



CBAS Quality Assurance and Improvement Strategy

Assessment/Screening Tools

The *CBAS Quality Assurance and Improvement Strategy, October 2016 (CBAS Quality Strategy)* recommended the use of standardized/validated assessment/screening tools for specific status/conditions of CBAS participants to improve service delivery by promoting CBAS best practices (Goal II, Objective II.D). It provided the following examples of status/conditions for screening: cognitive impairment, depression, fall risk, suicide, anxiety, alcohol/substance abuse and medication management.

Currently, the California Department of Aging (CDA) requires CBAS providers to use a standardized/validated assessment/screening tool for reporting participants on the Participant Characteristics Report (PCR) who have a high fall risk and who self-administer medication at the center. The use of all other standardized/validated assessment/screening tools by CBAS providers is voluntary and would be considered a "Best Practice" to improve service delivery but would not be required.

If a center chooses to use standardized/validated assessment/screening tools, it should take into consideration if those tools have been validated with the populations the center serves. For example, not all screening tools have been validated for use with ethnically and culturally diverse populations who speak a language other than English, or with cognitively impaired individuals. In addition, some tools have not been translated into languages spoken by center participants.

The following is a list of status/conditions with links to standardized/validated assessment/screening tools. This is not a complete list of available tools. The CBAS Bureau will update this list periodically as new assessment/screening tools are identified. Please contact the CBAS Bureau if there are assessment/screening tools you recommend we add to this list: cbascda@aging.ca.gov.

1. Alcohol/Substance Abuse

- a. S-BIRT (Screening, Brief Intervention, and Referral to Treatment)

<https://www.samhsa.gov/sbirt>

- b. CAGE-AID (Cut down, Annoyed, Guilty, Eye-Opener)

<https://alcoholicsanonymous.com/rehab-programs/who-can-diagnose-alcoholism/>

- c. AUDIT-C (Alcohol Use Disorders Identification Test)

<https://nida.nih.gov/sites/default/files/files/AUDIT.pdf>

- d. Short Michigan Alcohol Screening Test – Geriatric Version (SMAST-G)
<https://consultgeri.org/try-this/general-assessment/issue-17.pdf>

2. Anxiety

- a. Geriatric Anxiety Scale (GAS)
https://gerocentral.org/wp-content/uploads/2013/03/Geriatric-Anxiety-Scale-v2.0_FINAL.pdf
- b. Generalized Anxiety Disorder 7-item scale (GAD-7)
https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

3. Caregiver Stress

- a. Caregiver Self-Assessment Questionnaire
<https://www.healthinaging.org/sites/default/files/media/pdf/Caregiver-Self-Assessment-Questionnaire.pdf>
<https://www.healthinaging.org/tools-and-tips/caregiver-self-assessment-questionnaire>

4. Cognitive impairment

- a. Alzheimer's Association Cognitive Assessment Toolkit
<https://www.alz.org/professionals/healthcare-professionals/clinical-resources/cognitive-assessment-tools>
- b. Blessed Orientation-Memory-Concentration (BOMC) Test
<https://depts.washington.edu/mbwc/content/page-files/cognitive-assessment-toolkit.pdf>
- c. Memory Impairment Screen (MIS)
<https://www.alz.org/media/Documents/memory-impairment-screening-mis.pdf>
<https://www.alz.org/professionals/healthcare-professionals/clinical-resources/cognitive-assessment-tools>
- d. Mini-Cog and additional Cognitive Evaluation Assessment Tools
<https://mini-cog.com/>
<https://www.aafp.org/family-physician/patient-care/care-resources/cognitive-care/cognitive-evaluation.html>
- e. Mini-Mental State Examination (MMSE)- *(proprietary; requires permission and fee)*
<https://www.parinc.com/Search-Results?Search=MMSE>

- f. Montreal Cognitive Assessment (MoCA) – *(Registration, training and certification is required. Refer to online Training & Certification Program information for cost)*

<https://www.mocatest.org/>

<https://consultgeri.org/try-this/general-assessment/issue-3.2.pdf>

- g. Saint Louis University Mental Status (SLUMS) Examination

<https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php>

5. Delirium

- a. The Confusion Assessment Method (CAM)

<https://geriatrictoolkit.missouri.edu/cog/Confusion-Assessment-Method-delirium.pdf>

6. Depression

- a. Geriatric Depression Scale (GDS) *(Multiple languages)*

<https://web.stanford.edu/~yesavage/GDS.html>

Short form (15 questions)

<https://consultgeri.org/try-this/general-assessment/issue-4.pdf>

<https://web.stanford.edu/~yesavage/GDS.english.short.score.html>

- b. Patient Health Questionnaire (PHQ-9)

https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

- c. Patient Health Questionnaire (PHQ-2)

<https://cde.nida.nih.gov/instrument/fc216f70-be8e-ac44-e040-bb89ad433387>

7. Fall Risk

(CDA requires that CBAS centers use an industry-standard, validated fall-risk screening tool that measures “high” risk for reporting on the Participant Characteristics Report (PCR))

- a. Berg Balance Scale

https://cdn4.sportngin.com/attachments/document/0052/8710/Berg_Balance_Scale.pdf

- b. Hendrich II Fall Risk Model

<https://consultgeri.org/try-this/general-assessment/issue-8.pdf>

- c. Morse Fall Scale
<http://www.networkofcare.org/library/Morse%20Fall%20Scale.pdf>
- d. Tenetti Balance Assessment Tool
<http://ptclinic.com/websites/991/files/TinettiBalanceAndGaitAssessment.pdf>
<https://geriatrictoolkit.missouri.edu/Tinetti-Balance-Gait--POMA.doc>
<https://consultgeri.org/try-this/general-assessment/issue-8.pdf>
- e. STEADI (Stopping Elderly Accidents, Deaths & Injuries) - Older Adult Fall Prevention
<https://www.cdc.gov/steady/>
<https://www.cdc.gov/steady/pdf/STEADI-Algorithm-508.pdf>
- f. STEADI: The Pharmacist's Role in Older Adult Fall Prevention & Other Medication Review Resources (*Medication Reconciliation, SAFE Medication Review Framework, and more*)
<https://www.cdc.gov/steady/pdf/STEADIPharmacistTrainingResources-508.pdf>

8. Frailty Index for Elders (FIFE)

<https://consultgeri.org/try-this/general-assessment/issue-34.pdf>

9. Functional Activities

- a. Activities of Daily Living (ADL)
Katz Index of Independence in Activities in Daily Living (ADL)
<https://consultgeri.org/try-this/general-assessment/issue-2.pdf>
<https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>
- b. Instrumental Activities of Daily Living (IADL)
Lawton-Brody Instrumental Activities of Daily Living Scale (IADL)
<https://www.alz.org/media/Documents/lawton-brody-activities-daily-livingscale.pdf>
- c. Functional Activities Questionnaire in Older Adults with Dementia
<https://www.alz.org/careplanning/downloads/functional-activities-questionnaire.pdf>

10. Loneliness

- a. DeJong Gierveld Loneliness Scale

https://www.nyc.gov/assets/dfta/downloads/pdf/about/dejong_gierveld_loneliness_scale.pdf

- b. Revised UCLA Loneliness Scale

https://backend.fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Loneliness_and_Interpersonal_Problems_UCLA_LONELINESS_REVISED.pdf

11. Medication Management

- a. American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2023) (*Fee required to access article and pocketcard—refer to links below*)

<https://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>

<https://geriatricscareonline.org/ProductAbstract/2023-ags-beers-criteria-pocketcard/PC0015>

<https://www.americangeriatrics.org/media-center/news/older-people-medications-are-common-updated-ags-beers-criteriar-aims-make-sure>

- b. Antipsychotic Drug List

<https://nursinghome411.org/ap-list/>

12. Medication Self-Administration

(For reporting on the PCR, CDA requires that centers use an industry-standard, validated screening tool that measures a participant's ability to self-administer medication)

- a. Medi-Cog

https://www.pharmacy.umaryland.edu/centers/lamy/clinical-initiatives/medmanagement/assisted_living/Tools-to-Assess-Self-Administration-of-Medication//

<https://www.pharmacy.umaryland.edu/media/SOP/medmanagementumarylandedu/MediCogBlank.pdf>

- b. MedMaIDE

<https://www.pharmacy.umaryland.edu/media/SOP/medmanagementumarylandedu/MedMaIDE.pdf>

13. Nutrition

- a. Malnutrition Screening and Assessment Tools

<https://www.ncoa.org/assessments-tools/malnutrition-screening-assessment-tools/>

- b. Mini-Nutritional Assessment (MNA)

<https://consultgeri.org/try-this/general-assessment/issue-9.pdf>

<https://www.mna-elderly.com/>

- c. Nutritional Health Risk Checklist (DETERMINE Tool)

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/nra.pdf>

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/nra.pdf> *(Spanish version of DETERMINE tool at end)*

14. Pain

- a. Mobilization-Observation-Behavior-Intensity-Dementia Pain (MOBID-2)

<https://geriatricpain.org/pain-behavior-tool-critique#heading2851>

- b. Pain Assessment in Advanced Dementia Scale (PAINAD)

<https://consultgeri.org/try-this/dementia/issue-d2.pdf>

- c. Wong-Baker FACES Pain Rating Scale

<https://wongbakerfaces.org/>

15. Sleep Disturbance

- a. Pittsburgh Sleep Quality Index (PSQI)

[https://www.med.upenn.edu/cbti/assets/user-content/documents/Pittsburgh%20Sleep%20Quality%20Index%20\(PSQI\).pdf](https://www.med.upenn.edu/cbti/assets/user-content/documents/Pittsburgh%20Sleep%20Quality%20Index%20(PSQI).pdf)

16. Suicide

- a. SAFE-T Pocket Card: Suicide Assessment Five-step Evaluation and Triage for Clinicians

<https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432>

- b. Suicide Behaviors Questionnaire-Revised (SBQ-R)

<https://psycnet.apa.org/doiLanding?doi=10.1037%2Ft14542-000>

- c. Columbia-Suicide Severity Rating Scale (C-SSRS)

<https://www.columbiapsychiatry.org/news/simple-set-6-questions-screen-suicide#>

<https://www.samhsa.gov/resource/dbhis/columbia-suicide-severity-rating-scale-ssrs>

17. Urinary Incontinence

<https://consultgeri.org/try-this/general-assessment/issue-11.2.pdf>

Additional Assessment/Screening Resources:

- The Hartford Institute for Geriatric Nursing
<https://consultgeri.org/>
<https://consultgeri.org/try-this/general-assessment>
- Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Integrated Health Solutions
- <https://www.samhsa.gov/resource/dbhis/screening-assessment>
- <https://www.samhsa.gov/resource/ebp/psychosocial-interventions-older-adults-serious-mental-illness>
- <https://www.samhsa.gov/resource-search/ebp>