



The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs and services and training opportunities related to MSC. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues visit the following link: [MSC E-Visory](#)

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Recording of the March 15, 2018 MSC Supervisors Conference

The MSC Supervisors Conference that was held on Thursday, March 15, 2018 has been recorded and is available for viewing on the OPWDD website at the following link:

<https://opwdd.ny.gov/node/18256>

Coordinated Assessment System (CAS) and Care Planning

OPWDD's Coordinated Assessment System (CAS) is a state approved functional needs assessment tool that has an important role in the care planning process. The CAS summaries must be shared, reviewed, and discussed by Service Coordinators/Care Managers with the person, actively involved family member or Legal Guardian, and the person's supports (i.e., residential provider), as appropriate, and must be used in the development of the person's Individualized Service Plan (ISP)/Life Plan.

Attached to this E-Visory you will find the following information and resources:

- CAS Summaries:
 - Summary Guidance Document for the Person/Family and Supports Conversation
 - ***Newly Available Report***: How to View CAS Assessment Completion Dates by Care Manager's Program
- CAS Summaries' Review Process
 - The Coordinated Assessment System (CAS): How to Share Summary Questions/Concerns for Review Notification
 - CAS Request for Review Form

All Service Coordination/Care Manager Supervisors and Service Coordinators/Care Managers are encouraged to review the information attached in full and ensure that all requirements are being met. Questions or concerns can be emailed to: coordinated.assessment@opwdd.ny.gov

Please note, in preparation for the transition to Care Coordination Organizations, all documents reference the Care Manager as opposed to the Service Coordinator. Service Coordinators are to use and follow these guidance documents, both now and when they transition to Care Managers in July 2018.



Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

The Coordinated Assessment System (CAS)

Summary Guidance Document for the Person/Family and Supports Conversation

The Coordinated Assessment System, or CAS, is OPWDD's new assessment tool. The CAS will assess a person's strengths, interests, and needs. The results of the CAS are several summaries that will be available for the care manager¹ to share, review, and discuss with the person, actively involved family member or Legal Guardian (LG), and the person's supports (i.e., residential provider), as appropriate. In addition, these summaries are to be used for the person-centered planning process. This guidance document was developed to help with the understanding of the CAS summaries. Please have available copies of the CAS summaries, as you read this guidance document.

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

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

I. The CAS Assessment Process

The CAS is a person-centered assessment. The CAS begins with the assessor scheduling an interview 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, 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 that he/she wants to participate. Some people may prefer an observation 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 the needed information either by observing the person or through an interview.

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

If the person is interested and able to be interviewed, the assessor will complete the interview through a 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 he/she would like to share and allows the person to focus on what he/she feels is important.

Several questions in the CAS can only be answered by the person if he/she is able (see below: Person-Specific Items). If the person is unable to communicate, through any form of communication, or chooses not to answer these questions in the CAS, the answer that will be recorded will be "could not (would not) respond". For the Individual's expressed goals (when asked) item, the person should be encouraged to express personal goals in his/her own words. 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!"), record "None provided". If the person is non-communicative, record "None provided".

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 person has finished the interview/observation, the assessor will interview others that know the person well. These people are referred to as a "knowledgeable individual(s)" and include people that 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 used 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, and, in others, it is not. 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 questions 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 parent/family/guardian/advocate's verbatim response, if any, should be recorded. Record the parent/family/guardian/advocate's verbatim response. Enter "None provided", if the parent/family/ guardian/advocate is unable to articulate a goal or give a response. The Family/Support (Care Professional) believes person is capable of improved performance in physical function item 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
- Care professional believes person is capable of improved performance in physical function

Next, the assessor will review available records to inform completion of the CAS. It also provides an opportunity for the assessor to verify information, as needed, from the interview/observation with the person and the people that know the person well. 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, he/she will write the following information into the CAS (see below: Administration Requirements):

Administration Requirements

Information assessor will complete after answering all questions on the CAS

- Dates and names of people who were mailed the CAS assessment notification letter
- Names of all the people that were interviewed and their relationship to the person
- Dates interviews were completed
- Names of the records that were reviewed

This information becomes part of the CAS and can be found in the Comments Summary.

II. The CAS Assessment Summaries

Once the assessor completes the CAS, several summaries will be made available to the Care Manager to share, review, and discuss with the person, actively involved family member/LG, and the person's supports (i.e., residential provider), as appropriate. These summaries are: Personal Summary, Comments Summary, 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 his/her 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 provider), as appropriate, and the Care Manager, in the development of a person-centered care plan.

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 1: Identifying information:

This section provides information about the person's living arrangement, as well the nature of the person's developmental disability, and identifies decision makers regarding personal healthcare and property.

When applicable, this section will also display information regarding the age at which the person left the family home. It is important to note that special responses may apply to this information. For instance, if the person was never in the family home (e.g., went directly to an institution following birth), a response of "00" will appear in the summary. In addition, a response of "88" will indicate that this item is not applicable (i.e., person never left the family home). Finally, a response of "99" will represent that the answer for this item is unknown.

This section also provides information about the number of years the person spent living in an institutional setting. 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 and IDD. Special responses may apply for this information as well. If the person has never lived in an institution, a response of "00" will be displayed in the summary; if the answer is unknown, a response "99" will appear. If the person has lived in an institutional setting for less than one year (i.e., 1-364 days), this will be represented by "1".

Section 2: Goals/Strengths/Social and Community Involvement:

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 he/she would like to change.

For example, the assessor will ask the person about areas in his or her life that he/she 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 his/her job, the question on the Personal Summary under "Person Prefers Change – Paid Employment" will say "Yes". If during the interview, the person shares what 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 question "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).

Note: The questions "Individual's Expressed Goals", "Person Prefers Change", "Finds Meaning in Day to Day life", and "Reports Having a Confidant" 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). 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.

Section 3: ADLs/IADLs/Status of Paid/Unpaid supports (non-medical):

This section provides information about the person's current supports, skills and abilities, and his/her ability to complete everyday activities. It identifies any significant life events that may currently be affecting the person's overall well-being or impacting his/her daily life. This section also includes information about support provided to the person by someone who is unpaid, such as the person's parent/family member/key support. Focus of supports and/or services includes both formal supports/services received in the last 30 days or scheduled to occur-within the next 30 days.

Instrumental Activities of Daily Living (IADLs) documents areas of ability most commonly associated with independent living and that are measured by the person's actual performance on these tasks and his/her capacity to complete a task. These questions look at a very specific timeframe. This timeframe is the last 3 days before the assessment interview. For example, the assessor may observe the person's ability to prepare a meal, or portions of a meal. The assessor will also ask the knowledgeable individual(s) if the person prepared a meal in the past 3 days and if so, how much support was needed.

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.

Information about the role and status of the parent/family member/key unpaid support is also available in this section. For instance, the assessor will ask about what types of unpaid support have been provided to the person in the last 3 days by the parent/family member/key unpaid support.

Section 4: Cognition/ Communication/ Sensory:

This section 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 section also assesses issues that may be currently impacting the person's abilities in these areas. For example, during the interview, a parent reports that in the evening, the person appears to have difficulty communicating and that he isn't able to finish a thought or doesn't make sense when telling a story. The assessor will ask if this is different from the person's usual functioning or way of acting, or if this observation is consistent with the person's usual functioning. This detail will be included in this section of the Personal Summary.

Additionally, this section records how the person communicates (i.e., verbally or nonverbally), and the status of his/her vision and hearing (including the use of any adaptive devices, such as eyeglasses or adaptive hearing devices).

Section 5: Physical and Mental Health

This section provides information about the person's perception and/or support person's observation of physical health, substance use, mood and behavior, contact with medical service providers in the last 30 days, and hospital stays in the last 90 days. Mental health diagnoses, or indicators of acute change in mental status, possible depression, anxiety or psychosis will trigger the Mental Health Supplement. 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. An assessor may believe that additional information should be gathered in one or more areas addressed by the Supplements, based on information learned from interview/observation or documentation that would not otherwise trigger a supplement. The assessor should use professional judgement to trigger a Supplement(s), if necessary (i.e., 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).

Preventative health services provided within the last year or two, as well as disease diagnoses, are documented in this section of the Personal Summary.

Note: The questions “Self-Reported Health”, “Physical Function Improvement Potential”, and “Self-Reported Mood” are self-reported and the response(s) listed are based only on what the person is able/willing to share (see above: Person-Specific Items).

b. Comments Summary

The CAS Comments Summary documents the assessment administration requirements, such as dates and names of people who were mailed the CAS assessment notification letter, names of people interviewed and their relationship to the person, dates of the interviews, and names and dates of the documents reviewed (see above: Administration Requirements).

The assessor will also document any important information provided during the assessment process that was not included in other areas of the CAS or CAS Supplements.

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 (i.e., person, pill container, record, etc.).

d. Supplements

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

- Mental Health
- Substance Use
- Forensics

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

Note: Not everyone will have a completed CAS Supplement. These Supplements are completed only if during the assessment interview 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:

coordinated.assessment@opwdd.ny.gov

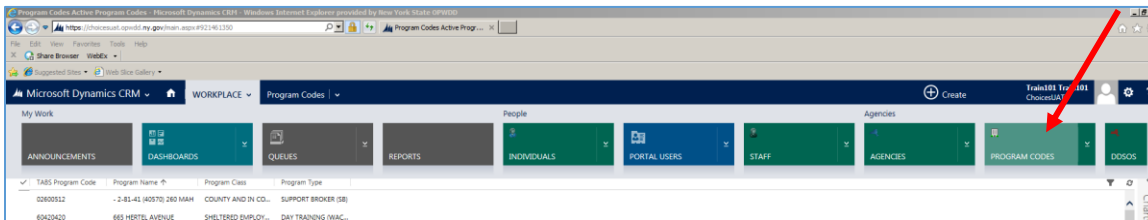


How to View CAS Assessment Completion (Finalized) Dates by Care Manager Program

To check if a person has a CAS Assessment completed, a care manager¹ may run a TABS Inquiry².

The TABS Inquiry is on the **Program Codes** record, "Program Enrollments".

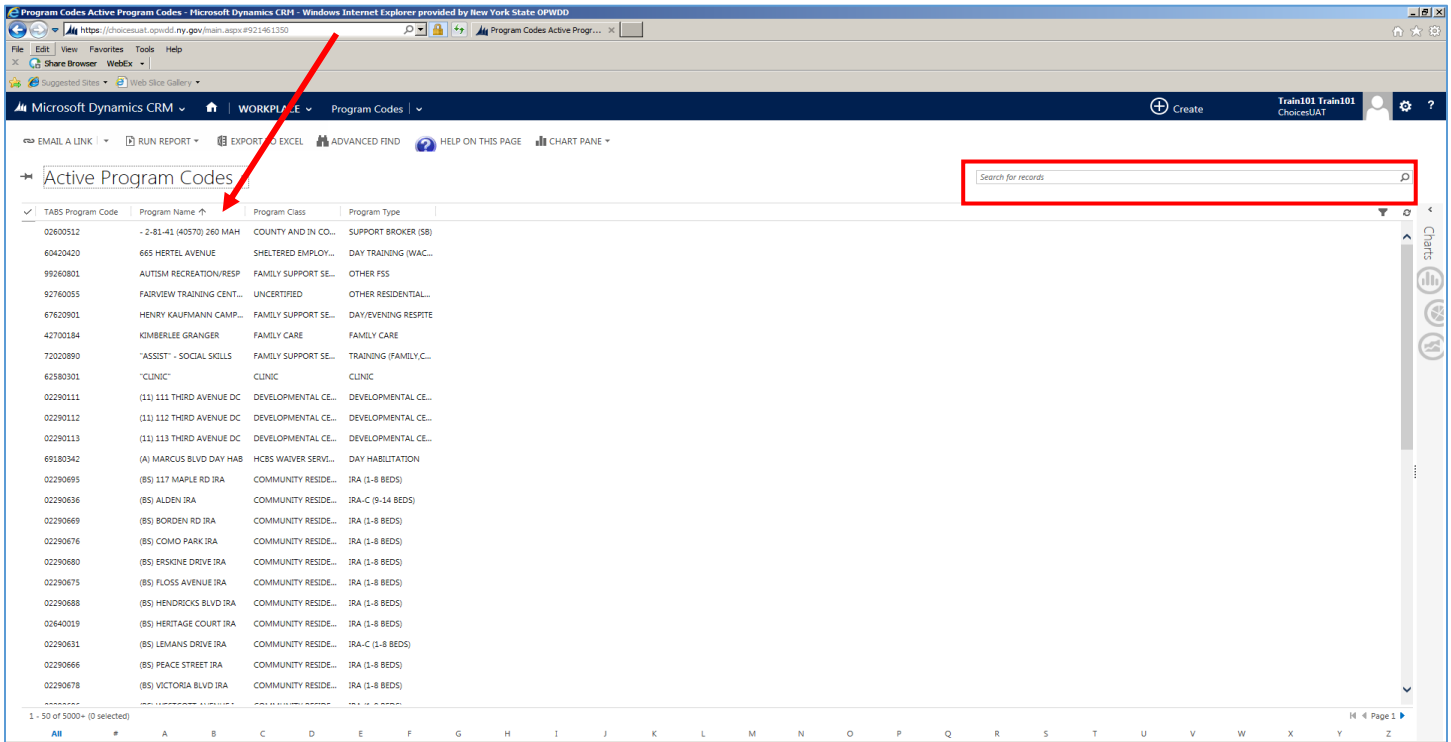
1. Hover over the **Workplace** tile to display the sections, scroll to, and then click on **Program Codes**.



2. Search for the care manager program by either Program Name or Program Code.

A. For **Program Name**, the list defaults alphabetically. Scroll through to find the program or search by typing the Program Name in the search box, then clicking Enter.

B. To search by Program Code, type the Program Code into the search box, then click Enter.



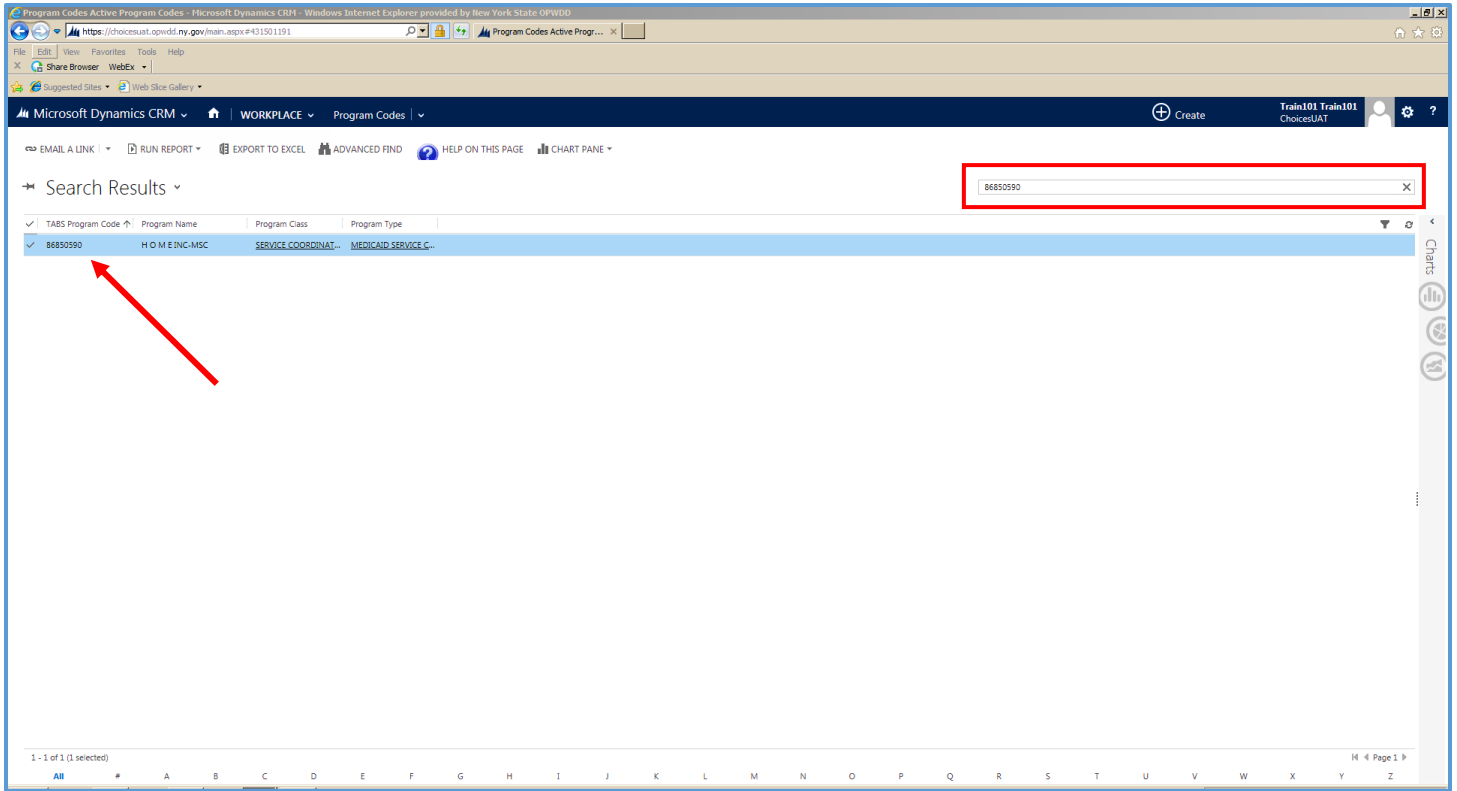
¹ Medicaid Service Coordinators (MSCs) are to utilize this guidance until transitioning into the role of care manager.

² The data in this instructional guide is artificial to protect confidential information.

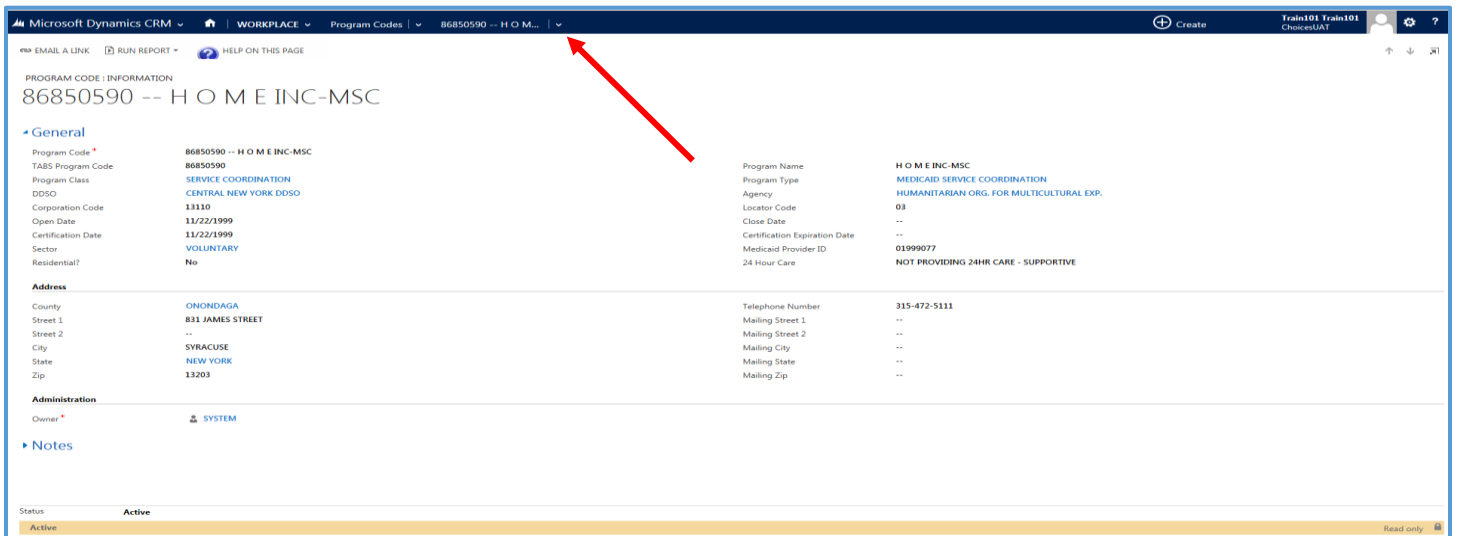


How to View CAS Assessment Completion (Finalized) Dates by Care Manager Program

Hover over the Program Code to highlight, then double click on the Program Code, to open the Record.



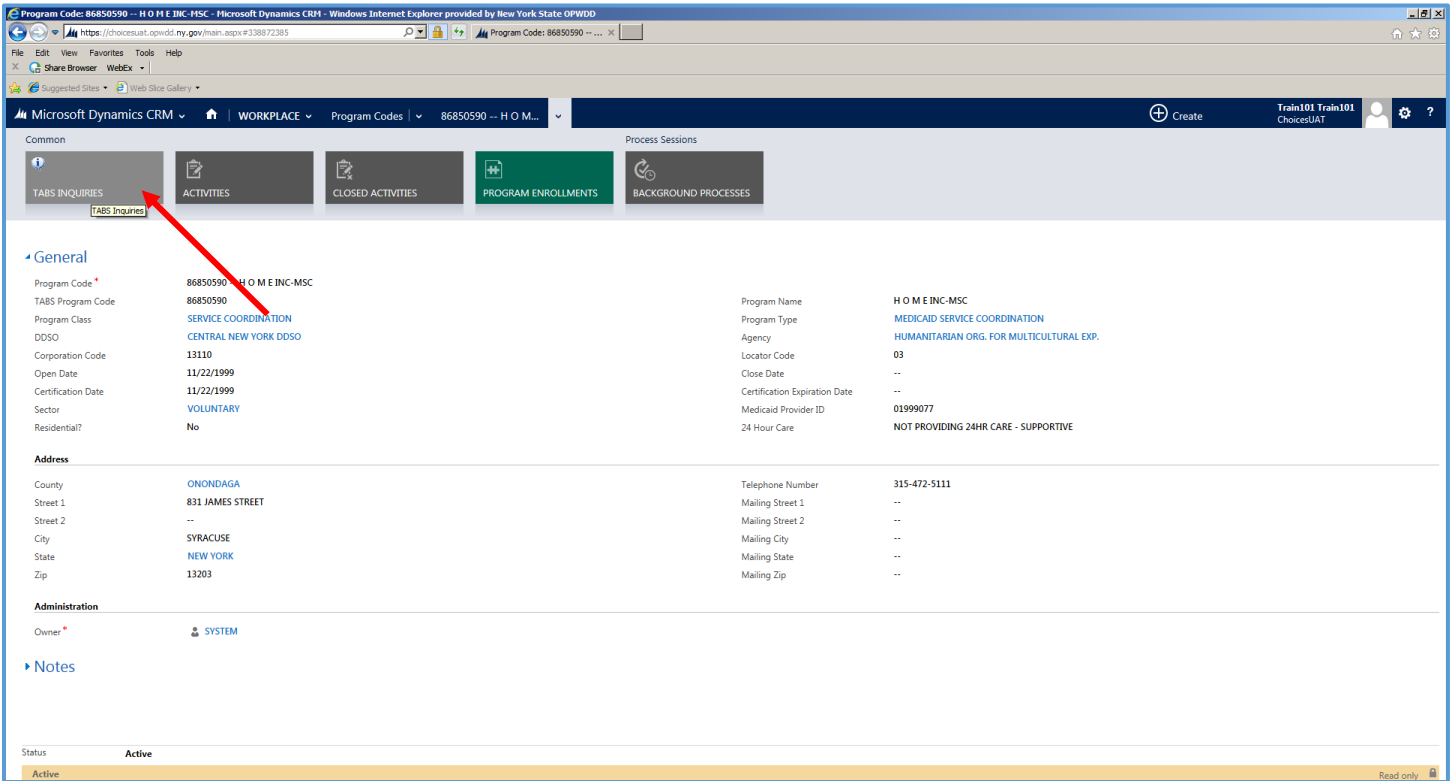
The Program Record is open. TABS Inquiries is under the down arrow next to the Program name tile. Click on the arrow to display the sections of the Program Record.



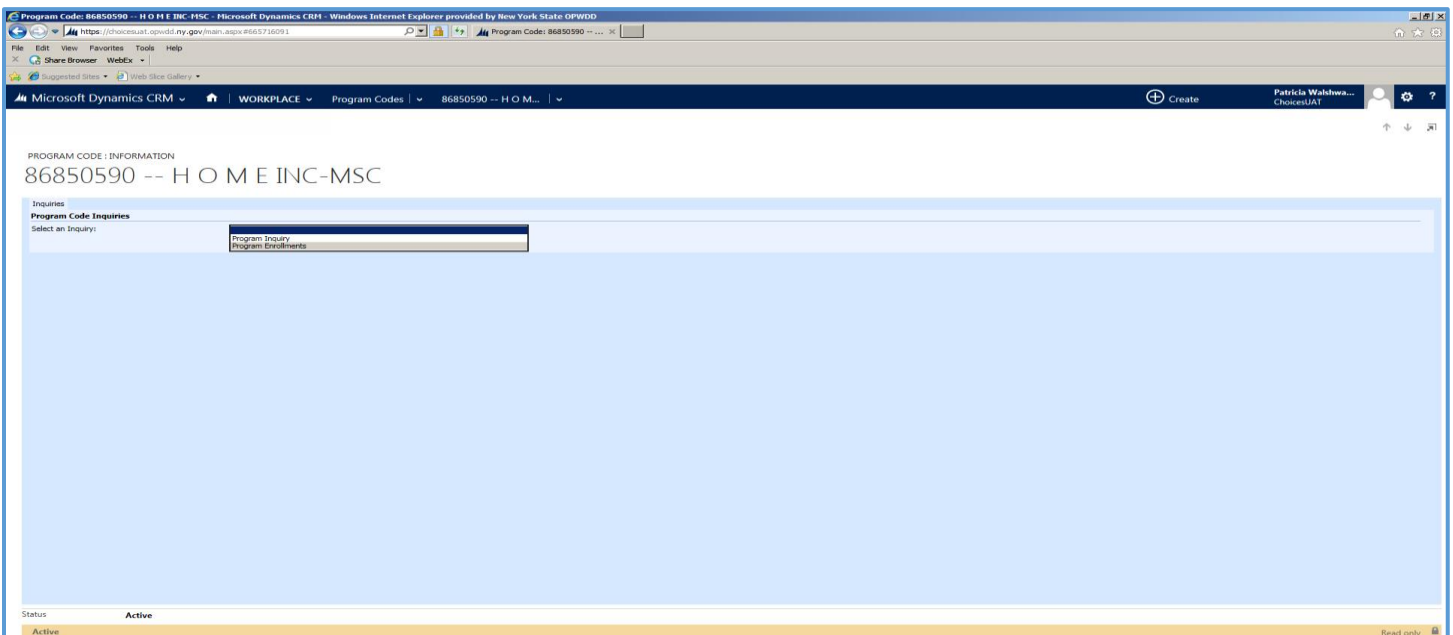


How to View CAS Assessment Completion (Finalized) Dates by Care Manager Program

Click on the TABS Inquiries tile.



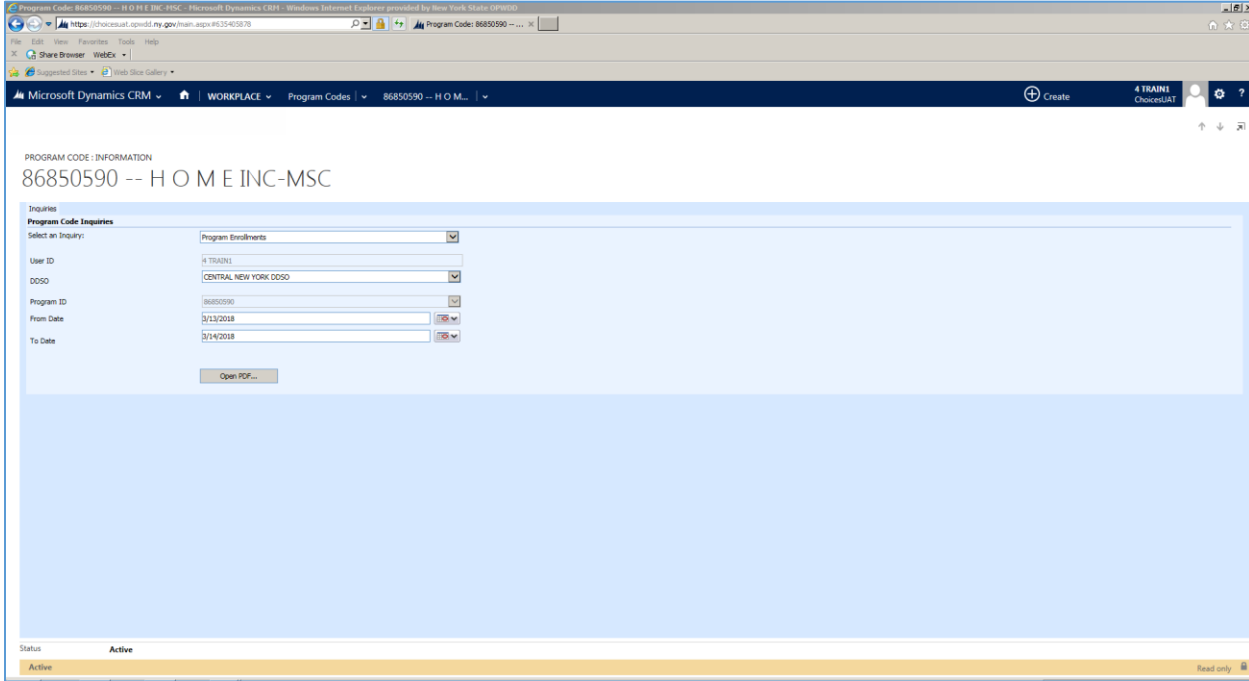
Select Program Enrollments.



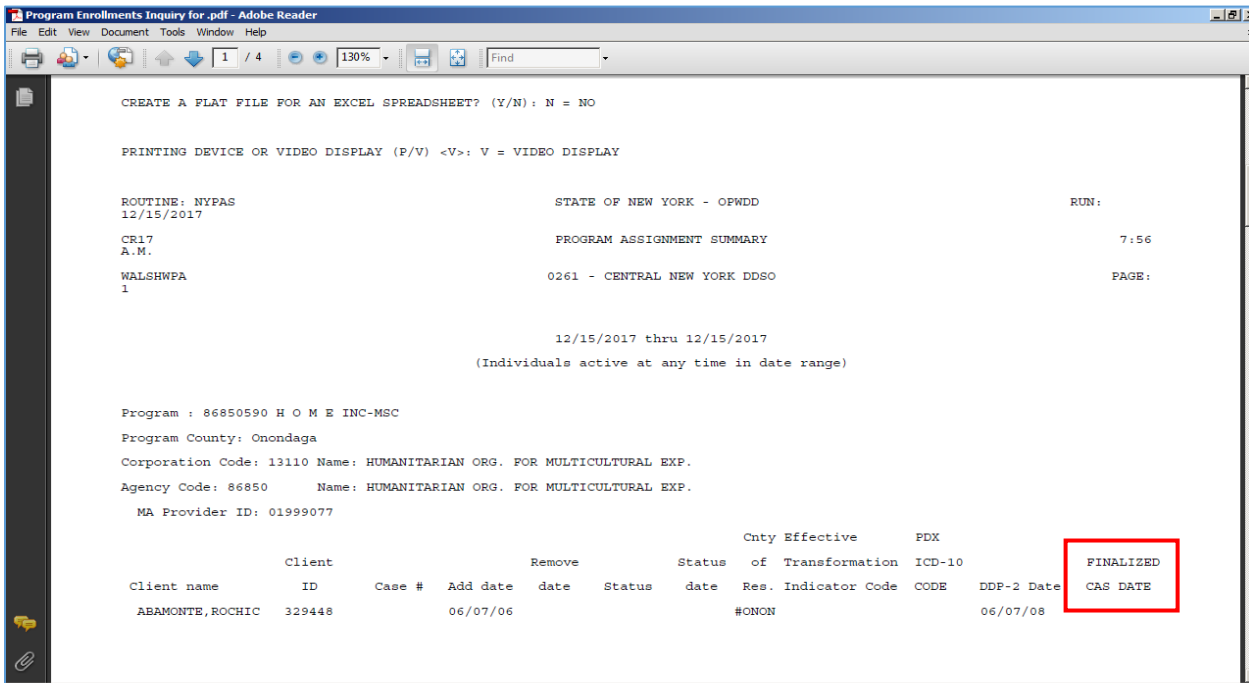


How to View CAS Assessment Completion (Finalized) Dates by Care Manager Program

Be sure the correct DDSO of the program displays, then click Open PDF.



The PDF opens. The last column of the Program Assignment Summary is Finalized CAS Date. If a CAS was completed for the person, the date it was completed (known as finalized) will display. If no date appears in the CAS column, then the CAS is not completed.





How to View CAS Assessment Completion (Finalized) Dates by Care Manager Program

The CAS information is only available, once the CAS has been completed. The CAS PDF summaries will be available in the person’s Supporting Documents section of his/her CHOICES record.

The column headings will not display on the subsequent pages of the report, but the last column is the CAS Finalized Date.

BOMBECK, JACQUETTA	8801		03/01/00	OSWE	01/12/09	
BONACQUIST, SHAMAH	28663	02610019850	03/01/00	ONEI	12/26/96	
BONAN, CHRISTAIN	270543		07/02/09	ONON		
BONAVIK, JAVON	4611	02610020803	03/01/00	MADI	06/30/97	09/14/16



The Coordinated Assessment System (CAS): How to Share Summary Questions/Concerns for Review

The guidance provided in this document must be used by care managers¹ to inform OPWDD of questions and/or concerns found during the review of the CAS summaries.

- **Reviewing the CAS summaries:** After reviewing the *Summary Guidance Document for the Person/Family and Supports Conversation*, the care manager must consider the following steps when conducting the review of the CAS summaries with the person, actively involved family member or legal guardian (LG), and the person's supports (i.e., residential provider), as appropriate:
 - ✓ Encourage a conversation or discussion of the information, as part of the Person-Centered Planning process (i.e., use of a functional needs assessment for the development of the person's Life Plan).
 - ✓ Provide context for what has been learned, what needs to be explored, what actions have or will be taken (i.e., referral, Life Plan update, follow up with staff, etc.), what information is accurate or in-line with what is known about the person, and/or where there is disagreement and why.
 - ✓ When discussing the CAS summaries with the person, actively involved family member or LG, supports (i.e., residential provider) make sure to review in the CAS summaries:
 - Summary of Assessment Administration Requirements
 - Sign/Finalize section of the Comments Summary

These sections contain information regarding who participated in the interview(s) (i.e., names of staff) and what documents were utilized in the CAS administration. Understanding who provided input via interview and when (i.e., date), along with the documents that were utilized in the CAS administration is important for context and discussion.

- **What to do when there is a question or concern about the CAS summaries:** When the CAS summaries have been reviewed and discussed, details of the review process must be documented in a note by the care manager. If questions and/or concerns have been identified, the care manager must use the **CAS Request for Review Form** to send a message via secure email to coordinated.assessment@opwdd.ny.gov. Completion of the form will ensure that information needed for the review of the question or concern is shared with OPWDD:
 - ✓ Care manager's note/documentation of CAS summary review
 - ✓ Care manager's name and contact information
 - ✓ Name of the person receiving services and his/her contact information, TABS ID, actively involved family member's/LG's name and contact information
 - ✓ Date of assessment
 - ✓ Assessor's name (if known)
 - ✓ Date of review of CAS summaries with the person, actively involved family/LG, and person's supports (i.e., residential provider), as appropriate
 - ✓ Specific section(s), item(s) and response(s) on the CAS summaries that have been identified as a concern
 - ✓ Any additional information that may be an important consideration in the review, and that could assist with substantiating the reason for question and/or concern.

Upon submission of the **CAS Request for Review Form** and the information noted above, the care manager can expect to be contacted by staff from the OPWDD review team within seven (7) business days.

¹ Medicaid Service Coordinators (MSCs) and Intermediate Care Facility (ICF) Active Treatment Coordinators (ATCs) are to utilize this guidance when reviewing the CAS summaries and a question or concern arises.



This form should be used when requesting a review of information in the CAS summaries. Please complete all fields and submit additional information if needed

Care manager¹ note/documentation of CAS summary review **MUST** be attached to email

Care manager contact information:

Name Phone number
Email address
Other

Information about person assessed:

Name TABS ID
Name(s) of actively involved family member(s)/Legal Guardian(s) (LG)

Phone number(s) of actively involved family member(s)/LG(s)

Assessment information:

Date of assessment
Assessor's name (if known)

Date of review of CAS summary with the person, actively involved family member/LG, supports:

List of specific sections, items and responses in the CAS summary or summaries that have been identified as questions and/or concerns:

¹ Medicaid Service Coordinators (MSCs) and Intermediate Care Facility (ICF) Active Treatment Coordinators (ATCs) are to utilize this form for sharing questions and/or concerns about the CAS summaries.

- Any additional information that might be an important consideration in the review of the person's CAS: [Click or tap here to enter text.](#)