**CARE Tool Item Matrix**

| Item Number | Item Description | Acute Hospital Discharge | PAC Admission | PAC Discharge | Interim | Expired |
|---|---|---|---|---|---|---|
| **Attestation and Signatures of Persons who Completed a Portion of the Assessment** | | | | | | |
| Signatures | | **C** | **C** | **C** | **C** | **C** |
| ***I. Administrative Items*** | | | | | | |
| A. Assessment Type | | | | | | |
| A1 | Reason for Assessment | **C** | **C** | **C** | **C** | **C** |
| A2 | Admission Date | **C** | **C** | **C** | **C** | **C** |
| A3 | Assessment Reference Date | **C** | **C** | **C** | **C** | **C** |
| A4 | Expired Date | | | | | **C** |
| *B. Provider Information* | | | | | | |
| B1 | Provider's Name | **C** | **C** | **C** | **C** | **C** |
| B2 | Medicare Provider's Identification Number | **C** | **C** | **C** | **C** | **C** |
| B3 | National Provider Identification Code (NPI) | **C** | **C** | **C** | **C** | **C** |
| *C. Patient Information* | | | | | | |
| C1 | Patient's First Name | **C** | **C** | **C** | **C** | **C** |
| C2 | Patient's Middle Initial or Name | **C** | **C** | **C** | **C** | **C** |
| C3 | Patient's Last Name | **C** | **C** | **C** | **C** | **C** |
| C4 | Patient's Nickname (optional) | **C** | **C** | **C** | **C** | **C** |
| C5 | Patient's Medicare Health Insurance Number | **C** | **C** | **C** | **C** | **C** |
| C6 | Patient's Medicaid Number | **C** | **C** | **C** | **C** | **C** |
| C7 | Patient's Identification Number/Provider Account Number | **C** | **C** | | | |
| C8 | Birth Date | **C** | **C** | | | |
| C9 | Social Security Number (optional) | **C** | **C** | | | |
| C10 | Gender | **C** | **C** | | | |
| C11a-C11g | Race/Ethnicity | **C** | **C** | | | |
| C12 | Is English the patient's primary language? | **C** | **C** | | | |
| C12a | If English is not the patient's primary language, what is the patient's primary language? | **C** | **C** | | | |
| C12b | Does the patient want or need an interpreter (language or sign language) to communicate with a doctor or health care staff? | **C** | **C** | | | |
| *D. Payer Information* | | | | | | |
| D1-D13 | Current Payment Sources | **C** | **C** | **C** | **C** | |
| T.I. | How long did it take you to complete this section? | | | | | |
| ***II. Admission Information*** | | | | | | |
| *A. Pre-admission Service Use* | | | | | | |
| A1 | Admission Date | **C** | **C** | | | |
| A2 | Admitted From | **C** | **C** | | | |
| A3 | Primary diagnosis in previous setting | **C** | **C** | | | |
| A4a-A4i | Other Services in past 2 months | **C** | **C** | | | |
| *B. Patient History Prior To This Current Illness, Exacerbation, or Injury* | | | | | | |
| B1 | Where did patient live | **C** | **C** | | | |
| B2 | If in community,Zip Code of Prior Residence | **C** | **C** | | | |
| B3a-B3d | If in community, help used | **C** | **C** | | | |
| B3aa-B3ad | If in the community,who did the patient live with? | **C** | **C** | | | |
| B4a-B4f | Structural barriers | **C** | **C** | | | |
| B5a-B5e | Prior Functioning | **C** | **C** | | | |
| B6a-B6h | Mobility Devices | **C** | **C** | | | |
| B7 | History of Falls | **C** | **C** | | | |
| T.II. | How long did it take you to complete this section? | | | | | |
| ***III. Current Medical Information/Clinicans*** | | | | | | |
| *A. Primary Diagnosis* | | | | | | |
| A1 | Primary Diagnosis at Assessment | **C** | **C** | **C** | **C** | **C** |
| *B. Other Diagnoses, Comorbidites, and Complications* | | | | | | |
| B1-B15 | Other Comorbidities | **C** | **C** | **C** | **C** | **C** |
| B16 | Is this list complete? | **C** | **C** | **C** | **C** | **C** |
| *C. Major Procedures (Diagnostic, Surgical, and Therapeutic Interventions)* | | | | | | |
| C1 | Did the patient have one or more major procedures (diagnostic, surgical, and therapeutic interventions) during this admission? | **C** | **C** | **C** | **C** | **C** |
| C1a-C15a | Procedures | **S** | **S** | **S** | **S** | **S** |

**CARE Tool Item Matrix**

| Item Number | Item Description | Acute Hospital Discharge | PAC Admission | PAC Discharge | Interim | Expired |
|---|---|---|---|---|---|---|
| C1b-C15b | Right | **S** | **S** | **S** | **S** | **S** |
| C1c-C15c | Left | **S** | **S** | **S** | **S** | **S** |
| C1d-C15d | Not applicable | **S** | **S** | **S** | **S** | **S** |
| C16 | Is list complete? | **S** | **S** | **S** | **S** | **S** |
| *D. Major Treatments* | | | | | | |
| D1a-D30a | Admitted/Discharged With | **C** | **C** | **C** | **C** | **C** |
| D1b-D30b | Used at Any Time During Stay | **C** | | **C** | **C** | **C** |
| D9c | Specify reason for continuous monitoring | **S** | **S** | **S** | **S** | **S** |
| D11c | Specify most intensive frequency of suctioning during stay | **S** | **S** | **S** | **S** | **S** |
| D23c | Specify reason for 24-hour supervision | **S** | **S** | **S** | **S** | **S** |
| D30c | Other Major Treatments: Specify | **S** | **S** | **S** | **S** | **S** |
| *E. Medications* | | | | | | |
| E1a-E30a | Medication Name | **C** | **C** | **C** | **C** | **C** |
| E1b-E30b | Dose | **C** | **C** | **C** | **C** | **C** |
| E1c-E30c | Route | **C** | **C** | **C** | **C** | **C** |
| E1d-E30d | Frequency | **C** | **C** | **C** | **C** | **C** |
| E1e-E30e | Planned Stop Date | **C** | **C** | **C** | **C** | **C** |
| E31 | Is list complete? | **C** | **C** | **C** | **C** | **C** |
| *F. Allergies and Adverse Drug Reactions* | | | | | | |
| F1 | Any Known Allergies or Reactions? | **C** | **C** | **C** | | |
| F1a-F8a | Allergy/Cause of Reaction | **S** | **S** | **S** | | |
| F1b-F8b | Patient Reactions | **S** | **S** | **S** | | |
| F9 | Is the list complete? | **S** | **S** | **S** | | |
| *G. Skin Integrity* | | | | | | |
| G1 | Pressure Ulcer Risk | **C** | **C** | **C** | **C** | |
| G2 | Any Stage 2+ Pressure Ulcers? | **C** | **C** | **C** | **C** | |
| G2a-G2d | Number present at assessment/ Number with onset during this service | **S** | **S** | **S** | **S** | |
| G2e | If Stage 2 :Number of Unhealed | **S** | **S** | **S** | **S** | |
| G3a | Longest length in any direction | **S** | **S** | **S** | **S** | |
| G3b | Width of SAME unhealed ulcer or eschar | **S** | **S** | **S** | **S** | |
| G3c | Date of measurement | **S** | **S** | **S** | **S** | |
| G4 | If Stage 3 or 4, Tunneling | **S** | **S** | **S** | **S** | |
| G5 | Any Major Wounds (excluding pressure ulcer) | **C** | **C** | **C** | **C** | |
| G5a-G5e | Number and Type of Major Wounds | **S** | **S** | **S** | **S** | |
| G6a-G6e | Turning surfaces not intact | **C** | **C** | **C** | **C** | |
| *H. Physiologic Factors* | | | | | | |
| H1a-H23a, H30a | Date | **C** | **C** | **C** | **C** | |
| H1b-H22b, H24b-H29b, H31b-H42b | Value | **C** | **C** | **C** | **C** | |
| H1c-H42c | Check if NOT tested | **C** | **C** | **C** | **C** | |
| H1d-H4d | Estimated value | **C** | **C** | **C** | **C** | |
| H10d | Specify source and amount of supplemental $O_2$ | **C** | **C** | **C** | **C** | |
| H23d | Specify source and amount of supplemental $O_2$ | **C** | **C** | **C** | **C** | |
| | | **C** | **C** | **C** | **C** | |
| T.III. | How long did it take you to complete this section? | | | | | |
| ***IV. Cognitive Status*** | | | | | | |
| *A. Comatose* | | | | | | |
| A1 | Persistent vegetative state | **C** | **C** | | | |
| *B. Temporal Orientation and BIMS* | | | | | | |
| B1a | Interview attempted | **C** | **C** | | | |
| B1b | Reason interview not attempted | **S** | **S** | | | |
| B2a | Ask patient: “Please tell me what year it is right now.” | **C** | | | | |
| B2b | Ask patient: “What month are we in right now? | **C** | | | | |
| B3a | Repetition of three words | | **C** | | | |
| B3b.1. | Ask patient: “Please tell me what year it is right now.” | | **C** | | | |
| B3b.2. | Ask patient: “What month are we in right now? | | **C** | | | |
| B3b.3. | Ask patient: “What day of the week is today?” | | **C** | | | |
| B3c.1. | Recalls “sock?” | | **C** | | | |
| B3c.2. | Recalls "blue?" | | **C** | | | |
| B3c.3. | Recalls "bed?" | | | | | |
| *C. Observational of Cognitive Status* | | | | | | |
| C1a-C1f | Memory/Recall Ability | **S** | **S** | | | |
| *D. Confusion Assessment Method* | | | | | | |
| D1 | Inattention | **S** | **S** | | | |
| D2 | Disorganized thinking | **S** | **S** | | | |
| D3 | Altered level of consciousness/alertness | **S** | **S** | | | |
| D4 | Psychomotor retardation | **S** | **S** | | | |

**CARE Tool Item Matrix**

| Item Number | Item Description | Acute Hospital Discharge | PAC Admission | PAC Discharge | Interim | Expired |
|---|---|---|---|---|---|---|
| *E. Behavorial Signs and Symptoms* | | | | | | |
| E1 | Physical | | C | C | | |
| E2 | Verbal | | C | C | | |
| E3 | Other | | C | C | | |
| *F. Mood* | | | | | | |
| F1 | Interview attempted | | C | C | | |
| F2a-F2d | PHQ2 | | C | C | | |
| F3 | Feeling Sad | | C | C | | |
| *G. Pain* | | | | | | |
| G1 | Interview attempted? | C | C | C | C | |
| G2 | Pain presence | C | C | C | C | |
| G3 | Pain severity 0-10 | S | S | S | S | |
| G4 | Pain effect on function | S | S | S | S | |
| G5 | Limited activities because of pain | S | S | S | S | |
| G6a-G6e | Observed Pain | S | S | S | S | |
| T.IV. | How long did it take you to complete this section? | | | | | |
| ***V. Impairments*** | | | | | | |
| *A. Bladder and Bowel Management* | | | | | | |
| A1 | Any impairments? | C | C | C | C | |
| A2a-A2b | Use of external or indwelling device | S | S | S | S | |
| A3a-A3b | Frequency of incontinence | S | S | S | S | |
| A4a-A4b | Assistance managing bowel/bladder equipment | S | S | S | S | |
| A5a-A5b | Incontinent prior to the current illness | S | S | S | S | |
| *B. Swallowing* | | | | | | |
| B1 | Any impairments? | C | C | C | C | |
| B1a-B1g | Swallowing: signs and symptoms | S | S | S | S | |
| B2a-B2c | Swallowing: usual ability | S | S | S | S | |
| *C. Hearing, Vision, Communication, & Comprehension* | | | | | | |
| C1 | Any impairments? | C | C | C | C | |
| C1a | Understanding verbal content | S | S | S | S | |
| C1b | Expression of ideas and wants | S | S | S | S | |
| C1c | Ability to see in adequate light | S | S | S | S | |
| C1d | Ability to hear | S | S | S | S | |
| *D. Weight-bearing* | | | | | | |
| D1 | Any impairments? | C | C | C | C | |
| D1a-D1d | Weight-bearing upper and lower extremities | S | S | S | S | |
| *E. Grip Strength* | | | | | | |
| E1 | Any impairments? | C | C | C | C | |
| E1a-E1b | Grip strength right and left hands | S | S | S | S | |
| *F. Respiratory Status* | | | | | | |
| F1 | Any impairments? | C | C | C | C | |
| F1a-F1b | Respiratory Status | S | S | S | S | |
| *G. Endurance* | | | | | | |
| G1 | Any impairments? | C | C | C | C | |
| G1a | Mobility Endurance | S | S | S | S | |
| G1b | Sitting Endurance | S | S | S | S | |
| *H. Mobility Devices and Aids Needed* | | | | | | |
| H1a-H1h | Indicate all mobility and aids needed | C | C | C | C | |
| T.V. | How long did it take you to complete this section? | | | | | |
| ***VI. Functional Status*** | | | | | | |
| *A. Self Care* | | | | | | |
| A1 | Eating | C | C | C | C | |
| A2 | Tube Feeding | C | C | C | C | |
| A3 | Oral Hygiene | C | C | C | C | |
| A4 | Toilet Hygiene | C | C | C | C | |
| A5 | Upper Body Dressing | C | C | C | C | |
| A6 | Lower Body dressing | C | C | C | C | |
| *B. Core Functional Mobility* | | | | | | |
| B1 | Lying to Sitting on Side of Bed | C | C | C | C | |
| B2 | Sit to Stand | C | C | C | C | |

**CARE Tool Item Matrix**

| Item Number | Item Description | Acute Hospital Discharge | PAC Admission | PAC Discharge | Interim | Expired |
|---|---|---|---|---|---|---|
| B3 | Chair/Bed-to-Chair Transfer | **C** | **C** | **C** | **C** | |
| B4 | Toilet Transfer | **C** | **C** | **C** | **C** | |
| B5 | Mode of Mobility | **C** | **C** | **C** | **C** | |
| B5a | Longest distance patient can walk | **C** | **C** | **C** | **C** | |
| B5b | Longest distance patient can wheel | **C** | **C** | **C** | **C** | |
| *C. Supplemental Functional Ability: Code patient on all activities that the patient can participate in and which you can observe.* | | | | | | |
| C1 | Wash upper body | **S** | **S** | **S** | **S** | |
| C2 | Shower/bathe self | **S** | **S** | **S** | **S** | |
| C3 | Roll Left and Right | **S** | **S** | **S** | **S** | |
| C4 | Sit to Lying | **S** | **S** | **S** | **S** | |
| C5 | Picking up object | **S** | **S** | **S** | **S** | |
| C6 | Putting on/taking off footwear | **S** | **S** | **S** | **S** | |
| C7 | Mode of Mobility: Wheelchair? | **S** | **S** | **S** | **S** | |
| C7a | One Step (curb) | **S** | **S** | **S** | **S** | |
| C7b | Walk 50 feet with 2 turns | **S** | **S** | **S** | **S** | |
| C7c | 12 steps-interior | **S** | **S** | **S** | **S** | |
| C7d | 4 steps-exterior | **S** | **S** | **S** | **S** | |
| C7e | Walking 10 feet on uneven surfaces | **S** | **S** | **S** | **S** | |
| C7f | Car transfer | **S** | **S** | **S** | **S** | |
| C7g | Wheel short ramp | **S** | **S** | **S** | **S** | |
| C7h | Wheel long ramp | **S** | **S** | **S** | **S** | |
| C8 | Telephone-answering | **S** | **S** | **S** | **S** | |
| C9 | Telephone-Placing Call | **S** | **S** | **S** | **S** | |
| C10 | Medication Management-Oral Medications | **S** | **S** | **S** | **S** | |
| C11 | Medication Management-Inhalant/Mist Medications | **S** | **S** | **S** | **S** | |
| C12 | Medication Management-Injectable Medications | **S** | **S** | **S** | **S** | |
| C13 | Make light meal | **S** | **S** | **S** | **S** | |
| C14 | Wipe down surface | **S** | **S** | **S** | **S** | |
| C15 | Light shopping | **S** | **S** | **S** | **S** | |
| C16 | Laundry | **S** | **S** | **S** | **S** | |
| C17 | Use Public Transportation | **S** | **S** | **S** | **S** | |
| T.VI. | How long did it take you to complete this section? | | | | | |
| ***VII. Overall Plan of Care/Advance Care Directives*** | | | | | | |
| *A.Overall Plan of Care/Advance Care Directives* | | | | | | |
| A1 | Documented agreed-upon care goals and expected dates of completion | **C** | **C** | **C** | **C** | |
| A2 | Description of overall status | **C** | **C** | **C** | **C** | |
| A3 | Documented care decisions | **C** | **C** | **C** | **C** | |
| T.VII. | How long did it take you to complete this section? | | | | | |
| ***VIII. Discharge Status*** | | | | | | |
| *A. Discharge Information* | | | | | | |
| A1 | Discharge date | **C** | | **C** | | |
| A2 | Attending Physician | **C** | | **C** | | |
| A3 | Discharge location | **C** | | **C** | | |
| A4 | Frequency of Assistance at Discharge | **C** | **C*** | **C** | | |
| A5 | Caregiver Availability | **C** | | **C** | | |
| A6 | Willing Caregiver(s) | **S** | **C*** | **S** | | |
| A7 | Types of Caregiver(s) | **S** | **C*** | **S** | | |
| *B. Caregiver Information* | | | | | | |
| B1 | Patient lives with | **S** | | **S** | | |
| *C. Support Needs/Caregiver Assistance* | | | | | | |
| C1a-C1h | Patient needs this | **S** | **C*** | **S** | | |
| C2a-C2g | Caregiver able | **S** | **C*** | **S** | | |
| C3a-C3g | Caregiver needs training or other supportive services | **S** | **C*** | **S** | | |
| C4a-C4g | Caregiver not likely to be able | **S** | **C*** | **S** | | |
| C5a-C5g | Caregiver ability unclear | **S** | **C*** | **S** | | |
| *D. Discharge Care Options* | | | | | | |
| D1a-D1k | Deemed Appropriate by the Provider | **C** | | **C** | | |
| D2a-D2k | Bed/Services Available | **C** | | **C** | | |
| D3a-D3k | Refused by Patient/Family | **C** | | **C** | | |
| D4a-D4k | Not Covered by Insurance | **C** | | **C** | | |
| *E. Discharge Location Information* | | | | | | |
| E1 | Discharged with referral | **C** | | **C** | | |
| E2 | Provider Name | **S** | | **S** | | |
| E3 | Provider Type | **S** | | **S** | | |
| E4 | Provider City | **S** | | **S** | | |
| E5 | Provider State | **S** | | **S** | | |

**CARE Tool Item Matrix**

| Item Number | Item Description | Acute Hospital Discharge | PAC Admission | PAC Discharge | Interim | Expired |
|---|---|---|---|---|---|---|
| E6 | Medicare Provider Identification Number | **S** | | **S** | | |
| E7 | Discharge delay | **S** | | **S** | | |
| E8 | Reason for Discharge Delay | **S** | | **S** | | |
| E9 | Patient requests that information not be shared | **S** | | **S** | | |
| T.IX. | How long did it take you to complete this section? | | | | | |
| ***IX. Medical Coding Information*** | | | | | | |
| *A. Principal Diagnosis* | | | | | | |
| A1 | ICD-9 CM Code for Principal Diagnosis | **C** | **C** | **C** | **C** | **C** |
| A1a | Principal Diagnosis at Assessment | **C** | **C** | **C** | **C** | **C** |
| A2 | ICD-9 CM Code for Principal Diagnosis if it was a V-code | **S** | **S** | **S** | **S** | **S** |
| A2a | If principal diagnosis was a V-code was was the primary medical condition or injury being treated | **S** | **S** | **S** | **S** | **S** |
| *B. Other Diagnoses, Combordities, and Complications* | | | | | | |
| B1a-B15a | ICD-9 CM Code | **C** | **C** | **C** | **C** | **C** |
| B1b-B15b | Diagnosis | **C** | **C** | **C** | **C** | **C** |
| B16 | Is this list complete? | **C** | **C** | **C** | **C** | **C** |
| C. Major Procedures (Diagnostic, Surgical, and Therapeutic Interventions) | | | | | | |
| C1 | One or more major proecedure | **C** | **C** | **C** | **C** | **C** |
| C1a-C15a | ICD-9 CM Code | **S** | **S** | **S** | **S** | **S** |
| C1b-C15b | Procedure | **S** | **S** | **S** | **S** | **S** |
| C16 | Is this list complete? | **S** | **S** | **S** | **S** | **S** |
| ***X. Other Useful Information*** | | | | | | |
| A1 | Other useful information about this patient | **S** | **S** | **S** | **S** | **S** |
| ***XI. Feedback*** | | | | | | |
| A1 | Notes | **S** | **S** | **S** | **S** | **S** |

Notes: *These items are included in home health admission assessments.