



**Attachment 2  
Assessment Tools Technical Workgroup Report  
August 16, 2011**

<b>Table of Contents</b>	<b>Page Number</b>
I. Purpose	2-3
II. Background	3-5
III. Needs Assessment in OPWDD’s Current System	6-8
IV. Assessment Tool Reviews; Health Risk Screening Tool (HRST)	8, Attachment 2A, 2B
V. Lessons Learned	8-9
VI. Considerations and Recommendations	9-13
VII. Recommended Next Steps	14-16, Attachment 3
VIII. Assessment Tool Sources: Attachment 3	17-20

**Respectfully Submitted to the Access and Choice Design Team by the Assessment Tools Technical Subgroup:**

Jerry Huber, Access and Choice Design Team, Long Island DDSO Director  
 Maryellen Moeser, OPWDD People First Waiver Unit  
 Anne Swartwout, OPWDD People First Waiver Unit  
 Lauren Lange, OPWDD People First Waiver Unit  
 John Maltby, Access and Choice Design Team, Parent, Program Director/WIHD  
 Barbara Wale, Access and Choice Design Team, Monroe ARC  
 Peter Smergut, Access and Choice Design Team, WORC  
 Chris Muller, Access and Choice Design Team, OPWDD Research and Planning  
 Chris Nemeth, Access and Choice Design Team, OPWDD Director-Research and Planning  
 John Kemmer, Fiscal Sustainability Design Team, NYSARC  
 Hope Levy, Care Coordination Design Team, IAC

**Other contributors:**

Jill Pettinger, OPWDD Assistant Commissioner  
 Pat Dowse, NYSACRA  
 Kate Bishop, OPWDD People First Waiver Unit  
 Diane Woodward, Wildwood





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

### Purpose:

The purpose of this report prepared by the Assessment Tools Technical Workgroup is to provide information to the Access and Choice Design Team to use to help team members make informed recommendations related to individual and administrative factors that should be incorporated into the People First Waiver in order to move towards the goal of statewide valid needs assessment and equitable resource allocation.

The Assessment Tools Technical Subgroup was chartered by the Access and Choice Design Team to review selected needs assessment instruments utilized in other states/systems for identifying individual supports/service needs and resulting resource allocations for people with developmental disabilities. Key questions that the subgroup was to explore for each assessment instrument included the following:

- Domains/factors assessed for each instrument
- What is missing from the New York State Developmental Disabilities Profile (DDP) that is in the reviewed assessment instrument and what is the value of assessing these factors/domains for applicability to New York State OPWDD's system?
- What is the process/administrative framework for administering the instruments and managing the assessment system?
- How is person-centered planning and individual goals integrated with needs assessment?
- How does the needs assessment process lead to a comprehensive care plan?
- How are changes in life circumstances taken into account after the assessment has been completed and resources, supports and services allocated? How often are needs reassessed? What triggers reassessment?
- What are the organizations that administer the needs assessment and what is the role of the state in the process?
- What are the qualifications of the organizations and specific individuals who conduct the needs assessments? What are the training requirements and expectations for ongoing training?
- How are individuals and families apprised of how the needs assessment process and methodology works? Are individuals and families trained on how the instruments are used?
- How are the needs assessment instruments used to allocate resources? How does the methodology work? Are any needs carved out of the methodology? How are medical needs assessed?
- How is quality oversight of needs assessment done?





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

- What input was obtained on various instruments from people who receive services such as self-advocates and other stakeholders. How do stakeholders view the instruments?
- How did states associated with the instruments reviewed come to use them? Was there a shift from using a different instrument? How was the transition implemented?
- What are the overall strengths and weaknesses of the instruments reviewed?

### **Background:**

A foundational component of OPWDD's People First Waiver is to establish valid needs assessment and equitable resource allocation as such an infrastructure will enhance the ability of people with developmental disabilities to access the service system and the level of supports and services that are most appropriate to meet individualized needs and goals in the most appropriate community integrated setting.

As OPWDD's service system transitions to a managed care environment, the development of statewide needs assessment is essential for the success of an integrated care coordination model. The Design Team parameters distributed to all Design Team members and publically posted on OPWDD's website reinforces the following, "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 use to allocate resources equitably and will be administered by an entity that is independent from service delivery."

The People First Waiver Access and Choice Design Team was established to make reform recommendations related to access, eligibility, and choice that encompasses individual choice and goals, health and safety needs, and rights with an equitable level of resources/services appropriate to each individual's unique needs. Much of the Access and Choice Design Team's charter relates to identifying essential individualized components that should be included in any needs assessment process undertaken by the People First Waiver as well as to identify administrative and systemic considerations regarding needs assessment and resource allocation.

In order for the Access and Choice Design Team to respond to this task within the limited period of time designated for design team work, the team established a technical workgroup with working members from the Access and Choice Design Team, as well as the Fiscal Sustainability Design Team, and the Care Coordination Design Team. The group was charged with reviewing assessment tools, processes and administrative factors in use in developmental disability systems in other states. The group preparing a written report for the Access and Choice Design





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

Team to use to help them make informed recommendations related to factors that should be incorporated into the People First Waiver in order to move towards the goal of statewide valid needs assessment and equitable resource allocation.

To complete work on the Technical Workgroup charter, each technical workgroup member was assigned one assessment tool previously identified by the Access and Choice Design Team and provided with a template to identify assessment components that are not currently encompassed in OPWDD’s Developmental Disability Profile (DDP), which is the instrument that is currently used in OPWDD’s system to collect information about the population served for planning and policy making purposes. Team members were further asked to identify the value of the identified needs assessment components and to answer additional questions related to the assigned tool and to provide overall comments and observations.

The overall goal of the Assessment Tools Technical Subgroup was not to recommend a specific assessment tool or tools but to help inform the broader based recommendations of the Access and Choice Design Team and to guide further research and exploration of assessment tools.

The team first met on June 30, 2011 (10 days after the Access and Choice Design Team kickoff meeting) and initial assignments were made (see below). Another meeting was held on July 13, 2011 to review progress of the team members. On July 26, 2011, the team viewed a presentation and demonstration of the Health Risk Screening Tool (HRST), which was brought to the attention of the technical workgroup by Pat Dowse, a member of the Services and Benefits Design Team (see Appendix 2 for information on this tool). Written reviews of assigned tools was due on July 25, 2011 and the compiled report was due on August 1<sup>st</sup> so an initial draft of this report could be compiled for the August 16, 2011 meeting of the Access and Choice Design Team.

The membership of the technical workgroup and assignments were made as follows:

Subgroup Assignments	Owner
Create template/grid for answering questions about other assessment tools, provide report compilation	Maryellen Moeser (People First Waiver Unit)
Review Supports Intensity Scale ( <b>SIS</b> ) and submit written answers to questions	John Maltby (Access and Choice Design Team)
Review Inventory for Client and Agency Planning ( <b>ICAP</b> ) and submit written answers	Peter Smergut (Access and Choice Design Team)
Review <b>Connecticut Level of Need (LON)</b> and submit written answers	Chris Nemeth and Chris Muller (Access and Choice Design Team and





**Attachment 2  
Assessment Tools Technical Workgroup Report  
August 16, 2011**

	OPWDD Research and Planning)
Review <b>Florida Situational Questionnaire</b> and submit written answers	Barbara Wale (Access and Choice Design Team)
Review the <b>DDP-2 adaptations</b> from other states (Kansas and Ohio) and submit written answers	John Kemmer (Fiscal Sustainability Design Team)
Review <b>Wisconsin functional screen</b> and submit written answers	Jerry Huber (Access and Choice Design Team lead/LI DDSO Director) and Lauren Lange (People First Waiver Unit)
Review Child, Adolescent, and Adult needs and strengths ( <b>CAANS</b> ) and submit written questions	Anne Swartwout (People First Waiver Unit)
<b>Health Risk Assessment Tool (HRAT)</b> —Research and analysis	Hope Levy (Care Coordination Design Team)

**See Appendix 1 which outlines review information for each Assessment Tool assigned to team members.**

**Needs Assessment In OPWDD’s Current System:**

OPWDD’s service system does not have a statewide system or process for consistent, reliable and valid needs assessment. Rather, there are a variety of tools and instruments that are used for various planning purposes and in various programs/settings depending upon a number of factors including the person’s residential setting, waiver enrollment status, program enrollments, etc. Below is an outline of some of the most common instruments used in the current service system and their purpose.

<b>Tool</b>	<b>Description</b>	<b>Purpose</b>
Developmental Disabilities Profile (DDP) 2 and 4	In general, the DDP is a four page tool developed by OPWDD (then OMRDD) in 1990 to provide descriptions of characteristics of people with developmental disabilities related to service needs. The DDP provides a snapshot of individual capabilities.	The DDP 2 is designed to document key characteristics of persons with developmental disabilities simply and briefly. DDP 2 initially developed over 20 years ago to inform ICF and Day Treatment rate setting methodologies. Today, the DDP 2 is still used to inform and/or determine reimbursement levels in certain





**Attachment 2  
Assessment Tools Technical Workgroup Report  
August 16, 2011**

	<p>The DDP 2 Includes a range of information on diagnostic, adaptive, maladaptive and medical issues, skills, and challenges. The content of DDP dimensions includes three factors. The first factor is dominated by indexes of adaptive limitations, covering such domains as self-care, daily living, cognitive, communication, and motor limitations. Factor two focuses on maladaptive behavior—frequency and consequences of problem behavior. The third factor is oriented to health/medical issues and, though the weakest factor, is a significant feature of the data set with obvious face validity.</p> <p>The DDP is typically completed by provider agency staff who know and work with the person. There does not currently exist any consistent or formal oversight or review processes by OPWDD of the data submitted with the DDP.</p>	<p>programs such as ICF/DD, Day Treatment, Family Care, IRA rate appeals/price adjustments for staffing needs. The DDP 2 is used as a basis/resource for determining personal resource accounts/individualized budgets for the Consolidated Supports and Services (CSS) Program and the Portal Pilot Project. At an aggregate level, the DDP 2 is used for research and planning purposes to inform policy makers. Other than with CSS/Portal, 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 DDP 2 as a resource within their own agency structures to assess and provide services to individuals.</p> <p>DDP 4—identifies unmet needs</p>
<p>ICF/MR Level of Care Eligibility Determination Form (LCED)</p>	<p>Used for the initial determination and annual redetermination of an individual’s eligibility to receive waiver services.</p>	<p>It is a requirement of the Home and Community Based Services (HCBS) Waiver that individuals meet the level of care requirements and be redetermined to meet level of care annually.</p>
<p>Individualized Service Plan (ISP)</p>	<p>The ISP is a readable and usable written personal plan that reflects the informed choices of individuals with developmental disabilities</p>	<p>Services should be delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in</p>





**Attachment 2  
Assessment Tools Technical Workgroup Report  
August 16, 2011**

	<p>who are enrolled in PCSS or MSC. It summarizes the help a person wants and needs to live a successful life in the community and pursue his or her valued outcomes.</p>	<p>the service plan.</p>
ICF Functional Assessment	<p>Within 30 days after admission into an ICF, a comprehensive functional assessment must be completed and take into consideration the client's age, the implications for active treatment at each stage, and identify the individual's needs and strengths.</p>	<p>The comprehensive functional assessment is then used to prepare for each client an individual program plan that states the specific objectives necessary to meet the client's needs, and the planned sequence for dealing with those objectives.</p>
Developmental Disability Eligibility Assessment Tools	<p>Evaluations and assessments that are in accordance with national professional standards and with the testing and diagnostic guidelines included in the manuals for the applicable testing instruments.</p>	<p>Determines whether a person has a developmental disability and is eligible for OPWDD funded services.</p>
Functional Analysis, Behavior Support Plans, Clinic Treatment Plans, etc.	<p>Varies</p>	<p>Determines underlying reasons for why an individual may present with certain behaviors and/or helps to develop a behavior support plan or habilitative needs.</p>
CANS, used for Intensive Behavioral Services, new HCBS Waiver service	<p>An information integration tool for children, adolescents and adults with Developmental Disabilities and their families), that is used for Intensive Behavioral Services, a new HCBS Waiver service</p>	<p>CAANS-DD is used to assist with determining authorization for Intensive Behavioral Services and is also used as a pre- and post-evaluation instrument in Intensive Behavioral Services.</p>





**Attachment 2  
Assessment Tools Technical Workgroup Report  
August 16, 2011**

<p>implemented in July 2010</p>	<p>implemented in July 2010.</p> <p>The CAANS-DD is a tool developed to assist in the management and planning of services to children, adolescents, adults with developmental disabilities and serious mental, emotional and behavioral disorders, and their families, with the primary objectives of permanency (ability to remain in the family/caregiver home), safety, and improved quality of life.</p>	
---------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

There has been discussion of using the DDP as the statewide needs assessment tool. However, the DDP which was first developed over 25 years ago (and then considered “state of the art”) is no longer considered comprehensive enough nor “person-centered” and strengths-based to adequately be used to accomplish statewide needs assessment unless there is revision, adaption and testing.

By way of further background, additional stakeholder criticism of the DDP includes the following:

- Inconsistent results depending upon who is administering the instrument which calls into question the validity as there is potential bias from the staff who complete them
- Duplicative processes—required too many times in too many settings
- 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
- Difficulty using to identify staffing and support needs because not enough on behavioral needs

Within the last few years, OPWDD research and policy staff has reviewed the DDP for the purpose of determining whether additional information could be included to derive more accurate predictors of support needs for people who self-direct individualized budgets. OPWDD’s preliminary policy staff analysis concluded the following:





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

- OPWDD has heavily invested in the infrastructure of the DDP as the Tracking and Billing System (TABS) is built on DDP fields. In addition, data from the instrument has been used for research and planning functions over the last 20+ years.
- Strong need exists to revamp OPWDD's DDP support system such as training investments, checks and balances and audit and control framework, and processes and procedures.
- Past studies have indicated that the DDP can successfully predict support staffing needs.
- The DDP has inter-rater reliability
- The 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 providers to complete the needs assessment.

See **Appendix 1** for more information on the DDP as well as information from Kansas and Ohio that also use the DDP.

### Assessment Tool Reviews

Appendix 1 includes the review of each assessment tool assigned to technical workgroup members.

### Lessons Learned from Reviews/Discussions of Other States' Assessment Systems

The following are some lessons learned from the review of other state assessment instruments in the field of developmental disabilities.

- All states appear to be struggling with the issue of needs assessment for people with developmental disabilities. As the field has evolved so have assessment and planning instruments.
- A single instrument may not accomplish all of our objectives. We are likely to need several assessment and planning tools to be used in combination and/or adapt or design our own state specific instruments.
- Intensive and ongoing training of assessors is necessary to ensure the integrity of the assessment system as the quality of the information obtained is only as good as the interviewer/assessor who is asking the questions. There must be someone who is skilled at interviewing and communicating with people with developmental disabilities (and family members/natural supports).
- There must be time for observation of individuals built into the assessment system.





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

- The quality and clarity of the policies and procedures that accompany the assessment tools is just as important as the tools themselves.
- One state noted that they reduced the number of assessors from 600+ (500 were case managers) to approximately 100 and therefore were able to focus more on training, skill building, and review of the work of the assessors which seemed to contribute to the overall quality and validity of the assessment system. This may suggest that using fewer and better trained and more independent screeners results in better assessment results.
- An information management system that integrates assessment, resource allocation funding methodology, and comprehensive care planning is critical.
- Engaging stakeholders from the beginning of the process when transitioning to new assessment tools, particularly those that will drive resource allocation, is critical.
- Due process and dispute resolution is necessary.
- The traditional assessments are often not sufficient as many of these individuals have strong daily living skills (ADLs) and are young and healthy physically. It is important that assessed needs relative to offending behavior, mental health needs, and significant behavioral challenges drive sufficient resource levels to meet these complex needs effectively.
- According to the Center for Health Care Strategies (CHCS) Profiles in State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles, November 2010, "The best systems link screening, assessment, utilization, and cost data across the continuum of care , allowing states to compare care experiences for subsets of the long-term care populations." The article further expresses that in best practice states, the care plan emerges from an automated comprehensive assessment system.

### **Considerations and Recommendations:**

The following considerations are in addition to the recommendations on needs assessment outlined in the June 20, 2011 meeting summary (see [http://www.opwdd.ny.gov/2011\\_waiver/images/access\\_and\\_choice\\_062011\\_summary.pdf](http://www.opwdd.ny.gov/2011_waiver/images/access_and_choice_062011_summary.pdf)):

- **Clarity of Purpose and Transparency:** First and foremost there needs to be **clarity of purpose** and **transparency** with regard to the use of any needs assessment instrument(s) put to use in the People First Waiver. All individuals and stakeholders need to understand the assessment instruments and how they are to be applied. It is the team's recommendation that People First Waiver decision makers consider and formalize the following purposes as related to OPWDD needs assessment:



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

### Individual Level:

- ✓ Identification of person's strengths and life goals to facilitate and enhance person-centered planning—use of consistent approach to collect information on support needs, priorities, and circumstances of persons with developmental disabilities will provide valid and reliable information to inform individual service and support care coordination/planning.
- ✓ Identification of individual health and safety risk factors to ensure proactive planning and mitigation strategies, e.g., proactive identification of risk areas to address for the person to avert health and safety crises.
- ✓ Identification of support needs and resource levels; also stipend level for individual/family residing in non-certified settings if such flexible funding as recommended by the Access and Choice Design Team is adopted
- ✓ Identification of a prospective individual budget/personal resource account that will be made available as an option for self-direct/family-direct
- ✓ Identification and planning for cross-systems needs and information sharing

### Systems Level:

- ✓ With regard to health and safety, valid, reliable health and safety assessment tools could be used partially to meet required evidentiary assurances for health and safety (and other assurances) for administration of the waiver.
  - ✓ Appropriate assessment tools enable enhanced Olmstead related activities using aggregated data from assessment tools so that appropriate resources can be targeted to less restrictive settings with appropriate support services
  - ✓ Improve system fairness, equity, transparency
  - ✓ Provide a basis for conducting more accurate, comparative statistical analyses of collected data, to be used for statewide planning and quality improvement and oversight
  - ✓ Tiered funding levels could be developed using valid and equitable instruments to ensure that only those individuals who truly need institutional and restrictive and/or 24 hour staffed settings are approved for these settings
- **Domains and Review Factors that should be included in People First Waiver needs assessment.** Based on cursory review of other needs assessment instruments, the following domains/individual support factors should be included for consideration in the assessment instruments:



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

- ✓ Life goals and person's desires in the area of home, health, meaningful relationships, and meaningful work/community inclusion should come first.
  - ✓ Strengths and abilities of the person: identification of assets that the family and the individual bring with them when seeking supports and services.
  - ✓ Caregiver needs (e.g., presence and stability/reliability of natural supports)
  - ✓ Social life
  - ✓ Comprehension
  - ✓ Communication
  - ✓ Personal care
  - ✓ Health/Medical
  - ✓ Daily living
  - ✓ Communication
  - ✓ Employment
  - ✓ Behaviors (that interfere with life goals)
  - ✓ Mental Health needs
  - ✓ Safety and Support
  - ✓ Educational needs
  - ✓ Transportation
  - ✓ Housing Need
  - ✓ Culture and Ethnicity information/preferences (i.e., ensure multicultural/family history needs are identified and expressed at the time of assessment).
- **Streamline collection of information to that which is necessary, value added, and non-duplicative.** OPWDD should look to simplify and streamline all required assessment paperwork and related care planning documents as much as possible and orient them to value-added components from the system and individual/family perspective.

In OPWDD's current system, there are a variety of tools that must be used for a single individual to determine eligibility, access services, and continue to receive services. For example, as an OPWDD HCBS Waiver participant, the participant must be subjected to an initial and an annual redetermination of ICF/MR level of care. The waiver participant also must have an Individualized Service Plan with semi-annual reviews regardless of whether there are any changes in the person's life. If the waiver participant receives habilitation services, there would also need to be a plan developed along with required processes for each habilitation service. Should the participant reside in an OPWDD certified residential setting, an Individual Plan of Protective Oversight (IPOP) would be required. The DDP is also required every two years to be completed by each service



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

provider. If the participant receives Medicaid Service Coordination (MSC), there is additional paperwork that must be completed.

It is recommended that as much as possible, each “tool” required in the People First Waiver, have a purpose that adds value to individualized outcomes and to the extent possible, eliminates duplicative information among different tools and planning documents by integrating electronically and/or consolidating tools. For example, utilize a single assessment tool to accomplish all the goals/purposes stated in this paper for initial assessment as well as to determine whether the participant meets ICF/MR level of care (if still required in this waiver) rather than creating two separate tools.

- **Considerations in Selection/Purchase vs. State-Specific Development of Valid and Reliable Assessment Tools:**
  - The roles and responsibilities in the waiver of the individual and family; the state; the managed care entity/care coordination entity; the contracted providers; independent advocates, and other stakeholders likely need to be clarified before attempting to develop and/or select assessment instruments.
  - The Colorado HSRI report cited in Attachment 3 (pages 18-20) outlines several methods states have used in deciding what assessment tools should be employed to link payment to assessed need. Some states have elected to design their own assessment tools while other states have adopted nationally recognized assessment tools (e.g., Inventory for Client and Agency Planning (ICAP), Supports Intensity Scale (SIS)). The same Colorado report states that “Employing a national tool avoids the challenges associated with *de novo* tool development. ***In general, the national tools sometimes enjoy broader stakeholder acceptance because they are less subject to tinkering and have more credibility.***”
  - OPWDD’s People First Waiver should develop or select assessment tools that balance the need to have sufficient assessment information and statistical data about each individual to be able to aggregate statewide by managed care organization/care coordination and by contracted providers with the time, complexity, and cost of administering the assessment system from the individual, provider and systems levels.





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

The Colorado report indicates that regardless of whether a state-developed or national tool is selected, a very important consideration is how robust the tool is in terms of measuring support needs. “Individual support needs are multi-dimensional. In practice, the less robust a tool, the more difficult it is to link payments/funding to support needs accurately and appropriately.” Consequently, while it may be important to select a tool that can be administered quickly, the danger with very brief tools is that they are insufficiently sensitive to key differences among individuals (page 10-11).

Most important, whatever instrument OPWDD chooses or devises needs to be functionally based rather than deficit based, as it could be argued that deficit based instruments promote dependency, stigmatization and objectification.

- **Institutional transition:** A significant consideration for New York State OPWDD will be the assessment of individuals transitioning from institutional settings into a community based treatment model. Individuals who are residing in institutional settings have often had failures in the community-based system of supports; their clinical and supervision needs are high. Based on these high needs, the resource level to support them effectively in the community will likely be outside of the traditional parameters for support costs, i.e., “outliers”. It will be imperative to ensure that the assessment tools can assess predictive risk factors and transitional support needs for individuals who are transitioning out of these settings or who would have required that level of support due to unavailable community support options. The traditional assessments are often not sufficient as many of these individuals have strong daily living skills (ADLs) and are young and healthy physically. It is important that assessed needs relative to offending behavior, mental health needs, and significant behavioral challenges drive sufficient resource levels to meet these complex needs effectively.
- **Information Management/Use of Technology and Connection to No Wrong Door:** Comprehensive information management system must work with assessment tools and must integrate the translation of the tools to comprehensive person-centered care planning and outcome attainment. According to the Center for Health Care Strategies (CHCS) Profiles in State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles, November 2010, “The best systems link screening, assessment, utilization, and cost data across the continuum of care , allowing states to compare care experiences for subsets of the long-term care populations.” The article further expresses that in best





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

practice states, the care plan emerges from an automated comprehensive assessment system.

**Implementation and Transition Considerations:** A significant question is whether and how OPWDD's People First Waiver will seek to assess all individuals in the waiver and provide additional resources if individuals are underserved and decrease resources to people who are over served as a result of the needs assessment process.

### Recommended Next Steps:

1. Based upon the cursory reviews by workgroup members and some literature review, the team believes the following assessment tools merit further investigation for applicability to the People First Waiver:
  - **Health Risk Screening Tool (HRST):** schedule discussion with the creators/owners of the tool for a broader audience of OPWDD staff; contact other states that use the instrument for further information. Do field testing of instrument with individuals in OPWDD operated settings.
  - **Supports Intensity Scale (SIS):** Schedule conference call with developers of the SIS, and perform a literature review and feasibility study by knowledgeable OPWDD staff, and feasibility study to look at resource allocation aspects as well. Learn from OPWDD providers who are already using the instrument.
  - **Child, and Adolescent Needs and Strengths (CANS):** Investigate how the NYS Office for Mental Health and Office for Children and Family Services utilize the CANS and what information management systems and infrastructure components could be employed across systems; investigate/analyze study how resource allocation could come out of the CANS. Investigate modifications that might be necessary if OPWDD were to utilize the instrument.
  - **State specific instruments--Wisconsin Functional Screen and Resulting Needs Assessment; and Connecticut Level of Need Instrument:** Review feasibility of adapting applicable components with the DDP and steps that would be necessary to do so.

Information must also be obtained to determine the intended implementation of the Medicaid Redesign Proposal for **Uniform Assessment** and whether this process will impact on OPWDD's People First Waiver population.



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

### 2. Engage consultants:

As a next step to bring the People First vision of needs assessment (i.e., person-centered valid needs assessment process that results in equitable resource allocation) to fruition, the Assessment Tools Technical Subgroup recommends that a knowledgeable consultant be employed to work with the recommendations of the Assessment Tools Technical Subgroup to conduct cost vs. benefits study of adapting the DDP for statewide needs assessment vs. adopting a nationally recognized tool such as the SIS in conjunction with the HRST. It would also be helpful to know whether there are any other tools that should be considered by OPWDD.

### 3. Design **pilot demonstrations** with a component related to needs assessment to test nationally recognized and/or canned assessment tools vs. the DDP. Consider piloting the SIS and the HRST in these demonstrations.





## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

### Attachment 3 - Assessment Tool Subgroup Sources:

Agency for Persons with Disabilities. State of Florida. <http://apd.myflorida.com/>.

Agosta, J.; Fortune, J.; Kimmicj, M.; Melda, K.; Smith, D.; Auerbach, K.; and Taub, S. (2009, April). Ten issues for States to Consider in implementing Individual or Level based budget Allocations. Independent Living Research Utilization Community Living partnership.

American Association on Intellectual and Developmental Disabilities is a site that promotes policies, research and practices for individuals with developmental disabilities ([www.aaid.org](http://www.aaid.org)).

Bourne, P. (August 2011). Connecticut Manager of large voluntary day services provider. Interview.

Brazzell H. (August 2011). Florida Director of IBudget. Interview.

Brom, J. (August 2011). State of Wisconsin Department of Children and Families, Division of Safety and Permanence. Interview.

Burnette, R. (2010, October). Supports Intensity Scale Pilot Project. North Carolina Joint legislative oversight committee on Mental Health, Developmental Disabilities and Substance Abuse Services.

Center for Health Care Strategies (CHCS). (2010, November). Profiles in State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles.

Connecticut Advisory Committee (2011, January). DDS Legislative Rate Study Committee Report, Summary of Frequently Asked Questions, Advisory Committee Report and Executive

Connecticut Department of Mental Retardation. (2006, July 1). Level of Need Assessment Screening Tool.

Draughon, V. (August 2011). Florida Support Coordination, Medicaid Waiver, Family Care council Health Service/Facility consultant. Interview.

Duvall, D. (August 2011). Connecticut employee and former waiver manager. Interview.



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

Fields, P. (August 2011). Connecticut Manager of a large voluntary residential & other supports provider. Interview.

Fortune, J.; Agosta, J., and Bershinsky, J. (2011, March). 2011 Validity and Reliability Results Regarding the SIS. Human Services Research Institute.

Fortune, J.; LeVelle, J.; Meche, S.; Severance, D.; Smith, G; Stern, J.; Van Loon, J.; Weber, L.; and Campbell, E. (2008, June). Resource Allocation and the Supports Intensity Scale: Four Papers on Issues and Approaches.

Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities and Addictive Diseases, Office of Developmental Disabilities. (2008, May 1). Implementation in State of Georgia. Supports Intensity Scale Case Review Protocol.

Georgia Department of Behavioral Health and Developmental Disabilities. (2011, May 24). Health Risk Screening Tool Policy. [http://centralstatehospital.org/policy/Policy%2002-803%20HRST%20w.%20Appendix\\_Rev%201\\_eff%206.1.11.pdf](http://centralstatehospital.org/policy/Policy%2002-803%20HRST%20w.%20Appendix_Rev%201_eff%206.1.11.pdf).

Health Risk Screening Tool is a site that explains what the Health Risk Screening Tool is. (<http://www.hrsonline.com/index.php>).

Health Risk Screening Tool. (2011, July 26). Presentation.

Hennike, J.; Myers, A.; Ealon, R.; Thompson, T. (2006, June). Development and Validation of a Needs Assessment Instrument for Persons with Developmental Disabilities. *Journal of Developmental and Physical disabilities*.

Lamoureux-Hebert, M.; Morin, D.; and Crocker, A. (2010). Support needs of Individuals with Mild and Moderate Intellectual Disabilities and Challenging Behaviors. *Journal of mental health Research in Intellectual Disabilities*.

Kansas Department of Social & Rehabilitation Services. (2001, May). Basic Assessment and Services Information System Forms Instruction Manual. <http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/basismannual60.pdf>.

K.C., Africa H.; Allison Taylor Johns; L.S., Ron S.; And D.C And Penny C. V. Lanier Cansler, North Carolina Secretary Of The Department Of Health And Human Services, Pamela Shipman,



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

Area Director of Piedmont Behavioral Health Care Area Mental Health, Developmental Disabilities, and Substance Abuse Authority, and Piedmont Behavioral Healthcare Area Mental Health, Developmental Disabilities And Substance Abuse Authority (2011).

Kimmich, M.; Agosta, J.; Fortune, J.; Smith, D.; Melda, K.; Auerbach, K.; and Taub, S. (2009, April). Developing individual budgets and Reimbursement Levels using the Supports Intensity Scale. Independent Living Research Utilization Community Living partnership.

McGarrity, T. (August 2011). Florida Community Improvement Deputy Director. Interview.

New York State Developmental Disabilities Profile and User Guide.

([http://www.opwdd.ny.gov/wt/images/wt\\_DDP2\\_User\\_Guide.pdf](http://www.opwdd.ny.gov/wt/images/wt_DDP2_User_Guide.pdf)).

Ohio Department of Mental Retardation and Developmental Disability. (2004, January). Ohio Developmental Disability Profile (ODDP). <http://www.dodd.ohio.gov/medicaid/docs/ddp-all2.pdf>.

Ohio. (2010, July 01). Home and Community-based Services Waivers – Payment for Waiver Services 5123. <http://mrdd.ohio.gov/rules/documents/5123-2-9-06Effective07-01-10.pdf>

Ohio Department of Mental Retardation and Developmental Disability. ODDP Training Worksheet for Determining Frequency of Behavioral Occurrences.

<http://www.dodd.ohio.gov/training/docs/oddp-frequencyworksheet.pdf>.

Ohio Department of Mental Retardation and Developmental Disability. (2008, April). Acuity Assessment Instrument (AAI). Fact Sheet.

<http://www.dodd.ohio.gov/medicaid/docs/AAIFaq.pdf>.

Pettinger, J. (August 2011). Assistant Commissioner, OPWDD Behavioral and Clinical Solutions. Interview.

Praed Foundation is a site that has information on evidence-based assessments and on the Child & Adolescent Needs and Strengths, the Family Advocacy and Support Tool, the Crisis Assessment Tool, and the Adult Needs and Strengths Assessment.

([www.praedfoundation.org](http://www.praedfoundation.org)).

Robison, J. and Evans, J. Connecticut's Long-Term Care Needs Assessment, A Road Map for the Future.



## Attachment 2 Assessment Tools Technical Workgroup Report August 16, 2011

Smith, G. and Fortune, J. (2006, June 30). Assessment Instruments and Community Services Rate Determination: Review and Analysis. Division of Developmental Disabilities Colorado Department of Human Services. Human Services Research Institute.

State of Nebraska Developmental Disabilities System and MERCER Government Human Services Consulting. (2004, September 1). Developmental Disabilities Objective Assessment Process: Legislative Bill 297 Work Group Report and Recommendations.

State of Oregon. Restructuring Budgets, Assessments and Rates (ReBAR).  
<http://www.oregon.gov/DHS/dd/rebar/>

Texas Department of Aging and Disability Services. Inventory for Client and Agency Planning (ICAP) Resources. <http://www.dads.state.tx.us/providers/guidelines/icap/index.html>.

Utah Division of Services for People with Disabilities. (2006, January). AAMR - Supports Intensity Scale (SIS) Questions from Providers and Answers from DSPD.

Waiver Provider is a site that provides information on various waiver services in Florida.  
(<http://waiverprovider.com/>).

Walton, B. (August 2011). Indiana Family and Social Services Administration. Interview.

Wehmeyer, M.; Chapman, T.; and Little, T. (2009, January). Efficacy of the Supports Intensity Scale (SIS) to Predict Extraordinary Support Needs. *AAIDD Journal*.

Weiss, J.; Lunsky, Y.; Tasse M.; and Durbin, J. (2009, June 28). Support for the construct validity of the Supports Intensity Scale based on clinician rankings of need.

Wisconsin Department of Health Services. Long term Care Functional Screen Instructions.  
<http://www.dhs.wisconsin.gov/ltcare/functionalscreen/LTCFSinstrux-clean.pdf>.

Wisconsin Department of Health Services. Long term Care Functional Screen Overview.  
<http://www.dhs.wisconsin.gov/ltcare/functionalscreen/LTCFSoverview.HTM>.