NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

The Coordinated Assessment System (CAS)
Summary Guidance Document for the Person/Family and Supports Conversation

OPWDD's Coordinated Assessment System, or CAS, will assess a person's strengths, interests, and needs. The results of the CAS are several summaries that will be available for the Care Manager[1]/Qualified Intellectual Disabilities Professional (QIDP) to share, review, and discuss with the person, actively involved family member or Legal Guardian (LG), and the person's supports (i.e., residential/day service provider), as appropriate. In addition, these summaries are a starting point for discussion and must be used for the person-centered planning process. This guidance document was developed to help with the understanding of the CAS summaries and must be used during the review of the summaries. Please have available copies of the CAS summaries, as you read this guidance document.

The Summary Guidance Document for the Person/Family and Supports Conversation contains information and explanations of the following:

I. **The CAS Assessment Process**
II. **The CAS Summaries**
   a. **Personal Summary**
   b. **Summary of Assessment Administrative Requirements**
   c. **Medications Report**
   d. **Supplements**

I. The CAS Assessment Process

The CAS is a person-centered assessment. The CAS begins with the assessor scheduling an interview or observation of the person. The interview or observation is scheduled at a time, date, and location that is most convenient for the person. The assessor is trained to respect the person's time, interests, and to ensure that the assessment process does not interfere with the person's life. If the person is unable to schedule the interview/observation, the assessor will coordinate the interview/observation with the person's supports.

The assessment interview/observation is designed to include the person at any level that he/she wants to participate. Some people may choose not to, or may not be able to, participate in an interview. The assessor has experience working with people with intellectual and/or developmental disabilities and is able to gather information either by observing the person or through an interview.

If the person is interested and able to be interviewed, the assessor will complete the interview through a guided conversation. The interview is designed to help the person feel comfortable and to be flexible enough to meet the person's needs and ways of communicating. Information about the person is collected directly from the person first. This allows the person to choose what he/she would like to share and allows the person to focus on what he/she feels is important.

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[1] Care Managers and Intermediate Care Facility (ICF) Active Treatment Coordinators (ATCs) are to utilize this guidance when reviewing the CAS summaries.

Several items in the CAS can only be answered by the person if he/she is able (see below: Person-Specific Items). If the person is unable to communicate, through any form of communication, or chooses not to answer these items in the CAS, the answer recorded will be "could not (would not) respond". For the *Individual's expressed goals* item (when asked), the person should be encouraged to express personal goals in his/her own words. The assessor will record only those goals expressed by the person. If the person responds, but is unable to articulate any goals (e.g., makes comments such as, "I'm only here because my family said I had to come but there's nothing that you need to help me with!"), the assessor will record "None provided". If the person is non-communicative, the assessor will record "None provided".

Person-Specific Items

Items that require information provided only/directly from the person

- *Individual's expressed goals*
- *Person prefers change*
- *Self-reported health*
- *Physical function improvement potential*
- *Self-reported mood*
- *Finds meaning in day to day life*
- *Reports having a confidant*

After the assessor has finished the interview/observation with the person, the assessor will interview others who know the person well. Some of these people are referred to as a "knowledgeable individual(s)" and include people who have known the person for at least 3 months, see the person at least weekly, and have spent time with the person within the 3 days before the assessment interview/observation. The knowledgeable individual(s) interview is utilized by the assessor to gather additional information and to clarify information that was shared by the person or observed by the assessor. In some instances, the knowledgeable individual is a family member, and, in others, it is not. Actively involved family members/LGs, and/or advocates, regardless of whether they are "knowledgeable individuals", as defined above for the CAS, are also included in this interview process. Some items in the CAS require input from the knowledgeable individual and family/advocate (see below: Family-Specific Items). For the *Parent/Guardian/Advocate's expressed goals* item, the assessor will record the parent/family/guardian/advocate's verbatim response, and will enter "None provided", if the parent/family/ guardian/advocate is unable to articulate a goal or give a response. The item *Family/Support (Care Professional) believes person is capable of improved performance in physical function* must have a response and may not be left blank or unanswered. If information is unavailable, the assessor has been trained to utilize the "No" response option.

Family-Specific Items

Items that require information provided only/directly from the knowledgeable individual and family/advocate

- *Parent/Guardian/Advocate's expressed goals*
- *Care professional believes person is capable of improved performance in physical function*

Next, the assessor will review available records to inform completion of the CAS. This also provides an opportunity for the assessor to verify information, as needed, from the interview/observation with the person and the people who know the person well. In addition, the records review is a needed step to accurately record certain information that is part of the CAS assessment, such as the person's developmental disability diagnosis and the severity of intellectual disability, if any. After reviewing the records, the assessor may follow up with the person and/or knowledgeable individual(s) to clarify or confirm any new information learned, as needed.

Once the assessor has completed the CAS, he/she will document the following information in the CAS (see below: Assessment Administrative Requirements):

Assessment Administrative Requirements

Information assessor will enter after completing the CAS

- *Dates and names/titles of people who were mailed the CAS assessment notification letter*
- *Names of all the people who were interviewed and their relationship to the person*
- *Dates interviews were completed*
- *Names/types of the records that were reviewed, who the records were signed by, and the dates they were signed*

This information becomes part of the CAS and can be found in the Summary of Assessment Administrative Requirements.

II. The CAS Assessment Summaries

Once the assessor completes the CAS, several summaries will be made available to the Care Manager/QIDP to share, review, and discuss with the person, actively involved family member/LG, and the person's supports (i.e., residential/day service provider), as appropriate. These summaries are: Personal Summary, Summary of Assessment Administrative Requirements, and Medication Report. If additional information was gathered on a CAS supplement, then these completed supplements will also be included. The available supplement summaries, if completed for a person, are the Mental Health Supplement, Forensic Supplement, and Substance Use Supplement. These summaries provide a comprehensive snapshot of a person and his/her strengths, interests and needs. The CAS summaries are designed to support the conversation between the person, actively involved family member or LG, the

person's supports (i.e., residential/day service provider), as appropriate, and the Care Manager/QIDP, in the development of a person-centered care plan.

Below is an explanation of each CAS summary and what is included.

a. Personal Summary

The CAS Personal Summary includes the key information about a person's social involvement, activities of daily living, mental and physical health, as well as a report of current services. Each Personal Summary is unique to the person being assessed and includes the person's life experiences and goals, and then moves into areas of need.

The Personal Summary has five sections:

Section 1: Identifying information:

This section provides information about the person's living arrangement, as well the nature of the person's developmental disability, and identifies up to two decision makers regarding personal healthcare and property.

This section will also display information regarding the age at which the person left the family home. It is important to note that special responses may apply to this information. For instance, if the person was never in the family home, a response of "00" will appear in the summary. In addition, a response of "88" will indicate that this item is not applicable (i.e. person never left the family home). Finally, a response of "99" will represent that the answer for this item is unknown (e.g., information was not made available to assessor, or there is no information regarding this topic).

This section also provides information about the number of years the person spent living in an institutional setting. For the purposes of the CAS, an institutional setting is defined as follows: state operated campus-based institutional setting (e.g., developmental center, state operated school), intermediate care facility (ICF) either state operated or agency operated for persons with an intellectual and/or developmental disability. Special responses may apply for this information as well. If the person has never lived in an institution, a response of "00" will be displayed in the summary; if the answer is unknown, a response "99" will appear. If the person has lived in an institutional setting for less than one year (i.e., 1-364 days), this will be represented by "1".

Section 2: Goals/Strengths/Social and Community Involvement:

This section provides information about the person's expressed goals and the parent/guardian/advocate's expressed goals. It also identifies the person's characteristics, strengths, abilities, preferences, and areas of the person's life that he/she would like to change.

For example, the assessor will ask the person about areas in his or her life that he/she may want to change. One area an assessor will ask about is the person's employment, and if there is any desire to change. If the person wants to change anything about his/her job, the item *Person Prefers Change – Paid Employment* will say "Yes". If during the interview, the person shares the type of change in job or employment, then the assessor will add this information. For example, during the interview the person says she would like a change in her job because she would like to work outdoors. The assessor will write "person stated she prefers to work outdoors" in the box

following the item *Person Prefers Change -Paid employment*, and this will be included in the Personal Summary. It is important to mention that for the purposes of the CAS, employment refers to competitive employment, this is: the person receives adequate pay for work (e.g., minimum wage or better). The assessor does not probe or solicit the nature or specifics related to preferred change. The assessor only records what is reported/volunteered from the person.

Note: The items *Individual's Expressed Goals*, *Person Prefers Change*, *Finds Meaning in Day to Day life*, and *Reports Having a Confidant* are self-reported items and the response(s) listed are based only on what the person is able or willing to share (see above: Person-Specific Items).

Section 3: ADLs/IADLs/Status of Paid/Unpaid supports (non-medical):

This section provides information about the person's current supports, skills and abilities, and his/her ability to complete everyday activities. This section also includes information about support provided to the person by someone who is unpaid, such as the person's parent/family member/key support. In addition, this section covers the focus of supports and/or services, which includes both formal supports/services received in the last 30 days or scheduled to occur-within the next 30 days.

Instrumental Activities of Daily Living (IADLs) documents areas of ability most commonly associated with independent living and that are measured by the person's actual performance on these tasks and his/her capacity to complete a task. These items look at a very specific timeframe. The timeframe is the last 3 days before the assessment interview. For example, the assessor may observe the person's ability to prepare a meal, or portions of a meal. The assessor will also ask the knowledgeable individual(s) if the person prepared a meal in the past 3 days and if so, how much support was needed. It is important to note that the assessment of the person's performance AND capacity needs to refer to the last 3 days before the assessment interview. Therefore, in some instances, differences between performance and capacity could be explained by the person being in a situation with limited access to express his or her full abilities (e.g., restrictive setting, temporary physical limitations, etc.).

Activities of Daily Living (ADLs) documents the person's abilities in self-care activities, such as personal hygiene and eating, over the 3-day timeframe before the assessment interview date. It is important to differentiate the item *Eating* from the item *Mode of nutritional intake* (found in section 5 of the personal summary). *Eating*, as an ADL, refers to how the person eats and drinks (regardless of skill), and includes intake of nourishment by other means (e.g., tube feeding). On the other hand, the item *Mode of nutritional intake* describes the diet consistencies and modifications that help address the person's swallowing difficulties. In this context, a person could have his/her diet modified to address swallowing concerns, but the person could be independent while eating his/her food.

Information about the role and status of the parent/family member/key unpaid support is also available in this section. For instance, the assessor will ask about what types of unpaid support have been provided to the person in the last 3 days by the parent/family member/key unpaid support.

Section 4: Cognition/ Communication/ Sensory:

This section provides information about the person's cognitive function and ability for daily decision-making, such as following instructions, organizing daily self-care activities, adapting to changes in routine or environment, and in making safe, independent decisions in the community. The item *Cognitive skills for daily decision making* reflects the person's ability and actual performance in making decisions about ADLs (e.g., choosing items of clothing, knowing when to go to eat meal, asking information and assistance when needed). This section also assesses issues that may be currently impacting the person's abilities in these areas. For example, if during the interview, a parent reports that in the evening, the person appears to have difficulty communicating and that he isn't able to finish a thought or doesn't make sense when telling a story. The assessor will ask if this is different from the person's usual functioning or way of acting, or if this observation is consistent with the person's usual functioning. This detail will be included in this section of the Personal Summary.

Additionally, this section records how the person communicates (i.e., verbally or nonverbally), and the status of his/her vision and hearing (including the use of any adaptive devices, such as eyeglasses or adaptive hearing devices).

Section 5: Physical and Mental Health

This section provides information about the person's perception and/or support person's observation of physical health, substance use, mood and behavior, contact with medical service providers in the last 30 days, and hospital stays in the last 90 days. Mental health diagnoses, or indicators of acute change in mental status, possible depression, anxiety or psychosis will trigger the Mental Health Supplement. It is important to note that the behavior symptoms recorded in this section of the personal summary reflect the presence of the behavior regardless of its intent. For instance, self-injurious behavior in this section will refer to behaviors, such as banging head on wall, pinching, biting, scratching, etc. regardless of the intent (i.e., the person may engage in these behaviors accidentally or unconsciously, or the person may have the objective of hurting him/her self). On the other hand, self-injurious behavior in the Mental Health Supplement will refer to both lethally motivated suicidal behavior, and behavior that inflicts intentional self-injury without the suicidal intent (e.g., self-mutilation).

Police intervention or violent acts with purposeful or malicious intent will trigger the Forensic Supplement. Certain alcohol use in a 14-day period, as well as if the person's social environment facilitates the use of drugs or alcohol, will trigger the Substance Use Supplement. An assessor may believe that additional information should be gathered in one or more areas addressed by the Supplements, based on information learned from interview/observation or documentation that would not otherwise trigger a supplement. The assessor should use professional judgement to trigger a Supplement(s), if necessary (i.e., if the person seeks out substances containing alcohol (e.g., mouthwash/perfume) with the **intention** of getting intoxicated, the assessor would trigger the Substance Use Supplement and make a note in the Comments Section of the Substance Use Supplement).

Preventative health services provided within the last year or two, as well as disease diagnoses, are documented in this section of the Personal Summary.

This section also identifies any significant life events that may currently be affecting the person's overall well-being or impacting his/her daily life.

Note: The items *Self-Reported Health*, *Physical Function Improvement Potential*, and *Self-Reported Mood* are self-reported and the response(s) listed are based only on what the person is able/willing to share (see above: Person-Specific Items).

b. Summary of Assessment Administrative Requirements

The CAS Summary of Assessment Administrative Requirements documents the assessment administration requirements, such as dates and names of people who were mailed the CAS assessment notification letter, names of people interviewed and their relationship to the person, dates of the interviews, and names and dates of the documents reviewed (see above: Assessment Administrative Requirements).

c. Medications Report

The CAS Medication report includes medications the person has taken over the 3-day timeframe before the assessment interview. All available information is recorded, including the source of the information (e.g., person, pill container, record, etc.). It is important to mention that the Medications Report should NOT be considered a medical record. The objective of this report is to assist in identifying potential physical and emotional problems related to the taking (or failure to take) one or more medications. In addition, this report only lists active prescribed medications of the **last 3 days**, and all non-prescribed (over-the-counter) medications taken in the **last 3 days**.

d. Supplements

Depending on the person, the assessor may complete additional Supplements to gather more information. These supplements are:

- Mental Heath
- Substance Use
- Forensics

Each of these CAS Supplements may identify priority areas of need in the person's life, such as mental health, forensic, or substance use.

Note: Not everyone will have a completed CAS Supplement. These Supplements are completed only if during the assessment interview there is an indication that the assessor needs to gather more information about the person in any one, or more, of these areas.

Thank you for your participation in the Coordinated Assessment System (CAS). Should you have any questions about the assessment process and/or the CAS summaries, please contact:

coordinated.assessment@opwdd.ny.gov