

**ATTACHMENT 1
ACCESS AND CHOICE DESIGN TEAM RECOMMENDATIONS
NEEDS ASSESSMENT**

CHARTER QUESTIONS RELATED TO NEEDS ASSESSMENT (in italics) And Other Considerations (shaded)	RECOMMENDATIONS
PURPOSE FOR NEEDS ASSESSMENT/TOOLS/INFORMATION IN OPWDD PEOPLE FIRST WAIVER	
	<p>At individual level:</p> <ul style="list-style-type: none"> • 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 <p>Provider Level:</p> <ul style="list-style-type: none"> • 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 <p>Systems Level:</p> <ul style="list-style-type: none"> • Statewide equitable resource allocation • Information from which to derive cost of service provision and to develop capitated payments for managed care entities and risk adjustment (if applicable) • Provide aggregate information about our population for research and planning purposes as well as quality improvement and oversight
CHARACTERISTICS OF ENTITIES THAT ADMINISTER NEEDS ASSESSMENT	
<p><i>Should the needs assessment process be independent from care coordination? Should it be independent from entities that deliver services and receive payment for service delivery?</i></p>	<ul style="list-style-type: none"> • Independent and Unbiased: There must be demonstrated independence from organizations that conduct care coordination, entities that are paid to deliver services, and entities that receive capitated payments.

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<i>What are the various options for entities/organizations that should be considered to carry out the needs assessment? What are the advantages and disadvantages for each option?</i>	<ul style="list-style-type: none"> • Options for performing needs assessment include: the NYS OPWDD or its contractor; managed care organizations/care coordination or their contractors; a cross-systems regional resource center such as regional resource development centers. • The team believes there should be demonstrated independence of needs assessment from entities that are paid to deliver and/or contract for services/supports on behalf of individuals. Therefore, the state/state employees, or contractors with no conflicts of interest that are closely overseen by the state should conduct needs assessment.
<i>What should the state and/or OPWDD's role be in the needs assessment process?</i>	<ul style="list-style-type: none"> • NYS OPWDD's role should be to directly conduct and/or contract for needs assessment and eligibility determination processes. • OPWDD should make final decisions about resources that are allocated to each managed care/care management organization (MCO) as a result of a valid and equitable needs assessment process. • OPWDD should monitor that individuals who choose "budget authority" are receiving the right amount based on guidelines to be established. • OPWDD should ensure that there are diverse networks of qualified providers through MCOs to deliver choice to individuals that align with their needs and cultural preferences. • NYS OPWDD should be responsible for quality oversight as it relates to needs assessment, eligibility determinations and resource allocation. • NYS should be responsible for ensuring that there is a neutral grievance and dispute resolution system for disagreements related to needs assessment, eligibility, and resource allocation decisions. • New York State should ensure that there is independent advocacy or support brokerage provided either through OPWDD or through contractors (or through reliable and consistent grass roots efforts) that are independent from managed care/care management organizations to help individuals navigate through the needs assessment, eligibility, and resource allocation processes and reassessments when changes are needed or warranted. <p><u>Key Issues:</u></p>

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	<ul style="list-style-type: none"> • If NYS OPWDD or its contractors will be responsible for the valid and equitable needs assessment process, we must ensure that appropriate capacity exists in terms of skills and resources to manage this statewide in a consistent, fair, and equitable manner. • Decisions must be reached in an efficient timeframe so as to ensure that individuals have their needs met.
<p>Other recommendations related to organizations and qualifications for needs assessment?</p>	<ul style="list-style-type: none"> • Individuals conducting assessment and person-centered planning need to understand the effects of a disability from real experience with people who have disabilities. These individuals also need to have an attitude of caring which translates into good listening skills. • Intensive and on-going training is necessary for all people who conduct needs assessment. • Ongoing testing for assessors to ensure objectivity and inter-rater reliability is critical. • An information management system that provides for comprehensive cross-systems assessment tools and electronic records is needed. It should be used to gather information with standardized tools as well as provide information (see “No Wrong Door” recommendations). The system should be able to gather essential information to make a comprehensive assessment at the point of entry and make this information available to all who need it across systems. • Tools for strengthening needs assessment skills should also be made available through a “No Wrong Door” model. <p><u>Key Issues/Considerations:</u></p> <ul style="list-style-type: none"> • The accuracy of any needs assessment tool is largely based on the skills of the person who conducts the needs assessment. • Lessons learned from Assessment Tool subgroup research from other states is that the fewer the number of assessors the more reliable the assessment results.

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FACTORS AND SUPPORT NEEDS (DOMAINS) THAT SHOULD BE INCLUDED IN PEOPLE FIRST WAIVER NEEDS ASSESSMENT	
<i>What are the factors and support needs that should be considered in assessment and the resulting resource allocation decision making?</i>	<ul style="list-style-type: none"> • Strength-based approach: the strengths of the person need to be part of the needs assessment process. In addition, the ability of the person to make decisions and self-advocate should also be assessed. • Person-Centered Needs Assessment: Any needs assessment adopted through the People First Waiver should start from a person-centered strengths based approach-e.g., conversations and identification of strengths and preferences of the person and their desired outcomes and life goals and desires as well as the needs of the person. In addition, the areas in which improvement and/or habilitation are needed should also be included as well as clinical and family interviews. <ul style="list-style-type: none"> • Domains: <ul style="list-style-type: none"> - Life goals and person’s desires in the area of home, health, meaningful relationships, 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 -
ADMINISTRATIVE FRAMEWORK/MANAGEMENT OF ASSESSMENT SYSTEM	
	<ul style="list-style-type: none"> • Intensive and Ongoing Training and Education: The efficacy and accuracy of any needs assessment tool is largely based on the skills of the person/person(s) who conducts the needs assessment. Intensive, consistent and ongoing training 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 and person-centered planning 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. A No Wrong Door model should be used to gather consistent information with standardized

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	<p>cross systems tools as well as provide needed cross system information to appropriate parties. A general characteristic of a “No Wrong Door” as stated by Aging and Disability Resource Center (ADRC) is streamlined eligibility determinations that create an administratively effective, efficient, and seamless process regardless of what agency/program someone ends up eligible for or the types of services they are eligible to receive. Thorough use of web-based technology.</p> <ul style="list-style-type: none"> • Transparency: transparency of needs assessment tools and processes is necessary. This means that individuals and other stakeholders have easy access to information that explains the process and the tools/methods that will be used. Individuals and other stakeholders should also have access to the resource allocation and funding formulae methodologies. This information should all be available publically on OPWDD’s website. • 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. Ongoing testing for assessors to ensure objectivity and inter-rater reliability is critical. • Comprehensive Person-Centered Plan: Regardless of which entities conduct needs assessment, the assessment tool(s) must be able to performan assessment that seamlessly transitions into a holistic, comprehensive person centered plan. <p><u>Key Issues/Considerations:</u></p> <ul style="list-style-type: none"> • Strong interagency collaboration/prioritization at highest levels of government will be necessary to achieve cross-systems recommendations related to technology and uniform assessment/application.
<p>CONSIDERATIONS FOR RESOURCE ALLOCATION THROUGH NEEDS ASSESSMENT PROCESS</p>	
	<ul style="list-style-type: none"> • 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”.

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And Other Considerations (shaded)	<ul style="list-style-type: none"> • 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. In choosing this option, individuals and families need to understand the advantages and disadvantages as well as the benefits and the risks so that an “informed choice” can be made about self-directed service options. <p><u>Key Issues/Considerations:</u></p> <ul style="list-style-type: none"> • How do we ensure availability of self-hires and backup for self-hires who do not show up? • In care management model, what are the entities that will be the financial management/fiscal intermediaries? • How will incident reporting be handled with self-directed services?
TRIGGERS FOR REASSESSING NEED	
<i>Given that the federal government currently requires at least annual redetermination for ICF/MR level or care, how often should the People First Waiver needs assessment (and related resource allocation) decision making be reassessed/redetermined? What should trigger a reassessment?</i>	<ul style="list-style-type: none"> • Best practice should dictate the frequency of administering formal needs assessment. However, all person-centered comprehensive plans should be reviewed at least annually for any necessary changes. • Re-assessments should be triggered whenever the individual’s condition changes. Examples of conditions include: medical needs, change in level of natural supports, change in behavior, new goals, employment, etc. • The re-assessment process should not be redundant/duplicative but should be able to draw from a comprehensive and cross-systems information management system that shares information across service systems that the individual is associated with.
<i>How should changes in life circumstances</i>	<ul style="list-style-type: none"> • Person-centered planning must be inherent in needs assessment and resource allocation. The person’s

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<i>and individual goals relate to the needs assessment process for people with developmental disabilities and various subpopulations?</i>	<p>individual life goals should be the starting point for the needs assessment process.</p> <ul style="list-style-type: none"> • There should be a formal vehicle for person-centered planning built universally into the waiver and this thread should be carried through all aspects that touch the person from the single point of entry through a “No Wrong Door” to the needs assessment process through agency quality performance measurement. Person-centered planning/outcomes should be a continuous quality improvement element expected of care management and be integrated into contract language. • Every individual should have the right to a real and viable person-centered plan based on at least the following: <ol style="list-style-type: none"> 1. The results of a valid needs assessment process that is independent from service provision and is built upon a person-centered strengths based perspective; 2. Meaningful input of the individual and their chosen circle of support and reflective of the cultural considerations of the person; 3. Availability of independent advocacy/oversight (such as an ombudsman, enrollment/support broker, non-profit advocacy representative, OPWDD staff etc.). In addition to guarding against conflicts of interest from provider self-referral, the presence of an advocate/oversight entity will help ensure that individuals are aware of all available options (i.e., informed choices) and are not wrongfully persuaded. 4. Opportunities for updates and discussions at the request of the person or when needs and individualized circumstances change 5. Formal and informal strategies and processes to resolve any disagreements that arise in the process 6. Informed Choice. <p><u>Key issues/considerations:</u></p> <ul style="list-style-type: none"> • Risk
	Quality Review and Oversight of Needs Assessment
	<ul style="list-style-type: none"> • The review of the quality of the assessment should be independent from the needs assessment and

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	<p>care coordination processes.</p> <ul style="list-style-type: none"> • The state should have oversight of needs assessment. The state should also have oversight of care coordination to ensure that the individual’s needs are being met as determined in the assessment and described through a comprehensive person-centered plan. • 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). • The People First Waiver must ensure that needs are addressed with an appropriate plan of care in line with the assessment and that quality is measured based upon the degree to which the plan is implemented and effective to bring about positive outcomes in the person’s life. The level of complexity of the care plans, and related quality oversight, will be driven by the level of assessed need (Quality Design Team). <p><u>Key Issues/Considerations:</u></p> <ul style="list-style-type: none"> • Quantifiable measures will likely be necessary
RECOMMENDATIONS FOR NEXT STEPS	
<p>A systems-wide transition to use of needs assessment tools is a major part of the infrastructure necessary to effectuate the People First Waiver. Lessons learned from other states indicate that this transition must be carefully planned for and proper steps taken to select among the best possible alternatives. As each of the above options requires further review, analysis and cost benefit study, the team recommends that a knowledgeable and qualified consultant be employed to work with the recommendations of the design teams to analyze OPWDD’s options in terms of costs, benefits, implementation workload, resource allocation potential and applicability, and information management systems solutions and provide OPWDD with specific information with which to make an informed decision on how best to proceed.</p> <p>A thorough and iterative testing and development process is then recommended before finalization of any new assessment tool. Basic principles</p>	

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	<p>of reliability and validity must be adhered to for any proposed combination (or revision) of tools adopted for the People First Waiver. These include: internal consistency of additive indexes or scales, inter-rater reliability, and test-retest (or intra-rater) reliability. Validity judgments should encompass criterion validity (the tool can clearly distinguish between many types of people and their support needs), construct validity (demonstrated assurance that items truly measure the intended topical constructs), and content (or face) validity as perceived by the most relevant stakeholders.</p> <p>In conjunction with consultants or prior to employing consultants, the team recommends that pilots could be designed to “test” the Supports Intensity Scale (SIS) and the Health Risk Screening Tool (HRST) as these instruments could be considered “ready to go” for initial piloting.</p>