



The Coordinated Assessment System (CAS)
Summary Guidance Document for the Person/Family and Supports Conversation

OPWDD's Coordinated Assessment System, or CAS, will assess a person's strengths, interests, and needs. Once completed, automatically generated summary reports are uploaded to CHOICES where they are available for the Care Manager¹/Qualified Intellectual Disabilities Professional (QIDP) to share, review, and discuss with the person, actively involved family member or Legal Guardian (LG), and the person's supports (i.e., residential/day service provider), as appropriate. These summaries are a starting point for discussion and must be used as part of the person-centered planning process. This guidance document was developed to help with the understanding of the CAS summaries and is designed to be referenced during the team's summary review. Please have available copies of the CAS summary reports as you read this guidance document.

The Summary Guidance Document for the Person/Family and Supports Conversation contains information and explanations for the following:

- I. The CAS Assessment Process**
- II. The CAS Summaries**
 - a. Personal Summary**
 - b. Summary of Assessment Administrative Requirements**
 - c. Medications Report**
 - d. Supplements**

I. The CAS Assessment Process

The CAS is a person-centered assessment and begins with the assessor scheduling an interview with or observation of the person. The interview or observation is scheduled at a time, date, and location that is most convenient for the person. The assessor is trained to respect the person's time and interests, and to ensure that the assessment process does not interfere with the person's life. If the person is unable to schedule the interview/observation, the assessor will coordinate the interview/observation with the person's supports.

The assessment interview/observation is designed to include the person at any level they want to participate. Some people may choose not to, or may not be able to, participate in an interview. The assessor has experience working with people with intellectual and/or developmental disabilities and is able to gather information either by observing the person or through an interview.

If the person is interested and able to be interviewed, the assessor will complete the interview via guided conversation. The interview is designed to help the person feel comfortable and to be flexible enough to meet the person's needs and ways of communicating. Information about the person is collected directly from the person first. This allows the person to choose what they would like to share and allows the person to focus on what they feel is important.

Several items in the CAS can only be answered by the person if they are able (see below: Person-Specific Items). If the person is unable to communicate, through any form of communication, or chooses not to answer these items in the CAS, the answer recorded will be "could not (would not) respond". For the *Individual's expressed goals* item (when asked), the person should be encouraged to express personal goals in their own words. The assessor will record only those goals expressed by the person. If the person responds, but is unable to articulate any goals (e.g., makes comments such as, "I'm only here because my family said I had to come but there's nothing that you need to help me with!"), the assessor will record "None provided". If the person is non-communicative, the assessor will record "None provided".

¹ Care Managers and Intermediate Care Facility (ICF) Active Treatment Coordinators (ATCs) are to utilize this guidance when reviewing the CAS summaries.

Person-Specific Items

Items that require information provided only/directly from the person

- *Individual's expressed goals*
- *Person prefers change*
- *Self-reported health*
- *Physical function improvement potential*
- *Self-reported mood*
- *Finds meaning in day to day life*
- *Reports having a confidant*

After the assessor has finished the interview/observation with the person, the assessor will interview others who know the person well. Some of these people are referred to as a “knowledgeable individual(s)” and include people who have known the person for at least 3 months, see the person at least weekly, and have spent time with the person within the 3 days before the assessment interview/observation. The knowledgeable individual(s) interview is utilized by the assessor to gather additional information and to clarify information that was shared by the person or observed by the assessor. In some instances, the knowledgeable individual is a family member, while other times it may be a paid staff or other support. Actively involved family members/LGs, and/or advocates, regardless of whether they are “knowledgeable individuals”, as defined above for the CAS, are also included in this interview process. Some items in the CAS require input from the knowledgeable individual and family/advocate (see below: Family-Specific Items). For the *Parent/Guardian/Advocate's expressed goals* item, the assessor will record the parent/family/guardian/advocate's verbatim response, and will enter “None provided”, if the parent/family/ guardian/advocate is unable to articulate a goal or give a response. The item *Family/Support (Care Professional) believes person is capable of improved performance in physical function* must have a response and may not be left blank or unanswered. If information is unavailable, the assessor has been trained to utilize the “No” response option.

Family-Specific Items

Items that require information provided only/directly from the knowledgeable individual and family/advocate

- *Parent/Guardian/Advocate's expressed goals (family/advocate)*
- *Care professional believes person is capable of improved performance in physical function (knowledgeable individual)*

Next, the assessor will review available records to inform completion of the CAS. This also provides an opportunity for the assessor to verify information, as needed, from the interview/observation with the person and the people who know the person well. In addition, the records review is a necessary step to accurately record certain information that is part of the CAS assessment, such as the person's developmental disability diagnosis and the severity of intellectual disability, if any. After reviewing the records, the assessor may follow up with the person and/or knowledgeable individual(s) to clarify or confirm any new information learned, as needed. Once the assessor has completed the CAS, they will document the following information in the CAS (see below: Assessment Administrative Requirements):

Assessment Administrative Requirements

Information assessor will enter after completing the CAS

- *Dates and names/titles of people who were mailed the CAS assessment notification letter*
- *Names of all the people who were interviewed and their relationship to the person*
- *Dates interviews were completed*
- *Names/types of the records that were reviewed, who the records were signed by, and the dates they were signed*

This information becomes part of the CAS and can be found in the Summary of Assessment Administrative Requirements.

II. The CAS Assessment Summaries

Once the assessor completes the CAS, several summaries will be made available to the Care Manager/QIDP to share, review, and discuss with the person, actively involved family member/LG, and the person's supports (i.e., residential/day service provider), as appropriate. These summaries are: Personal Summary, Summary of Assessment Administrative Requirements, and Medication Report. If additional information was gathered on a CAS supplement, then these completed supplements will also be included. The available supplement summaries, if completed for a person, are the Mental Health Supplement, Forensic Supplement, and Substance Use Supplement. These summaries provide a comprehensive snapshot of a person and their strengths, interests and needs. The CAS summaries are designed to support the conversation between the person, actively involved family member or LG, the person's supports (i.e., residential/day service provider), as appropriate, and the Care Manager/QIDP, in the development of a person-centered care plan. The review discussion is a real-time conversation, whether in person or via phone/video conference. Emailing the reports to the care planning team members and asking for them to email back with any questions or concerns would not be considered a CAS summary review. In addition, emailing the reports to team members without context and prior to discussion can lead to confusion and miscommunication. The reports must be reviewed with all necessary parties, however the CM may use their discernment in understanding if it would be best to review together as a group or if separate conversations are needed. This discussion offers the team the opportunity to review the information captured in the assessment, to confirm known information about the person, discuss any new information captured in the assessment and elaborate on specifics of the situation, and work through clarifying/answering any questions or concerns team members may have with the information gathered.

Below is an explanation of each CAS summary and what is included.

a. Personal Summary

The CAS Personal Summary includes the key information about a person's social involvement, activities of daily living, mental and physical health, as well as a report of current services. Each Personal Summary is unique to the person being assessed and includes the person's life experiences and goals, and then moves into areas of need.

The Personal Summary has five sections:

Section: Assessment Narrative Summary

This section begins with information about the person's living arrangement, as well as their vision, hearing, and communication needs and preferences, including the use of any adaptive devices, such as eyeglasses or adaptive hearing devices.

It is important to note that special responses may apply to information related to when the person left the family home. For instance, if the person was never in the family home, a response of "00" will appear in the summary. In addition, a response of "88" indicates that this item is not applicable (i.e., person never left the family home). Finally, a response of "99" represents that the answer for this item is unknown (e.g., information was not made available to assessor, or there is no information regarding this topic).

This section provides information about the number of years the person spent living in an institutional setting, if applicable. For the purposes of the CAS, an institutional setting is defined as follows: state operated campus-based institutional setting (e.g., developmental center, state operated school), intermediate care facility (ICF) either state-operated or agency-operated for persons with an intellectual and/or developmental disability. Special responses may apply for this information as well if a person has ever resided in an institutional facility, as defined above. If the answer is unknown, a response "99" will appear.

This section also provides information about employment and/or day program arrangements, as well as the person's community involvement. Lastly, this section captures information on the status of the person's expressed mood, general outlook on life, substance use, and social relationships, including up to two key unpaid support persons and what types of supports they may have provided during the three-day lookback.

Note: The items *Finds Meaning in Day to Day Life*, *Reports Having a Confidant*, and *Self-Reported Mood*, *Self-Reported Health section* are based only on what the person is able or willing to share (see above: Person-Specific Items).

Section: Outcomes and Support Strategies

This section provides information about the person's expressed goals and the parent/guardian/advocate's expressed goals. It also identifies the person's characteristics, strengths, abilities, preferences, and areas of the person's life that they would like to change.

For example, the assessor will ask the person about areas in their life that they may want to change. One area an assessor will ask about is the person's employment, and if there is any desire to change. If the person wants to change anything about their job, the item *Person Prefers Change – Paid Employment* will say "Yes". If during the interview, the person shares the type of change in job or employment, then the assessor will add this information. For example, during the interview the person says she would like a change in her job because she would like to work outdoors. The assessor will write "person stated she prefers to work outdoors" in the box following the item *Person Prefers Change -Paid employment*, and this will be included in the Personal Summary. It is important to mention that for the purposes of the CAS, employment refers to competitive employment, this is: the person receives adequate pay for work (e.g., minimum wage or better). The assessor does not probe or solicit the nature or specifics related to preferred change. The assessor only records what is reported/volunteered from the person.

This section also identifies any significant life events that may currently be affecting the person's overall well-being or impacting their daily life.

Lastly, this section captures information on contact with medical service providers in the last 30 days, and hospital stays in the last 90 days.

Note: The items *Individual's Expressed Goals* and *Person Prefers Change* are self-reported items and the response(s) listed are based only on what the person is able or willing to share (see above: Person-Specific Items).

Section: Individual Safeguards/IPOP

This section identifies key decision makers for personal healthcare and property. The section also provides information about the person's current skills and abilities, and their ability to complete everyday activities.

Instrumental Activities of Daily Living (IADLs) document areas of ability most commonly associated with independent living. IADLs are measured by the person's actual performance on these tasks, as well as their capacity to complete a task. These items focus on the specific timeframe of the last 3 days before the assessment interview. For example, this section would capture information on the person's ability to prepare a simple meal as well as what supports, if any, were provided in the area of meal preparation over the past 3 days. PERFORMANCE would be documented as what level of support was actually provided, regardless of need for assistance, while CAPACITY would reflect the person's current ability to prepare a meal or portions of a meal. Therefore, in some instances, differences between performance and capacity could be explained by the person being in a situation with limited access to express their full abilities (e.g., restrictive setting, temporary physical limitations, etc.).

Activities of Daily Living (ADLs) documents the person's abilities in self-care activities, such as personal hygiene and eating, over the 3-day timeframe before the assessment interview date. It is important to differentiate the item *Eating* from the item *Mode of nutritional intake* (also found in this section). *Eating*, as an ADL, refers to how the person eats and drinks, regardless of skill, and includes intake of nourishment by other means (e.g., tube feeding). On the other hand, the item *Mode of nutritional intake* describes the diet consistencies and modifications that help address the person's swallowing difficulties. In this context, a person could have their diet modified to address swallowing concerns, but the person could be independent while eating their food.

This section also provides information about the person's cognitive function and ability for daily decision-making, such as following instructions, organizing daily self-care activities, adapting to changes in routine or environment, and in making safe, independent decisions in the community. The item *Cognitive skills for daily decision making* reflects the person's ability and actual performance in making decisions about ADLs (e.g., choosing items of clothing, knowing when to go to eat meal, asking information and assistance when needed). This section also assesses issues that may be currently impacting the person's abilities in these areas, such as memory concerns or changes in the person's current level of functioning.

Information about height, weight, and ongoing medical concerns (bladder/bowel continence, seizures, drug allergies, etc.) is also captured in this section, as well as behavioral and mental health concerns. Concerns that are present in the person's life but did not occur during the three-day lookback time period would still be documented in this section and would be captured as "Present but did not occur in last 3 days".

It is important to note that the behavior symptoms recorded in this section of the personal summary reflect the presence of the behavior regardless of its intent. For instance, self-injurious behavior in this section will refer to behaviors, such as banging head on wall, pinching, biting, scratching, etc., regardless of the intent (i.e., the person may engage in these behaviors accidentally or unconsciously, or the person may have the objective of hurting themselves). On the other hand, lethally motivated suicidal behavior and behavior that inflicts intentional self-injury without the suicidal intent (e.g., self-mutilation) would be captured in the Mental Health Supplement.

Section: All Supports and Services: Funded and Natural/Community Resources

This section documents the formal paid providers who supported the person within the last month before the assessment interview (Direct Support Professional, Psychologist, etc.). Also captured is the focus of formal (paid) supports and/or services, including those services received in the last 30 days, as well as those scheduled to occur within the next 30 days.

Section: Diagnosis and Medication Information

This section provides information about the person's documented intellectual and developmental disability diagnoses, as well as any other pertinent medical or mental health diagnoses they may have.

b. Summary of Assessment Administrative Requirements

The CAS Summary of Assessment Administrative Requirements documents the date of the person's interview or observation, as well as the interview modality (in person or telehealth). This section also documents the names of people interviewed and their relationship to the person, dates of their interviews, and names and dates, and authors of the documents reviewed (see above: Assessment Administrative Requirements). Understanding the sources of information can provide direction to the care planning team when seeking additional information or clarification related to a support need or strength identified in the assessment.

c. Medications Report

The CAS Medication report includes medications the person has taken over the 3-day timeframe before the assessment interview. All available information is recorded, including the source of the information (e.g., person, pill container, record, etc.). It is important to mention that the Medications Report should NOT be considered a medical record. The objective of this report is to assist in identifying potential physical and emotional problems related to the taking (or failure to take) one or more medications. In addition, this report only lists active prescribed medications and all non-prescribed (over the counter) medications taken in the **last 3 days**.

d. Supplements

Depending on the person, the assessor may complete additional Supplements to gather more information. These supplements are:

- Mental Health
- Substance Use
- Forensic

Each of these CAS Supplements may identify priority areas of need in the person's life, such as mental health, forensic, or substance use.

Police intervention or violent acts with purposeful or malicious intent will trigger the Forensic Supplement. Certain alcohol use in a 14-day period, as well as if the person's social environment facilitates the use of drugs or alcohol, will trigger the Substance Use Supplement. Some mental health diagnoses as well as indicators of acute change in mental status, possible depression, anxiety, or psychosis will trigger the Mental Health Supplement.

An assessor may also trigger a supplement if it is believed that additional information should be gathered in one or more areas addressed by the Supplements, based on key information learned from interview/observation or documentation that would not otherwise automatically trigger a supplement. An example would be if the person seeks out substances containing alcohol (e.g., mouthwash/perfume) with the **intention** of getting intoxicated, the assessor would trigger the Substance Use Supplement and make a note in the Comments Section of the Substance Use Supplement.

Note: Not everyone will have a completed CAS Supplement. These Supplements are completed only if there is an indication that the assessor needs to gather more information about the person in any one, or more, of these areas.

Thank you for your participation in the Coordinated Assessment System (CAS). Should you have any questions about the assessment process and/or the CAS summaries, please contact:

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