

The banner at the top of the slide features the DSHS logo on the left, a photograph of a diverse group of people in the center, and the text 'Washington State Department of Social & Health Services' on the right. Below the banner is a yellow bar with the text 'Division of Developmental Disabilities'.

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Washington State Department of Social & Health Services

Division of Developmental Disabilities

Implementing Standardized Assessment in Washington State

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Performance Audit of Division of Developmental Disabilities

Legislative Audit (June, 2003) found:

- No Consistent Assessment Process
- Services authorized without assessment
- No way to determine if clients with similar needs are receiving similar services
- No way to tell if levels of services are too high, too low or appropriate

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Audit Recommendations

- Develop an assessment process for developmentally disabled clients that is consistently applied to all clients, in all parts of the state.
- Assess clients before a determination of service need is made.
- Utilize existing computer-based assessment tools either in use or under development in DSHS.
- Conduct a study and make recommendations for the development of a standardized rate structure for DDD Certified Community Residential rates.

The logo for the Washington State Department of Social & Health Services (DSHS) is displayed in white, bold, sans-serif capital letters on a dark blue rectangular background.A horizontal banner image showing a diverse group of people, including a woman holding a baby, a young boy, and several adults, smiling and interacting. The image is set against a light, warm-toned background.

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\$3.5 Million

- **Based on audit recommendations, the WA State Legislature appropriated substantial funding for the development and implementation of a standardized assessment tool for DDD.**

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Existing Assessment Process


Comprehensive Assessment Reporting Evaluation (CARE)

- Adapted from Oregon Access
- Automated, computer-based tool
- Medicaid Personal Care eligibility and resource allocation in WA
- Contains questions related to assessing health & safety risk (e.g., skin breakdown, environmental concerns, medications, diagnoses, etc.)

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Plan for the new DDD Assessment

- Build an adaptation that measures the unique support needs for people with DD (CMS requirement).
- Build a system that can assess everyone who is DD eligible.
- Build an assessment for a broad array of DDD programs.
- Partnership with stakeholders.

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Benefits of Standardized Assessment


- Common method for identifying client support needs.
- Ensures support needs are assessed comprehensively to improve the planning process.
- Fair and consistent method for prioritizing individuals to receive services.
- Provide data to the legislature.
- Implement consistently applied rate reimbursement structures.

Life Domains

- Activities of Daily Living (ADLs)
- Behavior
- Medical
- Mobility
- Interpersonal Support
- Caregiver Status
- Protective Supervision


Uses for Domain Levels

- Legislative Reporting
- Wait List Management
- Waiver Eligibility

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Selection of the SIS

- Addresses CMS expectation to measure unique support needs of persons with DD.
- Consistent with existing values and direction of state DD service system.
- Questions already designed and tested (reliability, validity).
- Provides national norms (good platform to determine ICF/MR level of care for Waiver eligibility).
- Permission from AAIDD to integrate SIS into CARE platform.
- Contains questions related to 5 out of 7 domains for reporting.

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Additional Information Needed

- Caregiver assessment
- Environmental factors affecting employment
- Uncooperative/disruptive/repetitive behaviors
- Diabetes
- Seizure detail
- Support to use currently prescribed treatments or therapies
- Nighttime support
- Protective supervision
- Scoring for Behavior and Medical

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Testing of the SIS and additional items

- **Pilot test**
- **Residential Rates Study**
- **Family Support/Employment Study**

Pilot Test of SIS in WA State

What we wanted to know:

- What do our case managers think?
- What is the reaction of our consumers and families?
- Do SIS scores show a relationship to other indicators of service need commonly used in our state?
- Can we obtain comparable psychometric properties by applying the tool in our state?
- What logistical issues might we encounter if we implement SIS in WA State?

Pilot Test of SIS in WA State

What we found out:

- Positive response from case managers, some concern about subjectivity due to forward thinking nature of the tool.
- Consumers, providers, and families seemed to have a positive experience – seemed to stimulate positive change.
- SIS scores correlated well with other local measures of support needs.
- Inter-rater reliability was comparable to what was reported in the manual.

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Pilot Test of SIS in WA State

What we found out (cont.):

- Much more than a single day of training would be needed.
- Administering the tool takes a lot longer than reported, particularly for those new to using the tool.
- Several items were interpreted differently by the assessors
→ expanded item definitions.
- Having conference calls or refresher sessions after the first few assessments would be helpful for the assessors.

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Pilot Test of SIS in WA State

Who makes a good respondent:

- Respondents should be familiar with the person's support needs throughout a typical day and week and across a broad array of life activities (e.g., a direct staff support person and a program manager or supervisor).

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Pilot Test of SIS in WA State

How to optimize the accuracy of the assessment:

- What support are you providing? How long does it take? Who else provides support (e.g., spouse, friends, family, other service providers)?
- Listen to the response that is given to the assessor. Is it accurate? Prompt the respondent if you disagree.
- Make sure you think about each question and think about what is needed vs. what is being provided.

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Development of Assessment Based Service Rates

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Model for the New Rate Setting Process

- Our current service system is inherently efficient and effective; however, we need a way to ensure that it is consistently applied and easily explained.
- Intent of the new rate setting process is to capture what we're currently doing.

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How did we determine service rates based on the new assessment tool?

- Assessments were given to persons currently receiving services
- Responses to the assessment tool were compared to what we know about the support needs of these individuals.

Assumption: New persons who respond similarly to the assessment tool will likely require similar levels of support.

Rates Study Data Collection Plan

A

Assessment Tool



B

Test Review Group
(clinical judgment)



How do these two sources of data compare?

Rates Study Clinical Judgment

Test Review Group (TRG)

- Resource Manager
- Case Manager
- Provider/Advocate
- Project Staff (*for first few households per region to ensure consistency*)

Rates Study Results

- The New Assessment Tool can accurately predict an individual's level of support needs (“Validity”).
- The New Assessment Tool can be administered consistently across assessors (“Reliability”).
- Results were also used to develop algorithms for predicting support needs.


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Implementation of DDD Assessment

- Contract with AAIDD
- Review by HSRI
- Timelines
 - June 1, 2007
 - Annual assessment – 12,000 people
 - Those without services will be assessed as resources allow

Implementation of DDD Assessment (cont.)

- Assessor Training & Support
 - Train the Trainer
 - Training video
 - Reference tools for assessors
 - Assessment Specialists
 - Shadowing
 - Post-implementation support

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Implementation of DDD Assessment (cont.)

- Communication with individuals, families, providers, and stakeholders
 - Advisory Groups
 - Brochures, Videos, FAQs (DDC)
 - Presentations