

Community Support Services Common Assessment Project

interRAI CHA

**Implementation Validation Guide
for InterRAI CHA Solution**

**For Local Health Integrated Networks and
Health Service Providers (HSPs)**

Document Revision 1.0.9

April 11, 2012

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Revision History

Version	Comments	Author	Date
1.0	Initial release	CSS CAP Project Team	October 8, 2010
1.0.1	Added references to Part 2 Data Submission	Abby Atafo	October 13, 2010
1.0.2	Updated scenario 4 to include administrative sheet required for completion Supplement creation step 3: clarified only core assessment can be marked complete	Abby Atafo	January 07,2011
1.0.3	Edited part 1 implementation validation process for vendor and LHIN/HSP section –one channel for validation scenarios files submission to IAR IAR Part 2 – Removed reference to historical submission for interRAI CHA 9.0	Abby Atafo	February 11 , 2011
1.0.4	Updated scenario coding response	Abby Atafo	April 28, 2011
1.0.5	Part 2 – IAR Submission updated with information required to be emailed for web submissions Amended references to triggered supplements completion	Abby Atafo	May 16, 2011
1.0.6	Part 2 IAR Submission steps updated	Abby Atafo	May 27, 2011
1.0.7	Updated Features Checklist to include Software Offline version and Reports	Abby Atafo	September 30,2011

1.0.8	Added date guideline for scenario completion	Abby Atafo	October 24, 2011
1.0.9	Added an additional privacy and security notification to submit only test data to the IAR validation environment. Added contact information in case of an accidental upload of PHI.	Sue Fukushima	April 11, 2012

interRAI CHA Implementation Validation

Acceptance Responsibilities

References to LHINs made throughout this document also apply to Provincial Community Support Services (CSS) organizations.

Responsibilities of Vendors:

Development testing (unit / system and integration testing) is the responsibility of the implementing vendor. The vendor must ensure that the implemented system meets all of the software and technical requirements communicated as part of the interRAI CHA software requirements specifications release package. The release package is located in the interRAI CHA vendor area of the CCIM website at www.ccim.on.ca .

Responsibilities of Local Health Integrated Network (LHIN) and/or Health Service Provider (HSP):

Depending on the LHIN's vendor strategy, responsibilities for implementation validation may fall under the LHIN, the HSP, or both.

It is the LHIN/HSP's responsibility to review and understand the interRAI CHA software requirements specifications release package as documented/communicated by the project team. The release package is located in the interRAI CHA vendor area of the CCIM website at www.ccim.on.ca .

It is the LHIN/HSP's responsibility to test, validate, and accept the delivered solution from the vendor based on the requirements specifications communicated by the project team. This INCLUDES any specific needs or requirements the LHIN/HSP has based on their technical infrastructure (hardware and software), other implemented software applications already in use by the HSP and specific business processes, users, access, approvals and the like.

Responsibilities of Project Team:

It is the Project Team's responsibility to clearly document and communicate the requirements specifications to LHINs/HSPs and Vendors. The Project Team will also provide support to Vendors, LHINs and HSPs during testing activities.

Document Purpose

The purpose of this document is to guide vendors and LHINs/HSPs through implementation validation. This document includes high-level test scenarios and a features checklist. Together, these ensure minimal validation of core system functionalities and algorithm configuration as pertaining to the implementation of the interRAI CHA. This is an Implementation Validation Guide for LHINs/HSPs and a separate, but similar guide exists for Vendors.

This implementation validation guide, and test scenarios contained within, does not replace the need for vendors to conduct unit, system and integration testing. The guide and scenarios are exclusive of these testing activities and it is recommended that the validation activities be carried out in the test environment.

The implementation validation process is split into two parts:

- software validation, and
- assessment file submission to IAR

The implementation validation guide for InterRAI CHA solution is available on the CCIM website to help provide guidance to vendors and LHINs/HSPs through the course of the validation and test submission activities to IAR. The document constitutes of two parts;

1. The Software Implementation Validation – Part 1
2. The Vendor Development and Validation Test (IAR Test Submission) - Part 2

Intended Audience

The intended audience of this guide is:

- LHINs (including Provincial Organizations implementing within LHIN(s)) within Ontario implementing the interRAI CHA assessment tool, taking part in the CSS CAP. Implementation validation is the responsibility of a LHIN (or a Provincial Organization) where the LHIN's strategy is to implement a single vendor solution on a single platform. The LHIN and the HSP should both validate implementations where there is a hybrid strategy and the LHIN is implementing a single vendor solution on a single platform, but there are unique circumstances that may warrant an HSP's decision to implement a different vendor solution than the LHIN solution.
- HSPs within Ontario implementing the interRAI CHA tool, taking part in the CSS CAP,
- Vendors implementing an automated solution for the interRAI CHA in support of HSPs implementing the interRAI CHA assessment tool and taking part in the CSS CAP

This document as well as supporting documents and communications will be shared with LHINs, HSPs and licensed interRAI CHA vendors involved in the automation of the interRAI CHA tool.

Implementation Validation Process

For Vendors

Step 1 – Vendors must complete unit, system and integration testing throughout the implementation process based on the requirements documentation provided, as well as the communications and clarifications from the weekly/monthly vendor teleconferences.

Step 2 – Vendors may choose to leverage the interRAI CHA Feature Checklist as part of their testing process.

Step 3 – Vendors should execute the test scenarios provided in this document and save the assessment information in their test environment.

Step 4 – Vendors should submit an XML data submission file validated with the XSD schema provided as part of the requirements by the project team. The file should have extracted assessment information matching the assessments created in Step 3. The file name should adhere to the file-naming convention outlined in the IAR data submission specification document. Please refer to Part 2 of this document for submission requirements

Note: Vendors should not limit their testing to the aforementioned steps. These are a minimum set of tests, and vendors should engage their quality assurance teams to conduct end-to-end testing of the interRAI CHA implementation before delivering the final product to the LHIN/HSPs.

For LHIN/HSPs

Although the Project Team is not responsible for testing/validating the implemented solution delivered to the LHIN/HSPs, the interRAI CHA Implementation Validation Guide is provided as an additional validation beyond UAT.

For a successful interRAI CHA implementation a LHIN/HSP must conduct user acceptance testing (UAT). UAT should provide assurance to LHIN/HSPs that all key requirements have been implemented accurately by the vendor. If there are any concerns or errors in the system, the LHIN/HSPs must notify the vendor(s).

This guide refers to a 'Features Checklist', 'Test Scenarios' and IAR Test Submission Scenarios. The interRAI CHA Features Checklist is a summary of all interRAI CHA software requirements presented in a checklist format for the LHIN/HSPs to use during the UAT process.

The Test Scenarios spreadsheet outlines test scenarios that highlight critical functional areas of the software application without getting into details and specifics around data entry. In general, users have the option to enter any data but guidance around critical areas (e.g., cross validation fields, CAPs and Outcome scores) is provided to ensure proper testing and results. The LHIN/HSP should not be limited to UAT scenarios provided within this document. A thorough system test by the LHIN/HSPs will ensure accurate assessment data collection and a proper working automated solution.

Parts of the scenarios include data submission. The Project Team will work with the LHIN/HSPs closely to ensure that adequate data submission testing is done and that HSPs are ready prior to going live. Data submission is addressed in Vendor Development and Validation Test Part 2.

Part 1

Software Implementation Validation

Documentation

The interRAI Implementation Validation Document consists of:

1. Test Scenarios which comprise of:

Scenario 1 – Create a new Core Assessment for a new Client

Scenario 2 – Complete a Re-assessment for a Client

Scenario 3 – Complete a Triggered Functional Supplement (for scenario 2)

Scenario 4 - Complete a Discharge Assessment – Core CHA only

Important****

Please ensure the dates the each scenario is completed is at least one day apart

And will cover validation of algorithms based on outcome scales and CAPs

2. Features Checklist

- Assessment Creation
- Supplement Creation
- Complete Reassessment
- Assessment Cancellation
- Assessment Completion
- Assessment Management
- Extract and Submit Assessment

Software Implementation Validation Steps

Step 1 – LHIN/HSPs should plan to complete business and system testing of the automated solution delivered by their vendor(s); they should refer to the CSS CAP interRAI CHA software requirements specifications provided to vendors, which is available on the CCIM website. The LHIN/HSP is responsible for ensuring the software requirements specifications are met by their vendor(s).

Step 2 – LHIN/HSPs can use the interRAI CHA Feature Checklist to validate that the implemented solution meets the software requirements provided by the CSS CAP project.

Step 3 – Before Go Live, the LHIN/HSPs will enter mock assessments (i.e., Test Scenarios) into the test environment for the automated solution implemented by the vendor. The test data should be deleted after Step 5 and before Go Live.

Step 4 – LHIN/HSPs will use the assessment data extraction feature provided to them by their vendors to extract assessment data captured in Step 3.

Step 5 – LHIN/HSPs will [submit](#) the validation test scenario files to IAR test environment– Please refer to Part 2 IAR test submission specification section of this document for how to submit the validation test files scenarios.

Test Scenarios

**** Please note that all vendor and CCIM validations must be done using mock data. Live data is not permitted in the IAR Vendor Validation environment.

The CCIM Vendor Validation environment is provided by CCIM for testing and validation purposes only. The Vendor Validation is a developing environment that does not and cannot provide necessary controls to safeguard PHI. In a case of an accidental upload of PHI to the Vendor Validation environment please immediately notify the CCIM Vendor Management team at 1-416-597-6019 or 416-597-6508 and email IAR@ccim.on.ca to remove the uploaded PHI to minimize the risk of unauthorized PHI disclosure.

The following scenarios will be used by vendors and/or LHIN/HSPs for the business and systems testing of the automated interRAI CHA solution, by conducting test scenarios covering a variety of assessment types. When completed, the assessments are submitted to the CSS CAP team via the data submission file for validation. The validation by the project team will verify assessment business scenarios and the structure of the data submission file, along with mandatory fields, valid values and cross-validation rules.

It is recommended that each instance of implementation of the automated solution must be validated. For example:

- If there is only a single implemented solution in a LHIN and all HSPs will access the single implemented solution, this implementation will require a single validation
- If each HSP is implementing an instance of a solution, even if it is the same solution as other HSPs, each implementation will require validation

Day 1 Complete Scenario 1 – Create a new Core Assessment for a new Client

****Important****

Please note the date the assessment was created

Purpose: The purpose of this scenario is to complete a Core Assessment for a new Client in an HSP

“interRAI™ Community Health (CHA) Assessment Form”

****Important**:**

To complete the test scenarios please **DO NOT** enter real client information.

When generating names for mock clients it is important to use names unique enough to search easily. The following site is one of many that can generate random names for testing:

<http://www.kleimo.com/random/name.cfm>

Please avoid using names such as ‘Test Client, ‘Consumer A’ etc.

Please also ensure that you record the Assessment IDs generated by your source test software as this information would be required for Part 2 – IAR Submission.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

Item	Description	Coding Legend	Coding Response
A7	Reason for Assessment	1 – First Assessment	1
A11	Residential/Living Status at time of assessment	1 - Private home / apartment / rented room	1
A12	Living Arrangement	2 - With Spouse/Partner	2
B4a – B4e	Residential history over last 5 years	0 -No	0
C1	Cognitive Skills for Daily Decision Making	0 - Independent	0
C2	Memory/Recall Ability	1 – Memory Problem	1
C3	Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago)	1 – No Change	1

Item	Description	Coding Legend	Coding Response
D1	Making Self Understood (Expression)	1 - Usually understood— Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required	1
D2	Ability to Understand others (Comprehension)	0 – Understands - Clear comprehension	0
D3	Hearing Ability to hear (with hearing appliance if normally used)	3 - Severe difficulty — Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)	3
D4	Vision Ability to see in adequate light (with glasses with other visual appliance normally used)	0 - Adequate—Sees fine detail, including regular print in newspapers / books	0
E1a	Made negative statements	2 - Exhibited on 1 -2 of last 3 days	2
E1b	Persistent anger with self or others	0 – Not Present	0
E1c	Expressions, including nonverbal, of what appear to be unrealistic fears	0 – Not Present	0
E1d	Repetitive health complaints	0 – Not Present	0
E1e	Repetitive anxious complaints / concerns (non-health-related)	0 – Not Present	0
E1f	Sad, pained, or worried facial expressions	0 – Not Present	0
E1g	Crying, tearfulness	0 – Not Present	0
E1h	Withdrawal from activities of interest	0 – Not Present	0
E1i	Reduced social interactions	3 - Exhibited daily in last 3 days	3
E2a	Little interest or pleasure in things you normally enjoy?	0 – Not in last 3 days	0
E2b	Anxious, restless, or uneasy?	0 – Not in last 3 days	0
E2c	Sad, depressed, or hopeless?	2 -1 -2 of last 3 days	2
F1a	Participation in social activities of long-standing interest	1- More than 30 days ago	1
F1b	Visit with a long-standing social relation or family member	4 – In last 3 days	4
F1c	Other interaction with long-standing social relation or family member	4 – In last 3 days	4
F1d	Conflict or anger with family or friends	0 - Never	0

Item	Description	Coding Legend	Coding Response
F1e	Fearful of a family member or close acquaintance	0 - Never	0
F1f	Neglected, abused, or mistreated	0 - Never	0
F2	Lonely Says or indicates that he/she feels lonely	0 - No	0
F3	Change in social activities in the last 90 days (or since last assessment if less than 90 days ago)	1 – Decline, not distressed	1
F4	Length of time alone during the day (morning and afternoon)	2 - More than 2 hours but less than 8	2
F5	Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car	1 - Yes	1

Section G Functional Status

Item	Description	Coding Legend	Performance	Capacity
G1a	Meal preparation	5 –Maximal assistance – Help throughout task, but performs less than 50% of task on own	5	5
G1b	Ordinary housework	8 – Activity did not occur – during the entire period 6 – Total dependence – full performance by others during entire period	8	6
G1c	Managing finances	6 – Total dependence – full performance by others during entire period	6	6
G1d	Managing medications	2 –Supervision-oversight/cueing 4 – Extensive assistance –help throughout task, but performs 50% or more of task on own	2	4
G1e	Phone use	0 - Independent	0	0

Item	Description	Coding Legend	Coding Response	Item
G1f	Stairs	8 – Activity did not occur – during the entire period 5 -Maximal assistance – Help throughout task, but performs less than 50% of task on own	8	5
G1g	Shopping	8 – Activity did not occur – during the entire period 6 – Total dependence – full performance by others during entire period	8	6
G1h	Transportation	8 – Activity did not occur – during the entire period 5 -Maximal assistance – Help throughout task, but performs less than 50% of task on own	8	5
G2a	Bathing	1 – Independent, set up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode	How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area EXCLUDE WASHING OF BACK AND HAIR	1

Item	Description	Coding Legend	Coding Response	
G2b	Personal hygiene	1 – Independent, set up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode	How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands EXCLUDE BATHS AND SHOWERS	1
G2c	Dressing upper body	2 – Supervision – oversight /cueing	How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.	2
G2d	Dressing lower body	0 – Independent - No physical assistance, set up or supervision in any episode	How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.	0
G2e	Walking	0 – Independent - No physical assistance, set up or supervision in any episode	How walks between locations on same floor indoors	0

Item	Description	Coding Legend	Coding Response	
G2f	Locomotion	0 – Independent - No physical assistance, set up or supervision in any episode	How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair	0
G3	Primary Mode of Locomotion Indoors	1 – Walking, uses assistive device - e.g. cane, walker, crutch, pushing wheelchair	Walking, uses assistive device- e.g. cane, walker, crutch, pushing wheelchair	1

G4a	Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking	0 - None		0
G4b	Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period)	0 – No days out		0
G5	Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago	2 - Declined		2
G6a	Driving Drove car (vehicle) in the LAST 90 DAYS	0 - No		0
G6b	Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving	0 - No		0
H1	Bladder Continence	3 - Occasionally incontinent—Less than daily		3

Item	Description	Coding Legend	Coding Response
I1a	Musculoskeletal	0 – Not present	0
I1b	Musculoskeletal	0 – Not present	0
I1c	Neurological	0 – Not present	0
I1d	Neurological	0 – Not present	0
I1e	Neurological	0 – Not present	0
I1f	Cardiac and Pulmonary	0 – Not present	0
I1g	Cardiac and Pulmonary	0 – Not present	0
I1h	Cardiac and Pulmonary	0 – Not present	0
I1i	Psychiatric	0 – Not present	0
I1j	Psychiatric	0 – Not present	0
I1k	Psychiatric	0 – Not present	0
I1l	Psychiatric	0 – Not present	0
I1m	Other	0 – Not present	0
I1n	Other	0 – Not present	0

J1	Falls	0 - No fall in last 90 days	0
J2	Recent Falls [skip if last assessment more than 30days ago or if this is the first	Blank - Not applicable (first assessment, or more than 30 days..	Skip coding
J3a	Balance - Dizziness	0 – Not present	0
J3b	Balance - Unsteady gait	4 – Exhibited daily in last 3 days	4
J3c	Cardiac - Chest pain	0 – Not present	0
J3d	Psychiatric - Abnormal thought process	4 – Exhibited daily in last 3 days	4
J3e	Psychiatric - Delusions	0 – Not present	0
J3f	Psychiatric - Hallucinations	4 – Exhibited daily in last 3 days	4
J3g	GI status - Acid reflux	0 – Not present	0
J3h	GI status - Constipation	4 – Exhibited daily in last 3 days	4
J3i	GI status - Diarrhea	0 – Not present	0
J3j	GI status - Vomiting	0 – Not present	0
J3k	Sleep problems - Difficulty falling asleep or staying asleep	0 – Not present	0
J3l	Sleep problems - Too much Sleep	0 – Not present	0
J4	DYSPNEA (Shortness of breath) Absence of symptom	0 – Not present	0
J5	Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs	3 - Severe—Due to diminished energy, UNABLE TO START SOME normal day-to-day activities	3

Item	Description	Coding Legend	Coding Response
J6a	Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain)	3 - Exhibited daily in last 3 days	3
J6b	Intensity of highest level of pain present	4 - Times when pain is horrible or excruciating	4
J6c	Consistency of pain	2 - Intermittent	2
J6d	Breakthrough pain	0 - No	0
J6e	Pain Control	3 – Controlled when therapeutic regimen followed, but not always followed as ordered	3
J7a	Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating)	1 - Yes	1
J7b	Experiencing an acute episode, or a flare-up of a recurrent or chronic problem	0 -No	0
J8	Self-Reported Health	0 –Excellent	0
J9a	Tobacco use Smokes daily	0 – NO	0

J9b	Alcohol use highest number of drinks in any “single sitting” in last 14 days	0 - None	0		
K1a	Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS	1 - Yes	1		
K1b	Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific]	0 - No	0		
K1c	Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day)	0 - No	0		
K1d	Fluid output exceeds input	0 - No	0		
	Name	Dose	Unit	Route	Frequency
	1.Novo bicolatamide	50	mg	PO	Daily
	2.Atacand	8	mg	PO	Daily
	3.Vitamin B12	1200	mg	PO	Daily
	4.Soflax	100	mg	PO	Daily
	5.acetaminophen	500	mg	PO	Tid
L2	Allergy to any Drug				0

Item	Description	Coding Legend	Coding Response
M1a	Blood pressure measured in LAST YEAR	1 - Yes	1
M1b	Colonoscopy test in LAST 5 YEARS	0 - No	0
M1c	Dental exam in LAST YEAR	0 - No	0
M1d	Eye exam in LAST YEAR	0 - No	0
M1e	Hearing exam in LAST 2 YEARS	0 - No	0
M1f	Influenza vaccine in LAST YEA	1 - Yes	1
M 1g	Mammogram or breast exam in LAST 2 YEARS (for women)	0 - No	0
M1h	Pneumovax vaccine in LAST 5 YEARS or after age 65	1 - Yes	1
M2a	Hospital Use	0 - No	0
M2b	Emergency Room Use	0 - No	0
M2c	Physician visit	1 - Yes	1
N1	Strong and Supportive relationship with family	1 - Yes	1
O1	Finances	0 - No	0

Supplements Triggered

Triggered Supplements	Actual Results
What Supplements were triggered?	Functional Supplement YES <input type="checkbox"/> NO <input type="checkbox"/> Mental Health Supplement YES <input type="checkbox"/> NO <input type="checkbox"/> Assisted Living Supplement YES <input type="checkbox"/> NO <input type="checkbox"/> Deaf/Blind Supplement YES <input type="checkbox"/> NO <input type="checkbox"/>
<p><i>If any of the Supplements(Functional ,Mental Health, Assisted Living, Deaf/Blind) were triggered they are not required to be completed</i></p>	

Day 2 Complete Scenario 2 – Complete a Re-assessment for same Client

****Important**:**

Please ensure the Assessment Reference Date (Section A:8) entered for this scenario is at least one day apart from scenario 1

To complete the test scenarios please **DO NOT** enter real client information.

When generating names for mock clients it is important to use names unique enough to search easily. The following site is one of many that can generate random names for testing:

<http://www.kleimo.com/random/name.cfm>

Please avoid using names such as ‘Test Client, ‘Consumer A’ etc.

Please also ensure that you record the Assessment IDs generated by your source test software as this information would be required for Part 2 – IAR Submission.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, **you may enter appropriate responses for all other elements not listed within the scenarios**

“interRAI™ Community Health (CHA) Assessment Form”

Item	Description	Coding Legend	Coding Response
A7	Reason for Assessment	3 – Return Assessment	3
A11	Residential/Living Status at time of assessment	1 - Private home / apartment / rented room	1
A12	Living Arrangement	1 - Alone	1
C1	Cognitive Skills for Daily Decision Making	3 - Moderately impaired— Decisions consistently poor or unsafe; cues / supervision required at all times	3
C2	Memory/Recall Ability	0 - Yes, memory OK	0

Item	Description	Coding Legend	Coding Response
C3	Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago)	2 - Declined	2
D1	Making Self Understood (Expression)	1 - Usually understood— Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required	1
D2	Ability to Understand others (Comprehension)	0 – Understands – clear comprehension	0
D3	Hearing Ability to hear (with hearing appliance if normally used)	3 - Severe difficulty—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)	3
D4	Vision Ability to see in adequate light (with glasses with other visual appliance normally used)	0 - Adequate— Sees fine detail, including regular print in newspapers / books	0
E1a	Made negative statements	2 – Exhibited in 1-2 days of last 3 days	2
E1b	Persistent anger with self or others	0 – Not present	0
E1c	Expressions, including nonverbal, of what appear to be unrealistic fears	0 – Not present	0

Item	Description	Coding Legend	Coding Response
E1d	Repetitive health complaints	0 – Not present	0
E1e	Repetitive anxious complaints / concerns (non-health-related)	0 – Not present	0
E1f	Sad, pained, or worried facial expressions	0 – Not present	0
E1g	Crying, tearfulness	0 – Not present	0
E1h	Withdrawal from activities of interest	0 – Not present	0
E1i	Reduced social interactions	3 – Exhibited daily in last 3 days	3
E2a	Little interest or pleasure in things you normally enjoy?	0 – Not in last 3 days	0
E2b	Anxious, restless, or uneasy?	0 – Not in last 3 days	0
E2c	Sad, depressed, or hopeless?	2 - in 1-2 of last 3 days	2
F1a	Participation in social activities of long-standing interest	1 – More than 30 days ago	1
F1b	Visit with a long-standing social relation or family member	4 – In last 3 days	4
F1c	Other interaction with long-standing social relation or family member	4 – In last 3 days	4
F1d	Conflict or anger with family or friends	0 - Never	0
F1e	Fearful of a family member or close acquaintance	0 - Never	0
F1f	Neglected, abused, or mistreated	0 - Never	0
F2	Lonely Says or indicates that he/she feels lonely	0 - No	0
F3	Change in social activities in the last 90 days (or since last assessment if less than 90 days ago)	1 – Decline, not distressed	1

Item	Description	Coding Legend	Coding Response
F4	Length of time alone during the day (morning and afternoon)	2 – More than 2 hours but less than 8 hours	2
F5	Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car	1 - Yes	1

Item	Description	Coding Legend	Coding Response
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Section G Functional Status				
G1a		5 – Maximal assistance - help throughout task, but performs less than 50% of task on own	Performance	Capacity
G1a	Meal Preparation	5 – Maximal assistance - help throughout task, but performs less than 50% of task on own	5	5
G1b	Ordinary housework	8 – Activity did not occur – during entire period 6 – Total dependence – full performance by others during entire period	8	6
G1c	Managing finances	6 – Total dependence – full performance by others during entire period	6	6
G1d	Managing medications	2 – Supervision – oversight /cueing 4 – Extensive assistance – help throughout task, but performs 50% of task on own	2	4

Item	Description	Coding Legend	Coding Response	
G1e	Phone use	0 – Independent, no help, set up, or supervision	0	0
G1f	Stairs	8 –Activity did not occur – during entire period 5 – Maximal assistance - help throughout task, but performs less than 50% of task on own	8	5
G1g	Shopping	8 –Activity did not occur – during entire period 6 – Total dependence – full performance by others during entire period	8	6
G1h	Transportation	8 –Activity did not occur – during entire period 5 – Maximal assistance - help throughout task, but performs less than 50% of task on own	8	5

Item	Description	Coding Legend	Coding Response
G2a	Bathing	4 – Extensive assistance – weight bearing support	4
G2b	Personal hygiene	8 – Activity did not occur during entire period	8
G2c	Dressing upper body	2 – Supervision –oversight /cueing	2
G2d	Dressing lower body	4 – Extensive assistance – weight bearing support	4
G2e	Walking	0 – Independent no physical assistance, set up or supervision in any episode	0
G2f	Locomotion	0 – Independent no physical assistance, set up or supervision in any episode	0
G3	Primary Mode of Locomotion Indoors	0 – Walking no assistive device	0
G4a	Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking	0 - None	0
G4b	Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period)	No days out	0
G5	Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago	2 - Declined	2

Item	Description	Coding Legend	Coding Response
G6a	Driving Drove car (vehicle) in the LAST 90 DAYS	0 - No	0
G6b	Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving	0 - No	0
H1	Bladder Continence	3 - Occasionally incontinent— Less than daily	3

I1a	Musculoskeletal	0 – Not present	0
I1b	Musculoskeletal	0 – Not present	0
I1c	Neurological	0 – Not present	0
I1d	Neurological	0 – Not present	0
I1e	Neurological	0 – Not present	0
I1f	Cardiac and Pulmonary	0 – Not present	0
I1g	Cardiac and Pulmonary	0 – Not present	0
I1h	Cardiac and Pulmonary	0 – Not present	0
I1i	Psychiatric	0 – Not present	0
I1j	Psychiatric	0 – Not present	0
I1k	Psychiatric	0 – Not present	0
I1l	Psychiatric	0 – Not present	0
I1m	Other –cancer	2 – Diagnosis present, receiving active treatment	2
I1n	Other – Diabetes mellitus	0 – Not present	0

Item	Description	Coding Legend	Coding Response
J1	Falls	0 - No fall in last 90 days	0
J2	Recent Falls [skip if last assessment more than 30days ago or if this is the first	Blank - Not applicable (first assessment, or more than 30 days	Skip coding
J3a	Balance – Dizziness	4 – Exhibited daily in last 3 days	4
J3b	Balance - Unsteady gait	4 – Exhibited daily in last 3 days	4
J3c	Cardiac - Chest pain	3 – Exhibited on 2 of last 3 days	3
J3d	Psychiatric - Abnormal thought process	4 – Exhibited daily in last 3 days	4
J3e	Psychiatric – Delusions	0 – Not present	0
J3f	Psychiatric – Hallucinations	4 – Exhibited daily in last 3 days	4
J3g	GI status - Acid reflux	0 – Not present	0
J3h	GI status – Constipation	4 – Exhibited daily in last 3 days	4
J3i	GI status - Diarrhea	0 – Not present	0
J3j	GI status – Vomiting	0 – Not present	0
J3k	Sleep problems - Difficulty falling asleep or staying asleep	0 – Not present	0
J3l	Sleep problems - Too much Sleep	0 – Not present	0
J4	DYSPNEA (Shortness of breath) Absence of symptom	0 – Not present	0

Item	Description	Coding Legend	Coding Response
J5	Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs)	3 - Severe— Due to diminished energy, UNABLE TO START SOME normal day-to-day activities	3
J6a	Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain)	3 - Exhibited daily in last 3 days	3
J6b	Intensity of highest level of pain present	4 - Times when pain is horrible or excruciating	4
J6c	Consistency of pain	2 - Intermittent	2
J6d	Breakthrough pain	0 - No	0
J6e	Pain Control	3 – Controlled when therapeutic regimen followed, but not always followed as ordered	3
J7a	Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating)	1 - Yes	1

Item	Description	Coding Legend	Coding Response
J7b	Experiencing an acute episode, or a flare-up of a recurrent or chronic problem	0 -No	0
J8	Self-Reported Health	0 – Excellent	0
J9a	Tobacco use Smokes daily	0 – NO	0
J9b	Alcohol use highest number of drinks in any “single sitting” in last 14 days	0 - None	0

K1a	Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS	1 - Yes	1
K1b	Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific]	0 - No	0
K1c	Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day)	0 - No	0
K1d	Fluid output exceeds input	0 - No	0

Coding Response				
Section L: Medications				
Name	Dose	Unit	Route	Frequency
1. bicutamide	50	Mg	PO	Daily
2. Atacand	8	Mg	PO	Daily
3. Vitamin B12	1200	Mcg	PO	Daily
4. Soflax	100	mg	PO	Daily
5. acetaminophen	500	Mg	PO	Tid
6. Dimenhydrate	50	Mg	PO	Daily
8. Hydromorphone	0.5	Mg	PO	Daily
9. Hyderm cream	1	%	TOP	Daily
L2	Allergy to any Drug	0		0

Item	Description	Coding Legend	Coding Response
M1a	Blood pressure measured in LAST YEAR	1 -Yes	1
M1b	Colonoscopy test in LAST 5 YEARS	0 -No	0
M1c	Dental exam in LAST YEAR	0 -No	0
M1d	Eye exam in LAST YEAR	0 – No	0
M1e	Hearing exam in LAST 2 YEARS	0 - No	0
M1f	Influenza vaccine in LAST YEA	1 -Yes	1
M 1g	Mammogram or breast exam in LAST 2 YEARS (for women)	0 - No	0
M1h	Pneumovax vaccine in LAST 5 YEARS or after age 65	1 -Yes	1
M2a	Hospital Use	0	0
M2b	Emergency Room Use	0	0
M2c	Physician visit	1	1
N1	Strong and Supportive relationship with family	1 - Yes	1
O1	Finances	0 - No	0

Supplements Triggered

Triggered Supplements	Actual Results
<p>What Supplements were triggered?</p>	<p>Functional Supplement YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Mental Health Supplement YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Assisted Living Supplement YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Deaf/Blind Supplement YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><i>If a Functional Supplement is triggered then complete Scenario 3 – ‘Complete a Triggered Functional Supplement’</i></p> <p><i>If any of the Optional Supplements (Mental Health, Assisted Living, Deaf/Blind) were triggered it is not required to be completed</i></p>	

Day 2 Complete Scenario 3 –Complete a Triggered Functional Supplement (Continuation of Scenario 2)

****Important****

Please ensure the date created for this scenario is the same date or at least one day apart from scenario 2

Purpose: The purpose of this scenario is to complete a Functional Supplement triggered from a Core assessment for the same client.

Note: if any additional optional supplement (AL, MH, DB) was triggered from the CHA you may choose not to complete it

****Important**:**

To complete the test scenarios please **DO NOT** enter real client information.

When generating names for mock clients it is important to use names unique enough to search easily. The following site is one of many that can generate random names for testing:

<http://www.kleimo.com/random/name.cfm>

Please avoid using names such as ‘Test Client, ‘Consumer A’ etc.

Please also ensure that you record the Assessment IDs generated by your source test software as this information would be required for Part 2 – IAR Submission.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

“interRAI™ Functional Supplement (FS) Assessment Form”

Item	Description	Coding Legend	Coding Response
A5a	Living Arrangement – as compared to 90 days ago	No	0
A5b	Person or relative feels that the person would be better of living elsewhere	No	0
A6	Time since last hospital stay	No hospitalization within 90 days	0
B1a	Procedural memory OK	Memory Problem	1
B1b	Situational memory OK	Yes Memory Ok	0

Item	Description	Coding Legend	Coding Response
B2a	Easily distracted	Behaviour present appears different from usual functioning	2
B2b	Episodes of disorganized speech	Behaviour present appears different from usual functioning	2
B2c	Mental function varies over the course of the day	Behaviour not present	0
B3	Acute change in mental status from person's usual Functioning	Yes	1
C1a	Recurrent statements that something terrible is about to happen	Not Present	0
C1b	Expressions, including nonverbal, of a lack of pleasure in life (anhedonia)	Exhibited on 1 -2 of last 3 days	2
C2a	Wandering	Not present	0
C2b	Verbal abuse	Not present	0
C2c	Physical abuse	Not present	0
C2d	Socially inappropriate or disruptive behaviour	Not present	0
C2e	Inappropriate public sexual behaviour or public disrobing	Not present	0
C2f	Resists care	Not present	0

Item	Description	Coding Legend	Coding Response
D1a	Transfer toilet	Independent – No physical assistance, set up or supervision in any episode	0
D1b	Toilet use How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes—Exclude transfer on and off toilet	Supervision - Oversight/cueing	2
D1c	Bed Mobility How moves to and from lying position, turns from side to side, and positions body while in bed	Independent – No physical assistance, set up or supervision in any episode	0
D1d	Eating How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)	Supervision - Oversight/cueing	2
D2a	Timed 4-meter (13 foot) walk Enter time in seconds, up to 30 seconds	30 or more seconds to walk 4 meters	30
D2b	Distance Walked	Less than 5 meters (under 15 feet)	1
D2c	Distance wheeled self-	Did not use wheelchair	8
D3a	Improvement potential-Person believes he / she is capable of improved performance in physical function	No	0
D3b	Improvement potential-Care professional believes person is capable of improved performance in physical function	No	0
E1	Urinary collection device (Exclude pads / briefs)	None	0

Item	Description	Coding Legend	Coding Response
E2	Bowel Continence Did not occur—No bowel movement in last 3 days	Did not occur—No bowel movement in last 3 days	8
E3	Pads or Briefs worn	Yes	1
F1a	Neurological Hemiplegia	Not present	0
F1b	Neurological - Multiple sclerosis	Not present	0
F1c	Neurological - Paraplegia	Not present	0
F1d	Neurological - Parkinson's disease	Not present	0
F1e	Neurological Quadriplegia	Not present	0
F1f	Infections Pneumonia	Not present	0
F1g	Infections Urinary tract infection in last 30 days	Not present	0

Item	Description	Coding Legend		Coding Response
G1a	Balance Difficult or unable to move self to standing position unassisted	Not present		0
G1b	Balance Difficult or unable to turn self around and face the opposite direction when standing	Not present		0
G1c	Pulmonary Difficulty clearing airway secretions	Not present		0
G1d	Neurological Aphasia	Not present		0
G1e	Other Aspirations	Not present		0
G1f	Other Fever	Not present		0
G1g	Other GI or GU bleeding	Exhibited on 1 of last 3 days		2
G1h	Other Hygiene—Unusually poor hygiene, unkempt, disheveled	Exhibited on daily on last 3 days		4
G1i	Peripheral edema	Not present		0
G2				
G2a	End-stage disease, 6 or fewer months to live	0	No	0
H1a	Height	HT (cm)	170	
H1b	Weight	WT (kg)	78	
H2	Mode of Nutritional Intake	0	Normal—Swallows all types of foods	0
H3a	Wears a denture (removable prosthesis –YES			1
H3b	Has broken, fragmented, loose, or otherwise non-intact natural teeth – NO			0
H3c	Reports having dry mouth –NO			0
H3d	Reports difficulty chewing –NO			0

Item	Description	Coding Legend	Coding Response
I1	Most severe pressure ulcer	Any area of persistent skin redness	1
I2	Prior pressure ulcer	No	0
I3	Presence of skin ulcer other than pressure ulcer	No	0
I4	Major skin Problems	No	0
I5	Skin tears or cuts	No	0
I6	Other skin conditions or changes in skin condition	Yes	1
I7	Foot Problems	No foot problems	0
J1	Medications	Adherent with medications prescribed by physician	2
K	Treatments		
K1a	Chemotherapy	0 Not ordered AND did not occur	0
K1b	Dialysis	0 Not ordered AND did not occur	0
K1c	Infection control—e.g., isolation, quarantine	0 Not ordered AND did not occur	0
K1d	IV medication	0 Not ordered AND did not occur	0
K1e	Oxygen therapy	0 Not ordered AND did not occur	0
K1f	Radiation	0 Not ordered AND did not occur	0
K1g	Suctioning	0 Not ordered AND did not occur	0
K1h	Tracheotomy care	0 Not ordered AND did not occur	0
K1i	Transfusion	0 Not ordered AND did not occur	0
K1j	Ventilator or respirator	0 Not ordered AND did not occur	0
K1k	Wound care	0 Not ordered AND did not occur	0
K1l	Scheduled toileting program	0 Not ordered AND did not occur	0
K1m	Palliative care program	0 Not ordered AND did not occur	0
K1n	Turning / repositioning program	0 Not ordered AND did not occur	0
K2		# of days A	Total Minutes in Last Week
K2a	Home health aides	1	180

Item	Description	Coding Legend		Coding Response	
K2b	Home nurse	0		0	
K2c	Homemaking services	1		180	
K2d	Meals	0		0	
K2e	Physical therapy	0		0	
K2f	Occupational therapy	0		0	
K2g	Speech-language pathology and audiology services	0		0	
K2h	Psychological there by (by any licenced mental health professional)	0		0	
K3	Physically Restrained	No		0	
L1a	Decision-maker for Personal Care [Country specific]	Person		1	
L1b	Decision-maker for Property [Country specific]	Person		1	
M1a	Relationship to person	1 -Child or Child - in – law	9 - No informal Helper	1	9
M1b	Lives with person	0 – No	8 – No informal Helper	0	8
M1c	Areas of informal help during the last 3 days IADL help (IADL Help)	1 – Yes	8 – No informal Helper	1	8
M1d	Areas of informal help during the last 3 days IADL help (ADL Help)	1 – Yes	8 – No informal Helper	1	8
M2a	Informal helper(s) is unable to continue in caring activities— e.g., decline in health of helper makes it difficult to continue	0 – No		0	
M2b	Primary informal helper expresses feelings of distress, anger, or depression	0 – No		0	
M2c	Family or close friends report feeling overwhelmed by person’s illness	1 – Yes		1	

Item	Description	Coding Legend	Coding Response
M3	Hours of Informal care and active monitoring during the last 3 days	Enter a value of 4	4
N1a	Disrepair of the home e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes	No	0
N1b	Squalid condition e.g., extremely dirty, infestation by rats or bugs	Yes	1
N1c	Inadequate heating or cooling e.g., too hot in summer, too cold in winter	No	0
N1d	Lack of personal safety e.g., fear of violence, safety problem in going to mailbox or visiting neighbours, heavy traffic in street	No	0
N1e	Limited access to home or rooms in home e.g., difficulty entering or leaving home, unable to climb stairs, difficulty manoeuvring within rooms, no railings although needed	No	0

Item	Description	Coding Legend	Coding Response
N2	Lives in apartment or house re-engineered accessible for persons with disabilities	No	0
N3a	Outside environment: availability of emergency assistance	Yes	1
N3b	Outside environment: accessibility to grocery store without assistance	No	0
N3c	Outside environment: availability of home delivery of groceries	Yes	1
O1	One or more care goals met in the last 90 days (or since last assessment if less than 90 days)	0 – No	0
O2	Overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)	Deteriorated	2
O3	Number of 10 ADL areas in which person was independent prior to deterioration	Enter a value of 9	9
O4	Number of 8 IADL areas in which person was independent prior to deterioration	Enter a value of 5	5
O5	Time of onset of the precipitating event or problem related to deterioration	0 - Within last 7 days	0

Day 3 Complete Scenario 4 -Complete a Discharge Assessment – Core CHA only

****Important**:**

Please ensure the Assessment Reference Date (Section A:8) entered for this scenario is at least one day apart from scenarios 2 and 3

To complete the test scenarios please **DO NOT** enter real client information.

When generating names for mock clients it is important to use names unique enough to search easily. The following site is one of many that can generate random names for testing:

<http://www.kleimo.com/random/name.cfm>

Please avoid using names such as ‘Test Client, ‘Consumer A’ etc.

Please also ensure that you record the Assessment IDs generated by your source test software as this information would be required for Part 2 – IAR Submission.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

Assessment Type: Discharge Tracking Only -6, Section A, Section P and administrative face sheet is required for completion, ***DO NOT*** provide responses for other sections within the assessment.

Item	Description	Coding Legend	Coding Response
A1- A12	Complete all mandatory fields		
Section P: Discharge			
P1	Last Day of Stay	Date field	
P2	Residential living status at time of discharge	Enter any value 1 -15	

Features Checklist

Reminder: Actual results answers should always be YES. Alert your vendor if any answer is NO

1. Assessment Creation

Steps	Description	Expected Result	Actual Results
1	Start a new assessment	Assessor is able to create a new assessment with a unique id	Can you create a new assessment? YES <input type="checkbox"/> NO <input type="checkbox"/>
			Is the Assessment ID displayed unique YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Check the assessment status displayed	The assessment is assigned an "In Progress" status	Is the Assessment status displayed as 'In Progress'? YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Enter few assessment responses in any order within sections	Assessment responses can be entered randomly in any order or sequence	Can you provide responses randomly? YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Enter notes in one or more sections of the assessment	Notes are appended to each section within the assessment	Are notes appended to the end of each section YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Save assessment	User is able to save assessment at any time while still In Progress	Can you save an assessment in this status at any time? YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Perform a search for the specific Client or Assessment record	The status of the assessment record for that client should remain as "In Progress" and prior responses provided must be displayed	Is the assessment record displayed with an In Progress status YES <input type="checkbox"/> NO <input type="checkbox"/>
			Does the system display previous saved responses? YES <input type="checkbox"/> NO <input type="checkbox"/>

Steps	Description	Expected Result	Actual Results
7	Assessment completion continuation	User is able to continue entering responses within the same assessment record	Does the system allow user continue from where last response was entered? YES <input type="checkbox"/> NO <input type="checkbox"/>
8	Skip entry for Section C2 and Section H 1 and enter responses for all required questions for the assessment and mark as complete	An error message is displayed preventing user from marking the assessment record as complete	Is error message displayed preventing the user from marking the assessment as complete? YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Complete all required mandatory fields for the assessment and mark as complete	marked complete successfully and no error message is displayed	Can you mark it as complete YES <input type="checkbox"/> NO <input type="checkbox"/>
10	View Outcomes Scores and CAPs result	Outcome scores and Triggered CAPs are displayed	Can user view Outcome scores and triggered CAPs YES <input type="checkbox"/> NO <input type="checkbox"/>
11	Perform a search for the specific Client or Assessment record	The user can view the assessment record and the triggered CAPs and Outcome scores, with the status also displayed as Complete	Is Outcome scores and Triggered CAPs displayed YES <input type="checkbox"/> NO <input type="checkbox"/> Is the status of the assessment Complete? YES <input type="checkbox"/> NO <input type="checkbox"/>

2. Supplement Creation

Steps	Description	Expected Result	Actual Results
1	Choose to complete a supplement (not triggered)	User must be able to select any of the supplements to complete even if it was not triggered	Can you choose a supplement YES <input type="checkbox"/> NO <input type="checkbox"/>
2	A supplement is required to be completed based on certain responses provided	A message alert is displayed indicating a supplement has been triggered	Can you view a notification alert YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Choose not to complete a triggered optional supplement (Deaf/Blind, Assisted Living, Mental Health Supplement) and mark core and supplement assessment as complete	Assessment is assigned a Complete status based on the completed core assessment only	Is the assessment record assigned a Complete status YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Choose not to complete a triggered Functional Supplement and mark supplement assessment as complete	An error message is displayed indicating it is mandatory to complete a Functional Supplement if triggered	Is an error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Start triggered Supplement	User is able to enter responses for supplement assessment linked to the initial CHA The status of the supplement assessment should be In Progress	Can you start the triggered supplement YES <input type="checkbox"/> NO <input type="checkbox"/> Is the assessment status displayed as "In Progress" YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Display of responses provided in Section A of Core CHA repopulated in Supplement	Responses from section A of core CHA is repopulated in supplement assessment	Are fields from section A of CHA repopulated to section A of Supplement YES <input type="checkbox"/> NO <input type="checkbox"/>
7	Enter notes in one or more sections of the supplement assessment	Notes are appended to each section within the supplement assessment	Are notes appended to the end of each section YES <input type="checkbox"/> NO <input type="checkbox"/>

Steps	Description	Expected Result	Actual Results
8	Enter supplement assessment responses randomly within the supplements and refer back to the Core CHA to make changes to responses previously provided	User is able to toggle between the Core CHA and the supplements and change prior responses provided within the Core CHA	Can you toggle between Supplement and Core CHA YES <input type="checkbox"/> NO <input type="checkbox"/> Can you enter and change responses randomly between the core CHA and Supplements YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Skip entry for at least 2 questions in the supplement assessment and enter responses for all required questions for the assessment and mark as complete	An error message is displayed highlighting missing mandatory fields	Is error message displayed identifying these fields YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Complete all required mandatory fields for the supplement assessment and mark as complete	No error message is displayed and core and supplement assessment are submitted successfully	Can you mark it as complete YES <input type="checkbox"/> NO <input type="checkbox"/>
11	View Outcomes Scores and CAPs result	Outcome scores and Triggered CAPs are displayed	Can user view Outcome scores and triggered CAPs YES <input type="checkbox"/> NO <input type="checkbox"/>
12	Verify the core assessment is linked to the completed supplement assessment	The completed core assessment must be linked to the completed Supplement assessment as one assessment record	Can you view both the core and supplement as part of one assessment record YES <input type="checkbox"/> NO <input type="checkbox"/>

3. Complete Reassessment

Steps	Description	Expected Result	Actual Results
1	Next reassessment date	A system generated default reassessment date is displayed for the client	Is a default reassessment date displayed for the same client YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Override a default reassessment date	The default re-assessment date is editable	Can the user change the reassessment date YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Start completion of reassessment for the same client	Information entered in Section A and Section B1 of prior assessment is repopulated in the new reassessment record	Is information from last prior assessment for Section A and Section B1 repopulated YES <input type="checkbox"/> NO <input type="checkbox"/>

4. Assessment Cancellation

Steps	Description	Expected Result	Actual Results
1	Create a new assessment, Enter responses to some fields and choose to cancel the assessment record with a cancellation reason	Assessment status is changed to cancelled	Is the assessment status changed to cancel? YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Search for the 'Cancelled' assessment record to verify responses entered prior to cancellation and cancellation reason entered is stored	The record displays responses provided prior to cancellation, cancellation reason entered and status is cancelled	Is a Cancelled status displayed for the assessment record YES <input type="checkbox"/> NO <input type="checkbox"/> Is the cancellation reason displayed YES <input type="checkbox"/> NO <input type="checkbox"/> Values of responses provided are displayed YES <input type="checkbox"/> NO <input type="checkbox"/>

5. Assessment Completion

Steps	Description	Expected Result	Actual Results
1	Enter current date in the Client Date of Birth field	An error message is displayed if Client birth date is current date	Is error message displayed preventing the user to enter current date as DOB? YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Enter a birth date less than current date	The date is accepted as a valid birth date	Is this date accepted as a valid birth date YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Enter an Assessment Reference Date less than the Date Case Opened Example: Assessment Reference Date = September 8, 2010 Date Case Opened = September 12, 2010	An error message is displayed indicating the value entered for the Assessment Reference Date must be greater than the Date Case Opened	Is error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Enter an Assessment Reference Date greater than the Date Case Opened Example: Assessment Reference Date = September 12, 2010 Date Case Opened = September 8, 2010	The date is accepted as valid	Is the date accepted as a valid Assessment Reference Date? YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Enter a date value for the 'Date Case Opened' field, the value entered must be greater than the 'Assessment Reference Date' Example: Date Case Opened = September 12, 2010 Assessment Reference Date = September 8, 2010	An error message is displayed indicating the value entered for the Date Case Opened must be less than the Assessment Reference Date value	Is an error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Enter a date value for the 'Date Case Opened' field, the value entered must be less than the 'Assessment Reference Date' Example: Date Case Opened = September 08, 2010 Assessment Reference Date = September 12, 2010	The date is accepted as valid	Is the date accepted as a valid Assessment Reference Date? YES <input type="checkbox"/> NO <input type="checkbox"/>

7	Enter a Completion date that is less than the 'Date Case Opened' and 'Assessment Reference Date'.	An error message is displayed indicating the Completion Date cannot be less than the Date Case Opened and Assessment Reference Date	Is error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/>
8	Enter a 'Completion Date value that is greater than the 'Date Case Opened' and 'Assessment Reference Date'.	The date is accepted as valid	Is the date entered accepted as a valid date entry YES <input type="checkbox"/> NO <input type="checkbox"/>

6. Assessment Management

Steps	Description	Expected Result	Actual Results
1	Search and View client assessments (based on defined search criteria client Id, status etc)	A historical list of client assessment record is displayed	Is client assessments record displayed based on search criteria YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Print 'In Progress' and 'Completed' assessments (should include CAPs and Outcome scores and header information)	Assessments can be printed	Are assessments, outcome scores, and header information printed properly information? YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Print assessments without Notes section	Assessment can be printed without the notes	Is user able to print assessment without notes? YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Print assessments with Notes	Assessment can be printed with notes	Is user able to print assessment with notes YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Export one or multiple assessment records to CSV or Excel or other file formats	Assessment records are exportable to excel and/or CSV and other file formats	Able to export one or more assessment records to CSV or Excel file format or other file formats YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Print blank assessment	Blank assessment should have the same look and feel as paper version of RAI CHA	Is the blank assessment printout version same as a paper version YES <input type="checkbox"/> NO <input type="checkbox"/>

7. Software Offline Version

Please check with your software vendor to determine how your offline version of the software works as some features may or may not be available in the offline solution delivered by your vendor

Steps	Description	Expected Result	Actual Results
1 - 15	Repeat the steps for assessment creation on pages 52 and 53 in your offline version of the software	Refer to expected result	Refer to actual results for Assessment Creation
16	Ensure that once you are back in the office and connected to your server you are able to upload the assessment created	The assessments records created offline are uploaded successfully	Can you upload the assessment YES <input type="checkbox"/> NO <input type="checkbox"/>
17	Search for assessment record created in offline version of the software	You are able to search and view the assessment record online and all the information is displayed matches the offline version	Are the records created offline searchable in the online version and does the number of record and information match? YES <input type="checkbox"/> NO <input type="checkbox"/>
1-12	Repeat the steps for supplement creation on pages 54 and 55	Refer to expected result	Refer to actual results for Supplement Creation
1-3	Repeat the steps for Complete Reassessment on page 55	Refer to expected result	Refer to actual results of Complete Reassessment
1-2	Repeat the steps for Assessment Cancellation on page 56	Refer to expected result	Refer to actual results of Assessment Cancellation
1-8	Repeat the steps for Assessment Completion on pages 57 and 58	Refer to expected result	Refer to actual results of Assessment Completion
1-6	Repeat the steps for Assessment Management on page 59	Refer to expected result	Refer to actual results of Assessment Management

8. Organization and Assessor Reports

Steps	Description	Expected Result	Actual Results
1	Ensure your vendor has developed the following Assessor Reports: 1. Client's CAPs and Outcomes Report	The data generated in the report should be accurate when checked against the actual assessment record	Is the data generated accurate YES <input type="checkbox"/> NO <input type="checkbox"/>

		Report features such as filters, format of display, sort are working properly	Are all the features working properly YES <input type="checkbox"/> NO <input type="checkbox"/>
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9. Extract and Submit the XML Files

Steps	Description	Expected Result	Actual Results
1	Extract and Submit assessment data in XML format	File name should conform to the following format [Assessment Type]<YYYYMMDD><HHMM><OOOO><ZZ>.<999>.xml [RAI CHA]<20100923><08:30><1234><IA>.<002>.xml Where: [Assessment Type] , 'RAI CHA', YYYYMMDD – the date when the export process started; HHMM - time when the export process started (note 24 hour clock is used); OOOO – organization ID, or parent organization id used in assessment application in multi-site environments (in case of OCAN); ZZ - target system suffix, 'IA' for Integrated Assessment; 999 - File sequence number, a sequence number of extracted file if export is broken into multiple parts, default value 001.	Is the generated file in the required format YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Extract and submit files that include CHA,FS,AL DB and MH	Only completed assessments files will be submitted in XML file, the status must = Complete. Supplements based on the conditions outlined will be submitted as part of assessment <ul style="list-style-type: none"> • Triggered and Not Completed • Triggered and Completed • Not Triggered and Completed 	Do all assessment records have a completed status? YES <input type="checkbox"/> NO <input type="checkbox"/> Are there assessment records with any one of the conditions outlined? YES <input type="checkbox"/> NO <input type="checkbox"/>

Part 2

Vendor Development and Compliance Tests (IAR Test Submission)

Vendor Development and Compliance Test – Phase 1

IAR Test Identity Information (assigned by CCIM)

Organization ID	
Application ID	
Username	
Password	

Purpose

The compliance tests are meant to ensure transmissions to the IAR:

- meet IAR Technical Specifications as outlined within the CCIM Data Submission and Technical Specifications V1.0,
- can handle simple activity sequences regarding assessments,
- Can create historical output as per IAR requirements.

Scope

There is one submission tests that cover both manual file uploads through IAR and the IAR Web Service using the “Submit Assessment” operation. In order to successfully pass the test, the submission must pass through schema validation and import into the IAR without error.

The tests themselves will confirm that the following criteria are met:

1. The IAR Submission Envelope is formatted correctly.
2. The IAR SOAP Envelope is formatted correctly (Web Service only).
3. All necessary Submission Header values properly configured.
4. Assessment data and IAR PHI data match correctly.
5. Assessment data is passes schema validation.
6. All of the various assessment types are covered.
7. All allowed actions (adding, updating, deletion) work as expected.
8. Historical information can be produced, submitted and accepted in IAR.
9. Error conditions are handled by vendor software.

For data submission to IAR please refer to the Data submission and Technical specification document on the Integrated Assessment Record section of the Vendor portal at www.ccim.on.ca

How to obtain access to the IAR Test Environment

Prior to any test submission, a specific vendor account must be setup within the IAR Test Environment. IAR will issue unique Organization, RAI-CHA and application identifiers to be used by the vendor for all test purposes.

An account will be made available by an email request to iar@ccim.on.ca with a subject line of “IAR Technical – Request Vendor Test system access”.

What tests need to be performed?

The tests comprise of 2 main categories, Web Service submissions and Manual File upload. In order for a system to be deemed compliant using either method, the test steps listed for that category must be completed. The same set of assessment data can be used for both test categories.

For RAI-CHA submissions, HSPs are requested to submit assessments that meet the Test Scenarios content outlined within the interRAI CHA Implementation Validation Guide Part 1.

IAR Validation Environment – HSP Instructions for Manual and Web Service Submissions

This information is regarding access to the IAR validation environment for HSPs to complete implementation validation testing.

- Note: You must first complete the test scenarios included in this Guide and record the Assessment IDs generated by your source test software.
- Important: When generating names for mock clients it is important to use names unique enough to search easily. The following site is one of many that can generate random names for testing:

<http://www.kleimo.com/random/name.cfm>

Please avoid using names such as 'Test Client', 'Consumer A' etc.

Web Service Configuration:

You will need to configure your source test software environment to submit automatically to the IAR validation environment. You may want to confirm with your vendor as this may already be set up. If it is not, and you require assistance to configure your source test software environment, please contact your vendor. Please also ensure that your vendor provides instructions for completing a web service submission.

Configuration Details:

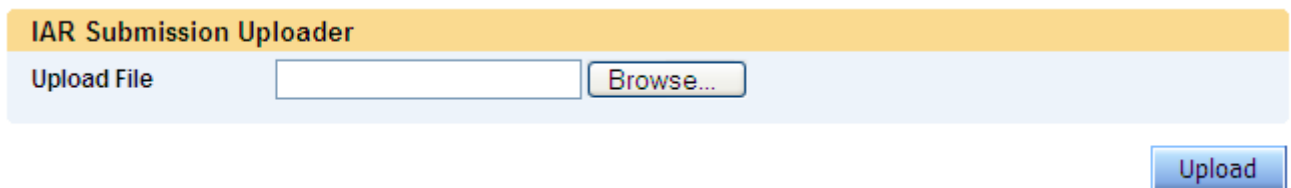
- To configure web service submissions in your source test software, the submission url is:
<https://iarintest.ccim.on.ca/iar/services/SubmissionService>.
- Configure your source test software with the user ID: **Contact CCIM or your vendor to obtain the user ID**
- Configure your source test software with the password: **Contact CCIM or your vendor to obtain the password**

Web Service Submission Verification:

1. Once you have completed your web submission, Sign into the IAR validation environment (with the same username and password as above) to review the status of your submission via this link: <https://iarvt.ccim.on.ca/concerto/Concerto.htm>. This is a direct link to the IAR validation environment.
2. Enter the first and last name of your mock client in the appropriate search boxes
3. Click on 'Search' and ensure that you are able to find your mock client and associated assessment scenarios
4. If you have successfully found your mock client and associated assessment scenarios, please request validation of your test submission by e-mailing CCIM at iar@ccim.on.ca. Subject Line: Request for Validation
5. Please provide the following in your request:
 - a. Mock client's first and last name used in the submission
 - b. Assessment IDs (generated by your source test software)

Manual Uploads:

1. Open your internet browser and go to the following link: <https://iarvt.ccim.on.ca/concerto/Concerto.htm>. This is a direct link to the IAR validation environment.
2. Use the user ID: **Contact CCIM or your vendor to obtain the user ID**
3. Use the password: **Contact CCIM or your vendor to obtain the password**
4. The Menu Bar on the left hand side of the IAR window is the primary navigation method. Click on 'Submissions'
5. Click on 'Upload'



IAR Submission Uploader

Upload File

6. The above screen will appear
7. Click on 'Browse' and choose the submission file you wish to upload
8. Once the file appears in the window, click 'Upload'
9. Return to the Menu Bar, select 'Person Search'
6. Enter the first and last name of your mock client in the appropriate search boxes
7. Click on 'Search' and ensure that you are able to find your mock client and associated assessment scenarios

8. If you have successfully found your mock client and associated assessment scenarios, please request validation of your test submission by e-mailing CCIM at: iar@ccim.on.ca. Subject Line: Request for Validation
9. Please provide the following in your request:
 - a. Mock client's first and last name used in the submission
 - b. Assessment IDs (generated by your source test software)

If you have any questions regarding these instructions, please contact us via the Support Centre: 1-866-909-5600 option 8 or e-mail: iar@ccim.on.ca.

Step – Scenario Coverage

Test Type	RAI-CHA 2010
Add New	pass/fail
Update	pass/fail

This should reflect multiple assessments types per upload based on scenarios outlined in the software implementation validation guide part1 for the various assessment types (New, Reassessment and Discharge)