

Section 1 — Assessment

Summary:

OPWDD’s intent in Section 1 of the Request for Information (RFI) was to seek input regarding respondents’ experience assessing the capacities and needs of individuals with developmental disabilities. While the term “assessment” can refer to a variety of processes, we were particularly focused on examining respondents’ experience with formal, standardized tools to assess a person’s strengths and support needs. These assessment tools provide an objective way to evaluate an individual’s need, and a framework to evaluate potential resource needs of individuals in a consistent manner.

The assessment tool is part of a planning process used to connect an individual to supports and services they need to meet their goals and pursue their interests. The assessment tool in no way replaces or supplants person-centered planning. The assessment tool does, however, aid in further planning by helping to identify areas where further investigation and planning may be needed.

Many respondents referred to the use of person-centered planning models and associated tools (aside from the assessment tool.) These person-centered planning methods can also be used to help guide the individual and the care coordination team during the *life planning process*. The life planning process starts with the initial assessment and goes beyond it to allow for a comprehensive approach to meeting an individual’s goals and needs. At all stages, starting with the initial assessment, the involvement and input of individuals, families and advocates are integral to the life planning process.

At times, the terms *life planning process* and *assessment tools* were used interchangeably by respondents, reflecting respondents’ diverse experiences as well as the overlapping of these concepts. Responses related to assessment tools and life planning processes are indicated separately when sensible, to increase clarity.

Assessment is all about finding a person’s capacities and strengths. Measuring these capacities in an objective way allows us to fairly and equitably evaluate the level of resources that will likely be required to meet an individual’s support needs. A formalized, standardized assessment tool used in conjunction with person-centered planning, as the People First Waiver envisions, provides a transparent way to meet the support needs of the individual while also empowering individuals to create the life they really want.

Quantitative Analysis:

The tables on the next page represent the analysis of the responses to the Assessment section of the RFI which included a total of five (5) questions.

OPWDD received a total of 251 separate responses to the RFI, These responses were received from individuals and from groups of individuals, providers, parents, advocates, self-advocate, associations, or any other group that wished to respond to the RFI. Therefore, each “response” could represent one individual or hundreds of individuals.

Analysis of the Assessment Section of the RFI by Question Number						
Question Number	Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
A-1	198	78.88%	82	41.41%	116	58.59%
A-2	138	54.98%	n/a	n/a	n/a	n/a
A-3	194	77.29%	83	42.28%	111	57.72%
A-4	194	77.29%	73	37.62%	121	62.38%
A-5	198	78.88%	177	89.39%	21	10.61%

	Number of Responses	% of Total RFI Responses
TOTAL RFI responses that answered all questions included in the assessment section	135	53.78%
TOTAL RFI responses that did not answer any question in the assessment section	47	18.73%
TOTAL RFI responses that answered one or more question but not all questions in the Assessment section	69	27.49%
TOTAL Responses to RFI	251	100.00%

RFI Questions:

(A-1) - Consistent needs assessment tools will be utilized to make determinations about support needs, care plan development and resource allocation. Are you aware of, or currently using, a particular tool that you would recommend? If yes, please describe the scope, benefits and challenges for the identified tool.

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
198	78.88%	82	41.41%	116	58.59%

Respondents referred to a variety of well-known and lesser known assessment tools, while reiterating the centrality of the individual to the assessment, planning and care coordination processes. Key aspects of the assessment process as described by self-advocates include transparency, equity, comprehensiveness, responsiveness to change, and independence from funders. It was noted that the total individual must be considered, and the tool should use plain language. Respondents suggested that assessments be based on individual feedback, be person-centered and focus on quality improvement. The examination of multiple tools, using combinations of entire tools or the best parts of them, and the use of multiple

reporters to gather information were all recommended. It was suggested that no one tool alone can successfully accomplish person-centered planning.

It was also suggested that there must be strong medical and behavioral assessment components to determine acuity and assess the stability of the individual and family. It was noted that the tool must evaluate outcomes in a variety of desired environments. Utilizing a tool that is simple enough to use regularly and flexible enough to meet changing needs were also noted as important. There were suggestions that a new tool be developed by integrating the best parts of different existing tools.

Assessment Tools and Processes Suggested by RFI Respondents	
Comprehensive Assessment Tools <i>(incorporates diverse areas of life)</i>	Specific Assessment Tools <i>(specific to one area of support need)</i>
CANS Developmental Disabilities Profile (DDP) Functional Independence Measure (FIM) interRAI Inventory for Client and Agency Planning (ICAP) Supports Intensity Scale (SIS) Wisconsin Adult Long Term Care Functional Screen	Adaptive Behavior Assessment System II (ABAS II) CAFAS (used by OMH) Collaboration Practice Scales FICA COMPASS Home Assessment Abstract Health Risk Screening Tool (HRST) Nursing Home Resident Assessment Instrument Patient Activation Measure (PAM) PRI/screen Primary Care Assessment Survey SAAM Scales of Independent Behavior SIB-R Vineland Adaptive Behavior Scale II
Tools for Creating Person-Centered Life Plans	
Environmental mapping process Individualized Education Plan (IEP) Individual Service Plan (ISP) Personal Futures Planning Street Survival Skills Questionnaire (SSSQ) Strength-based Practice Inventory (SbPI) Tools used in the CSS process	

(A-2) - What experience have you had with assessment tools for the purposes of care planning and identification of levels of supports, and what lessons have you learned that could benefit NYS?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
138	54.98%	n/a	n/a	n/a	n/a

Most of the answers in this section were related to the assessment process and characteristics of the assessment instrument¹.

Process — It was recommended that the process focus on the person’s independence and needs, and that the assessment be done in a place familiar to the individual being served. It was suggested that a

¹ Please note that the terms “assessment tool” and “assessment instrument” are used interchangeably.

holistic approach results in significant improvement in functioning and overall health. Universal intake was suggested as a way to simplify the process, and a recommendation to consolidate all needs assessment within a person-centered process carried out by DISCOs was received.

Several respondents suggested assessments be administered independently. Consistency in administration and training on administration and scoring were noted as important to minimize variation and ensure the assessment is conducted correctly.

Respondents noted that the assessment appeals process should be clearly described to stakeholders. Pilots to ensure standardization of the assessment process were suggested, as was reassessing the tool after implementation. Furthermore, respondents said that there must be a process to re-evaluate people as their needs change, and the integrity of the assessment system must be protected to prevent abuse.

Respondents noted their experience has shown them that natural supports must be considered in an assessment process, and that the process must focus on the level of support and supervision needed to maintain the person's current level of independence. **Characteristics of the Assessment Instruments —** Words and phrases commonly used by RFI respondents to describe their desired assessment instrument included “quick,” “easy to use,” “standardized,” and “person-centered.” Respondents suggested the tool be strengths-based, and there was some disagreement about the scope of the assessment tool or tools to be employed. Some respondents noted a desire for one tool with different subsets, while others suggested that tools which are too general cannot be person-centered or that there should be specific assessments by disability.

Respondents agreed, however, that individual interests and desires must be considered in the assessment process. Many respondents commented that families must be informed of the purpose, process and frequency of evaluations and eligibility, and that the individual, their circle of support and advocates, and family should all be involved in the planning process. Better information sharing was requested.

Other comments included that the instrument should be evidence-based and well validated, be able to evaluate different environmental factors (like living situation) and be able to identify both the strengths and needs of the individual and family; it was also suggested that the instrument should take different areas of life and individual ability into account as support allocation is not driven by one realm of performance.

Using Multiple Assessment Instruments — By far the most frequent comment RFI respondents expressed was that their experience has taught them there may not be a single tool broad enough to account for the entire range of disabilities found in the OPWDD system. Respondents suggested that no one tool, absent additional planning and investigation, accounts for all areas of life, choice and interests, nor can a tool take the place of staff who know the individual. The use of multiple tools or combining the best parts of different tools were recommended by respondents, as was the use of additional person-centered planning methods.

The Team Approach — Some respondents said that there is no substitute for a team process in which a mixed group of people who know the individual assesses need and plans supports. Respondents suggested that incorporating clinicians’ expertise and input from stakeholders, as well as personal observation and involvement with individuals and caregivers or family, is the most effective way to plan supports.

Traits of the Assessor — Respondents shared their finding that assessment quality depends on the skill of the person doing the assessment and that recruiting and training qualified assessors will require a sustained effort. Suggested qualifications for assessors include in-house training and supervision and required licensing or graduate-level training standards for clinicians.

Using the Assessment — It was noted that assessment is an ongoing process and a “starting point only.” The ability of staff to turn assessments into programming results quickly was noted as highly valued and requiring staff to be trained to interpret and act on the assessment and the plan of support that begins from it. It was suggested that an assessment tool be linked to preference surveys, program development and life goals, and be conducted in conjunction with an organizational culture that maintains focus on individual needs and circumstances.

Challenges Assessing Exceptional Populations — Respondents suggested that adaptive assessments do not provide in-depth assessment of behavioral and medical health needs, resulting in difficulty assessing and predicting these needs when only adaptive assessments are utilized. It was noted that current assessment processes are not specific to individuals with autism and that medically fragile individuals should be assessed differently than those with less complex conditions. It was noted that assessments may not accurately reflect the needs of individuals with both severe disabilities and those who are higher functioning as well.

Resource and Cost Impacts — Some replies to this question indicated that “assessment tools are only as good as there are services to provide.” It was noted that individuals who fell well outside a statistical financial allocation model (“outliers”) were particularly expensive to serve, and that an assessment tool

Assessment Instruments Referred to Commonly by RFI Respondents	
<u>Developmental Disabilities Profile</u> (DDP 1, 2 &4)	Comments included that the DDP has been found to be unreliable by some respondents. The instrument was referred to as not identifying strengths. It was noted that the DDP does provide a variety of views on an individual.
<u>Supports Intensity Scale</u> (SIS)	The Supports Intensity Scale (SIS) was noted as providing significant information on support needs, although some agencies with experience using it reported that they found it burdensome or time consuming.
<u>The Individual Support Plan</u> (ISP)	The Individual Support Plan (ISP) was preferred by some respondents who found that it distinctly and holistically reviewed the strengths and needs of each person. The foundation is a person-centered approach.
<u>Provider-developed tools</u>	Provider-developed tools have been created by some agencies to supplement the DDP in their care planning process. It was suggested that while these tools are not standardized or necessarily valid, they should be examined for innovations.

that can predict some of the “contingencies” is needed. It was also suggested that case management reduces costs as it improves outcomes and that when people are given flexibility and limits, they work creatively to stay within them.

(A-3) - Have you used a needs assessment process for the allocation of resources? If yes, please describe your experiences from both a benefits and challenges perspective.

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
194	77.29%	83	42.28%	111	57.72%

Respondents to this question shared a broad range of experiences using assessment tools for the allocation of resources. A range of methods were discussed, ranging from the use of tools and quantitative instruments like the DDP for the allocation of resources based on scores to the qualitative process of meeting with families and service coordinators to determine appropriate supports and resources.

More generally, the benefits found and desired in successful resource allocation assessment processes include the ability to easily make changes and successfully reallocate resources to accommodate acute situations. Challenges to successfully allocating resources were noted, including the unpredictable nature of changing needs and having appropriate staff to deliver specific needed services.

Limitations of assessment tools noted included that the tools may not evaluate individual needs across different settings, that they do not capture small details, and that agencies have developed and used different tools in an effort to enhance their planning processes resulting in inconsistency in overall implementation (despite the added value of these instruments.)

In addition to the use of assessment tools, agencies reported a great deal of qualitative analysis and direct outreach to individuals, their families and other stakeholders in conducting person-centered planning. In this case, assessment tools are seen as one component of a broader process incorporating the input and needs expressed by individuals and the people in their lives. RFI respondents indicated that meetings with individuals, families, and clinicians and the team approach to care remain the bedrock of assessment practices and allocation decisions in the OPWDD system.

Self-advocates noted that people should be able to understand the resource allocation process as it affects them, and agencies likewise requested information on how the allocation is determined to best manage resources.

The following table illustrates some of the benefits and challenges of allocating resources using the following assessment instruments and processes, as described by RFI respondents:

<i>Benefits and Challenges of Allocating Resources Using Selected Assessment Tools and Processes described by RFI Respondents</i>		
Assessment Tools & Processes	Benefits	Challenges
Consolidate Supports and Services planning documents	<ul style="list-style-type: none"> • good for an overall picture of the individual • works because of input of individual, circle of support and broker 	<ul style="list-style-type: none"> • too few CSS brokers
Developmental Disabilities Profile (DDP)	<ul style="list-style-type: none"> • calculates financial allocation • reasonably good predictor in core areas • standardized tool that rates each person equally • can assist in identifying the regional rate • objectively determines appropriate services • helps focus priorities to promote independence 	<ul style="list-style-type: none"> • financial resources allocation info not given to provider • too few categories • only provides one picture of an individual's performance • interpreted differently by different providers • not effective in determining real needs of people living in supportive levels of care • should separate "need level" from "service usage" • deficit-based
ICAP & Functional Assessment for Independent Living Skills (used together)	<ul style="list-style-type: none"> • effective for intended purpose • accurate in predicting level of supports required 	
Medicaid Service Coordinator's involvement to assess services	<ul style="list-style-type: none"> • in-depth relationship with families • able to understand situation and distribute resources effectively 	
Needs Assessment process through ISS	<ul style="list-style-type: none"> • person-centered • gives individual sense of independence 	<ul style="list-style-type: none"> • scope is narrow • cumbersome/labor intensive process
PRA (portal)	<ul style="list-style-type: none"> • able to prioritize needs and supports within PRA limits 	

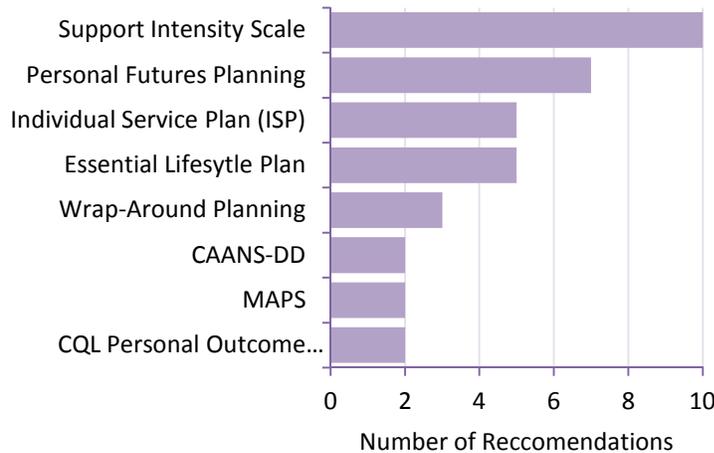
(A-4) Have you had experience with a strength based needs assessment tool that incorporates a review of natural community based supports available to the individual? Please identify a tool that you would recommend.

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
194	77.29%	73	37.62%	121	62.38%

Respondents suggested a variety of tools, processes and concepts which can be used as part of comprehensive person-centered planning, while some respondents noted that they could not suggest only one tool. Respondents most frequently suggested using the Support Intensity Scale, Personal Futures Planning, and the Individual Service Plan for strengths-based planning that takes into account the natural community supports available to an individual. Several respondents described melding person-centered planning processes and tools.

Respondents also recounted their experience using person-centered planning and noted that reviewing natural supports is an integral part of this process. Self-advocates suggested the use of concepts from the SANYS “Wheel Power” approach to community life and that a separate assessment be conducted specifically for natural supports. Other suggestions included the use of clinical assessments and psychosocial evaluation to identify protective factors and behavioral safety risks. Respondents further recommended a wide array of tools which are presented in the graph and table on the following page.

Assessment Tools that Incorporate a Review of Natural Community Based Supports Recommended by More Than One RFI Respondent



Note: Each respondent may have recommended more than one tool.

Notes about the Instruments in the Graph, from RFI Respondents

Support Intensity Scale: can form the basis of an Individualized Support Plan; use with additional tools

Personal Futures Planning: identifies potential, natural community supports; incorporates natural and community resources to the life care plan; use of tools led to favorable outcomes

Individual Service Plan: strengths-based; includes review of natural community supports

Essential Lifestyles Planning: identifies potential, natural community supports

Wrap-Around Planning: strength-based and strong in natural supports

CAANS-DD: not as a standalone instrument

MAPS: assesses natural community based supports

CQL Personal Outcome Measures: measures outcome of "people connected to natural support networks"

Additional Strength Based Needs Assessment Tools that Incorporate a Review of Natural Community Based Supports Noted by RFI Respondents, and their Comments:

AIM Skills Assessment Tool
Community Connections Asset Map Processor (CCAMP) - allows capacity to map the supports and assets of a community
COMPASS assessment tool includes informal supports
CSS tools - to understand all needs of individual
DDPC demonstration project transition tool
Herkimer Area Resource Center assessment tools
Home Assessment Abstract - documents the relationships of the person to be served
Inventory for Client and Agency Planning (ICAP) - assesses behaviors
Monroe Plan Health Assessment Tool
Nursing Home Diversion and Transition Waiver Individualized Service Plan - evaluates community based supports
Relationship and Eco-Maps
Scales of Independent Behavior (SIB-R) - assesses behaviors
Therap Individual Data Model

(A-5) Would you be willing to work with OPWDD to test tools for their validity and predictive capacity outside of a comprehensive demonstration project?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
198	78.88%	177	89.39%	21	10.61%

The above listed table summarizes the “yes” and “no” responses to this question.

Analysis conducted by: Neil A. Mitchell, OPWDD, Strategic Planning and Performance Measurement