 ORDINARY HOUSEWORK (e.g., doing di...</p> <p><input type="radio"/> 0 MANAGING FINANCES (e.g., how bills a...</p> <p><input type="radio"/> 0 MANAGING MEDICATIONS (e.g., remem...</p> <p><input type="radio"/> 0 PHONE USE (e.g., how telephone calls a...</p> <p><input type="radio"/> 0 SHOPPING (e.g., how shopping is perfor...</p> <p><input type="radio"/> 0 TRANSPORTATION (e.g., how member tr...</p>	<p>Instrumental Activities of Daily Living – the skills you need to live independently; Look to see if the member can do the activity <u>safely</u> and <u>on their worst day</u>.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • If the member can complete an activity like meal preparation but has to sit on a stool the whole time because they cannot stand that long, they are not considered independent. • If the member has a medication dispenser, PillPak or the like, they are not considered independent with managing medications. • If the member has a diagnosis of unsteady gait, chronic pain or something similar and cannot stand or walk for periods of time, they are not considered independent with IADLs like housework, shopping, etc.

Question (click Question List for this view)	Assessment Guidance
	<p> If the member is receiving services, they are not considered independent in the IADLs those services are addressing.</p> <p> If the member reports a change in their IADLs, Task the SCO Consultant.</p>
<p>ADL Function</p> <ul style="list-style-type: none"> <input type="radio"/> 0 MOBILITY IN BED (Including moving to... <input type="radio"/> 0 TRANSFER (Including to/from bed, chair... <input type="radio"/> 0 LOCOMOTION IN HOME (If in wheelcha... <input type="radio"/> 0 LOCOMOTION OUTSIDE OF HOME (If in... <input type="radio"/> 0 DRESSING UPPER BODY (How member... <input type="radio"/> 0 DRESSING LOWER BODY (How member... <input type="radio"/> 0 EATING (Including taking in food by any... <input type="radio"/> 0 TOILET USE (Including using the toilet r... <input type="radio"/> 0 PERSONAL HYGIENE (Including combin... <input type="radio"/> 0 BATHING (How member takes full-body... 	<p>Activities of Daily Living – the skills you need to take basic care of yourself; Look to see if the member can do the activity <u>safely</u> and <u>on their worst day</u>.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • If the member needs physical assistance walking (including using a walker or other aid), they are not considered independent with locomotion. Additionally, they are <i>probably</i> not independent with transfers, toilet use and bathing. • If the member has limited range of motion (i.e., can't put their arms over their head or bend over to tie their shoes), they are <i>probably</i> not considered independent with dressing, personal hygiene and bathing. • You may ask the member to demonstrate some of these activities, in addition to observing how they move during your visit. <p> If the member is receiving services, they are not considered independent in the ADLs those services are addressing.</p> <p> If the member reports a change in their ADLs, Task the SCO Consultant.</p>
<p>Medical Conditions & Treatments</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Has your doctor told you that you have... <input type="radio"/> 0 Do you receive any of the following spe... <input type="radio"/> 0 Nebulizer <input type="radio"/> 0 Do you use any of the following equipm... <input type="radio"/> 0 How would you best describe your curr... <input type="radio"/> 0 In general, how do you rate your health... <input type="radio"/> 0 Is this a recent change? (Select one) 	<p>Three of the first four questions will be pre-populated, so you would only need to check for changes.</p> <p> If the member says they have had a recent change, ask them for more details and document in Narrative.</p>
<p>Falls</p> <ul style="list-style-type: none"> <input type="radio"/> 0 How many times have you fallen all the... <input type="radio"/> 0 Are you unsteady on your feet? (Danger... <input type="radio"/> 0 Do you limit going outdoors because y... 	<p>If the member reports they have fallen, an additional question will populate to gather details of the fall. Document when the fall happened, why the fall happened (if known), whether the member needed medical care, etc.</p>

Question (click Question List for this view)	Assessment Guidance
<p>Timed Get Up and Go Test</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Timed Get Up and Go Test <input type="radio"/> 0 Timed Get Up and Go Results 	<p>Test options are “Unable to Perform” or “Seconds to Perform.”</p> <p>If the member is able to perform the test, select “Seconds to Perform” and enter the approx. seconds in the Narrative. (60 seconds = 1 minute)</p> <p>Normal result is a completed test in 12 seconds. If the member takes longer, the result is Abnormal.</p> <p> If member declines to participate in this test, you can leave the questions blank <u>but you must document in your Clinical Note why the member declined to participate.</u></p>
<p>Pain</p> <ul style="list-style-type: none"> <input type="radio"/> 0 How often do you have pain? (Frequenc... <input type="radio"/> 0 How intense is your pain? K.4b <input type="radio"/> 0 Does the pain disrupt your usual activiti... <input type="radio"/> 0 Is the pain in one location or multiple si... <input type="radio"/> 0 Do medications adequately control your... 	<p> If the member is taking medication for pain, and reports the medication does not adequately control pain, Task the SCO Consultant.</p> <p> If the member reports new pain that is interfering with their ability to complete ADLs, Task the SCO Consultant.</p>
<p>Mental Health Conditions</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Has your doctor told you that you have... <input type="radio"/> 0 Have you recently suffered the loss of a... 	<p>The first question will pre-populate from the last CA.</p>
<p>PHQ2</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Over the past 2 weeks, how often have... <input type="radio"/> 0 Over the past 2 weeks, how often have... 	<p>The PHQ-2 asks members about their mood over the past two weeks, but you can modify the question to “over the past week.”</p> <p> CTD does offer the option to start a PHQ-9, which is another screening tool for depression. This tool may <u>only</u> be used by trained Behavioral Health professionals.</p> <p> If your member has a score of 3 or more, CTD will ask if you want to add a Problem to the member’s Plan of Care. <u>Select No.</u></p> <p> If the member has a score of 3 or more, Task the SCO Consultant for follow up.</p>
<p>Health Care Utilization</p> <ul style="list-style-type: none"> <input type="radio"/> 0 In the past year, have you been admitte... <input type="radio"/> 0 How many time have you visited an em... <input type="radio"/> 0 How many times have you stayed overn... <input type="radio"/> 0 How long has it been since your last ho... <input type="radio"/> 0 How many times have you visited a doc... <input type="radio"/> 0 Do you currently see 3 or more doctors... 	<p>In this section, focus on Utilization since the last visit with the RNCM (instead of asking “within the past 6 months” you may ask “within the past 3 months”)</p> <p> If the member says they have had an Inpatient admission or ED visit, ask them why and document along with any additional details in Narrative. Task the SCO Consultant from the Clinical Note for follow up.</p>

Question (click Question List for this view)	Assessment Guidance
<p>Medications</p> <ul style="list-style-type: none"> <input type="radio"/> 0 How many medications do you take on... <input type="radio"/> 0 Do you take injectable insulin? (May sel... <input type="radio"/> 0 Do you have any drug or other allergies? 	<p>In this section, focus on new medications or allergies since the last visit with the RNCM. You will not need to document the specific medications the member is taking.</p> <p> If the member has any questions about their medications, Task the SCO Consultant.</p>
<p>Nutritional Info</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Do you have any special dietary needs? <input type="radio"/> 0 Have you lost 10 lbs. or more in the pas... <input type="radio"/> 0 What is your height? (Inches) <input type="radio"/> 0 What is your weight? (Pounds) <input type="text"/> 0 BMI <input type="radio"/> 0 Is the BMI >30? <input type="radio"/> 0 Is the BMI <18.5? 	<p>Special Dietary Needs will pre-populate from the previous CA.</p> <p>When you enter the member's height and weight, CTD will calculate the member's BMI.</p> <p> If the member reports losing 10 lbs. or more in the past 6 months without trying to do so, Task the SCO Consultant.</p>
<p>Cognition/Behavior</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Cognitive Skills - How well does the me... <input type="radio"/> 0 Wandering (moved with no rational pur... <input type="radio"/> 0 Verbally abusing (threatened, screamed... <input type="radio"/> 0 Physically abusive (hit, shoved, scratche... <input type="radio"/> 0 Socially inappropriate/Disruptive (disrup... <input type="radio"/> 0 Resists care (resisted taking medications... <input type="radio"/> 0 1) I'd like you to remember these three... <input type="radio"/> 0 2) Ask member to draw the face of a clo... <input type="radio"/> 0 3) Ask the patient to recall the three wo... <p>Add Cognitive to POC</p> <ul style="list-style-type: none"> <input type="radio"/> 0 1-2 recalled words + normal CDT: Nega... <input type="radio"/> 0 1-2 recalled words + abnormal CDT: Pos... <input type="radio"/> 0 0 recalled words: Positive for cognitive i... 	<p>Refer to the Mini-Cog Job Aid to administer the Mini-Cog Assessment.</p> <p> If the member fails the Mini-Cog Assessment, Task the SCO Consultant for a possible referral to the Dementia Care Consultants.</p> <p> Even though these questions are marked "optional," do not leave these blank. Document in Narrative why the test was not completed: i.e., member already has a dementia diagnosis; member declined to participate; or member previously failed test.</p>
<p>Substance Use</p> <ul style="list-style-type: none"> <input type="radio"/> 0 Do you use alcohol? <input type="radio"/> 0 Do you currently use any street drugs o... 	<p>If the member answers "Yes" to either of these questions, CTD will include the CAGE Assessment:</p> <ul style="list-style-type: none"> • Have you felt the need to cut down on your drinking or drug use? • Do you feel annoyed by people complaining about your drinking or drug use? • Do you ever feel guilty about drinking or drug use? • Do you ever drink an eye-opening or use drugs first thing in the morning to relieve shakes, steady your nerves or to get rid of a hangover?

Question (click Question List for this view)	Assessment Guidance
	<p> If your member has a score of 2 or more, CTD will ask if you want to add a Problem to the member's Plan of Care. <u>Select No.</u></p> <p> If the member scores 2 or more, Task the SCO Consultant for a possible referral to BHCM.</p>
<p>Counseling and Smoking</p> <p><input type="radio"/> 0 Has member been referred for counsel...</p> <p><input type="radio"/> 0 Have you ever smoked cigarettes or use...</p>	<p>If the member reports smoking or using tobacco, CTD has follow up questions to determine how frequently and if they have used tobacco in the past 30 days.</p>
<p>Preventive Care</p> <p><input type="radio"/> 0 Have you had the flu shot within the pa...</p> <p><input type="radio"/> 0 Have you ever had the pneumococcal v...</p> <p><input type="radio"/> 0 Have you had an eye exam within the p...</p> <p><input type="radio"/> 0 Have you had a hearing exam within th...</p> <p><input type="radio"/> 0 Have you had a colorectal cancer screen...</p> <p><input type="radio"/> 0 For Women: Have you had a breast can...</p>	<p> Update the Member File if the member has received any Preventive Care since their last visit.</p>
<p>Advanced Directives</p> <p><input type="radio"/> 0 Do you have a health care proxy or a du...</p> <p><input type="radio"/> 0 What are your goals of care?</p> <p><input type="radio"/> 0 Have you spoken to your family or your...</p> <p><input type="radio"/> 0 Are there any family traditions related t...</p>	<p> Update the Member File if the member has added/changed any of their Advanced Directive documents since their last visit.</p> <p> Double check the Member File to make sure Goals of Care match the CA.</p>
<p>Caregiver Status</p> <p><input type="radio"/> 0 Caregiver Status (Select all that apply)...</p>	<p>These questions are meant to be asked of the Caregiver, not the member. If the member has no regular caregiver, select "d. NONE OF ABOVE" and add "Member has no regular caregiver" in Narrative.</p> <p> If the caregiver answers yes to any of these questions, Task the SCO Consultant.</p>
<p>Safety</p> <p><input type="radio"/> 0 Has anybody hurt you?</p> <p><input type="radio"/> 0 Are you afraid of anybody?</p>	<p> If the member answers Yes to either question, Task the SCO Consultant. Use your best judgement to determine if Protective Services needs to be contacted.</p>