Concerns about CAS (Coordinated Assessment System)

November 15, 2017

Summary

The Coordinated Assessment System (CAS) is becoming the standard tool used by OPWDD (New York State's Office of People With Developmental Disabilities) to determine the care needed for an individual with an Intellectual and/or Development Disability (I/DD). OPWDD must make significant and immediate course corrections to this process.

The concerned parents and family members of New York State want to ensure the CAS is

1. Accurate.
2. Administered effectively.
3. Amended if it does not accurately reflect the person.

We are most concerned about the process for amending a CAS report. Any assessment tool will sometimes fail, and consequently there must be a process to correct inaccuracies. Assessments of people with I/DD are especially prone to error, due to the high degree of variability in this population– variations in health, behavior, physical ability and cognition.

Amended thru an Appeals Process

Recent presentations by senior OPWDD personnel have pointed to the low rate of reported problems as evidence of the accuracy of CAS. Unfortunately, the low rate of reports is actually evidence of the imperfections in the current complaint and appeals process. The Medicaid Service Coordinator (MSC) is supposed to discuss the CAS results with the individual and their family within a few days of the completion of the report. The MSC is then supposed to inform OPWDD about any problems and report them to coordinated.assessment@opwdd.ny.gov, the designated email address for complaints and problems.

In practice, the process for error detection and correction can break down in many ways, including:

i. Individual does not currently have an MSC, due to high turn-over.
ii. MSC does not inform the family that a CAS is going to be administered.
iii. MSC does not send the CAS Summary to the family/guardian/individual.
iv. No discussion of results with the family and individual.
v. Family and individual are not informed of complaint process.
vi. Incomplete follow through on the family complaint.

Amendment Recommendations:

a. Introduce direct reporting from individuals and family members in addition to reports from MSCs.
b. Ensure that the family/guardian/self-advocate is informed of the appeals process for the CAS. Mandate a plain-English document outlining the process timelines and the appeals process. The person administering the CAS must obtain signatures of the individual and their family member on a copy of that document, with another copy left with the family/person.

Effective Administration

Families and providers have complained that behavioral issues and physical limitations have not been explored. “Sub-assessments” may not have been executed, even when clearly called for. Some assessors act as if they are compensated based on the number of completed assessments, and not on their accuracy. If this is true, it is ironic that as we start the process of converting to a Value-Based system, we are falling into the same old trap by rewarding Assessors for volume.

It is important to include support staff at the time of the assessment since the term “circle of support” may be interpreted by families to mean only friends and family.

Effective Administration Recommendations:

c. Accommodations for those who are not fluent in English.
d. When no response, record whether ‘chose not to’ or ‘unable to’ respond.
e. Use measures of quality and accuracy to determine compensation to the assessors.
f. Ensure that family members are always informed of the assessment.
g. In addition to family members, interview Direct Support Professionals and Residence Directors. Find DSPs with the most exposure to the individual.
h. Publish the CAS, including the branching structure, so that family members and professionals can ensure that appropriate sub-assessments are performed. When individuals know which questions they should be asked, they can serve as a real-time quality check.

Accuracy of the Instrument

Aside from problems with administration, the instrument itself is not fine-grained enough. Tasks are not broken down into sufficient detail, and the categories are too broad. Examples:

- An individual who can tear lettuce was categorized as "able to perform 50% of meal preparation tasks." Placed into the same category was another individual who can prepare a simple meal with no assistance.
- Individuals are credited with independent toileting, despite their inability to wipe themselves and to wash their hands afterward. This has a direct impact on health.

Overall, the assessment often produces an inaccurate view of the individual. Someone who cannot feed or toilet themselves may be improperly classified as not needing support for these vital activities because they can do part of the task.

Accuracy Recommendation:

i. Given that the CAS instrument itself is unlikely to be revised, there must be a path which allows for corrections when needed through additional evidence. In some cases that will have to include supplemental assessments, including adaptive behavior scales such as a Vineland Adaptive Behavior Scale, ABAS®-III, SIBTR, ABESTR2, or ABDS.