

**GERIATRIC SERVICES
CAPACITY ASSESSMENT**

ASSESSING YOUR RESULTS

Domain 1: Relational-based Care Management

1.1 Consumer-Centered Practice

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.1.1 Do consumers play an active role in their own assessment and care planning?		
1.1.2 Does staff develop an individualized, professional relationship with the consumer, showing respect for the consumer's preferences and for the dignity of risk?		
1.1.3 Are older consumers (and families or caregivers) involved in care planning and implementation to ensure a consumer-centered focus?		
1.1.4 Does staff consistently respect and accept the decisions and preferences of consumers?		
1.1.5 Does the IDT periodically assess how well each consumer understands his or her rights and consumer protections?		

1.2 Eliminating Medical and Institutional Bias

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.2.1 Does the IDT help consumers explore all possible options for living in the least restrictive environment of their choice?		
1.2.2 Are consumers given a choice of community supports and service providers?		
1.2.3 Is the consumer's current living situation re-evaluated prior to planning a permanent transition to a greater level of care?		
1.2.4 Are potential ethical conflicts formally reviewed via committee or consultation to ensure consumer autonomy and self-determination?		

1.3 Interdisciplinary Team

1.3.1 Composition

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.3.1.1 Are the competencies of primary care, nursing, behavioral health, and LTSS represented on each IDT?		
1.3.1.2 Are practitioners on the IDT experienced in providing disability-competent care since so many aging persons are also disabled to some degree?		
1.3.1.3 Is the consumer's primary language, means of communicating, and ethnic/cultural competencies considered in identifying specific members of the IDT?		
1.3.1.4 Do all IDT members understand their individual roles and responsibilities?		
1.3.1.5 Is one member of each consumer's IDT designated as the "lead"?		
1.3.1.6 Are additional resources or consultants available to the IDT based on the specific needs of each consumer?		
1.3.1.7 Is the consumer able to designate a family member or close friend to be involved in IDT-related communications?		

1.3.2 Communications

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.3.2.1 Does the IDT meet weekly to discuss relevant consumer updates, new assessments, and reassessment reviews?		
3.2.2 Does the IDT ensure that each consumer's IPC is reviewed at predetermined intervals?		
1.3.2.3 If a consumer maintains a relationship with an external care provider, (a provider outside of the IDT) is there a designated staff member who is the point of contact for the external provider?		
1.3.2.4 Is the IDT able to meet, either in person or virtually, within 24 to 48 hours if the consumer's needs or situation changes?		
1.3.2.5 Is the assessment and IPC available to anyone providing after-hours coverage?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.12.6 Is pertinent clinical and utilization data routinely provided to external providers to identify opportunities for improvement?		
1.12.7 Does the consumer have the ability to access all components of his or her health record?		

1.4 Assessment

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.4.1 Is the initial assessment conducted in-person?		
1.4.2 Are at least a portion of the initial assessment and the periodic reassessments conducted in the consumer's living environment?		
1.4.3 Are the initial and subsequent assessments attended by all members of the core IDT (see 1.3.1)?		
1.4.4 Is the consumer able to include other individuals in the assessment process?		
1.4.5 Does the assessment process identify additional expertise needed for the consumer's care?		
1.4.6 Is the initial assessment comprehensive and multidimensional, incorporating all aspects of the consumer's life?		

1.5 Individualized and Person-Centered Plan of Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.5.1 Are the consumer's care goals, action steps to meet those goals, and proposed interventions to overcome identified challenges documented in the IPC?		
1.5.2 Does the IPC contain specific documentation of what formal (paid) and informal (unpaid) care and supports are needed as well as care and support services are being provided?		
1.5.3 Do IDT members ensure that consumers understand and feel empowered to accept, negotiate, or modify changes made to their IPC?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.5.4 Do consumers and all members of the IDT have full access (electronically or on paper) to the initial IPC and any subsequent changes or updates?		

1.6 Individualized and Person-Centered Plan of Care Oversight and Coordination

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.6.1 Are IDT members alerted when a consumer has a change in health status or care needs that affects the IPC?		
1.6.2 Is the IDT provided with clear criteria as to when a change in a consumer's health, condition, or caregiver status requires a revision to his or her IPC?		
1.6.3 Is the IDT provided with timely reminders to guide their work with each consumer as specified in the IPC?		

1.7 Transitions

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.7.1 Are there protocols to assist IDT members in managing key types of transitions?		
1.7.2 Is a transition plan developed and implemented for all significant consumer changes?		
1.7.3 Do all consumer transitions have an IDT member identified as responsible for ensuring successful completion and timely follow up?		
1.7.4 Are peer support and counseling services available to consumers considering or undertaking a transition process?		
1.7.5 Does a significant change in the consumer's functional capacity trigger consideration of a potential transition plan?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.7.6 Does the IDT collaborate and provide resources to the caregiver or family member to assist with the transition?		

1.8 Tailoring Services and Supports

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.8.1 Are traditional services/supports substituted with alternative services that might not be considered “covered services” when appropriate?		
1.8.2 Does the IDT have the authority to modify the means of care delivery based on the unique context of the individual or a specific change in condition (either temporary or long-term)?		

1.9 Advance Care Planning

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.9.1 Are consumers routinely asked to consider advance care planning?		
1.9.2 Are staff trained in coaching consumers on advance care planning and end-of-life care decisions?		
1.9.3 Are consumers offered counseling or assistance in advance care planning?		
1.9.4 Are all advance care plans reviewed by the IDT and revisited at least annually with each consumer?		
1.9.5 Are all completed advance care plans documented in the consumer’s health record for access by all providers, including those providing after-hours care?		

1.10 Allocation of Care Management and Services

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.10.1 Is there a process for determining the nature and amount of care management required by each consumer?		
1.10.2 Are consumer expectations and preferences a routine part of the assessment process for determining care management support provided by the IDT or other designated person?		
1.10.3 Does the IDT review and discuss the consumer's expectations of care management during all reassessments to ensure he or she receives the level, nature, and timeliness of care management he or she desires and requires?		
1.10.4 Are consumers specifically coached as to when and how they may seek and obtain care management support?		

1.11 Interacting with Care Partners

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.11.1 Does the IDT routinely inquire whether consumers have an ongoing care partner who accompanies the consumer to medical appointments, and does the IDT recommend this process when necessary?		
1.11.2 Is there a means of communication established between the IDT and the identified care partner?		
1.11.3 Are care partners offered training to prepare them for their support role?		

1.12 Health Record

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.12.1 Is all information (e.g., medical, social, medications, financial) for each consumer documented, maintained, and updated within the health record for that?		
1.12.2 If an EHR is maintained, is it interoperable with EHRs of key providers involved in the consumer's care?		
1.12.3 Does an IDT member or support person specifically manage, update, and disseminate each consumer's information to appropriate providers as discussed with and approved by the consumer?		
1.12.4 Is there a means to quickly access, communicate, and disseminate key consumer information, especially for anyone providing after-hours coverage?		
1.12.5 Is utilization data in the health record routinely reviewed by the IDT to identify areas for clinical intervention and quality improvement?		
1.12.6 Is pertinent clinical and utilization data routinely provided to external providers to identify opportunities for improvement?		
1.12.7 Does the consumer have the ability to access all components of his or her health record?		

Domain 2: Highly Responsive Primary Care

2.1 Primary Care Network Capacity

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.1.1 Does your organization assess the geriatric capacity of provider networks?		
2.1.2 Are strategies employed to help primary care practitioners enhance their geriatric awareness and competencies?		
2.1.3 Do all primary care practices have a network of accessible geriatric-competent providers for basic diagnostic tests, including x-ray and laboratory testing?		
2.1.4 When involving non-primary care entities, are there strategies that primary care providers can use to help them become more aware and competent to care for the geriatric population?		
2.1.5 Are there strategies in place to ensure integration of primary care and behavioral health, as well as close collaboration between primary care, behavioral health, and LTSS providers?		
2.1.6 Do all primary care practitioners have access to a network of medical sub-specialists who are experienced in providing care for geriatric consumers?		
2.1.7 Is there a mechanism to track the performance of non-primary care entities?		
2.1.8 Do primary care providers use care guidelines to observe for secondary complications of chronic conditions or common problems associated with aging?		

2.2 Availability of Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.2.1 Are primary care practitioners available for diagnosis and treatment at all times?		
2.2.2 Are primary care practitioners available to provide care in the community (clinic or place of residence)?		
2.2.3 Are primary care practitioners' schedules adequately flexible to provide same-day episodic care assessment and clinical management?		
2.2.4 Are mental and behavioral health crisis intervention services available at all times?		
2.2.5 If applicable, do non-primary care entities routinely communicate with the IDT or primary care manager to ensure adherence to treatment plans and follow up on referrals?		

2.3 Medication Management

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.3.1 Are all medications reviewed at assessment, reassessment, transitions, and when there is a significant change in condition?		
2.3.2 Is a consulting clinical pharmacist available to the IDT to assess and address polypharmacy and inappropriate prescribing?		
2.3.3 Is the consumer's primary care practitioner informed when another practitioner orders a medication change?		
2.3.4 Are consumers and their caregivers trained in medication administration, if needed?		

2.4 Communication, Equipment, and Physical Access

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.4.1 Do consumers have access to the care and equipment they need to maximize health and independence, both in and outside the home?		
2.4.2 Do all care settings offer communication access that includes translation?		
2.4.3 Do organizations modify communications for consumers with cognitive impairments?		
2.4.4 Are offices, including home- and community-based service settings arranged for easy access, minimal hazards, and as a pleasant, reassuring, age-friendly environment?		
2.4.5 Do primary care practices and other care settings have adequate equipment (such as scales, exam tables, and lift equipment) to provide comprehensive care for members with physical and cognitive impairments?		

2.5 Preventive Care and Health Education

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.5.1 Do primary care practitioners have guidance on how to tailor care protocols and registries for the management of chronic conditions for geriatric consumers?		
2.5.2 Are consumers and caregivers/personal care assistants provided with health promotion and self-care education specific to the consumer?		
2.5.3 Do primary care practitioners follow clinical protocols for the identification and treatment of key secondary conditions related to functional capacity in the older adult?		

Domain 3: Comprehensive Long-Term Services and Supports

3.1 Mobility Equipment, Home Modifications, and Supplies

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.1.1 Are consumers assessed to identify services and equipment needs to maximize independence?		
3.1.2 Do consumers have access to customized equipment and equipment modifications based on their needs and goals as described in the IPC?		
3.1.3 Is there an adequate network of equipment providers to ensure choice and timely access to needed services?		
3.1.4 Are repair requests for durable medical equipment addressed in a timely manner so as not to disrupt or limit the daily functioning of the consumer?		
3.1.5 Are back-up options in place for all essential equipment and supplies?		
3.1.6 Is there a review process for consideration of assistive technology and other equipment that may facilitate functional independence but is not a specified benefit or service?		

3.2 Personal Assistance

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.2.1 Are consumers given a choice between an agency model and a self-directed model for their personal care attendants?		
3.2.2 Are consumers able to maintain access to existing or preferred PCAs?		
3.2.3 Is there a specified transition plan developed prior to a change in PCA service or model of care?		
3.2.4 Is the consumer's IPC available to the PCA (and other caregivers, as appropriate) to direct the delivery of his or her personal care on a daily basis?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.2.5 Are all home-based PCAs trained to deliver services and supports based on the consumer's IPC?		
3.2.6 Are IDT staff trained to watch for and report problematic home-based relationships, such as abuse, neglect, and exploitation?		
3.2.7 Do all consumers have emergency and caregiver back-up plans?		

3.3 Self-Directed Option for Home- and Community-Based Services

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.3.1 Does the self-directed option allow consumers to be responsible for hiring, firing, training, and supervising personal assistance workers?		
3.3.2 Is skills training and support provided for consumers choosing the self-directed option?		
3.3.3 Is a fiscal intermediary or co-employment agency available to support the employer functions of the consumer, if needed?		

3.4 Agency Model

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.4.1 Does the consumer have a reasonable choice of providers?		
3.4.2 Does the agency assume responsibility for orientation, training, and ongoing supervision of a consumer's direct care workers?		
3.4.3 If they are not directly involved with the IDT, Are direct care workers and/or their supervisors included in interactions with the IDT?		

3.5 Transportation Services

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.5.1 Are the specific transportation requirements of the consumer identified as part of the initial assessment?		
3.5.2 Is there a range of types of transportation services available to consumers?		
3.5.3 Is transportation scheduling support available for consumers?		
3.5.4 Are transportation services available 24/7 to meet urgent needs?		
3.5.5 Are there clear policies regarding transportation assistance to health care appointments?		
3.5.6 Are transportation providers monitored to ensure safe, dependable, and accessible service?		

3.6 Network Composition and Capacity

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.6.1 Are individual home- and community-based supports identified as a part of the assessment and care planning process?		
3.6.2 Are consumers able to maintain existing relationships with LTSS providers?		
3.6.3 Is there adequate network capacity to ensure the consumer has access to the full range of needed LTSS?		
3.6.4 Is there capacity to develop specific services not readily available in the community that are specified in the individual's IPC?		

3.7 Employment Supports

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
3.7.1 Do employed consumers (or those desiring to be employed) have access to services and supports needed to maintain employment?		

Domain 4: Alternate Living Arrangements

4.1 Congregate Housing Facilities

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.1.1 Is staff able to offer information and resources about congregate housing facilities or refer the consumer to someone who can assist him/her with this option for living?		
4.1.2 Does staff know the functional capability a person must have to reside in this setting of care?		

4.2 Assisted Living Facilities and Residential Facilities

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.2.1 Can you offer information and resources about assisted living facilities and residential facilities?		
4.2.2 Do you know the functional capability a person must have to reside in this setting of care?		

4.3 Board & Care Homes and Adult Foster Homes

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.3.1 Can you offer information and resources about board and care homes and adult foster homes?		
4.3.2 Do you know the functional capability a person must have to reside in this setting of care?		

4.4 Residential Treatment Centers

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.4.1 Can you offer information and resources about residential treatment centers?		
4.4.2 Do you know the functional capability a person must have to reside in this setting of care?		

4.5 State Veterans Homes

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.5.1 Can you offer information and resources about State Veterans Homes?		
4.5.2 Do you know the functional capability a person must have to reside in this setting of care?		

4.6 Residential Nursing Homes

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.6.1 Can you offer information and resources about Residential Nursing Homes?		
4.6.2 Do you know the functional capability a person must have to reside in this setting of care?		

4.7 Living with a Family Member or Friend

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
4.7.1 Can you offer information and resources about residential nursing homes?		
4.7.2 Do you know the functional capability a person must have to reside in this setting of care?		

Domain 5: Caregiving

5.1 Older Adults as Recipients of Informal Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
5.1.1 Is the IDT aware of what needs are being met through the natural supports of the geriatric consumer and by whom, and what services are provided through more formal provisions of care by hired workers?		
5.1.2 Are informal caregivers noted as part of the medical record?		
5.1.3 Are informal caregivers a part of the consumer's IPC?		
5.1.4 Do IDT staff regularly consult consumers about their options to share protected health care information with caregivers?		
5.1.5 Are IDT staff trained to watch for, and report, problematic caregiver relationships, such as abuse, neglect, and exploitation?		
5.1.6 Are staff aware of an older consumer's back-up plan to provide replacement caregiving in case of an emergency and resources that staff may contact to assist the consumer if needed?		
5.1.7 Are staff aware of respite care available for consumers' informal caregivers?		

5.2 Older Adults as Providers of Informal Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
5.2.1 Are IDT staff aware of consumers' roles as caregivers to an elderly partner, family member, friend, or neighbor?		
5.2.2 Are IDT staff trained to assess the effect of caregiving on the geriatric consumer's physical, emotional, and financial status?		
5.2.3 Are the consumer's caregiving responsibilities noted as part of the consumer's IPC?		
5.2.4 Are IDT staff aware of resources, including respite care, for the elderly caregiver?		

5.3 Older Adults as Caregivers to Children

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
5.3.1 Are IDT staff aware of their geriatric consumers who have custody of children?		
5.3.2 Are IDT staff aware of the effects on the consumer's physical, emotional, and financial well-being of raising a child or children?		
5.3.3 Are IDT staff aware of resources available to grandparent caregivers?		

Domain 6: Benefits and Resources

6.1 Insurance Coverage

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
6.1.1 Does the IDT understand what is meant by dual eligible coverage and the demographics of this population, and in particular the older consumer within this distinct group?		
6.1.2 Is staff knowledgeable generally of the different types of Medicare eligibility and the various eligibility categories for Medicaid?		
6.1.3 Is staff knowledgeable of whom and where to refer Medicare-Medicaid enrollees for explanations and understanding of their Medicare coverage as well as their Medicaid policy?		
6.1.4 Is staff knowledgeable at a general level about how supplemental insurance options help provide coverage for older consumers?		

6.2 Benefits, Services, and Programs Available to Medicare-Medicaid Beneficiaries

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
6.2.1 Is staff generally knowledgeable about Medicaid benefits, regardless of what state administers the program?		
6.2.2 Is staff able to refer older consumers to resources to assist them in understanding Medicaid benefits specific to your state?		
6.2.3 Can providers help older consumers understand which services may not be covered under your state's Medicaid programs?		

6.3 Managed Care, Incentives and Value-Adds

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
6.3.1 Does the provider understand the role of managed care and how to work with the managed care organization to facilitate optimal care and services for the older consumer?		
6.3.2 Is the provider knowledgeable about 'value-adds' available to his/her older consumer from the consumer's managed care companies?		
6.3.3 Is the provider aware of incentives available from managed care companies for their members?		

6.4 Pharmaceutical Assistance

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
6.4.1 Do providers understand what pharmaceutical assistance is provided under Medicare and Medicaid?		
6.4.2 Do providers consider Medicare Part D drug coverage when developing treatment plans?		
6.4.3 Do providers optimize therapeutic strategies that do not rely on pharmaceuticals?		
6.4.4 Does the provider know of, and facilitate the knowledge by the older consumer of, additional financial assistance available from pharmaceutical companies?		

Domain 7: Financial and Legal Issues

7.1 Financial and Environmental Support

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
7.1.1 Is the IDT aware of resources or resource points of contact to assist consumers with transportation that is not medically related?		
7.1.2 Is the IDT aware of resources or points of contact for resources to assist geriatric consumers with housing and utilities?		
7.1.3 Is the IDT aware of resources or points of contact to assist consumers with meals or nutritional supplements?		
7.1.4 Is the IDT aware of resources to assist older consumers with other services, supports, and incidentals that are generally not covered by Medicare, Medicaid, and other Home and Community Based Services (HCBS)?		
7.1.5 Is the IDT aware of condition-specific resources that may assist older consumers and their caregivers to meet their financial needs?		

7.2 Legal Issues

7.2.1 Guardianship and Incapacity Determination

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
7.2.1.1 Does the IDT understand the legal process for determining if a consumer is incapacitated and requesting the appointment of a guardian?		
7.2.1.1 Are there protocols in place to ensure continuity of care for the consumer in the event that a guardian is appointed?		

7.2.2 Ombudsman

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
7.2.2.1 Is the IDT able to help consumers connect with their ombudsman to resolve problems with their payer or long-term care facility?		

7.2.3 Advance Directives

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
7.2.3.1 Does IDT staff know whom to contact or refer the older consumer to, for assistance with a living will, durable power of attorney for health care, and/or durable power of attorney for mental health care?		
7.2.3.2 Does the IDT know how to assess the appropriate time to institute a living will, durable power of attorney for health care, or durable power of attorney for mental health care?		

7.2.4. Health Insurance Portability and Accountability Act

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
7.2.4.1 Are IDT staff knowledgeable about HIPAA Title II regulations regarding consumer PHI?		
7.2.4.2 Do IDT staff honor and facilitate the release of PHI to the consumer?		

Domain 8: Geriatric Assessment

8.1 Assessment and Approach

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
8.1.1 Are clinical environments accessible to geriatric consumers?		
8.1.2 Are clinical environments comfortable for geriatric consumers?		
8.1.3 Can providers manage geriatric cross-cultural interactions?		
8.1.4 Do providers strive to gain the trust of the older consumer?		
8.1.5 Can providers select an appropriate interpreter if necessary?		
8.1.6 Do providers use respectful and appropriate non-verbal communication?		
8.1.7 Are providers capable of conducting an ethnogeriatric assessment?		
8.1.8 Do providers conduct family assessments?		
8.1.9 Do providers conduct home assessments?		
8.1.10 Are providers sensitive to cultural differences when conducting physical exams?		
8.1.11 Do providers assess and discuss end-of-life preferences?		

8.2 Conducting Assessments and Screening Tools

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
8.2.1 Are assessment tools and forms appropriate for geriatric consumers of all educational levels?		
8.2.2 Are assessment tools and forms appropriate for geriatric consumers with visual impairment?		
8.2.3 Are translated materials available and adequate?		
8.2.4 Do providers make use of culturally-appropriate assessment measures?		

8.3 Appropriate Prescribing

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
8.3.1 Do providers consider age-related body changes and comorbidities when prescribing?		
8.3.2 Do providers take necessary precautions to avoid adverse drug events?		
8.3.3 Are providers familiar with the most current Beers criteria?		
8.3.4 Do members of the IDT routinely review a consumer's medications?		

8.4 Preventative Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
8.4.1 Are providers aware of which preventative care services are covered under Medicare?		
8.4.2 Are providers familiar with the national coverage determination process?		
8.4.3 Are providers familiar with the U.S. Preventative Services Task Force (USPSTF)?		
8.4.4 Do providers recommend annual physical or wellness exams?		
8.4.5 Do providers prescribe preventative OTC medications?		
8.4.6 Do providers monitor immunization records?		