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1115 DEMONSTRATION WAIVER

Welcome Access and Choice Design Team Members

August 16, 2011



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Commissioner



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Governor



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Commissioner



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Meeting Objectives

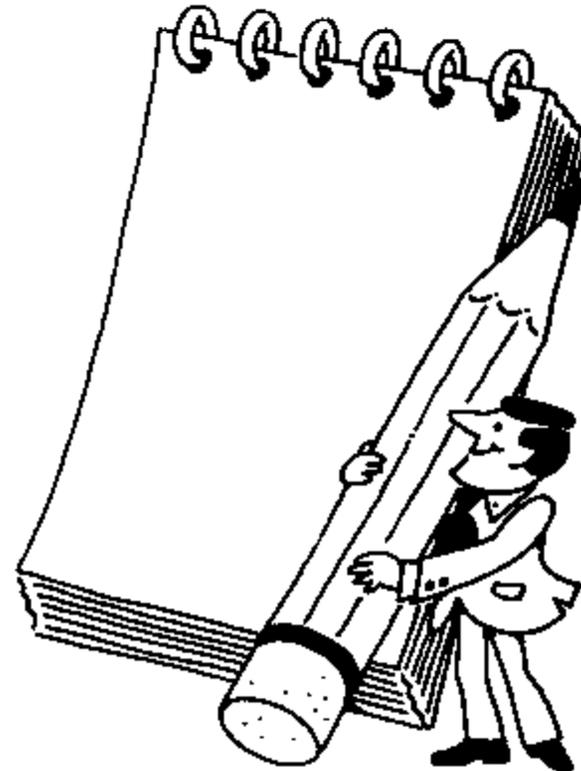
To review deliverables associated with the Assessment Tools Technical Subgroup to help inform discussion and recommendations related to needs assessment in the People First Waiver (charter question # 2, see Worksheet 1).



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Updates

1. Approve Summary of July 29th Meeting
2. Updates on Design Teams and Technical Workgroups
3. Other Updates





Review of system challenges we want to address through valid and equitable needs assessment

- ✓ Resource availability for supports and services is frequently less than service demand—we want individuals to have fair and equitable access to resources needed to access the appropriate level of supports and services to meet their needs
- ✓ Infrastructure to support more individualized service options is not well developed and differs geographically— we want consistent statewide infrastructure to support individualized service options—consistent and equitable needs assessment needs to be part of this
- ✓ Current administrative practice can limit portability and individual choice—statewide valid and consistent needs assessment will enhance portability of resources



Review of system challenges we want to address through valid and equitable needs assessment

- ✓ Payment systems and funding largely committed to institutional or less integrated/less flexible service systems— In order to have a “money follows the service system” approach, consistent valid assessment tools are necessary.
- ✓ Access to appropriate supports that cross systems is challenging



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Design Team Parameters Most Relevant for Today's Discussion on Needs Assessment

There will be a standardized needs assessment instrument and/or tool that will be consistently applied across the People First Waiver to determine each individual's strengths, needs, and preferences. This needs assessment tool will be used to allocate resources equitably and will be administered by an entity that is independent from service delivery





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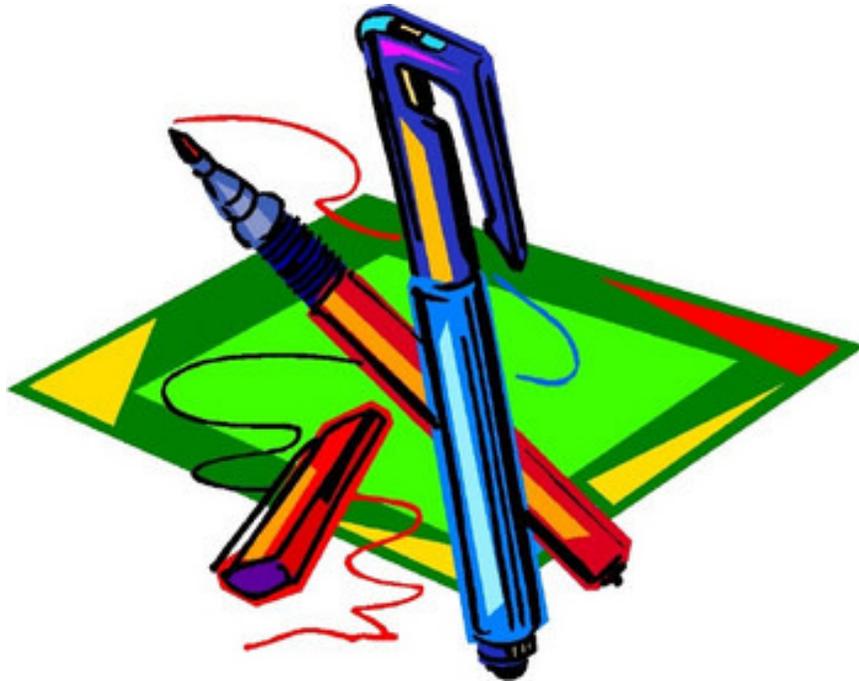
Needs Assessment Recommendations – Worksheet 1

- Today, we need to complete the team’s recommendations related to needs assessment.
- The work of the Needs Assessment Tools Technical Subgroup will help to provide us with ideas/inspiration to complete the charter questions and to make informed recommendations.
- Please use worksheet 1 to jot down your ideas and recommendations as we move through these presentations



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Assessment Tools Technical Workgroup



- ❖ Each workgroup member was assigned an assessment tool to compare to the OPWDD DDP and to answer specific questions related to process and administration of needs assessment using the assigned tool in other state systems that support people with developmental disabilities



Presentations

- Overview/Review of OPWDD DDP (Chris N./Chris M.)
- Developmental Disabilities Profile (DDP) in Kansas and Ohio (John K.)
- Connecticut Level of Need (Chris N)
- ICAP (Peter)
- Wisconsin Functional Screen (Jerry)
- CAANS (Anne)
- Supports Intensity Scale (SIS) (John M.)
- Florida Situational Questionnaire (Barbara W.)
- Health Risk Screening Tool (Maryellen)



OPWDD Developmental Disabilities Profile (DDP)

- The DDP2 was initially developed to inform ICF and Day Treatment (DT) rate-setting methodologies—it could be argued that it has some institutional bias.
- Today, the DDP2 is still used to inform and/or determine reimbursement levels in certain programs such as ICF/DD, DT, Family Care, IRA rate appeals/price adjustments for staffing needs.
- DDP2 is used as a basis/resource for determining personal resource accounts/individualized budgets for the Consolidated Supports and Services (CSS) and Portal pilot programs.
- At an aggregate level, the DDP2 data is used for research and planning purposes and to inform policy makers.
- Other than with CSS/Portal pilots, the DDP is not linked to individual assessment and individual needs/resource allocation or person-centered planning in a meaningful way that is driven by OPWDD requirements/infrastructure. Various providers may use the DDP2 as a resource within their own agency structures to assess and serve individuals.



DDP

Stakeholder Criticisms about the DDP

- Deficit based model
- Inconsistent results depending upon who is administering it
- Duplicative—required too many times in too many settings—why needed?
- Insufficient training on how to administer it
- Since DDP results may relate to provider reimbursement levels, it could be construed that incentives exist to skew results
- The DDP validity can be called into question due to potential bias from those completing them

OPWDD Preliminary Policy Staff Analysis

- OPWDD heavily invested in infrastructure of DDP
- Strong need exists to revamp agency DDP support system i.e., training investments, audit and control frameworks
- Past studies have indicated that the DDP can successfully predict support staffing needs
- Has inter-rater reliability
- DDP likely needs to be enhanced to capture key areas such as natural supports and community safety needs
- cursory review of other state approaches to needs assessment practices finds that the simple majority do not allow for decentralized form completion (done by providers themselves)



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Presentations of tools used in other state systems serving people with developmental disabilities



Health Risk Screening Tool (HRST)

- ❖ Web-based screening instrument
- ❖ Screens for health risks associated with a wide variety of disabilities and other conditions that specifically affect systems of the body and the person's ability to engage in functional activities.
- ❖ Part of the instrument examines the health risks associated with psychiatric or behavioral disorders, particularly those that result from medications, self-injurious behavior or restriction of movement.
- ❖ The most important outcome of the HRST screening is to guide in the provision of health care support and surveillance. The instrument is used to determine the types of further assessment and evaluation required by the person to be safe and healthy in a less restrictive setting.



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Discussion of Potential Applicability of factors considered in other tools to People First Waiver Needs Assessment

Worksheet 1 Recommendations



Purpose for Needs Assessment

At individual level:

Appropriate resources to meet assessed needs

Provide basis for person-centered planning, comprehensive care plan, and individualized self-directed budget methodology

Provide basis for determining whether individual needs and outcomes are met

Provide basis for quality review and oversight

Portability of resources among choice of providers

Provider Level:

Provide information for decision making related to staffing needs and information to plan appropriate individualized and person-centered service provision.

Early warning of potential health risks so that protective measures can be integrated

Systems Level:

Statewide equitable resource allocation contributes to system sustainability

Information from which to derive cost of service provision and to develop capitated payments for managed care entities and risk adjustment (if applicable)

Planning and Research



Characteristics for Entities That Administer Needs Assessment

- ✓ Independent and Unbiased
- ✓ What entities should perform the needs assessments—consider initial and reassessments
- ✓ State role?
- ✓ Qualifications?
- ✓ Connection to No Wrong Door?



Domains/Factors to Assess

- ✓ Strengths/Skill assessment
- ✓ Person-centered goals and objectives
- ✓ Community living/community activities/recreation
- ✓ Home living—choice—environmental needs
- ✓ Health and safety risk factors
- ✓ Social
- ✓ Self-Advocacy and protections
- ✓ Natural supports/family/caregiver factors
- ✓ Medical
- ✓ Behavioral
- ✓ Community safety, forensic history



Administrative Framework/Management of Assessment System

- ✓ **Training and Education:** Consistent and intensive training and education must be provided to individuals/entities that conduct needs assessment.
- ✓ **Ongoing Skill Building:** Resources/Tools (e.g., web-based training modules) for strengthening needs assessment skills should be made universally available through a No Wrong Door model.
- ✓ An **Information management system** that is web-based and integrated into a “**No Wrong Door**” and provides for comprehensive and consistent cross-systems assessment tools and electronic records is necessary.

Transparency: transparency and thorough use of **web-based technology** are components that need to be integrated in the needs assessment and resulting resource allocation process.

Checks and Balances: There needs to be consistency in qualifications, training for people that complete assessments, independent quality review of assessments, and other checks and balances in the system.

Plan: The assessment tool(s) must be able to perform an assessment that seamlessly transitions into a holistic, comprehensive person centered plan.



Resource Allocation

- ✓ **Flexibility:** Needs assessment that drives resource allocation needs to build in flexibility to address emergency and crisis needs without staffing for these emergencies all the time. Flexibility is needed to adapt to changes in the person's support needs (e.g., if a primary caregiver is ill). The needs assessment cannot be on "automatic pilot".
- ✓ **Predictability:** resources should be available when people need them. Consider developing resource needs based upon the person's worst day so that there is some flexibility to address emergency and crisis needs without having to go through lengthy application processes.
- ✓ **No Denial of Needed Services:** Care Management/Managed Care Organizations (MCOs) should not be able to deny any needed services/supports/resources that are identified through the needs assessment process.
- ✓ All individuals should have the right to **choose "budget authority"**—which is an individualized budget that the individual can self-direct (i.e., make choices about how individualized budget is used for supports and services) which is derived from the needs assessment and person-centered planning process.



Reassessment

- ✓ Annually at a minimum
- ✓ Whenever needs/circumstances change
- ✓ Should not be duplicative
- ✓ Should connect to info management system and No Wrong Door across systems
- ✓ Person-centered planning inherent throughout



Quality Oversight

- ✓ Independent
- ✓ Ensure person's needs are being met according to assessment and person-centered plan
- ✓ Outcomes
- ✓ Assessments and the planning process should start with personal outcomes. Quality measurements should then ensure that these are being met for the individual. There needs to be full acceptance of an individual's dream with a clear dialogue about how to best realize desired outcomes (Quality Design Team).



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- ✓ Recommendations for Needs Assessment Components in Pilot/Demonstrations?



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Next Meeting

August 29th 10 AM to 3 PM

- Review of all team recommendations
- Design Team report to be provided