



OPWDD has selected the interRAI Integrated Assessment Suite to serve as the core of the needs assessment process within the People First Waiver system reforms.

This needs assessment will provide a consistent way of identifying an individual's strengths, interests and needs to support a person-centered care planning process and develop a holistic, comprehensive life plan. This process will serve as the foundation for equitable distribution of resources for individuals served by OPWDD.

The interRAI:

The interRAI is an international, non-profit group of clinicians and researchers from 32 nations, with expertise in developing assessment and measurement tools. interRAI's overarching goal is to develop comprehensive, person-centered instruments that enhance the quality of life and care of persons served by public systems.

There are multiple assessment tools included within the interRAI Integrated Assessment Suite including a tool for individuals with intellectual disabilities (ID), **the interRAI ID**, and Community Health Assessment (CHA), Community Mental Health (CMH), and Self-Reported Quality of Life tools. The interRAI ID tool will form the basis of New York State's needs assessment process. OPWDD will work with interRAI during focused case studies to ensure that the ID tool is inclusive of the strengths and needs of individuals with both intellectual and developmental disabilities (ID/DD). Items from various tools within the suite can also be incorporated to assess an individual's unique functional and behavioral needs.

Many tools were considered during the design team and subsequent research processes. The interRAI Integrated Assessment Suite was chosen based upon its:

Comprehensiveness

The interRAI has 16 domains and multiple items per domain to fully inform a person-centered care planning process. Establishing a new service system that will ensure quality support of people with developmental disabilities across all areas of their life interests and needs requires an assessment process involving comprehensive domains that is sensitive enough to effectively identify an individual's unique medical and behavioral health needs. Assessment domains and items on the interRAI ID are repeatedly tested and revised to ensure high reliability and validity.

Flexibility

The interRAI Integrated Assessment Suite offers OPWDD great flexibility in adapting the assessment tool to effectively identify the needs of the individuals served through the People First Waiver. Based out of the University of Michigan, interRAI researchers and developers will help OPWDD to modify items on the ID tool as needed and maximize its flexibility in assessing the unique needs of people with ID and DD in New York State.

Ability to interface with other New York State agencies

Use of the interRAI Assessment Suite will link OPWDD's service system with the New York State Department of Health (DOH) and a unified data warehouse that supports establishment of "No Wrong



Door” access to services. The DOH is currently in the beta testing phase of its Uniform Assessment System (UAS) with the interRAI Community Health Assessment (CHA) at its core.

Frequently Asked Questions:

How will a new needs assessment process impact people currently receiving services?

A needs assessment process is needed to establish consistent practices in assessing individuals interests and support needs across the state and to ensure that the system provides supports and services according to people’s needs, rather than according to regional budget allocations. At the beginning of the People First Waiver, focused case studies will test the interRAI ID tool and new assessment protocols to determine how the tool can best be used to achieve these goals. Over the next several years, OPWDD will begin to implement the new needs assessment for people entering the service system for the first time and develop a plan for reassessing individuals who currently receive services. Reassessment will be phased in over many years and will be carefully implemented to ensure that people’s lives are not disrupted and their needs remain fully supported.

How does the interRAI inform a person-centered care plan?

The interRAI will be supported by an information technology system that will score the assessment and automatically identify where additional assessment is needed. When an area of high need or high risk is identified, assessors will ask supplemental questions of the individual to form Collaborative Action Plans (CAPs), which will help guide person-centered care planning discussions between the individual, his or her family and advocates and the care coordination team.

Are there states or other countries using the interRAI Integrated Assessment Suite?

The interRAI suite of assessment tools is used extensively in other states and countries. The interRAI Home Care (HC) assessment was developed in 1994, and a version of this tool is currently being used to assess community health needs of various populations in 17 states. Later, in 2003, interRAI developed a tool focused on the specific needs of individuals with ID/DD, the interRAI ID. The tool was used by Michigan’s Department of Community Health and in Canada for planning for deinstitutionalization. The instrument for people with ID/DD has also been used to assess individuals living in community residential settings in Canada and in long-term care settings throughout the U.S.

How often will reassessments occur?

Reassessments will occur on an ongoing basis, perhaps annually, to detect changes in the support needs of an individual. These reassessments will ensure that the needs and interests of individuals receiving services within the People First Waiver are being adequately and consistently supported. In addition, reassessments will occur in response to a significant change in an individual’s needs, a significant life event such as the development of dementia or a change in functional or mobility status or in response to a medical event such as a stroke or heart attack.

For more information, please visit www.interrai.org.