



**The New York State**  
**Balancing Incentive Program Work Plan**

Submitted by:

The New York State Department of Health

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TABLE TEMPLATE

GENERAL NWD/SEP STRUCTURE

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                                  | Status of Task | Deliverables                 |
|---|---|--|----------------|------------------------------|
| 1.1. Develop standardized informational materials that NWD/SEPs provide to individuals            | 6/15/2014   | State Office for the Aging (SOFA)/Kitazawa   | In progress    | Informational materials      |
| 1.2. Train all participating agencies/staff on eligibility determination and enrollment processes | 8/15/2014   | Department of Health (DOH) /Kissinger/Arnold | Not started    | Training agenda and schedule |

2. A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.)*

| Major Objective / Interim Tasks            | Suggested Due Date (from time of Work Plan submission)* | Lead Person                 | Status of Task | Deliverables                                |
|--|---|-----------------------------|----------------|---|
| 2.1. Design system (initial overview)      | 8/30/2013 (submit with Work Plan)                       | SOFA/Pferr                  | Completed      | Description of the system                   |
| 2.2. Design system (final detailed design) | 4/1/2014  | SOFA/Pferr<br>DOH/Kissinger | In progress    | Detailed technical specifications of system |
| 2.3. Select vendor (if automated)          | 8/31/2014   | SOFA/Pferr<br>DOH/Kissinger | Not started    | Vendor name and qualifications              |
| 2.4. Implement and test system             | 2/28/2015   | SOFA/Pferr                  | Not started    | Description of pilot roll-                  |

| Major Objective / Interim Tasks | Suggested Due Date<br>(from time of Work Plan<br>submission)* | Lead Person                 | Status of<br>Task | Deliverables                                   |
|---------------------------------|---|-----------------------------|-------------------|--|
|                                 |   | DOH/Kissinger               |                   | out  |
| 2.5. System goes live           | 8/31/2015   | SOFA/Pferr<br>DOH/Kissinger | Not started       | Memo indicating system<br>is fully operational |
| 2.6. System updates             | Semiannual after<br>8/31/2015                                 | SOFA/Pferr<br>DOH/Kissinger | Not started       | Description of successes<br>and challenges     |

### NWD/SEP

3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

| Major Objective / Interim Tasks   | Suggested Due Date<br>(from time of Work Plan<br>submission)* | Lead Person                 | Status of<br>Task     | Deliverables   |
|---|---|-----------------------------|-----------------------|--|
| 3.1. Identify the Operating Agency  | 8/30/2013 (submit with<br>Work Plan)                          | DOH/Kissinger               | Completed             | Operating Agency -<br>New York State<br>Department of Health |
| 3.2. Identify the NWD/SEPs  | 8/30/2013 (submit with<br>Work Plan)                          | DOH/Kissinger<br>SOFA/Pferr | Completed,<br>ongoing | List of NWD/SEP<br>entities and locations                    |
| 3.3. Develop and implement a Memorandum<br>of Understanding (MOU) across agencies | 4/1/2014  | DOH/Kissinger<br>SOFA/Pferr | Ongoing               | Signed MOU   |

4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                 | Status of Task | Deliverables   |
|---|---|-----------------------------|----------------|--|
| 4.1. Identify service coverage of all NWD/SEPs  | 1/1/2015  | SOFA/Pferr<br>DOH/Kissinger | In progress    | Percentage of State population covered by NWD/SEPs         |
| 4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities | 5/31/2014   | SOFA/Kitazawa               | Not started    | Description of NWD/SEP features that promote accessibility |

**WEBSITE**

5. [The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.](#)

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person    | Status of Task | Deliverables  |
|---|---|----------------|----------------|---|
| 5.1. Identify or develop URL  | 8/30/2013   | SOFA/Pferr     | Completed      | URL   |
| 5.2. Develop and incorporate content  | 7/15/2014   | SOFA/Pferr     | In progress    | Working URL with content completed                            |
| 5.3. Incorporate the Level I screen into the website ( <i>recommended, not required</i> ) | 11/1/2014   | SOFA/Rosenbaum | Ongoing        | Working URL of Level I screen and instructions for completion |

## 1-800 NUMBER

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6. [Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.](#)

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person   | Status of Task | Deliverables       |
|--|---|---------------|----------------|--------------------|
| 6.1. Contract 1-800 number service   | 11/1/2014   | SOFA/Pferr    | In progress    | Phone number       |
| 6.2. Train staff on answering phones, providing information, and conducting the Level I screen | 11/1/2014   | SOFA/Kitazawa | Not started    | Training materials |

## ADVERTISING

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7. [State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS.](#)

| Major Objective / Interim Tasks | Suggested Due Date (from time of Work Plan submission)* | Lead Person                   | Status of Task | Deliverables                               |
|---------------------------------|---|-------------------------------|----------------|--|
| 7.1. Develop advertising plan   | 9/30/2014   | DOH/Kissinger<br>SOFA/Pferr   | Not started    | Advertising plan                           |
| 7.2. Implement advertising plan | 12/31/2014  | DOH/Kissinger<br>SOFA/Cochran | Not started    | Materials associated with advertising plan |

CSA/CDS

8. A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (a Core Data Set of required domains and topics).

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                                     | Status of Task | Deliverables  |
|---|---|---|----------------|---|
| 8.1. Develop questions for the Level I screen   | 4/1/2014  | DOH/Ambros                                      | In progress    | Level I screening questions   |
| 8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State's current assessments include required domains and topics | 8/30/2013 (submit with Work Plan)                       | DOH/Ambros                                      | Completed      | Completed crosswalk(s)  |
| 8.3. Incorporate additional domains and topics if necessary ( <i>stakeholder involvement is highly recommended</i> )                            | 3/31/2014   | DOH/Ambros<br>OPWDD/<br>Woodward<br>OMH/Gratton | In progress    | Final Level II assessment(s); notes from meetings involving stakeholder input |
| 8.4. Train staff members at NWD/SEPs to coordinate the CSA  | 8/15/2014   | DOH/Ambros<br>OPWDD/<br>Woodward<br>OMH/Gratton | In progress    | Training materials  |
| 8.5. Identify qualified personnel to conduct the CSA  | 2/28/2014   | DOH/Ambros<br>OPWDD/<br>Woodward<br>OMH/Gratton | In progress    | List of entities contracted to conduct the various components of the CSA      |
| 8.6. Regular updates  | Semiannual after 8/31/2014 (Semiannual after 12 months) | DOH/Ambros<br>OPWDD/<br>Woodward<br>OMH/Gratton | Not started    | Description of successes and challenges                                       |

**CONFLICT-FREE CASE MANAGEMENT**

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9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.](#)

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person   | Status of Task | Deliverables  |
|--|---|---------------|----------------|---|
| 9.1. Describe current case management system, including conflict-free policies and areas of potential conflict | 8/30/2013 (submit with Work Plan)                       | DOH/Kissinger | Completed      | Strengths and weaknesses of existing case management system   |
| 9.2. Establish protocol for removing conflict of interest  | 7/1/2014  | DOH/Kissinger | Not started    | Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies |

**DATA COLLECTION AND REPORTING**

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10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

| Major Objective / Interim Tasks                                 | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables  |
|---|---|-------------|----------------|---|
| 10.1. Identify data collection protocol for <i>service data</i> | 8/30/2013 (submit with Work Plan)                       | DOH/Ambros  | Completed      | Measures, data collection instruments, and data collection protocol |

| Major Objective / Interim Tasks   | Suggested Due Date<br>(from time of Work Plan<br>submission)* | Lead Person | Status of<br>Task | Deliverables  |
|---|---|-------------|-------------------|---|
| 10.2. Identify data collection protocol for <i>quality data</i>                                       | 8/30/2013 (submit with Work Plan)                             | DOH/Ambros  | Completed         | Measures, data collection instruments, and data collection protocol                                   |
| 10.3. Identify data collection protocol for <i>outcome measures</i>                                   | 8/30/2013 (submit with Work Plan)                             | DOH/Ambros  | Completed         | Measures, data collection instruments, and data collection protocol                                   |
| 10.4. Report updates to data collection protocol and instances of <i>service data</i> collection      | 2/28/2014 (Semiannual**)                                      | DOH/Ambros  | Not started       | Document describing when data were collected during previous 6-month period, plus updates to protocol |
| 10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection      | 2/28/2014 (Semiannual**)                                      | DOH/Ambros  | Not started       | Document describing when data were collected during previous 6-month period, plus updates to protocol |
| 10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection | 2/28/2014 (Semiannual**)                                      | DOH/Ambros  | Not started       | Document describing when data were collected during previous 6-month period plus updates to protocol  |

\*\* If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.

**SUSTAINABILITY**

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11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

| Major Objective / Interim Tasks                                    | Suggested Due Date<br>(from time of Work Plan<br>submission)* | Lead Person | Status of<br>Task                                      | Deliverables   |
|--|---|-------------|--|--|
| 11.1. Identify funding sources to implement the structural changes | 8/30/2013 (submit with Work Plan)                             | DOH/Ambros  | Completed, Updates as necessary will be done quarterly | Description of funding sources   |
| 11.2. Develop sustainability plan                                  | 8/31/2014   | DOH/Ambros  | Not started  | Funding sources and estimated annual budget necessary to maintain structural changes after award period ends |

| Major Objective / Interim Tasks                           | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables   |
|---|---|-------------|----------------|--|
| 11.3. Describe the planned usage for the enhanced funding | 8/30/2013 (submit with Work Plan)                       | DOH/Ambros  | Completed      | Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding. |

**EXCHANGE IT COORDINATION**

12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                 | Status of Task | Deliverables                        |
|---|---|-----------------------------|----------------|-------------------------------------|
| 12.1 Describe plans to coordinate the NWD/SEP system with the Health Insurance Exchange IT system | 4/1/2014  | DOH/Ambros<br>SOFA/Kitazawa | Not started    | Description of plan of coordination |

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person                 | Status of Task | Deliverables                        |
|--|---|-----------------------------|----------------|-------------------------------------|
| 12.2 Provide updates on coordination, including the technological infrastructure | 2/28/2014 (Semiannual )                                 | DOH/Ambros<br>SOFA/Kitazawa | Not started    | Description of coordination efforts |

**HOUSING OPTIONS (NY)**

**13. [The State should build community-based housing options for the Intellectual Disability/Developmental Disability \(ID/DD\) population and support transitions.](#)**

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person  | Status of Task | Deliverables   |
|---|---|--------------|----------------|--|
| 13.1. Describe all settings in which the ID/DD population currently resides   | 8/30/2013 (submit with Work Plan)                       | OPWDD/Marlay | Completed      | Description of settings where OPWDD population resides   |
| 13.2. Describe a strategy for building housing options for the ID/DD population   | 8/30/2013 (submit with Work Plan)                       | OPWDD/Marlay | Completed      | Description of strategy, including a timeline of transitions   |
| 13.3. Describe the process the State will use to determine whether residential settings for persons transitioned from institutions meet Centers for Medicare and Medicaid Services (CMS) standards for home and community-based settings and/or qualify as residences in the Money Follows the Person (MFP) program | 11/30/2013  | OPWDD/Marlay | Completed      | Description of process<br>Refer to Appendices H, OPWDD Developmental Disabilities Transformation<br>11/30/2013 Deliverable |

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person  | Status of Task | Deliverables                                      |
|---|---|--------------|----------------|---|
| 13.4. Provide updates on transitions from institutional settings to community settings for the ID/DD population | 2/28/2014 (semiannual )                                 | OPWDD/Marlay | Not started    | Description of progress and number of transitions |

## DESCRIPTIONS OF DELIVERABLES AND COMPANION TEXT

### 1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

- 1.1. *Develop standardized informational materials that NWD/SEPs provide to individuals:* Informational materials can include pamphlets, summaries of programs and related eligibility criteria, and case worker scripts. States may already have developed these materials and distributed them to individuals seeking community LTSS.

Describe the current status of this task:

Existing materials available across partnering entities will be reviewed (e.g., brochures, summaries of programs and eligibility criteria). Standardized package will be assembled for distribution to individuals, families, and caregivers. New brochures, fact sheets, etc., will be developed as necessary.

Each existing NY Connects program adheres to State Standards on operations and implementation protocols. These standards are currently being updated by SOFA and the draft will be shared with the No Wrong Door/Single Entry Point (NWD/SEP) work group for review/comment to assure coordination and consistency across the expanded NY Connects Network of NWD/SEPs.

Existing training for Information and Assistance Specialists, developed by the University at Albany, State University of New York, Center for Excellence in Aging and Community Wellness, will be reviewed by work group. This training focuses on initial contact with individual/family member/caregiver, person-centered approach, screening and problem-solving. Updated training with additional modules related to needs and concerns of specific populations will be developed and delivered to all staff at the NWD/SEPs.

Describe experienced or anticipated challenges to completing this task:

Preliminary package expected to be available by 6/15/14. Some materials will need to be amended or replaced as the NY Connects Network of NWD/SEPs is expanded statewide, contracts are awarded for additional partners to comprise the Network, the 1-800-telephone number becomes available, and as various reform initiatives are implemented related to eligibility determination and enrollment processes.

Determining if one set of standardized information will be useful across all populations while retaining ease of use by individuals and families.

Describe the State's plan to address the challenges described above:

The Uniform Resource Locators (URLs) for the NY Connects Resource Directory, myBenefits and other useful sites will be part of the standardized information package. A general informational brochure will be revised when the 1-800 telephone number is available, and whenever else appropriate. Interagency work group will convene to review materials as needed to keep updated. Determination will be made if one standardized package works across all populations or if supplemental materials will be provided for specific populations as appropriate.

- 1.2. *Train all participating agencies/staff on eligibility determination and enrollment processes:* All staff should be trained on these processes by the time the NWD/SEP system is implemented for testing (18 months after date of Work Plan submission). This timing corresponds to an automated NWD/SEP system; the implementation of a paper-based system should require less time. As a related deliverable, States should submit the training documents used by NWD/SEP staff to follow the NWD/SEP processes, in addition to the training agenda. To be effective, documents should include flow diagrams and clear guidelines for each type of NWD/SEP staff member.

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| <p>Describe the current status of this task:</p> <p>DOH will take the lead on training on Medicaid eligibility, determination and enrollment processes for consistent knowledge to create seamless linkages. OPWDD will provide information on agency eligibility determination process for incorporation of overall training. Currently, Local Department of Social Services (LDSS) performs the training function for NY Connects staff regarding eligibility and enrollment processes and/or the LDSS staff is co-located or virtually connected with the Area Agencies on Aging (AAA) to form the local NY Connects program. Note: Most NY Connects programs are embedded with the AAA, some are embedded with the LDSS and/or Community Alternative Systems Agency (CASA). NWD/SEP staff will also be trained to initiate and coordinate the collection of Level II assessments as set forth in the CSA work plan.</p> |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Depending on decisions made as to best way to deliver training, there may be contracting processes to adhere to impacting timelines. Need to determine most cost-effective and efficient way to deliver training on an on-going sustainable basis; as well as assure consistency across NWD/SEPs.</p> <p>Staff will need to be trained to use the new and enhanced systems, technology and processes associated with reforms under Balancing Incentive Program (BIP) and other simultaneous reform activities (i.e., Medicaid Managed Care, centralization of Medicaid eligibility determinations etc.) The State will takeover eligibility function over time.</p>   |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>Interagency work group will be identified and convened for planning and implementation. Existing appropriate training models and modules will be leveraged that are already in existence, such as the Uniform Assessment System-New York (UAS-NY), and training developed as needed.</p>   |

**2. A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process.**

- 2.1. *Design system (initial overview):* The State should submit with the Work Plan a general description of the NWD/SEP system, including the major actors (i.e., Operating Agency, NWD/SEPs), overview of processes (e.g., flow diagram), and the level of automation expected

within the system. For example, States should indicate whether they plan on using an online Level I screen and/or an automated Level II assessment that feeds into a central database, accessible to all NWD/SEPs.

The BIP oversight and operating agency is DOH. New York State (NYS) will expand the current NY Connects programs operational in 54 counties across NYS to cover the entire State and enhance NY Connects by partnering with other systems consistently across the State to form the NY Connects Network of NWDs/SEPs. The current NY Connects program is comprised of the AAA and LDSS. The organizational structure varies by county and may have co-located staff from both these agencies, be located in one agency and coordinate as necessary or are “virtually” connected. The lead NY Connects local agencies are required to have a Memorandum of Understanding (MOU) specifying roles and responsibilities. There are a variety of local partners involved in NY Connects and that serve on the Local Term Care Council (LTCC), including Community Based Organizations (CBOs) serving people with disabilities, such as Independent Living Centers (ILCs), with some members of the ILCS designated as chair of the LTCC. Through BIP, the ILCs and CBOs (where the ILC does not have area coverage) will have an opportunity to formally become part of NY Connects to assure a strong local partnership referral, information and assistance source for younger individuals with disabilities.

Through the expansion and enhancement of NY Connects to form the NY Connects Network of NWDs/SEPs (NY Connects Network), individuals with disabilities of any age, older adults and caregivers that may be in need of long term services and supports (LTSS) will be able to receive information and assistance about available LTSS operating in accordance with consistent Standards and Operating Protocols, Level I screen, application assistance for Medicaid and other publicly funded programs as appropriate linkage to available services for non-Medicaid eligibles, and assistance in being linked to appropriate Level II assessment (financial and functional) when the Level I screen shows the individual may potentially be eligible for Medicaid community based LTSS. Individuals will be able to receive assistance through the website, a 1-800 number or in person at the NWD office in the community or person’s home.

- The NY Connects Network potentially include the existing NY Connects (ADRC) programs, Regional Resource Development Centers (RRDCs), Developmental Disabilities Regional Offices (DDROs), OMH Regional Field Offices and it is anticipated that there will be a Request for Proposal (RFP) to contract directly with ILCs and/or CBOs representing individuals with disabilities.
- Individual/caregivers will be able to access the NY Connects Network and comprehensive, objective information and assistance through the website, a statewide 1-800 telephone number that will be a virtual call center (routing calls to the NWD/SEP within the zip code of the person needing information about or in need of LTSS); or in person at the NWD/SEP, in the community or in the person’s home.
- The NWDs/SEPs will coordinate across the Network of NWD/SEPs to minimize the need for “hand- offs” of individuals/caregivers to assure a seamless process. Staff will be trained to provide consistent information and assistance about available services, operate in accordance with Standards and Operating Protocols, conduct Level I screens as appropriate and, perform job utilizing person-centered approaches, provide application assistance for Medicaid and other publicly funded programs as needed, provide linkages to available services for individuals not eligible for Medicaid, and to

initiate and coordinate the collection of Level II assessments as set forth in the CSA work plan when Level I screen shows potential eligibility for Medicaid Community LTSS. The data will be funneled to an accessible central database.

- The current vendor contract for the NY Connects Resource Directory expires February, 2014. SOFA is currently working on a RFP to procure an IT solution for a searchable provider database for the public and information about services and programs. Currently local NY Connects programs are responsible for inputting and maintaining provider data in their service region in accordance with NY Connects Resource Directory business rules, style guide and inclusion/exclusion policy. The State retains ability to override. The back end of the NY Connects Resource Directory is accessible to the NWD/SEPs. The new RFP will seek interoperability or interface among NY Connects Network partners to be able to share information from a Level I screen and services provided as needed and appropriate.
- The [www.nyconnects.ny.gov](http://www.nyconnects.ny.gov) website links to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov), which provides an automated screen for programs and services for which the individual may be eligible. Work will be undertaken to determine if this meets the criteria for an automated Level I screen, or linked to a Level I screen for eligibility for LTSS or whether an automated system is feasible.
- An important component of the existing NY Connects design is the required Local Long Term Care Coordinating Councils (LTCCCs). The Councils are comprised of local governmental partners, community based organizations and service providers, hospitals and other institutional and community based medical providers, consumers/caregivers. Currently, there are almost 1,600 stakeholders participating on the Councils across the State. Several of the LTCCCs are chaired or co-chaired by ILCs. With the expansion and enhancement of NY Connects to the NY Connects Network, the LTCCCs will also be required to have participation from the mental health and Intellectual Disability and/or Developmental Disability (ID/DD) networks. Currently, some of the LTCCCs already have this representation on the Council. The LTCCCs are charged with assessing the LTSS needs of the community, identifying priorities to address, and develop an action plan. Examples of LTCCC efforts include improving transportation coordination, facilitating better communication and coordination between health and community providers and improving services availability and accessibility.
- See accompanying person flow diagram – **Appendix A.1**

Describe the current status of this task:

The BIP NWD/SEP work group has been meeting regularly to think through the best way to coordinate the various systems to create a user friendly, streamlined network of NWDs/SEPs, building upon the existing NY Connects program and adding NWD access partners. This State cross-systems group will continue meeting to fully develop and implement the NY Connects Network statewide to be accessed by individuals and caregivers of all ages in need of long term services and supports, regardless of payer source, diagnosis or disability. Discussions include the use of technology to create a virtual call center and appropriate access by NWD/SEP staff (in accordance with Health Insurance Portability and Accountability Act (HIPAA) compliance, confidentiality etc.), to information from the Level I screen, when and how a “hand-off” should

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| occur, what will happen to individuals not eligible for Medicaid, and other identified issues.  |
| Describe experienced or anticipated challenges to completing this task: <ul style="list-style-type: none"> <li>• Coordinating multiple, large systems to achieve person-centered approaches.</li> <li>• Implementing technological solutions in a timely manner.</li> <li>• Promise of technology being realistic (i.e. interoperability and interfaces among disparate systems).</li> <li>• Bridging philosophical differences in different systems.</li> <li>• Confidentiality.</li> <li>• Overall complexity.</li> </ul> |
| Describe the State's plan to address the challenges described above: <p>Interagency NWD/SEP work group will regularly meet. Given overlap of work among the various work groups established for the BIP initiative, it is expected that members will cross-populate the work groups at the appropriate times.</p> <p>In addition, the BIP NWD/SEP work group will bring in people with technical expertise in information technology to advise on the next phase of planning.</p>   |

2.2. *Design system (final detailed design):* This second task involves a much more detailed design structure of the NWD/SEP system. If the State plans to contract a vendor to build an automated system, the deliverable associated with this task will be a Request for Proposals (RFP) disseminated to potential vendors. The RFP should include the data flow, highlighting which entity(ies) will house the data, data transfer mechanisms, levels of user access, and data security measures. If the NWD/SEP system is paper-based, the description should include how information will be transferred to different participating entities in a timely manner (e.g. phone, fax) and how non-electronic data will be stored and retrieved securely.

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| Describe the current status of this task: <p>In progress.</p>                                  |
| Describe experienced or anticipated challenges to completing this task: <p>Not applicable.</p> |
| Describe the State's plan to address the challenges described above: <p>Not applicable.</p>    |

2.3. *Select vendor (if automated):* Once a vendor is selected to build or enhance the NWD/SEP system, the State should submit a memo indicating the vendor name and qualifications (i.e., reason for selection).

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| Describe the current status of this task: <p>Not started.</p> |
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| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

- 2.4. *Implement and test system:* We expect many States will gradually roll out the NWD/SEP system, incorporating NWD/SEPs one at a time or in groups. This will allow States to test processes, identify lessons learned, and make improvements. This task requires a description of the roll-out plan, including which entities will implement the system when, and protocols for evaluating processes and incorporating lessons learned.

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| Describe the current status of this task:<br><br>Not Started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

- 2.5. *System goes live:* Once the system is live or fully operational, States should submit a memo to CMS indicating that it is fully operational and describe any major system changes implemented since the detailed design.

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| Describe the current status of this task:<br><br>Not started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

- 2.6. *System updates:* After the system goes live, States should submit a brief semiannual report describing the successes and challenges associated with the system.

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| Describe the current status of this task:<br><br>Not started. |
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| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

**3. State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.**

3.1. *Identify the Operating Agency:* The name of this agency should be included in the initial description of the NWD/SEP system.

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| Describe the current status of this task:<br><br>Completed. NY State Department of Health (DOH) is the Operating Agency. |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable.                           |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.                              |

3.2. *Identify the NWD/SEPs:* The names of the entities and their locations should be included in the initial description of the NWD/SEP system.

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| Describe the current status of this task:<br><br>See Appendix A.2.<br><br>NY Connects will be the platform to implement the required NWD/SEP element of BIP. NYSOFA, DOH, OPWDD and the OMH are working together to develop the necessary plans to expand and enhance NY Connects to become the NY Connects Network. Other partners will be added as expansion rolls out and RFA, RFP and contracting processes are finalized.<br><br>Currently there are 53 NY Connects Programs covering 54 counties; LDSS in each county and Human Resource Administration (HRA) in New York City (NYC), Area Agencies on Aging covering every county and NYC Department for the Aging (DFTA) in NYC, RRDCs, DDROs, and OMH Field Offices. At this point, the State is reviewing a procurement strategy to contract with additional partners to form the expanded NY Connects Network of NWDs/SEPs which will be targeted to ILCs and other appropriate CBOs representing individuals with disabilities to achieve statewide coverage. |
| Describe experienced or anticipated challenges to completing this task:<br><br><ul style="list-style-type: none"> <li>Getting potential NWD/SEPs which are not already in the NY Connects to understand the requirements, evaluate their organizations capacity to meet the requirements, and</li> </ul>  |

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| <p>making the commitment in a short period of time.</p> <ul style="list-style-type: none"> <li>• Contracting processes; issuance of an RFA and RFP to determine rest of complement of NWD/SEPs comprising the Network.</li> <li>• Completing deliverables in required time frame/meeting the time table.</li> </ul> |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>Developing concise communication materials to allow potential NWD/SEPs to understand the requirements and make the commitment.</p> <p>Establishing long range meeting schedule of interagency work group to meet deliverables.</p>   |

3.3. *Develop and implement a Memorandum of Understanding (MOU) across agencies, including the State Medicaid Agency and the Operating Agency:* Given that many agencies will be involved in the NWD/SEP system, it is essential that each agency has a clear role and is on board with completing its responsibilities. MOUs are a key resource in helping define tasks and develop or solidify support. An example MOU is located in Appendix F in the Manual.

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| <p>Describe the current status of this task:</p> <p>In progress. Information gathering has begun.</p>   |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>The various approval processes for each of the entities involved in BIP may make it difficult to implement an MOU in a timely manner.</p> |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>Leverage the priority processes that have been established with approval authorities.</p>  |

**4. NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS , community LTSS program options counseling,, and enrollment assistance.**

4.1. *Identify service coverage of all NWD/SEPs:* As previously noted, NWD/SEP’s services cover all residents within a certain distance. Ideally, the combined services of all NWD/SEPs should cover the State’s entire population. Because this is not always feasible, States should submit the percentage of the State’s population actually covered by the NWD/SEP and a description of why 100 percent coverage is not feasible.

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| <p>Describe the current status of this task:</p> <p>NY Connects works as a coordinated system of information, assistance, and access for New Yorkers seeking long term services and supports information and assistance. Currently there are 53 programs covering 54 counties. With BIP, the ILCS or CBOs serving individuals with disabilities will be offered an opportunity to contract with the State, through an RFP process, to</p> |
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partner with the NY Connects Network.

The date for New York to achieve 100 percent coverage for the State has been amended to 1/1/2015. Work is already underway to bring the non-participating counties formally into the NY Connects Program. By March 1, 2014, a letter will be sent to all currently non-participating counties, extending an offer to participate in the NY Connects program. If a county decides not to participate in the program, a Request for Proposal will be issued to select an entity to administer the NY Connects Program in that area. This expansion of NY Connects in concert with the other NWD/SEP partners (see Appendix 2-A) to form the NY Connects Network of NYSs/SEPs will provide 100 percent service coverage. Expanding the geographic and human resource capacity, along with the necessary technological solutions, will enable a seamless and more timely experience for potentially eligible Medicaid individuals/Medicaid recipients in need of LTSS regardless of age, disability or diagnosis; as well as comprehensive information and assistance and linkage to services for individuals not eligible for Medicaid.

New York does not see a need to develop a mitigation plan as there is an expectation that the State will meet this deliverable by 1/1/2015.

Describe experienced or anticipated challenges to completing this task:

- Needing to issue an RFP and RFA to determine full complement of NWD/SEPs; which will likely impact rollout timeframes.
- Coordinating multiple, large systems to achieve person-centered approaches as well as standardized implementation of NWD/SEP functions.
- Implementing technological solutions in a timely manner.
- Promise of technology being realistic (i.e. interoperability and interfaces among disparate systems).
- Bridging philosophical differences in different systems.
- Confidentiality.
- Overall complexity.

Describe the State's plan to address the challenges described above:

Interagency work group will work through challenges and BIP State Team will assist in problem-solving as needed.

- 4.2. *Ensure NWD/SEPs are accessible to older adults and individuals with disabilities:* States should indicate the features of the NWD/SEPs that promote accessibility, including wheelchair ramps, proximity to public transportation, bilingual staff, etc.

Describe the current status of this task:

All NY Connects programs are required to provide free language accessibility services to those with limited English proficiency.

NY Connects programs can conduct home visits if an individual is unable to make a visit to the NY Connects program and wishes to speak to an Information and Assistance Specialist/Options Counselor in person.

In addition, New York is exploring the use of TTY (Text-Telephone device for the hearing impaired) to fully serve those who are deaf, hearing impaired, or have speech difficulties.

Where the NY Connects programs currently exist, they can be accessed by telephone, face to face, and in the home.

Describe experienced or anticipated challenges to completing this task:

Identifying the standard for accessibility.

Area Agencies on Aging (AAA) must comply with federal, state and local laws, regulations, and issuances including the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Older Americans Act, 45 CFR Part 1321, 45 CFR Part 84 (Nondiscrimination on the basis of Handicap), Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency, Article 15 of the New York State Executive Law (Human Rights Law), New York State Elder Law and Office for the Aging Rules and Regulations Parts 6651 through 6656, and New York State Office for the Aging Equal Access to Services and Targeting Policy (12-PI-08).

**The NY Connects Standards explicitly state the following:**

- NY Connects must ensure that core functions are provided in a culturally and linguistically appropriate manner. Consumers with special needs will be linked to appropriate services to ensure full access to services, as applicable. NY Connects must provide barrier-free access to its services that accommodates people with special needs and access for consumers who speak languages other than English.
- NY Connects must provide educational materials that are culturally and linguistically sensitive, at a maximum sixth grade level of readability, and can be accessed by individuals with special needs.
- NY Connects must demonstrate the capacity to conduct on site visits including visiting a consumer residence, outpatient setting, acute care facility, or any other setting that will best accommodate consumer needs in accordance with this standard. Should the NY Connects Program determine the need for an off-site visit to provide information and assistance, then such off-site visits must be made within three working days.

Compliance with federal, state, and local laws, and NY Connects standards will be required for all entities participating in the NY Connects Network and the three modes of contact with NY Connects. This will include:

- NY Connects website is 508 compliant;
- The toll-free number being established for the program will have TTY capability and language accessibility services; and
- Direct client contact may take place in the NY Connects office, in the community, or in the client's home.

Describe the State's plan to address the challenges described above:

Recognizing the need for an interagency work group and identifying the people with the right skill sets to develop the standard and assure its implementation.

**5. The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP network.**

5.1. *Identify or develop URL:* Many States already have websites with information on community LTSS. If the State plans to use a website already in existence, it should submit the URL of that website.

Describe the current status of this task:

The URL is: [www.nyconnects.ny.gov](http://www.nyconnects.ny.gov)

Describe experienced or anticipated challenges to completing this task:

Current vendor contract for the NY Connects Resource Directory expires February, 2014.

Describe the State's plan to address the challenges described above:

In compliance with contracting requirements, and the expansion and enhancement of NY Connects, SOFA is currently working with the NYS Office of Information Technology on a RFP to procure a solution for a searchable provider database for the public and information about services and programs. Currently local NY Connects programs are responsible for inputting and maintaining provider data in their service region in accordance with NY Connects Resource Directory business rules, style guide and inclusion/exclusion policy. Since the launch of the website, efforts have continued to be made to grow the site including LTSS across the multiple systems. The back end of the NY Connects Resource Directory will be accessible to the NWD/SEPs. The new RFP will seek interoperability or interface among NY Connects Network partners to be able to share information from a Level I screen and services provided as needed and appropriate.

The original RFP and development of site was performed in collaboration with DOH. OPWDD and OMH provided input prior to initial launch. An interagency team will assist in the transition efforts.

- 5.2. *Develop and incorporate content:* The State should incorporate additional information into its website as necessary. Once the website is completed, the State should submit the URL for CMS to review.

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| <p>Describe the current status of this task:</p> <p>New York will continue to add providers/ services to the NY Connects Resource Directory. NYC DFTA is currently under contract to identify and upload LTSS services and providers serving NYC (which meet SOFA requirements) into the Resource Directory. The current vendor contract expires February 2014. SOFA, with the assistance of, the Office of Information Technology Services Human Services Cluster, is currently in the process of developing an RFP for a solution for a searchable provider database for the public, as well as information about services and programs. Currently NY Connects programs responsible for inputting provider data in service region in accordance with NY Connects resource directory business rules, style guide and inclusion/exclusion policy, although SOFA retains the ability to override. The back end of the Resource Directory will be accessible to the NWD/SEPs. New RFP will also seek interoperability or interface among NY Connects partners.</p> <p>The NWD/SEP work group members will be invited to participate in some of the RFP development discussion and/or review and comment on draft documents. Additional resources with information technology expertise will be brought into the work group as needed.</p> |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Complexity of keeping website content up-to-date and consistent.</p>  |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>Interagency Team will review and update, as necessary, the NY Connects resource directory business rules, style guide and inclusion/exclusion policy as well as implement additional protocols to expand and enhance content adhering to security requirements and maintaining accuracy.</p>   |

- 5.3. *Incorporate the Level I screen into the website (recommended, not required):* If the State chooses to incorporate a Level I screening tool into its community LTSS website, it should submit the working URL of the tool, in addition to the instructions for users to complete the screen.

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| <p>Describe the current status of this task:</p> <p>Not started.</p>                                  |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Not applicable.</p> |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>Not applicable.</p>    |

**6. Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.**

6.1. *Contract 1-800 number services:* Many States already have 1-800 numbers for providing information on community LTSS. If the State plans to use a number already in existence, it should submit that phone number. If not, it must describe its method for developing or contracting a 1-800 number service and indicate when the number is functioning.

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| <p>Describe the current status of this task:</p> <p>New York is exploring options to implement a statewide 1-800 number, including the use of TTY.</p>   |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Need to have the expanded network of NWDs in place and trained before implement the 1-800 number service.</p>                                |
| <p>Describe the State's plan to address the challenges described above:</p> <p>Execute contract, perform testing, and prepare for launching of 1-800 number service to coincide with NY Connects Network launch statewide.</p> |

6.2. *Train staff to answer phones, provide information, and conduct the Level I screen:* NWD/SEP staff must be trained on how to provide information and conduct assessments in a standardized fashion. The State should submit related training materials and schedules.

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| <p>Describe the current status of this task:</p> <p>Not started.</p> <p>However, there is existing training for Information and Assistance Specialists at the existing NY Connects programs, developed by the University at Albany, State University of New York, which will be reviewed by work group. This training focuses on initial contact with individual/family member/caregiver, person-centered approach, screening and problem-solving. Updated training with additional modules will be developed and delivered to all staff at NWD/SEP.</p> |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Depending on decisions made as to best way to deliver training, there may be contracting processes to adhere to impacting timelines. Need to determine most cost-effective and efficient way to deliver training on an on-going sustainable basis; as well as assure consistency across NWDs/SEPs.</p>   |

Describe the State's plan to address the challenges described above:

Interagency work group will be identified and convened for planning and implementation. Existing appropriate training models and modules will be leverage that are already in existence. Additional experts will be brought in as needed.

**7. State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS**

- 7.1. *Develop advertising plan:* Nursing homes, hospitals, community-based organizations, medical providers, and other governmental social programs should be aware of and refer clients to the NWD/SEP system. Therefore, the State must develop and submit a plan for advertising the system to all potential referring partners.

Describe the current status of this task:

Currently, all NY Connects programs are required to conduct public education to educate the residents of the community on the availability of NY Connects. NY Connects programs must provide education to the general public, as well as targeted stakeholders, including hospitals, community based organizations, medical providers, who may serve as conduits to the long term services and supports system.

Describe experienced or anticipated challenges to completing this task:

Need to have statewide coverage and staffing capacity by the NY Connects Network before a public education/advertising plan is launched to be able to respond to the dramatic increase in the influx of calls that will likely result from the public education campaign.

Describe the State's plan to address the challenges described above:

The NY Connects Network will be rolled out and a team or contractor will develop an advertising plan to launch across the State when the Network is operational and staffing is in place statewide.

- 7.2. *Implement advertising plan:* To indicate that the advertising plan has been implemented, States should submit related materials, such as posters and pamphlets.

Describe the current status of this task:

Not started.

Describe experienced or anticipated challenges to completing this task:

Not applicable.

Describe the State's plan to address the challenges described above:

Not applicable.

8. A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA includes a CDS (a Core Data Set of required domains and topics).

8.1. *Develop questions for the Level I screen:* The Level I screen should include a series of basic financial and functional questions that indicate whether a person may be eligible for Medicaid-funded community LTSS. States must identify and submit these questions. Many will submit a Level I screen already in use.

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| Describe the current status of this task:<br><br>This task is in progress. The Level I screen for all is being developed in conjunction with the process analyses currently being conducted for the NWD/SEP network.  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Identifying a Level I screen that will work across populations with a minimum number of questions.<br><br>Behavioral health questions have not traditionally been included and will require development.   |
| Describe the State’s plan to address the challenges described above:<br><br>The State will test the screen vs. “# of questions” trade off via case studies representing individuals from all populations.<br><br>The State will explore options for optimizing the design of the Level I screen to incorporate hierarchal stopping points using the order of the questions.<br><br>The OMH will use other State models to help incorporate the behavioral health perspective. |

8.2. *Fill out CDS crosswalk to determine if State’s current assessments include required domains and topics:* Refer to Appendix H in the Manual for instructions on how to determine if the assessment already in use has all required domains and topics within the CDS. An electronic version of the CDS crosswalk can be found on the Balancing Incentive Program technical assistance website at: <http://www.balancingincentiveprogram.org/resources/crosswalk-between-core-standardized-assessment-csa-and-core-dataset-cds>.

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| Describe the current status of this task:<br><br>Completed. See attached appendices B.1 through B.6. |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable.       |

Describe the State's plan to address the challenges described above:

Not applicable.

- 8.3. *Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended):* Many States already use assessments that include all of the required domains and topics within the CDS. If not, the State should incorporate additional domains and topics using input from stakeholders. For the required deliverable, the State should submit the final assessment in addition to any materials that indicate stakeholder involvement.

Describe the current status of this task:

In progress.

The State is currently implementing a UAS-NY using the interRAI suite tools for the elderly and physically disabled population which contain the domains and topics in CMS's CDS.

The State is currently piloting an instrument developed by interRAI and the OPWDD for the ID/DD population. While this instrument is not final yet, it includes all the required domains and topics in CMS's CDS and the State is highly confident that any changes which may be revealed by the pilot will not impact the status of the instrument in terms of its containing the domains and topics in CMS's CDS.

The State has decided on interRAI's Community Mental Health Assessment instrument for the adult Behavioral Health/Mental Health (BH/MH) population.

The State will continue to use the Child and Adolescent Needs and Strength (CANS-NY) for children entering the Home and Community Based Services (HCBS) Waiver. The CANS-NY meets all domains and topics currently required for CMS's CDS.

Stakeholder Involvement:

For the elderly and physically disabled population served by DOH, stakeholder involvement began with a Request for Information (RFI) released and published in 2007 and continued with the Long Term Care Advisory Committee for the duration of its existence. Once the instruments that best met DOH goals became apparent, the DOH hosted a 2 hour meeting and presentation by interRAI principal Brant Fries and fellow Mary James for the Committee. Committee members, which included representation from the spectrum of stakeholders, were able to ask questions and affirm the interRAI suite of instruments were the best fit for individuals, providers and agencies.

For the population served by OPWDD, domains assessing individual's strengths, social relationships and supports as well as items reflective of individual goals and desire for change are incorporated into the Coordinated Assessment System (CAS), the piloted instrument. Approximately 400 individuals (stakeholders) from nineteen provider agencies have been assessed utilizing the CAS. Input from these individuals and agency stakeholders will be sought and a validity study of the tool will be commenced. Upon completion of the pilot review and

the validity study the CAS will be finalized.

The Community Mental Health instrument for adults is being influenced by the public Medicaid Redesign Team (MRT) processes.

There was stakeholder involvement in the development of the CANS-NY algorithm. John Lyons, PhD. (author) met with OMH State staff, OMH Field Office staff and staff from St. Luke's Hospital (Children's Single Point of Access (C-SPOA)) in finalizing the CANS-NY algorithm. The development of CANS-NY was a collaborative effort between the Office of Children and Family Services (OCFS), OMH and John Lyons in combining the CANS-MH and the CANS-B2H so waiver providers were not directly involved in its development.

Describe experienced or anticipated challenges to completing this task:

Not applicable.

Describe the State's plan to address the challenges described above:

Not applicable.

- 8.4. *Train staff members at NWD/SEPs to coordinate the CSA:* NWD/SEP staff must be trained to initiate and coordinate the collection of Level II assessments. This involves working with the clinical staff responsible for actually conducting the assessment and ensuring the assessment is completed in a timely fashion. Once again, States should submit training materials and schedules associated with this task.

Describe the current status of this task:

For the elderly and physically disabled population served by DOH, the web-based training curriculum and courses were co-developed by experts in education and training and Registered Nurses (RNs). In addition, the web based training courses for the Level II assessments were tested by RN's and social workers in the field during the BETA test of the UAS-NY in the spring of 2012. These activities began long before the BIP application was approved, but since the training is web-based and it currently involves many of the organizations which have been identified as SEP's, it is anticipated the statewide training for the NWD/SEP members to initiate and coordinate the collection the Level II assessments for the elderly and physically disabled population can be completed by 8/15/14.

The OPWDD hired and trained sixteen staff to complete the pilot phase of the tool. Additional staff will need to be hired and trained for the implementation of the validity study and for the initial phase-in of the tool. Contracting for the development of rigorous training modules to be integrated into the UAS-NY will need to begin. Draft work plans for the State's responsibilities in regards to timely coordination and completion of the Level II assessment are currently in progress. It is anticipated the NWD/SEP members can be trained to initiate and coordinate the collection of the OPWDD Level II assessment by 8/15/14.

For the OMH HCBS Waiver, all associated staff that participate in the referral, assessment and plan of care process will be trained on the changes by 8/15/14; the associated participants are already trained and certified in the use of the CANS-NY. Very minor adaptations to the current

process will be necessary to bring it more consistently in line with BIP requirements.

An OMH/Office of Alcohol and Substance Abuse Services (OASAS) training design is in the planning stage with anticipated completion for the NWD/SEP members to initiate and coordinate the collection of OMH Level II assessments by 8/15/14.

Describe experienced or anticipated challenges to completing this task:

As set forth above, the automation and training for the Level II assessments are in varying degrees of completion. This complicates training for initiating and coordinating the collection of the OPWDD Level II assessment.

As the various instruments evolve and are integrated in one system, so will the content of the training. This will hold true for the content of both coordinating and conducting assessments and system navigation.

An investment is required to develop and integrate training on the OPWDD Level II instrument. Potential contracting delays would challenge the delivery of the training modules integrated into the UAS-NY system.

For the OMH HCBS Waiver, analysis of needed resources to enhance existing processes needs to be completed. Investment is also needed to integrate training for the OMH Level II instruments.

Describe the State's plan to address the challenges described above:

The State will align training for the Level I screen as set forth in the NWD/SEP work plan with the training for the initiation and coordination of the Level II assessment for NWD/SEP members as these processes are naturally connected.

The State will build on the web-based training already developed for those served by the DOH. The web-based training is self-paced and available 24/7 and so provides maximum availability and flexibility.

The OPWDD intends to contract with the external expertise in training development utilized by DOH to leverage existing resources. To minimize contract delays for the Level II assessments, the State would seek to contract through an MOU process.

The OMH will also evaluate how to leverage existing resources.

- 8.5. *Identify qualified personnel to administer the CSA:* States should submit a list of entities responsible for conducting the different portions of the assessment in addition to their qualifications, such as certification, education, or training.

Describe the current status of this task:

In progress.

***Staff qualifications***

The DOH requires UAS-NY nurses to complete assessments. The system also allows those with

other disciplines such as social workers and therapists to directly contribute to assessments before they are completed by a nurse.

The OPWDD selected the initial assessment personnel from a pool of OPWDD staff whose current job requirements were similar in scope and whose positions would be requiring eventual re-assignment within the agency. Required qualifications: Bachelor's degree or higher in social work or in a human service field, one year post-bachelor's degree experience working with individuals with ID/DD, experience conducting interviews or assessments, and experience adapting interview skills to elicit information from individuals with ID/DD and their families, staff, and advocates.

In addition to the above requirements, OPWDD will be including licensed registered nurses as acceptable educational criteria when hiring additional staff.

The CANS instrument is completed by the Single Point of Access (SPOA)/Local Government Unit (LGU), a member of the SPOA team and/or the HCBS Waiver agency. Once completed, it is reviewed and approved by the SPOA/LGU for LOC determination.

The OMH/OASAS are currently considering entities for completing assessments, including the necessary qualifications/professional preparedness for the Community Mental Health instrument.

***Entities***

Once the protocol for removing conflict free case management is established and the NWD/SEP network has been contractually arranged, the State will submit a list of entities responsible for conducting the different portions of the assessment, including the financial assessment and the Level II assessment, in addition to their qualifications.

Describe experienced or anticipated challenges to completing this task:

Identifying and executing the related organizational arrangements seamlessly for conflict free case management is seen as the challenge to training qualified professionals to conduct different portions of the assessment.

Describe the State's plan to address the challenges described above:

The State plans to develop its training schedule and staff qualifications in concert with the contractual requirements of the organizations which will conduct the various parts of the assessments.

8.6. *Regular updates:* After the implementation of the CSA, States should submit brief semiannual reports with successes and challenges associated with the CSA.

Describe the current status of this task:

Not started.

Describe experienced or anticipated challenges to completing this task:

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| Not applicable.  |
| Describe the State's plan to address the challenges described above: |
| Not applicable.  |

**9. States must establish conflict of interest standards for the Level I screen, the Level II assessment and, the plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.**

9.1. *Describe current case management system:* This description should identify areas of possible conflict in case management and systems the State currently has in place to mitigate those conflicts.

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| <p>Describe the current status of this task:</p> <p>NYS currently has a number of processes and policies in force to mitigate potential conflicts of interest in the assessment and care planning process throughout the various programs overseen by DOH, OPWDD and OMH. As we make the transition to Care Management for All, new policies and procedures will have to be developed to ensure that potential conflicts are mitigated and that consumers know they have both options and recourse in the receipt of services.</p> <p>Different programs have different assessment processes and care planning approaches. For instance, in the state plan personal care program overseen by the DOH, services are ordered by a physician but an assessment provided by local social service district or Certified Home Health Agency (CHHA) determines the number of hours an individual requires to meet his or her needs. It is possible that the CHHA that determined the number of hours an individual needs could also be the service provider of the home health aide. The State always has the ability to audit assessments. OPWDD and OMH programs generally rely on the State staff in regional offices to determine eligibility and perform functional assessments that inform care planning. These activities, however, may be delegated to down-stream providers, establishing a potential conflict of interest.</p> <p>As we make the transition of many programs to managed care, it is likely that similar potential for conflict will occur. Already different plans operate differently. While some have administrative firewalls whereby the individual who assesses the individual's functional need is not in the same department as the individual who develops the care plan, and neither the assessor nor the care planner is the provider of services, which is often an agency in the plan's network; this is not always the case.</p> <p>NYS has a strong advocate community and many procedures in place for consumers to grieve their assessment, care plan or service concerns. Consumer choice is a paramount concern to NYS policy makers and ensuring that individuals get the right care, at the</p> |
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right time, in the right setting is always our goal.

The complete template in Appendix C.1 illustrates potential conflicts that may exist across programs and agencies currently and strategies in place currently to mitigate that risk.

Describe experienced or anticipated challenges to completing this task:

NYS is prepared for the challenge of coordinating policies across the disability services spectrum to ensure that individuals have choices, are aware of their options, and know how to grieve any dissatisfaction with the systems in place. State agencies will continue to exercise oversight over the assessment, care planning and service provision processes under BIP and will work to mitigate potential conflicts of interest. As we transition to Care Management for All across programs and services throughout our Medicaid supported long term care system, particular challenges will be met to ensure strong State oversight and consumer protections are maintained.

Describe the State's plan to address the challenges described above:

NYS plans to review existing care management plans and proposed systems to further determine risks of potential conflict. We will continue to exercise strong State oversight by auditing sample assessments and plans, keeping our consumer protections in place and strengthening them where it is necessary, surveying consumers about their satisfaction throughout the process of obtaining home/community based care and keeping consumer choice at the forefront of our policies and procedures.

NYS is expected to eliminate some of the potential conflicts of interest that may arise in a managed care environment by separating the initial assessment for eligibility for long term services and supports from the assessment and care planning process. To further address the conflict between assessment and care planning processes NYS plans to hire a dedicated resource with expertise in organizational structures and segregation of duties to develop options for resolution across various managed care programs. In addition, the transition already underway in NYS to care standardized assessments should help mitigate conflicts because care planning will be informed by data-driven, uniform assessments administered by trained individuals and less prone to variance borne of subjectivity.

NYS plans to review the work plans and strategies of other managed care states for other ideas about how to reduce potential conflicts of interest that may arise during our transition to Care Management for all.

- 9.2. *Establish protocol for removing conflict of interest:* The State must also describe how it plans to ensure that community LTSS eligibility determination, enrollment, and case management processes are free of conflict of interest. In this document, NY should

include an affirmative commitment to establish an independent process for assuring that individual person-centered plans meet the needs of individuals served in community-based settings, and a description of the process the State will use to assure that person-centered plans are implemented with fidelity to the established process.

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| Describe the current status of this task:<br><br>Not started.  |
| Describe experienced or anticipated challenges to completing this task:<br><br>As stated above, NYS already has safeguards in place to assure consumer choice and adjudicate consumer complaints. However, as we transition to Care Management for All, care must be taken to assure that entities with a financial interest in the care provided make decisions about the care of members based solely on their assessed needs. In addition, we have to ensure that existing safeguards are adequate to protect consumers' interest, as well as ensure the appropriate expenditure of Medicaid funds.   |
| Describe the State's plan to address the challenges described above:<br><br>As stated above the State will continue to review potential areas of conflict as this transition unfolds and develop strategies to mitigate them. NYS is committed to ensuring that individuals in need of long term services and supports receive them in their chosen appropriate setting. NYS will assure that individuals' person-centered care plans may be provided in home/community based settings and will establish an independent process for making sure assessed needs are met and that care plans are implemented in a manner consistent with the process. |

**10. States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.**

10.1. *Identify data collection protocol for service data:* States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols.

|  |
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| Describe the current status of this task:<br><br>Completed. See Appendix D.                    |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

10.2. *Identify data collection protocol for **quality data***: States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols.

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| Describe the current status of this task:<br><br>Completed. See Appendix D.                    |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

10.3. *Identify data collection protocol for **outcome measures***: States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols.

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| Describe the current status of this task:<br><br>Completed. See Appendix D.                    |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

10.4. *Report updates to data collection protocol and instances of **service data** collection*: On a semiannual basis, States should submit any changes to their protocols for collecting service data, or any new instances of service data collection.

|  |
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| Describe the current status of this task:<br><br>Not started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:                           |

Not applicable.

10.5. *Report updates to data collection protocol and instances of **quality data** collection:* On a semiannual basis, States should submit any changes to their protocols for collecting quality data, or any new instances of quality data collection.

Describe the current status of this task:  
Not started.

Describe experienced or anticipated challenges to completing this task:  
Not applicable.

Describe the State's plan to address the challenges described above:  
Not applicable.

10.6. *Report updates to data collection protocol and instances of **outcomes measures** collection:* On a semiannual basis, States should submit any changes to their protocols for collecting outcomes measures, or any new instances of outcomes measures collection.

Describe the current status of this task:  
Not started.

Describe experienced or anticipated challenges to completing this task:  
Not applicable.

Describe the State's plan to address the challenges described above:  
Not applicable.

**11. States should identify funding sources that will allow them to build and maintain the required structural changes.**

11.1. *Identify funding sources to implement the structural changes:* Before building their systems, States must identify the sources of funding they will use to make these changes. States should submit information on the total cost of implementing the structural changes and the amount that each funding source will provide. Indicate how NY plans to use MFP dollars, distinguishing between administrative and rebalancing funds, to support the Program structural changes and a timeline for utilization.

Describe the current status of this task:

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|--|
| Completed. See Appendix E.   |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

11.2. *Develop sustainability plan:* States must also develop clear estimates of the cost to maintain the structural changes once they are in place. Therefore, States should submit the overall maintenance budget of the structural changes and anticipated sources of funding.

|  |
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| Describe the current status of this task:<br><br>Not started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

11.3. *Describe the planned usage for the enhanced funding.* The State must identify the projected amount of funding to be earned through the Program and describe how the State will use this enhanced funding by September 30, 2015. The State should also describe how the planned expenditures meet the following criteria: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

|  |
|--|
| Describe the current status of this task:<br><br>Completed. See Appendix E and supplemental materials. |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable.         |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.            |

**12. States must make an effort to coordinate their NWD/SEP system with the Health Insurance Exchange IT system.**

12.1. *Describe plans to coordinate systems:* This may include discussions with State Exchange IT system staff, the identification of key data fields that should be shared across the systems, and the development of a bridge between the systems.

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| Describe the current status of this task:<br><br>Not started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

12.2. *Provide updates on coordination:* On a semiannual basis, States should report to CMS updates on coordination including new infrastructure developments.

|  |
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| Describe the current status of this task:<br><br>Not started.                                  |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

**13. NY: The State should build community-based housing options for the ID/DD population and support transitions.**

13.1. *Describe all settings in which the ID/DD population currently resides:* This description should include the number of individuals in group homes, small ICFs/IDD, large ICFs/IDD and non-traditional housing models. Each setting type above should include the maximum number of individuals living in the residence, and any type of licensure or accreditation required.

|  |
|--|
| Describe the current status of this task:<br><br>Completed. Please see attachment G.1 describing settings in which the ID/DD population currently resides including the number of individuals in group homes, group homes, small Intermediate Care Facilities (ICFs)/IDD, large ICFs/IDD and non-traditional housing models. This document includes the maximum number of individuals living in the residence, and any |
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| type of licensure or accreditation required.   |
| Describe experienced or anticipated challenges to completing this task:<br><br>Not applicable. |
| Describe the State's plan to address the challenges described above:<br><br>Not applicable.    |

- 13.2. *Describe the strategy for building housing options for the ID/DD population and supporting transitions.*  
This document should include NY's plan to transition the remaining 160 residents of the Finger Lakes and Taconic ICFs prior to December 31, 2013, to community-based settings that meet CMS HCBS settings standards and a transition timeline for the residents of the remaining campus and non-campus-based ICF's.

|   |
|---|
| Describe the current status of this task:<br><br>Complete. Please see attachment G.1 which describes the State's strategy for building housing options for the ID/DD population and supporting transitions. |
| Describe experienced or anticipated challenges to completing this task:   |
| Describe the State's plan to address the challenges described above:  |

- 13.3. *Describe the process the State will use to determine whether residential settings for persons transitioned from institutions meet CMS standards for home and community-based settings and/or qualify as residences in the MFP program.* This plan will include a description of the residential facilities, the process the State will use to independently assess whether these settings meet the characteristics set forth in the 1915i Notice of Proposed Rulemaking (NPRM) from April 2012, and the timeline for compliance by all settings in which Medicaid community LTSS are provided. In this document, NY should agree that at least 30% of those persons transitioned from institutions, both campus-based and non-campus –based ICFs, will qualify for MFP (i.e. can be transitioned to an MFP qualified residence), beginning in Year 1.

|  |
|--|
| Describe the current status of this task:<br><br>Completed   |
| Describe experienced or anticipated challenges to completing this task:<br><br>Refer to Appendices H, OPWDD Developmental Disabilities Transformation 11/30/2013 Deliverable |

Describe the State's plan to address the challenges described above:

Refer to Appendices H, OPWDD Developmental Disabilities Transformation 11/30/2013 Deliverable.

- 13.4. *Provide semi-annual updates on progress made to developing housing options and supporting transitions.*  
These documents should include progress made to developing housing options and programs that support transitions in addition to the number of transitions made.

The Work Plan should be signed by the lead of the State Medicaid Agency (the Oversight Agency) and by the Operating Agency (if those two agencies are different).

Signature of Lead of Operating Agency  
(Medicaid)

Signature of Lead of Oversight Agency

\_\_\_\_\_  
Name:  
Agency: NYS Department of Health  
Office of Health Insurance  
Programs

\_\_\_\_\_  
Name:  
Agency: NYS Department of Health  
Office of Health Insurance Programs

Position: Director, Division of Long Term

Position: Direct, Division of Long Term Care

For technical assistance in completing the Work Plan Table and companion text, you may email:  
[info@balancingincentiveprogram.org](mailto:info@balancingincentiveprogram.org).

## Appendices

- A No Wrong Door/Single Entry Point
  - A.1 Description of the NWD/SEP System
  - A.2 List of Potential NWD/SEP Entities and Locations
    - A.2.a CASA Association of New York State Member List (updated December 2012)
    - A.2.b Nursing Home Transition and Diversion (NHTD) Waiver Program, Regional Resource Development Center (RRDC) Contact List (effective January 4, 2013)
    - A.2.c Home Care Services Program, Community Alternative Systems Agency (CASA), List of Borough Offices (revised May 24, 2011)
    - A.2.d OPWDD – Regional Front Door Access Numbers
    - A.2.e Independent Living Centers
    - A.2.f Local Department of Social Services List (LDSS)
    - A.2.g New York Connects List (August 2013)
    - A.2.h OMH Field Offices Field Offices
  
- B Core Standard Assessment/Core Data Set - Crosswalk
  - B.1 Crosswalk – DOH - Adult
  - B.2 Crosswalk – DOH – Children 0 - 3
  - B.3 Crosswalk – DOH – Children 4 - 17
  - B.4 Crosswalk – OPWDD
  - B.5 Crosswalk – OMH –CANS-NY
  - B.6 Crosswalk – OMH – CDS
  
- C Conflict Free Case Management (CFCM)
  - C.1 Strengths and weakness of existing case management system
  
- D Data Collection and Reporting
  - D.1 Protocol for Service Data
  
- E Sustainability
  - E.1 Description of funding source and Description of how State will use the enhanced funding earned through the program
  
- F Housing Options
  - F.1 Description of settings in which ID/DD population currently resides and Description of strategy for building housing options for the ID/DD population
  
- G Acronym List
  
- H OPWDD Developmental Disabilities Transformation 11/30/2013 Deliverable

## Appendix A.1: Description of the NWD/SEP System

STAGE 1 - TOUCHPOINTS FOR ENTRY AND LEVEL I SCREEN

**INDIVIDUALS /CAREGIVERS**

**NY Connects Resource Directory Website**

www.nyconnects.ny.gov  
(includes link to

**1-800 Number**

Virtual Call Center - routes to NY Connects Network

**NY Connects Network of NWDs/SEPs**

Phone, internet, face to face in office, home or community

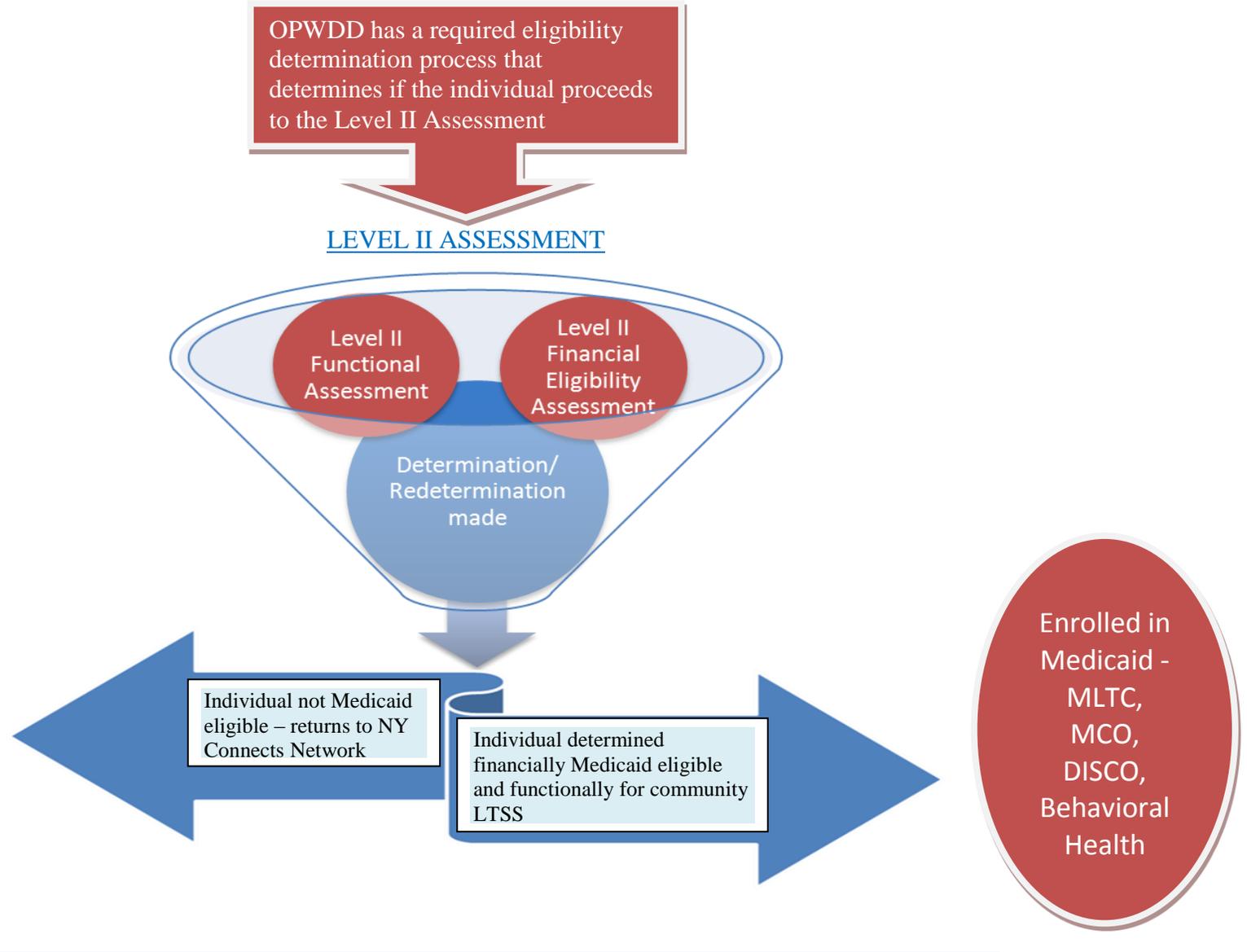
\*See appendix A.2 for list of potential NWDs/SEPs

Explore addition of automated Level I Self-Assessment

**LEVEL I SCREEN:** Preliminary functional and financial assessment conducted by NWD/SEP

- Some individuals may not need a full Level I screen – only need “light touch”
- If appears not eligible for Medicaid, NWD provides I & A on array of LTSS available and any other programs for which the person may be eligible
- If individual found potentially eligible for Medicaid, linked to **Stage 2:** Streamlined Eligibility & Enrollment Processes - agency eligibility determination as required and Level II Assessment

STAGE 2: STREAMLINED ELIGIBILITY & ENROLLMENT PROCESS: Agency Eligibility Determination as Required and Level II Assessment



**Appendix A.2.a: List of Potential NWD/SEP Entities and Locations – CASA  
Association of New York State Member List**

**CASA ASSOCIATION OF NEW YORK STATE  
MEMBER LIST (Updated December 2012)**

|             |   |
|-------------|---|
| Albany      | CMM/DOH<br>2019 Corning Tower<br>Albany, NY 12210   |
| Albany      | Albany County DSS<br>162 Washington Avenue<br>Albany, NY 12214-7612                             |
| Allegany    | Allegany County OFA<br>17 Court Street<br>Belmont, NY 14813                                     |
| Broome      | BCOB<br>P. O. Box 1766<br>Binghamton, NY 13902  |
| Cattaraugus | Cattaraugus County DSS<br>1701 Lincoln Avenue<br>Olean, NY 14760                                |
| Cayuga      | LTC Access Office<br>149 Genesee Street<br>Boyle Center<br>Auburn, NY 13021                     |
| Chautauqua  | 7 North Erie Street<br>Hall R. Clothier Building<br>Mayville, NY 14757                          |
| Chemung     | OFA Care Access & Resource<br>425 Pennsylvania Avenue<br>P. O. Box 588<br>Elmira, NY 14902-0588 |
| Columbia    | Columbia County DSS<br>P. O. Box 458<br>Hudson, NY 12534  |
| Cortland    | Cortland County DSS<br>Medical Services<br>60 Central Avenue<br>Cortland, NY 13045              |
| Delaware    | Delaware County Office for LTC<br>111 Main Street<br>Delhi, NY 13754                            |
| Dutchess    | Dutchess County CASA<br>27 High Street<br>Poughkeepsie, NY 12601                                |
| Erie        | Statler Tower, Suite 1800<br>107 Delaware Avenue<br>Buffalo, NY 14202                           |
| Essex       | DSS Coord. Care Unit<br>P. O. Box 217<br>Elizabethtown, NY 12932                                |
| Franklin    | Coord. Care Unit<br>Franklin Co. Court House<br>Malone, NY 12953                                |

|            |   |
|------------|---|
| Franklin   | Medicaid – DSS<br>355 W. Main Street<br>Suite 331<br>Malone, NY 12953   |
| Fulton     | LTC Coordinator<br>Cent. Assess. & Place. Unit<br>P. O. Box 549<br>Johnstown, NY 12095  |
| Greene     | Greene Co. CAU Unit<br>P. O. Box 528<br>Catskill, NY 12414  |
| Herkimer   | 301 N. Washington Street<br>Suite 2110<br>Herkimer, NY 13350-2906   |
| Monroe     | 111 Westfall Road<br>Room 804<br>Rochester, NY 14620  |
| Montgomery | Montgomery County DSS<br>COB-Broadway<br>P. O. Box 745<br>Fonda, NY 12068   |
| Nassau     | Nassau County DSS<br>101 County Seat Drive<br>Mineola, NY 11501-4821  |
| Niagara    | Niagara County DSS<br>301 10 <sup>th</sup> Street<br>PO Box 865<br>Niagara Falls, NY 14302-0865   |
| NYC        | Director LTHHCP<br>NYCHRA/HCSP<br>309 E 94 <sup>th</sup> . Street<br>Room 506<br>New York, NY 10128   |
| NYC        | Human Resources Administration<br>Home Care Services Program<br>309 E. 94 <sup>th</sup> Street, 4 <sup>th</sup> Floor<br>New York, NY 10128 |
| Oneida     | Office of Continuing Care<br>235 Elizabeth Street<br>Utica, NY 13502  |
| Onondaga   | 5065 W. Seneca Turnpike<br>Syracuse, NY 13215   |
| Orange     | Case Supervisor<br>141 Broadway<br>Newburg, NY 12550  |
| Orleans    | Office for the Aging<br>14016 Route 31, West<br>Albion, NY 14411  |

|              |  |
|--------------|--|
| Otsego       | Otsego County<br>Office for the Aging<br>197 Main Street<br>Cooperstown, NY 13326  |
| Putnam       | Putnam Co. DSS LTC Unit<br>110 Old Route Six Center<br>Carmel, NY 10512  |
| Rensselaer   | Dept of Social Services<br>133 Bloomingrove Drive<br>Troy, NY 12180  |
| Rockland     | Home Care Coordinator<br>Rockland County DSS<br>Building C, Sanatorium Rd.<br>P. O. Box 307<br>Pomona, NY 10970          |
| Saratoga     | Saratoga County DSS<br>152 W. High Street<br>Ballston Spa, NY 12020  |
| Schenectady  | Dept. of Senior & LTC Services<br>107 Nott Terr, Suite 202<br>Schenectady, NY 12308                                      |
| Seneca       | Seneca County DSS<br>One Dipronio Drive<br>P. O. Box 690<br>Waterloo, NY 13165   |
| St. Lawrence | St. Lawrence Co. DSS<br>80 SH 310, Suite 7<br>Canton, NY 13617-1497  |
| Suffolk      | Director, Med. Svc. Bureau<br>P. O. Box 18100<br>Hauppauge, NY 1178-8900   |
| Sullivan     | Sullivan County<br>Department of Family Services<br>P. O. Box 231<br>Liberty, NY 12754                                   |
| Tioga        | Tioga County DSS<br>1062 State Rte 38<br>PO Box 240<br>Owego, NY 13827   |
| Tompkins     | Tompkins County DSS<br>320 West State Street<br>Ithaca, NY 14850   |
| Ulster       | Director of Public Health<br>Ulster Co. Health Dept.<br>300 Flatbush Avenue<br>P. O. Box 1800<br>Kingston, NY 12401-1800 |

|             |   |
|-------------|---|
| Warren      | CASA Coordinator<br>Warren Co. Municipal Center<br>Lake George, NY 12845                |
| Washington  | Washington County DSS<br>383 Broadway<br>Fort Edward, NY 12828                          |
| Westchester | Office Med/Home Care Ser.<br>270 North Avenue<br>New Rochelle, NY 10801                 |
| Westchester | Westchester Co. DSS<br>112 East Post Road<br>White Plains, NY 10601                     |
| Yates       | Yates Co. Public Health<br>417 Liberty Street<br>Suite 2120<br>Penn Yann, NY 14527-1122 |

**Appendix A.2.a: List of Potential NWD/SEP Entities and Locations – Nursing Home Transition and Diversion (NHTD) Waiver Program, Regional Resource Development Center (RRDC) Contact List**

NEW YORK STATE DEPARTMENT OF HEALTH – DIVISION OF LONG TERM CARE

Nursing Home Transition and Diversion (NHTD) Waiver Program

Regional Resource Development Center (RRDC) Contact List

Effective: January 4, 2013

| Region/County   | Regional Resource Development Center   |
|---|--|
| <b>Adirondack:</b> Fulton, Montgomery, Saratoga, Washington, Warren, Hamilton, Essex, Franklin and Clinton                                      | Glens Falls Independent Living Center d/b/a Southern Adirondack Independent Living (SAIL) 71 Glenwood Avenue Queensbury, NY 12804 <a href="http://www.sail-center.org">www.sail-center.org</a> |
| <b>Binghamton/Southern Tier:</b> Broome, Steuben, Schuyler, Tioga, Delaware, Tompkins, Cortland, Chenango, Cayuga, Chemung, Allegany and Otsego | Southern Tier Independence Center (STIC) 135 East Frederick Street Binghamton, NY 13904 <a href="http://www.stic-cil.org">www.stic-cil.org</a>   |
| <b>Buffalo:</b> Erie, Chautauqua, Cattaraugus, Wyoming, Orleans and Niagara   | Headway of Western New York, Inc. 2635 Delaware Ave. Buffalo, NY 14216 <a href="http://www.headwayofwny.org">www.headwayofwny.org</a>  |
| <b>Capital:</b> Albany, Schenectady, Greene, Rensselaer, Schoharie and Columbia   | Sunnyview Hospital and Rehabilitation 1270 Belmont Avenue Schenectady, NY 12308 <a href="http://www.sunnyview.org">www.sunnyview.org</a>   |
| <b>Long Island:</b> Nassau and Suffolk  | Self Initiated Living Options, Inc. (Suffolk Independent Living Organization (SILO) 2111 Lakeland Ave. Suite A Ronkonkoma, NY 11779 <a href="http://www.siloinc.org">www.siloinc.org</a>       |
| <b>Lower Hudson Valley:</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester  | Westchester Independent Living Center 200 Hamilton Avenue 2nd Floor White Plains, NY 10601 <a href="http://www.wilc.org">www.wilc.org</a>  |

|  |   |
|--|---|
| <p><b>New York City:</b><br/>New York, Kings, Richmond, Bronx, Queens</p>                              | <p>Visiting Nurse Association Health Care Services<br/>d.b.a. VNA of Staten Island 400 Lake Avenue<br/>Staten Island, NY 10303<br/><a href="http://www.vnasi.org">www.vnasi.org</a></p>                         |
| <p><b>Rochester:</b> Monroe, Wayne, Ontario, Seneca, Genesee, Livingston and Yates</p>                 | <p>Unity Health System NHTD Waiver<br/>6<sup>th</sup> Floor<br/>Unity Health – St. Mary’s Campus<br/>89 Genesee Street Rochester, NY 14611<br/><a href="http://www.unityhealth.org">www.unityhealth.org</a></p> |
| <p><b>Syracuse:</b> Onondaga, Madison, Herkimer, Oneida, Oswego, Lewis, Jefferson and St. Lawrence</p> | <p>ARISE Child and Family Service, Inc. 635 James Street<br/>Syracuse, NY 13203 <a href="http://www.ariseinc.org">www.ariseinc.org</a></p>  |

Appendix A.2.c: List of Potential NWD/SEP Entities and Locations – Home Care Services Program, Community Alternative Systems Agency (CASA), List of Borough Offices

Home Care Services Program Community Alternative Systems Agency (CASA), List of Borough Offices

|              |   |
|--------------|---|
| <b>Bronx</b> | <p><b><u>Bronx CASA</u></b></p> <p>530 West 135<sup>th</sup> Street, 2<sup>nd</sup> Floor, New York, NY 10031 S Level<br/>         (Community Districts 1-12)<br/>         Phone: (718) 510-0106; 510-0153<br/>         Fax: (718) 508-0885</p> |
|--------------|---|

|                 |  |  |
|-----------------|--|--|
| <b>Brooklyn</b> | <p><b><u>CASA VI</u></b><br/>         88 Third Avenue, Brooklyn, NY 11217<br/>         3<sup>rd</sup> Fl.<br/>         (Community Districts 1-4, 6-9, 14,15)<br/>         Phone: (718) 250-5631<br/>         Fax: (718) 250-5621</p>                                 | <p><b><u>CASA VII</u></b><br/>         3050 West 21st Street, 2nd Floor<br/>         Brooklyn, NY 11224<br/>         Telephone #: 718-333-3108; 718-333-3109</p> |
|                 | <p><b><u>CASA VIII</u></b><br/>         253 Schermerhorn Street, 3<sup>rd</sup> Fl., Brooklyn, NY 11201<br/>         (Community Districts 5, 16-18)<br/>         Phone: Director (718) 722-3119; Intake (718) 722-3678<br/>         Fax: (718) 923-6638/722-4644</p> |  |

|                  |  |  |
|------------------|--|--|
| <b>Manhattan</b> | <p><b><u>CASA V</u></b><br/>         132 W.125th St., New York, NY 10027<br/>         5<sup>th</sup> Floor<br/>         (Community Districts 9-12)<br/>         Phone: (212) 665-3233<br/>         Fax: (212) 666-1459</p> |  |
|------------------|--|--|

|               |  |  |
|---------------|--|--|
| <b>Queens</b> | <p><b><u>CASA II</u></b><br/>         45-02 32nd Place, Long Island City, NY 11101<br/>         3<sup>rd</sup> Floor<br/>         (Community Districts 1-7, 11)<br/>         Phone: (718) 752-4455<br/>         Fax: (718) 752- 4348</p> | <p><b><u>CASA X</u></b><br/>         92-31 Union Hall St., Jamaica, NY 11433<br/>         4th Floor<br/>         (Community Districts 8-10, 12-14)<br/>         Phone: (718) 262-3514<br/>         Fax: (718) 262-3498</p> |
|---------------|--|--|

|                      |  |
|----------------------|--|
| <b>Staten Island</b> | <p><b><u>CASA IV</u></b><br/>         215 Bay St., Staten Island, NY 10301 (Community Districts 1-3)<br/>         Phone: (718) 556-7331<br/>         Fax: (718) 556-7315</p> |
|----------------------|--|

**Appendix A.2.d: List of Potential NWD/SEP Entities and Locations – OPWDD –  
Regional Front Door Access Numbers**

## Region 1

### **Finger Lakes**

(855)-OPWDDFL (679-3335) (Counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates) *operational 8/1/13*

### **Western**

(800) 487-6310 (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans) *operational 8/1/13*

## Region 2

### **Broome**

(607) 771-7784 press 0 (Counties: Broome, Chenango, Delaware, Otsego, Tioga, Tompkins)

### **CNY**

(315) 425-5322 (Counties: Cayuga, Cortland, Onondaga, Oswego)

(315) 793-9600 Ext. 603 (Counties: Herkimer, Lewis, Madison, Oneida)

### **Sunmount**

(518) 561-8190 (Counties: Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence)

## Region 3

### **Capital**

518-370-7413 (Counties: Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington)

### **Hudson Valley**

845-947-6011 Rockland

845-695-7330 Orange Sullivan

914-332-8960 Westchester

### **Taconic**

845-473-5050 (Counties: Putnam, Dutchess County)

845-382-1899 (Counties: Columbia, Green, Ulster,)

## Region 4

### **Queens**

(718) 217-6485

### **Kings**

(718) 642-8576

### **Manhattan**

(212) 229-3132

### **Richmond**

(718) 982-1913

**Bronx**

(718) 430-0757

**Region 5**

(631) 434-6000 (Counties: Nassau, Suffolk)

(631) 434-6100

**Other Resources**

Front Door Technical Support Email: [Front.door.technical.support@OPWDD.ny.gov](mailto:Front.door.technical.support@OPWDD.ny.gov)

Appendix A.2.e: List of Potential NWD/SEP Entities and Locations –  
Independent Living Centers

Auburn Center: Options for Independence | [www.optionsforindependence.org](http://www.optionsforindependence.org)  
Cayuga and Seneca counties

Binghamton Center: Southern Tier Independence Center | [www.stic-cil.org](http://www.stic-cil.org)  
Broome, Chenango, and Tioga counties

Buffalo Center: Western New York Independent Living | [www.wnyil.org](http://www.wnyil.org)

Bronx Center: Bronx Independent Living Services | [www.bils.org](http://www.bils.org)

Brooklyn Center: Brooklyn Center for Independence of the Disabled | [www.bcid.org](http://www.bcid.org)  
Brooklyn (Kings)

Corning Center: AIM Independent Living Center | [www.aimcil.com](http://www.aimcil.com)

Cortland Center: Access to Independence of Cortland County | [www.aticortland.org](http://www.aticortland.org)  
Cortland

Harlem Center: Harlem Independent Living Center | [www.hilc.org](http://www.hilc.org)  
Primarily Harlem, but serves other boroughs

Ithaca Center: The Finger Lakes Independence Center | [www.fliconline.org](http://www.fliconline.org)

Kingston Center: Resource Center for Accessible Living | [www.rcal.org](http://www.rcal.org)

Levittown Center: Long Island Center for Independent Living | <http://licil.net/wordpress/>  
Nassau

Manhattan Center: Center for Independence of the Disabled New York | [www.cidny.org](http://www.cidny.org)  
New York City

Monticello: Action Toward Independence | [www.atitoday.org/](http://www.atitoday.org/)  
Sullivan and Orange Counties

New City Center: Rockland Independent Living Center | [www.rilc.org](http://www.rilc.org)  
Lower Hudson Valley community

Newburgh Center: Independent Living, Inc. | [www.myindependentliving.org](http://www.myindependentliving.org)  
Mid Hudson community

Olean Center: Directions in Independent Living | [www.oleanilc.org](http://www.oleanilc.org)  
Allegany and Cattaraugus counties

Oneonta Center: Catskill Center for Independence | [www.ccfi.us](http://www.ccfi.us)

Plattsburgh Center: North Country Center for Independence | [www.ncci-online.com](http://www.ncci-online.com)  
Clinton and Essex counties

Poughkeepsie Center: Taconic Resources for Independence | [www.taconicresources.org](http://www.taconicresources.org)

## Dutchess

Queensbury Center: Southern Adirondack Independent Living | [www.sail-center.org](http://www.sail-center.org)  
Primarily Warren, Washington, and Saratoga counties

Rochester Center: Center for Disability Rights | [www.cdrnys.org](http://www.cdrnys.org)

Rochester Center: Regional Center for Independent Living | [www.rcil.org](http://www.rcil.org)

Ronkonkoma: Suffolk Independent Living Organization | [www.siloinc.org](http://www.siloinc.org)  
Suffolk

Saranac Lake Center: Tri-Lakes Center for Independent Living | [www.tlcil.org](http://www.tlcil.org)  
Southern Franklin and Essex counties

Staten Island Center: Staten Island Center for Independent Living | [www.siciliving.org](http://www.siciliving.org)  
Staten Island (Richmond)

Syracuse Center: ARISE | [www.ariseinc.org](http://www.ariseinc.org)  
Onondaga, Madison, Oswego counties

Troy Center: Independent Living Center of the Hudson Valley | [www.ilchv.org](http://www.ilchv.org)  
Hudson Valley region, including Albany, Rensselaer, Columbia counties

Utica Center: Resource Center for Independent Living | [www.rcil.com](http://www.rcil.com)  
Central New York

Watertown Center: Northern Regional Center for Independent Living | [www.nrcil.net](http://www.nrcil.net)  
Jefferson and Lewis counties

White Plains Center: Westchester Independent Living Center | [www.wilc.org](http://www.wilc.org)  
Westchester and Lower Hudson Valley region

Yonkers Center: Westchester Disabled on the Move | [www.wdom.org](http://www.wdom.org)

## CASA

CASA: Advocates for Children of New York State

Penny Page, Executive Director

[page@casanys.org](mailto:page@casanys.org)

911 Central Avenue, #117

Albany, NY 12206

Phone: 518-426-5354

Toll Free: 877-80-VOICE

Fax: 518-426-5348

**Appendix A.2.f: List of Potential NWD/SEP Entities and Locations - Local  
Department of Social Services (LDSS) List**

#### Albany

162 Washington Avenue Albany, NY 12210 · (518) 447-7300

Website: <http://www.albanycounty.com/departments/dss/>

#### Allegany

County Office Building · 7 Court St. · Belmont, NY 14813-1077 · (585) 268-9622

Website: [http://www.alleganyco.com/default.asp?show=btn\\_ds](http://www.alleganyco.com/default.asp?show=btn_ds)

#### Broome

36-42 Main Street · Binghamton, NY 13905-3199 · (607) 778-8850

Website: <http://www.gobroomecounty.com/dss/>

#### Cattaraugus

One Leo Moss Drive · Suite 6010 · Olean, NY 14760-1158 · (716) 373-8065

Website: <http://www.co.cattaraugus.ny.us/dss/>

#### Cayuga

County Office Building · 160 Genesee Street · 2nd Floor · Auburn, NY 13021-3433 · (315) 253-1451

Website: <http://co.cayuga.ny.us/hhs/index.html>

#### Chautauqua

Hall R. Clothier Building · Mayville, NY 14757 · (716) 753-4421

Website: <http://www.co.chautauqua.ny.us/departments/dss/Pages/default.aspx>

#### Chemung

Human Resource Center · 425 Pennsylvania Avenue · P.O. Box 588 · Elmira, NY 14902-0588 · (607) 737-5309

Website: <http://www.chemungcounty.com/index.asp?pageId=266>

#### Chenango

5 Court Street and 14 West Park Place · Norwich, NY 13815 · (607) 337-1500

Website: <http://ccdss.peppytech.com/>

#### Clinton

13 Durkee Street · Plattsburgh, NY 12901-2911 · (518) 565-3300

Website: <http://www.clintoncountygov.com/Departments/DSS/index.htm>

#### Columbia

25 Railroad Avenue · P.O. Box 458 · Hudson, NY 12534 · (518) 828-9411

#### Cortland

County Office Building · 60 Central Avenue · Cortland, NY 13045-5590 · (607) 753-5248

Website: <http://www.cortland-co.org/dss/>

#### Delaware

111 Main Street · P.O. Box 469 · Delhi, NY 13753-1265 · (607) 832-5300

Website: <http://www.co.delaware.ny.us/departments/dss/dss.htm>

#### Dutchess

60 Market Street · Poughkeepsie, NY 12601-3299 · (845) 486-3000

Website: <http://www.co.dutchess.ny.us/CountyGov/Departments/SocialServices/SSIndex.htm>

#### Erie

Rath County Office Building · 95 Franklin Street, 8th Floor · Buffalo, NY 14202-3959 · (716) 858-8000

Website: <http://www.erie.gov/depts/socialservices/>

#### Essex

7551 Court St. · PO Box 217 · Elizabethtown, NY 12932 · (518) 873-3441

#### Franklin

355 West Main Street, Suite 331 · Malone, NY 12953 · (518) 481-1808

Website: <http://franklincony.org/content/>

#### Fulton

4 Daisy Lane · P.O. Box 549 · Johnstown, NY 12095 · (518) 736-5640

Website: <http://www.fultoncountyny.gov/index.php?word=departments/socialservices.htm>

#### Genesee

5130 East Main Street · Suite #3 · Batavia, NY 14020-3497 · (585) 344-2580

Website: <http://www.co.genesee.ny.us/dpt/socialservices/index.html>

#### Greene

411 Main Street · P.O. Box 528 · Catskill, NY 12414-1716 · (518) 719-3700 or Toll Free 1-877-794-9268

Website: <http://www.greenegovernment.com/department/socialserv/>

#### Hamilton

White Birch Lane · P.O. Box 725 · Indian Lake, NY 12842-0725 · (518) 648-6131

Website: <http://www.hamiltoncounty.com/county-government/departments-services#SocialServicesDepartment>

#### Herkimer

301 North Washington Street · Suite 2110 · Herkimer, NY 13350 · (315) 867-1291

Website: <http://herkimercounty.org/content/Departments/View/10>

#### Jefferson

Human Services Building · 250 Arsenal Street · Watertown, NY 13601 · (315) 782-9030

Website: <http://www.co.jefferson.ny.us/index.aspx?page=115>

#### Lewis

5274 Outer Stowe Street · P.O. Box 193 · Lowville, NY 13367 · (315) 376-5400

Website: <http://lewiscountyny.org/content/Departments/View/30?>

#### Livingston

1 Murray Hill Drive · Mt. Morris, NY 14510-1699 · (585) 243-7300

Website: <http://www.co.livingston.state.ny.us/dss.htm>

#### Madison

Madison County Complex, Building 1 · 133 North Court Street · P.O. Box 637 · Wampsville, NY 13163 · (315) 366-2211

Website: <http://www.madisoncounty.org/DSS2/index.html>

#### Monroe

111 Westfall Road · Rochester, NY 14620-4686 · (585) 753-6298

Website: <http://www.monroecounty.gov/hs-index.php>

#### Montgomery

County Office Building · P.O. Box 745 · Fonda, NY 12068 · (518) 853-4646

#### Nassau

60 Charles Lindbergh Blvd · Uniondale, NY 11553-3656 · (516) 227-8519

Website: <http://www.nassaucountyny.gov/agencies/dss/DSSHome.htm>

#### New York City

180 Water St. 25th Fl. · New York, NY 10038 · Info-Line: (718)-557-1399 Outside NYC: (718) 557-1399

Website: <http://www.nyc.gov/html/hra/html/home/home.shtml>

NYC Administration for Children's Services · 150 William St. 18th Fl. · New York, NY 10038 · Dial 311 or (212) 341-0900

Website: <http://www.nyc.gov/acs>

#### Niagara

20 East Avenue P.O. Box 506 · Lockport, NY 14095-0506 · (716) 439-7600

Website: <http://www.niagaracounty.com/departments.asp?City=Social+Services>

#### Oneida

County Office Building · 800 Park Avenue · Utica, NY 13501-2981 · (315) 798-5700

Website: <http://www.ocgov.net/oneida/socialservices>

#### Onondaga

John H. Mulroy Civic Center, 12th Floor · 421 Montgomery Street · Syracuse, NY 13202-2923 · (315) 435-2985

Website: <http://www.ongov.net/dss/>

#### Ontario

3010 County Complex Drive · Canandaigua, NY 14424-1296 · (585) 396-4060 or Toll Free (877) 814-6907

Website: [http://www.co.ontario.ny.us/social\\_services/](http://www.co.ontario.ny.us/social_services/)

#### Orange

11 Quarry Road, Box Z · Goshen, NY 10924-0678 · (845) 291-4000

Website: <http://www.co.orange.ny.us/content/124/1374/default.aspx>

#### Orleans

14016 Route 31 West · Albion, NY 14411-9365 · (585) 589-7000

Website: <http://www.orleansny.com/Departments/ResidentServices/DepartmentofSocialServices/tabid/150/Default.aspx>

#### Oswego

100 Spring Street · P.O. Box 1320 · Mexico, NY 13114 · (315) 963-5000

Website: <http://www.co.oswego.ny.us/dss/>

#### Otsego

County Office Building · 197 Main Street · Cooperstown, NY 13326-1196 · (607) 547-4355

Website: <http://www.otsegocounty.com/depts/dss/>

#### Putnam

110 Old Route 6 · Carmel, NY 10512-2110 · (845) 808-1500

Website: <http://www.putnamcountyny.com/socialservices/>

#### Rensselaer

127 Bloomingrove Drive · Troy, NY 12180-8403 · (518) 833-6000

Website: [http://www.rensco.com/departments\\_socialservices.asp](http://www.rensco.com/departments_socialservices.asp)

#### Rockland

Robert L. Yeager Health Center, Building L · Sanatorium Road ·

Pomona, NY 10970 · 845-364-2020

Website: <http://rocklandgov.com/departments/social-services/>

#### Saint Lawrence

Harold B. Smith County Office Building · 6 Judson Street · Canton, NY 13617-1197 · (315) 379-2111

Website: [http://www.co.st-lawrence.ny.us/Social\\_Services/SLCSS.htm](http://www.co.st-lawrence.ny.us/Social_Services/SLCSS.htm)

#### Saratoga

152 West High Street · Ballston Spa, NY 12020 · (518) 884-4140

Website: <http://www.saratogacountyny.gov/departments.asp?did=150>

#### Schenectady

797 Broadway; Schenectady, NY 12305 · (518) 388-4470

<http://www.schenectadycounty.com/>

#### Schoharie

County Office Building · P.O. Box 687 · Schoharie, NY 12157 · (518) 295-8334

Website: <http://www.schohariecounty-ny.gov/CountyWebSite/index.jsp>

#### Schuyler

323 Owego Street - Unit 3 · Montour Falls, NY 14865 · (607) 535-8303

Website: <http://www.schuylercounty.us/dss.htm>

#### Seneca

1 DiPronio Drive · P.O. Box 690 · Waterloo, NY 13165-0690 · (315) 539-1800

Website: <http://www.co.seneca.ny.us/dpt-divhumserv-children-family.php>

#### Steuben

3 East Pulteney Square · Bath, NY 14810 · (607) 776-7611

Website: <http://www.steubencony.org/dss.html>

#### Suffolk

Mary Gordon Building · 3085 Veterans Memorial Highway · Ronkonkoma, NY 11779 · (631) 854-9935  
Website: <http://www.co.suffolk.ny.us/departments/socialservices.aspx>

#### Sullivan

16 Community Lane · P.O. Box 231 · Liberty, NY 12754 · (845) 292-0100  
Website: <http://www.co.sullivan.ny.us/Departments/HealthandFamilyServices/tabid/3120/Default.aspx>

#### Tioga

1062 State Route 38 · P.O. Box 240 · Owego, NY 13827 · (607) 687-8300  
Website: <http://www.tiogacountyny.com/departments/social-services.html>

#### Tompkins

Human Services Building · 320 West Martin Luther King Jr. / West State Street · Ithaca, NY. 14850 · (607) 274-5252  
Website: <http://www.tompkins-co.org/departments/detail.aspx?DeptID=41>

#### Ulster

1061 Development Court · Kingston, NY 12401-1959 · (845) 334-5000  
Website: <http://www.co.ulster.ny.us/resources/socservices.html>

#### Warren

Warren Co. Municipal Center · 1340 State Route 9 · Lake George, NY 12845-9803 · (518) 761-6327  
Website: <http://www.co.warren.ny.us/socserv/>

#### Washington

Municipal Center, Building B · 383 Broadway · Fort Edward, NY 12828 · (518) 746-2300  
Website: <http://www.co.washington.ny.us/Departments/Dss/dss.htm>

#### Wayne

77 Water Street · P.O. Box 10 · Lyons, NY 14489-0010 · (315) 946-4881  
Website: <http://www.co.wayne.ny.us/departments/dss/dss.htm>

#### Westchester

10 County Center Road, 2nd Floor · White Plains, NY 10607 · (914) 995-5477, (914) 995-6521, (914) 995-6522  
Website: [http://socialservices.westchestergov.com/index.php?option=com\\_content&view=article&id=978&Itemid=3989](http://socialservices.westchestergov.com/index.php?option=com_content&view=article&id=978&Itemid=3989)

#### Wyoming

466 North Main Street · Warsaw, NY 14569-1080 · (716) 786-8900  
Website: <http://www.wyomingco.net/socialservices/main.html>

#### Yates

County Office Building · 417 Liberty Street, Suite 2122 · Penn Yan, NY 14527-1118 · (315) 536-5183  
Website: <http://www.yatescounty.org/upload/12/dss/frameset.html>

Appendix A.2.g: List of Potential NWD/SEP Entities and Locations – New York  
Connects List

|             |   |
|-------------|---|
| Albany      | Albany County NY Connects<br>162 Washington Avenue<br>Albany, NY 12210                                |
| Allegany    | Allegany County NY Connects<br>6085 State Route 19 North<br>Belmont, NY 14813                         |
| Broome      | Broome County CASA/NY Connects<br>60 Hawley Street<br>Binghamton, NY 13902                            |
| Cattaraugus | Cattaraugus County NY Connects<br>One Leo Moss Drive, Suite 7610<br>Olean, NY 14760                   |
| Cayuga      | NY Connects Long Term Care Office<br>149 Genesee Street<br>Auburn, NY 13021                           |
| Chautauqua  | Chautauqua County NY Connects<br>7 North Erie Street<br>Mayville, NY 14757                            |
| Chemung     | Chemung County Department of Aging<br>& Long Term Care<br>425 Pennsylvania Avenue<br>Elmira, NY 14902 |
| Chenango    | NY Connects Chenango<br>5 Court Street<br>Norwich, NY 13815   |
| Clinton     | Clinton County Office for the Aging NY Connects<br>135 Margaret Street<br>Plattsburgh, NY 12901       |
| Columbia    | NY Connects: Columbia County<br>325 Columbia Street<br>Hudson, NY 12534                               |
| Cortland    | Cortland County NY Connects<br>60 Central Avenue Room B6<br>Cortland, NY 13045                        |
| Delaware    | Delaware County NY Connects<br>6 Court Street<br>Delhi, NY 13753                                      |
| Dutchess    | NY Connects<br>27 High Street<br>Poughkeepsie, NY 12601   |
| Erie        | Erie County NY Connects<br>95 Franklin Street<br>Buffalo, NY 14202                                    |
| Essex       | Essex County NY Connects<br>132 Water Street<br>Elizabethtown, NY 12932                               |
| Franklin    | Franklin County NY Connects/C.A.R.E.S.<br>125 Catherine St<br>Malone, NY 12953                        |

|            |  |
|------------|--|
| Fulton     | Fulton County Office for Aging, NY Connects<br>19 North William Street<br>Johnstown, NY 12095          |
| Genesee    | NY Connects Genesee Care Options<br>2 Bank Street<br>Batavia, NY 14020                                 |
| Greene     | Greene County OFA and NY Connects<br>411 Main Street<br>Catskill, NY 12414                             |
| Herkimer   | NY Connects: Choices for Long Term Care in<br>Herkimer County<br>109 Mary Street<br>Herkimer, NY 13350 |
| Jefferson  | Jefferson County NY Connects<br>175 Arsenal Street<br>Watertown, NY 13601                              |
| Lewis      | NY Connects: Choices for Long Term Care<br>7550 S. State Street<br>Lowville, NY 13367                  |
| Livingston | NY Connects Livingston County<br>3 Murray Hill Drive<br>Mt Morris, NY 14510                            |
| Madison    | Madison County NY Connects<br>138 Dominick Bruno Blvd.<br>Canastota, NY 13032                          |
| Monroe     | Elder Source, NY Connects and Transportation<br>Access<br>1900 S. Clinton Ave.<br>Rochester, NY 14618  |
| Montgomery | Montgomery County NY Connects<br>135 Guy Park Avenue<br>Amsterdam, NY 12010                            |
| Nassau     | Nassau County NY*Connects<br>60 Charles Lindbergh Blvd.<br>Uniondale, NY 11553                         |
| Niagara    | NY Connects Niagara County<br>111 Main Street<br>Lockport, NY 14094                                    |
| Oneida     | NY Connects OFA/OCC<br>120 Airline Street Suite 201<br>Oriskany, NY 13424                              |
| Onondaga   | Dept. of Aging & Youth NY Connects<br>421 Montgomery Street<br>Syracuse, NY 13202                      |
| Ontario    | Ontario County NY Connects<br>3010 County Complex Drive<br>Canandaigua, NY 14424                       |
| Orange     | Orange County NY Connects<br>18 Seward Avenue<br>Middletown, NY 10940                                  |

|                 |   |
|-----------------|---|
| Orleans         | Orleans NY Connects<br>14016 Route 31W<br>Albion, NY 14411  |
| Otsego          | NY Connects of Otsego County<br>The Meadows Complex, Suite 5<br>140 County Highway 33W<br>Cooperstown, NY 13326 |
| Putnam          | Putnam NY Connects<br>110 Old Route 6<br>Carmel, NY 10512   |
| St. Lawrence    | NY Connects: Choices for Long Term Care in<br>St. Lawrence County<br>80 State Highway 310<br>Canton, NY 13617   |
| Saratoga        | Saratoga County NY Connects<br>152 West High Street<br>Ballston Spa, NY 12020                                   |
| Schenectady     | Schenectady County NY Connects<br>107 Nott Terrace<br>Schenectady, NY 12308                                     |
| Schoharie       | Schoharie County NY Connects<br>113 Park Place, Suite 3<br>Schoharie, NY 12157                                  |
| Schuyler        | Schuyler County Office for the Aging/NY<br>Connects<br>323 Owego Street<br>Montour Falls, NY 14865              |
| Steuben         | NY CONNECTS: Steuben County's Choices for<br>Long Term Care<br>3 East Pulteney Square<br>Bath, NY 14810         |
| Suffolk         | Suffolk NY Connects<br>100 Veterans Memorial Highway<br>Hauppauge, NY 11788                                     |
| Sullivan        | Sullivan NY CONNECTS<br>100 North Street<br>Monticello, NY 12701  |
| Tioga           | Tioga NY Connects<br>9 Sheldon Guile Blvd<br>Owego, NY 13827  |
| Tompkins        | Tompkins County NY Connects<br>214 W. Martin Luther King Jr./State St.<br>Ithaca, NY 14850                      |
| Ulster          | Ulster County NY Connects<br>1003 Development Court<br>Kingston, NY 12401                                       |
| Warren/Hamilton | Warren/Hamilton Counties Office for the Aging<br>NY Connects<br>1340 State Route 9<br>Lake George, NY 12845     |

|             |  |
|-------------|--|
| Washington  | Washington County Cares<br>383 Broadway<br>Fort Edward, NY 12828   |
| Wayne       | Wayne County NY CONNECTS<br>1519 Nye Road, Suite 300<br>Lyons, NY 14489  |
| Westchester | NY Connects: Westchester Choices for<br>Long Term Care<br>9 South First Avenue, 10th floor<br>Mt. Vernon, NY 10550 |
| Wyoming     | Wyoming County NY Connects<br>8 Perry Avenue<br>Warsaw, NY 14569   |
| Yates       | Yates NY Connects<br>417 Liberty Street<br>Penn Yan, NY 14527  |
| St. Regis   | NY Connects<br>29 Business Park Road<br>Hogansburg, NY 13655   |

Appendix A.2.h: List of Potential NWD/SEP Entities and Locations – Office of  
Mental Health Field Offices

## **Office of Mental Health (OMH)**

### *Field Offices*

#### OMH regions

##### Central New York Field Office

545 Cedar Street

Syracuse, NY 13210-2319

Phone: (315) 426-3930

Fax: (315) 426-3950

Counties in region: Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence

##### Hudson River Field Office

10 Ross Circle, Suite 5N

Poughkeepsie, NY 12601

Phone: (845) 454-8229

Fax: (845) 454-8218

Counties in region: Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester

##### Long Island Field Office

Pilgrim PC, Building 45-3

998 Crooked Hill Road

West Brentwood, NY 11717-1087

Phone: (631) 761-2886

Fax: (631) 761-2820

Counties in region: Nassau and Suffolk

##### New York City Field Office

330 Fifth Avenue – 9th Floor

New York, NY 10001-3101

Phone: (212) 330-1650

Fax: (212) 330-6359

Counties in region: Bronx, Kings, New York, Queens and Richmond

Western New York Field Office  
737 Delaware Ave, Suite 200  
Buffalo, NY 14209  
Phone: (716) 885-4219  
Fax: (716) 885-4096

Counties in region: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates

Appendix B.1: Crosswalk – DOH – Adult

DRAFT

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |   |
|--------------|---|
| CSA Contact: | Karen M. Ambros   |
| Agency:      | Department of Health, Office of Health Insurance Programs, Division of Long Term Care |
| Address:     | Room 1913 Corning Tower   |
| Address 2:   | Empire State Plaza  |
| City:        | Albany  |
| State:       | NY  |
| Zip:         | 12237   |
| E-mail:      | kma08@health.state.ny.us  |
| Phone:       | 518-473-6596  |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                 | Adults                              |
|----------------------------|--------------------------|-------------------------------------|
| Developmental Disabilities | <input type="checkbox"/> | <input type="checkbox"/>            |
| Mental Health              | <input type="checkbox"/> | <input type="checkbox"/>            |
| Physical Disabilities      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aging                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Alzheimer's Disease        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Traumatic Brain Injury     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify)     | <input type="text"/>     |                                     |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment      |
| Assessment Tool 1: Questions | ADL Self-Performance: Eating  |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment      |
| Assessment Tool 2: Questions | Nutritional Intake: Mode of Nutritional Intake                        |
| Assessment Tool 3: Name      | interRAI Community Health Assessment (FS)/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Dental or Oral Issues   |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance: Bathing   |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance: Dressing Upper Body                             |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | ADL Performance: Dressing Lower Body                             |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Domain: Activities of Daily Living

### Topic: Hygiene

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment       |
| Assessment Tool 1: Questions | ADL Self Performance: Personal Hygiene (managing)                      |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Mental State Indicators: Hygiene (poor)                                |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Self-Performance: Toilet Use                                 |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Continence: Bowel Continence                                     |
| Assessment Tool 3: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Continence: Bladder Continence                                   |

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Self-Performance: Walking                                    |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | ADL Self-Performance: Locomotion                                 |
| Assessment Tool 3: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | ADL: Primary Mode of Locomotion/Walking                          |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Communication & Vision: Making Self Understood                   |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Communication & Vision: Ability to Understand Others             |
| Assessment Tool 3: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Communication & Vision: Hearing/Vision                           |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Meal Preparation                    |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Transportation (how)                |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Functional Status: Driving                                       |
| Assessment Tool 3: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Functional Status: Tolerate Transportation                       |

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Managing Medications                                 |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (FS)/UAS-NY Community Assessment             |
| Assessment Tool 2: Questions | Medications: Adherent with Meds prescribed by a physician                         |
| Assessment Tool 3: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment            |
| Assessment Tool 3: Questions | Medications: Stopped taking psychotropics in last 90 days because of side effects |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

Also require the medications code table for a list of medications.

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Intake: Employment Status  |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Intake: Employment arrangements (exclude volunteering)           |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment & FS/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | Health Conditions: Musculoskeletal, Cardiac/Pulmonary, Psychiatric, Infections, Others |
| Assessment Tool 2: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment                       |
| Assessment Tool 2: Questions | Health Conditions: Falls   |
| Assessment Tool 3: Name      | interRAI Community Health Assessment/UAS-NY Community Assessment                       |
| Assessment Tool 3: Questions | Health Conditions: Pain Symptoms & Control   |

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

Also require the diagnoses code table for a list of diagnoses.

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment     |
| Assessment Tool 1: Questions | Cognition: Cognitive Skills for Daily Decision Making                 |
| Assessment Tool 2: Name      | interRAI Community Health Assessment & FS/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Cognition: Memory Recall Ability (short term and procedural)          |
| Assessment Tool 3: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment     |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as compared to 90 Days ago       |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment (FS) /UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Cognition: Periodic Disordered Thinking or Awareness                   |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (FS) /UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Cognition: Acute Change in Mental Status                               |
| Assessment Tool 3: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment      |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as Compared to 90 Days Ago        |

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment                 |
| Assessment Tool 1: Questions | Harm to self/others: Self-Injurious (biting, scratching, head banging, slapping, etc.) |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment                 |
| Assessment Tool 2: Questions | Harm to self/others: Violence  |
| Assessment Tool 3: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment                 |
| Assessment Tool 3: Questions | Harm to self/others: Police Intervention   |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: Physical Abuse                                      |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (MHS)/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Behavior Symptoms: Verbal Abuse  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment    |
| Assessment Tool 1: Questions | Behavior Symptoms: Socially Inappropriate or Disruptive Behavior     |
| Assessment Tool 2: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment    |
| Assessment Tool 2: Questions | Behavior Symptoms: Inappropriate Public Sexual Behavior or Disrobing |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: Resists Care                                   |
| Assessment Tool 2: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Mood & Behavior: Negative Statements                              |
| Assessment Tool 3: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Mood & Behavior: Persistent Anger                                 |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment      |
| Assessment Tool 1: Questions | Behavior Symptoms: Wandering   |
| Assessment Tool 2: Name      | interRAI Community Health Assessment (FS) /UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Mood & Behavior: Recurrent statements- terrible to happen              |
| Assessment Tool 3: Name      | interRAI Community Health Assessment (FS) /UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Mood & Behavior: Anhedonia   |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

Instrumental Activities of Daily Living

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Stairs- how a full flight of stairs is managed.                   |
| Assessment Tool 2: Name      |   |
| Assessment Tool 2: Questions |   |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

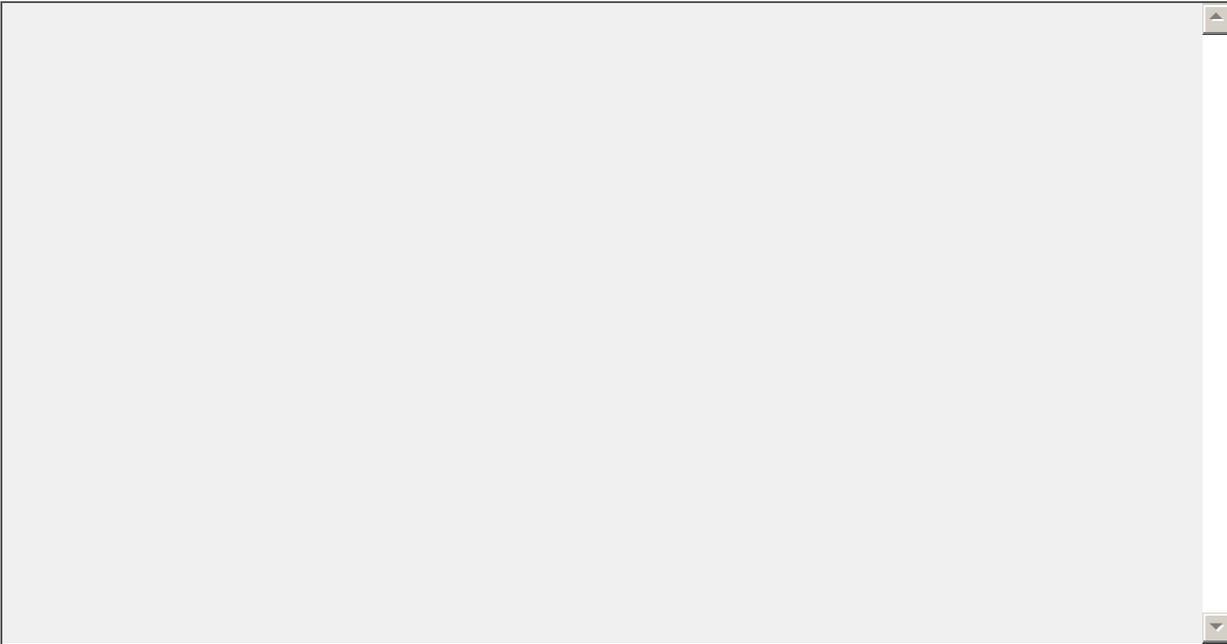
### 112. Comments

The templates include items marked for “eligibility determination” defined as nursing home level of care only, which is a part of programmatic eligibility. Programmatic eligibility determinations defined by statute and regulations involve many more items (and rule out logic) than are included in these domains. To list all these items and logic entails describing the inner workings of the assessment system, which seems outside of the scope and construct of the templates.

While the items in the topic represent the key items for that topic, the assessment instrument contains more items for many of the topics. It would be difficult to say whether the items listed provide a summative view without statistical review. Also, the assessment system produces outcomes such as clinical access protocols, scales and resource utilization groups that require domains, topics and items that are not addressed in the template.

The assessment instruments use empirical language designed to assess needs in a way which can be validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than Q&A; it involves observation, discussion with the individual, family and/or review of documentation. The selection options for many items begin with “independence” (described in terms of strengths) with 6 or more gradations. The outcomes include opportunities for improvement or prevention in addition to the risk of decline and care needs.

### 113. More Comments

A large, empty rectangular text box with a light gray background and a thin black border. It is intended for providing additional comments. The box is currently empty, showing only the background color and the border. There are small upward and downward arrow icons in the top right and bottom right corners, respectively, indicating it is a scrollable area.

## Appendix B.2: Crosswalk –DOH – Children 0-3

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |   |
|--------------|---|
| CSA Contact: | Karen M. Ambros   |
| Agency:      | Department of Health, Office of Health Insurance Programs, Division of Long Term Care |
| Address:     | Room 1913 Corning Tower   |
| Address 2:   | Empire State Plaza  |
| City:        | Albany  |
| State:       | NY  |
| Zip:         | 12237   |
| E-mail:      | kma08@health.state.ny.us  |
| Phone:       | 518-473-6596  |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                            | Adults                   |
|----------------------------|-------------------------------------|--------------------------|
| Developmental Disabilities | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental Health              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Physical Disabilities      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Aging                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alzheimer's Disease        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Traumatic Brain Injury     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other (please specify)     | <input type="text"/>                |                          |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | ADLS Effect: Eating   |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                  |
| Assessment Tool 2: Questions | Oral & Nutritional Status: Mode of Nutritional Intake (last 3 days) |
| Assessment Tool 3: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                  |
| Assessment Tool 3: Questions | Oral & Nutritional Status: Dental                                   |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADLS Effect: Bathing                               |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADLS Effect: Dressing                              |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADLS Effect: Toilet Use                            |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Special bowel/bladder appliance needed             |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment         |
| Assessment Tool 1: Questions | ADLS Effect: Locomotion/mobility inside the home           |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment         |
| Assessment Tool 2: Questions | Wheelchair/cart/mobility device is main mode of locomotion |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADLS Effect: Transfers                             |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment   |
| Assessment Tool 1: Questions | Communication & Vision: Making Self Understood       |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment   |
| Assessment Tool 2: Questions | Communication & Vision: Ability to Understand Others |
| Assessment Tool 3: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment   |
| Assessment Tool 3: Questions | Communication & Vision: Hearing/Vision               |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | <input type="text" value="interRAI Pediatric 0-3/UAS-NY Community Assessment"/> |
| Assessment Tool 1: Questions | <input type="text" value="Functional Status: Transportation (tolerate)"/>       |
| Assessment Tool 2: Name      | <input type="text" value="interRAI Pediatric 0-3/UAS-NY Community Assessment"/> |
| Assessment Tool 2: Questions | <input type="text" value="IADLS Effect: Escort to health care appointments"/>   |
| Assessment Tool 3: Name      | <input type="text"/>  |
| Assessment Tool 3: Questions | <input type="text"/>  |

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | IADLS Effect: Ordinary Housework                   |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment  |
| Assessment Tool 1: Questions | IADLS Effect: Managing Medications  |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment  |
| Assessment Tool 2: Questions | Med & Allergies: Infant/toddler requires either prescription or over the counter medication |
| Assessment Tool 3: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment  |
| Assessment Tool 3: Questions | Med & Allergies: Parent/Caregiver Adherent with Medications Prescribed by Physician         |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

Also require the medications code table for a list of medications.

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                                   |
| Assessment Tool 1: Questions | Cognition: Concerns About Development (voiced by caregivers or health professionals) |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

Topic is not used. Cannot be assessed in 0-3 age group.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

Topic is not used. Cannot be assessed in the 0-3 age group.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: injury to self                  |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: Disruptive behavior             |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

Topic is not used. Cannot be assessed in the 0-3 age group.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                 |
| Assessment Tool 1: Questions | Behavior Symptoms: Resists Care                                    |
| Assessment Tool 2: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                 |
| Assessment Tool 2: Questions | Mood & Behavior: Persistent anger/irritability with self or others |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 0-3/UAS-NY Community Assessment                       |
| Assessment Tool 1: Questions | Behavior Symptoms: Repetitive behavior interferes with normal activities |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

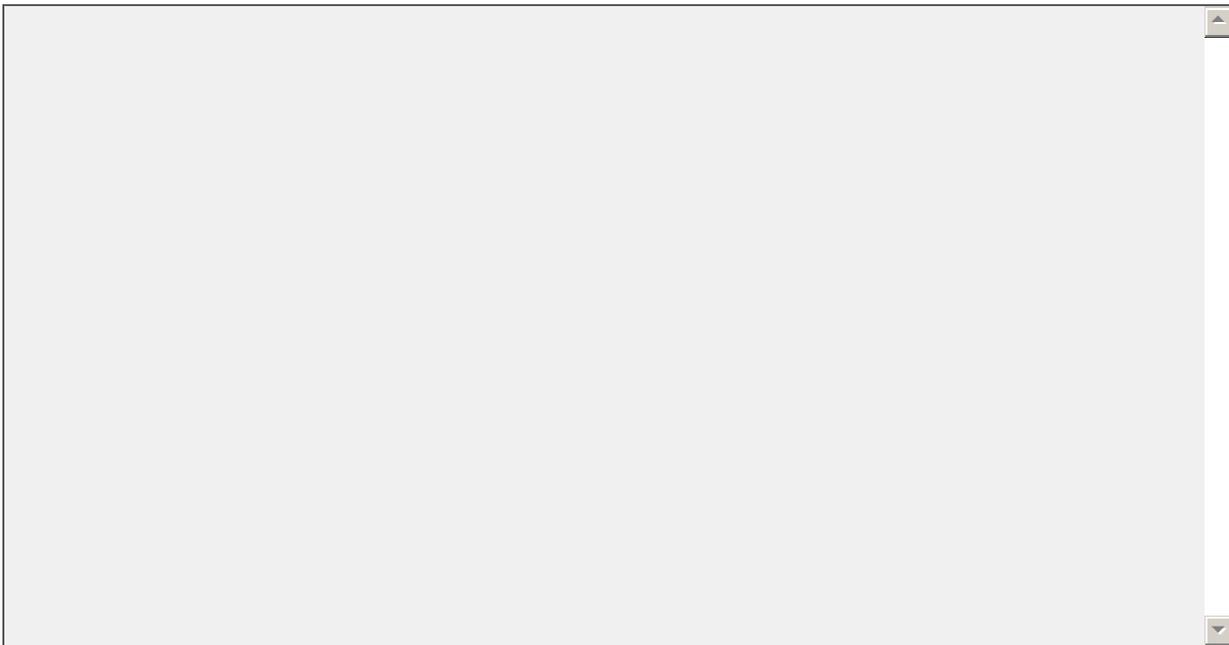
### 112. Comments

The templates include items marked for “eligibility determination” defined as nursing home level of care only, which is a part of programmatic eligibility. Programmatic eligibility determinations defined by statute and regulations involve many more items (and rule out logic) than are included in these domains. To list all these items and logic entails describing the inner workings of the assessment system, which seems outside of the scope and construct of the templates.

While the items in the topic represent the key items for that topic, the assessment instrument contains more items for many of the topics. It would be difficult to say whether the items listed provide a summative view without a statistical review. Also, the assessment system produces outcomes such as clinical access protocols, scales and resource utilization groups that require domains, topics and items that are not addressed in the template.

The assessment instruments use empirical language designed to assess needs in a way which can be validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than Q&A; it involves observation, discussion with the individual, family and/or review of documentation. The selection options for many items begin with “independence” (described in terms of strengths) with 6 or more gradations. The outcomes include opportunities for improvement or prevention in addition to the risk of decline and care needs.

### 113. More Comments

A large, empty rectangular text box with a light gray background and a thin black border. It is positioned below the previous comment and is intended for additional input. A vertical scrollbar is visible on the right side of the box.

## Appendix B.3: Crosswalk –DOH – Children 4-7

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |   |
|--------------|---|
| CSA Contact: | Karen M. Ambros   |
| Agency:      | Department of Health, Office of Health Insurance Programs, Division of Long Term Care |
| Address:     | Room 1913 Corning Tower   |
| Address 2:   | Empire State Plaza  |
| City:        | Albany  |
| State:       | NY  |
| Zip:         | 12237   |
| E-mail:      | kma08@health.state.ny.us  |
| Phone:       | 518-473-6596  |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                            | Adults                   |
|----------------------------|-------------------------------------|--------------------------|
| Developmental Disabilities | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental Health              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Physical Disabilities      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Aging                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alzheimer's Disease        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Traumatic Brain Injury     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other (please specify)     | <input type="text"/>                |                          |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                 |
| Assessment Tool 1: Questions | ADL Performance & Effect: Eating                                    |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                 |
| Assessment Tool 2: Questions | Oral & Nutritional Status: Mode of Nutritional Intake (last 3 days) |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                 |
| Assessment Tool 3: Questions | Oral & Nutritional Status: Dental or Oral                           |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Domain: Activities of Daily Living

### Topic: Dressing

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance & Effect: Dressing Upper Body       |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | ADL Performance & Effect: Dressing Lower Body       |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance & Effect: Toilet Use                |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Continence: Bowel Continence                        |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Continence: Bladder Continence                      |

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment          |
| Assessment Tool 1: Questions | ADL Performance & Effect: Walking                            |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment          |
| Assessment Tool 2: Questions | ADL Performance & Effect: Locomotion                         |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment          |
| Assessment Tool 3: Questions | ADL Performance & Effect: Primary Mode of Locomotion Indoors |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance & Effect: Bed Mobility              |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | ADL Performance & Effect: Positioning               |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | ADL Performance & Effect: Transfer Toilet           |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | ADL Performance & Effect: Transfers                 |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment  |
| Assessment Tool 1: Questions | Communication & Vision: Making Self Understood       |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment  |
| Assessment Tool 2: Questions | Communication & Vision: Ability to Understand Others |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment  |
| Assessment Tool 3: Questions | Communication & Vision: Hearing/Vision               |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | IADLS Performance & Effect: Meal Preparation        |
| Assessment Tool 2: Name      |   |
| Assessment Tool 2: Questions |   |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment            |
| Assessment Tool 1: Questions | IADLS Performance & Effect: Transportation (how)               |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment            |
| Assessment Tool 2: Questions | Functional Status: Transportation (tolerate)                   |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment            |
| Assessment Tool 3: Questions | IADLS Performance & Effect: Escort to health care appointments |

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment            |
| Assessment Tool 1: Questions | IADLS Performance & Effect: Managing Medications               |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment            |
| Assessment Tool 2: Questions | Medications: Adherent with Medications prescribed by physician |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

Also require the medications code table for a list of medications.

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | Cognition: Cognitive Skills for Daily Decision Making                |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 2: Questions | Cognition: Memory/Recall Ability (short-term/procedural/situational) |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as compared to 90 Days ago      |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 1: Questions | Cognition: Periodic Disordered Thinking or Awareness                          |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 2: Questions | Cognition: Acute Change in Mental Status from Child/Youth's Usual Functioning |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as Compared to 90 Days Ago               |

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | Cognition: Memory/Recall Ability (short-term/procedural/situational) |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 1: Questions | Mood & Behavior: Self-injurious Ideation or Attempt                           |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 2: Questions | Mood & Behavior: Intent of Any Self-injurious Attempt was to kill him/herself |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                           |
| Assessment Tool 3: Questions | Behavior Symptoms: Injury to self   |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: Physical Abuse                   |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Behavior Symptoms: Verbal Abuse                     |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Behavior Symptoms: Bullying/menacing behavior       |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 1: Questions | Behavior Symptoms: Socially Inappropriate or Disruptive Behavior     |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                  |
| Assessment Tool 2: Questions | Behavior Symptoms: Inappropriate Public Sexual Behavior or Disrobing |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Behavior Symptoms: Resists Care                     |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 2: Questions | Behavior Symptoms: Outburst of anger                |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 3: Questions | Mood & Behavior: Made negative statements           |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                         |
| Assessment Tool 1: Questions | Behavior Symptoms: Wandering  |
| Assessment Tool 2: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                         |
| Assessment Tool 2: Questions | Mood & Behavior: Repetitive behavior that interferes with normal activities |
| Assessment Tool 3: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment                         |
| Assessment Tool 3: Questions | Mood & Behavior: Elopement  |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

Instrumental Activities of Daily Living

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Pediatric 4-17/UAS-NY Community Assessment |
| Assessment Tool 1: Questions | Stairs- how a full flight of stairs is managed.     |
| Assessment Tool 2: Name      |   |
| Assessment Tool 2: Questions |   |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

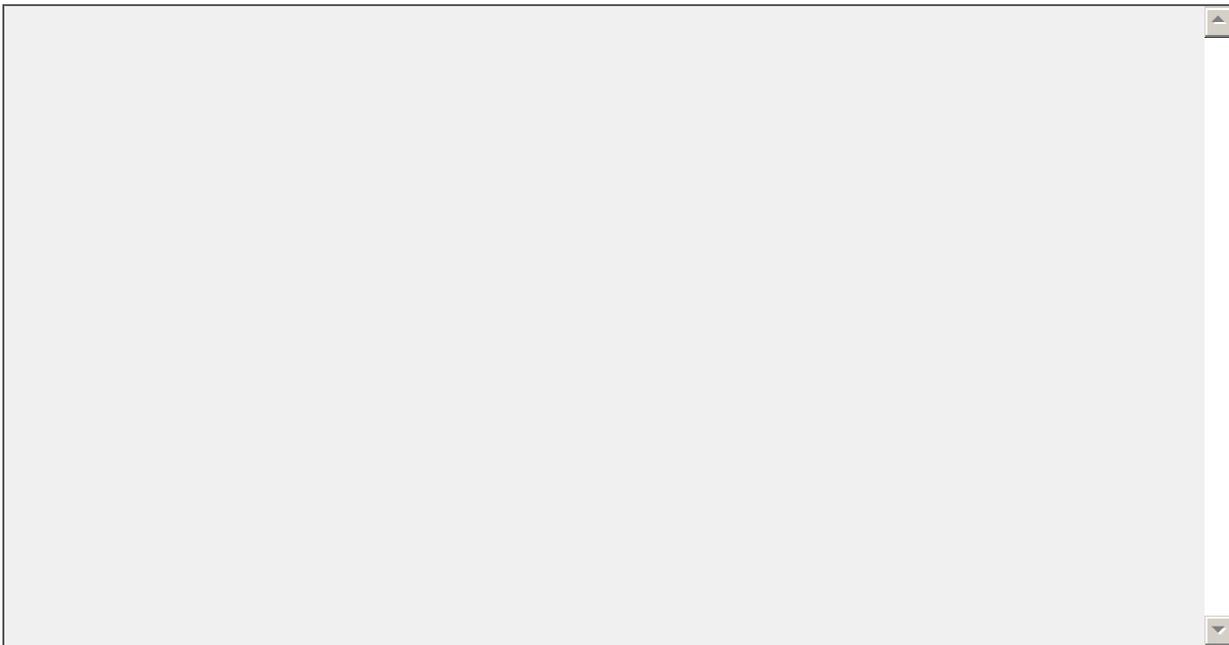
### 112. Comments

The templates include items marked for “eligibility determination” defined as nursing home level of care only, which is a part of programmatic eligibility. Programmatic eligibility determinations defined by statute and regulations involve many more items (and rule out logic) than are included in these domains. To list all these items and logic entails describing the inner workings of the assessment system, which seems outside of the scope and construct of the templates.

While the items in the topic represent the key items for that topic, the assessment instrument contains more items for many of the topics. It would be difficult to say whether the items listed provide a summative view without statistical studies. Also, the assessment system produces outcomes such as clinical access protocols, scales and resource utilization groups that require domains, topics and items that are not addressed in the template.

The assessment instruments use empirical language designed to assess needs in a way which can be validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than Q&A; it involves observation, discussion with the individual, family and/or review of documentation. The selection options for many items begin with “independence” (described in terms of strengths) with 6 or more gradations. The outcomes include opportunities for improvement or prevention in addition to the risk of decline and care needs.

### 113. More Comments

A large, empty rectangular text box with a light gray background and a thin black border. It is positioned below the previous comment and is currently blank, intended for additional input.

## Balancing Incentive Program - Core Dataset Crosswalk

### 1. Please provide the following information:

|              |                      |
|--------------|----------------------|
| CSA Contact: | <input type="text"/> |
| Agency:      | <input type="text"/> |
| Address:     | <input type="text"/> |
| Address 2:   | <input type="text"/> |
| City:        | <input type="text"/> |
| State:       | <input type="text"/> |
| Zip:         | <input type="text"/> |
| E-mail:      | <input type="text"/> |
| Phone:       | <input type="text"/> |

### 2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                 | Adults                   |
|----------------------------|--------------------------|--------------------------|
| Developmental Disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health              | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Disabilities      | <input type="checkbox"/> | <input type="checkbox"/> |
| Aging                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Alzheimer's Disease        | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic Brain Injury     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify)     | <input type="text"/>     |                          |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

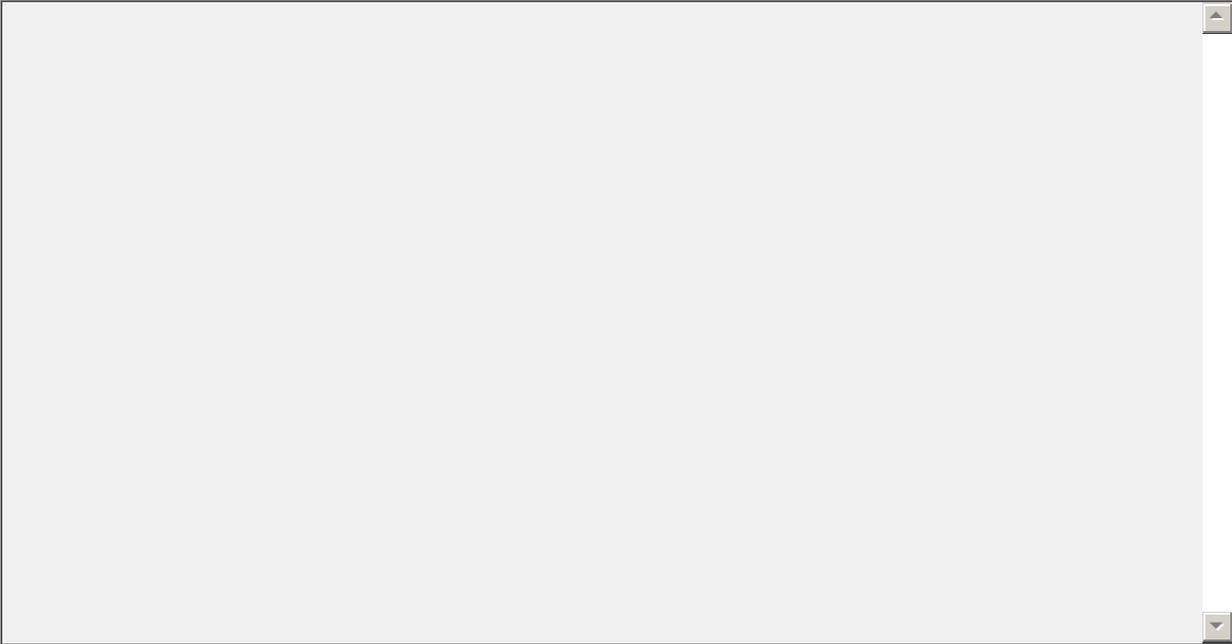
|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

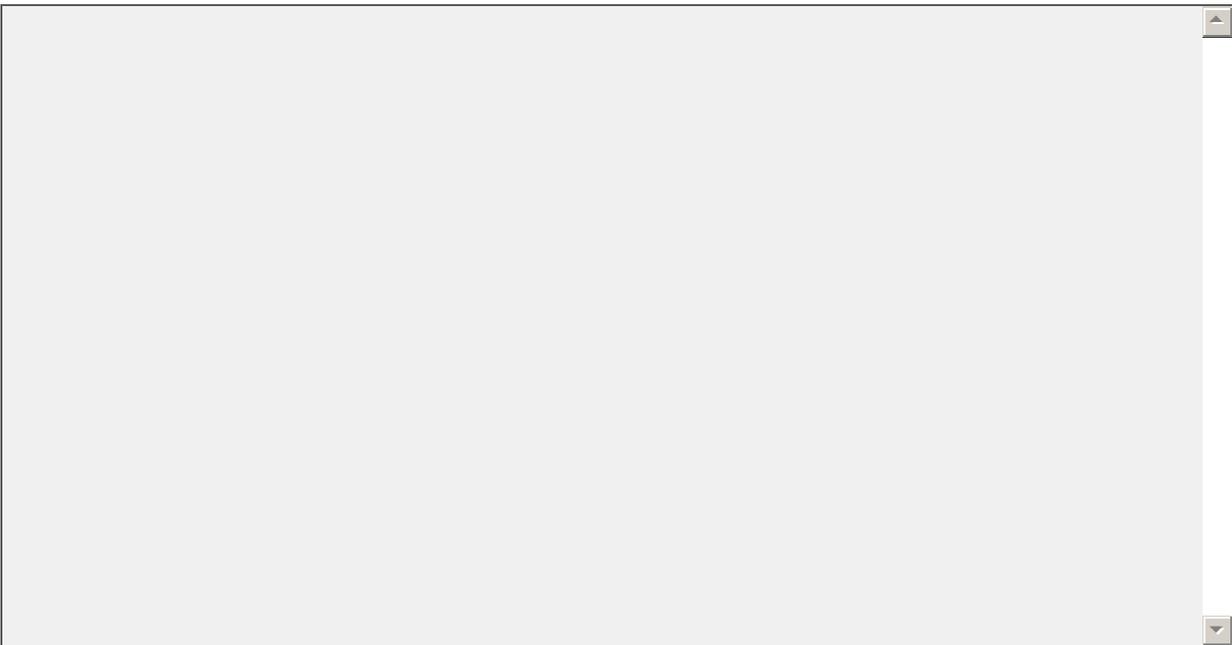
## Comments

**Please use this page to provide any additional information.**

112. *Comments*

A large, empty rectangular text area with a light gray background and a thin black border. It is intended for providing additional information for comment 112. A vertical scrollbar is visible on the right side of the text area.

113. *More Comments*

A large, empty rectangular text area with a light gray background and a thin black border. It is intended for providing additional information for comment 113. A vertical scrollbar is visible on the right side of the text area.

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |  |
|--------------|--|
| CSA Contact: | Diane Woodward   |
| Agency:      | New York State Office For People With Developmental Disabilities |
| Address:     | 44 Holland Avenue, 4th Floor                                     |
| Address 2:   |  |
| City:        | Albany   |
| State:       | NY   |
| Zip:         | 12229  |
| E-mail:      | diane.j.woodward@opwdd.ny.gov                                    |
| Phone:       | 518-486-4260   |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                            | Adults                              |
|----------------------------|-------------------------------------|-------------------------------------|
| Developmental Disabilities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental Health              | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Physical Disabilities      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Aging                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Alzheimer's Disease        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Traumatic Brain Injury     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other (please specify)     | <input type="text"/>                |                                     |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Eating                               |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Oral and Nutritional Status: Mode of Nutritional Intake                  |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Oral and Nutritional Status: Dental or Oral Issues                       |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

See #122. Overall comments

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

See #112. Overall Comments regarding summative view.  
See #112. Overall Comments regarding supports-based, not deficit based language.

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Bathing                              |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Dressing Upper Body                  |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Self-Care Skills (ADL) Performance: Dressing Lower Body                  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Personal Hygiene (managing)          |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Mood and Behavior: Hygiene (poor)  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

Topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Toilet Use                           |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Health Conditions: Bowel Continence                                      |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Health Conditions: Bladder Continence                                    |

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Self-Care Skills (ADL) Performance: Walking                              |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Self-Care Skills (ADL) Performance: Locomotion                           |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Self-Care Skills (ADL) Performance: Primary Mode of Locomotion/Walking   |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Communication & Vision: Making Self Understood                           |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Communication & Vision: Ability to Understand Others                     |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Communication & Vision: Communication Modes Used Daily                   |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Ordinary Housework                          |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Managing Finances                           |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | IADL Performance & Capacity: Managing Medications                        |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | IADL Performance & Capacity: Self-administering medications              |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Medications: Adherent with medications prescribed by physician           |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

Also require the medications code table for a list of medications.

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 1: Questions | Community and Social Involvement: Employment Status                              |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 2: Questions | Community and Social Involvement: Employment arrangements (exclude volunteering) |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 3: Questions | Community and Social Involvement: Person Prefers Change- Paid Employment         |

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 1: Questions | Disease Diagnosis: Asthma, Diabetes, Cancer, Cardiac, TBI, Mental Health, Other. |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 2: Questions | Health Conditions: Falls   |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System         |
| Assessment Tool 3: Questions | Health Conditions: Pain Symptoms & Control                                       |

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System    |
| Assessment Tool 1: Questions | Cognition: Cognitive Skills for Daily Decision Making                       |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System    |
| Assessment Tool 2: Questions | Cognition: Memory Recall Ability (short term, procedural, and situational.) |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System    |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as compared to 90 Days ago             |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Cognition: Periodic Disordered Thinking or Awareness                     |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Cognition: Acute Change in Mental Status                                 |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 3: Questions | Cognition: Change in Decision Making as Compared to 90 Days Ago          |

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System             |
| Assessment Tool 1: Questions | Mood and Behavior: Self-Injurious (biting, scratching, head banging, slapping, etc.) |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System             |
| Assessment Tool 2: Questions | Mood and Behavior: Violence (intimidation, threatened violence, acts of violence)    |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System             |
| Assessment Tool 3: Questions | Forensic Supplement: Intake and Prior Criminal History, Harm to Self or Others       |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Mood and Behavior: Physical Abuse/Aggression                             |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Mood and Behavior: Verbal Abuse  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Mood and Behavior: Socially Inappropriate or Disruptive Behavior         |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Mood and Behavior: Inappropriate Public Sexual Behavior or Disrobing     |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 1: Questions | Mood and Behavior.: Resists Care   |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System |
| Assessment Tool 2: Questions | Mood and Behavior: Negative Statements                                   |
| Assessment Tool 3: Name      | interRAI Community Health Assessment /UAS-NY Community Assessment        |
| Assessment Tool 3: Questions | Mood and Behavior: Persistent Anger with Self or Others                  |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System  |
| Assessment Tool 1: Questions | Mood and Behavior: Wandering/Elopement                                    |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System  |
| Assessment Tool 2: Questions | Mood & Behavior: Recurrent statements- Something terrible about to happen |
| Assessment Tool 3: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System  |
| Assessment Tool 3: Questions | Mood & Behavior: Pica/Rumination/Polydipsia                               |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

Instrumental Activities of Daily Living

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System      |
| Assessment Tool 1: Questions | IADLs Performance & Capacity: Stairs- how a full flight of stairs is managed. |
| Assessment Tool 2: Name      | interRAI Intellectual Disability Tool/CAS- Coordinated Assessment System      |
| Assessment Tool 2: Questions | IADLs Performance & Capacity: Basic Safety Procedures                         |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

This topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

### 112. Comments

Eligibility determination is completed for an individual suspected of having a developmental disability in accordance with New York State Mental Hygiene Law Section 1.03(22) and OPWDD policy prior to the administration of the assessment. Therefore, no items on the assessment tool are used for developmental disability eligibility determination.

While the items in the topic represent the key items for that topic, the assessment instrument contains more items for many of the topics. It would be difficult to say whether the items listed provide a summative view without a statistical review. Also, the assessment system produces outcomes such as individualized goals, desire for change, scales and additional care planning considerations that require domains, topics and items that are not addressed in the template.

The assessment instruments use empirical language designed to assess needs in a way which can be validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than Q&A; it involves observation, discussion with the individual, family and/or review of documentation. The selection options for many items begin with "independence" (described in terms of strengths) with 6 or more gradations. The outcomes include opportunities for improvement or prevention in addition to the risk of decline and care needs.

### 113. More Comments

## Appendix B.5: Crosswalk –OMH – CANS-NY

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |                                 |
|--------------|---------------------------------|
| CSA Contact: | Angela Keller                   |
| Agency:      | NYS Office of Mental Health     |
| Address:     | Division of Children & Families |
| Address 2:   | 44 Holland Avenue, 8th Fl       |
| City:        | Albany                          |
| State:       | NY                              |
| Zip:         | 12229                           |
| E-mail:      | Angela.Keller@omh.ny.gov        |
| Phone:       | (518) 473-6903                  |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                            | Adults                   |
|----------------------------|-------------------------------------|--------------------------|
| Developmental Disabilities | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental Health              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical Disabilities      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Aging                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alzheimer's Disease        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Traumatic Brain Injury     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other (please specify)     | <input type="text"/>                |                          |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                               |
|------------------------------|-------------------------------|
| Assessment Tool 1: Name      | CANS-NY                       |
| Assessment Tool 1: Questions | Self-Care Daily Living Skills |
| Assessment Tool 2: Name      |                               |
| Assessment Tool 2: Questions |                               |
| Assessment Tool 3: Name      |                               |
| Assessment Tool 3: Questions |                               |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                                       |
|------------------------------|---------------------------------------|
| Assessment Tool 1: Name      | CANS-NY                               |
| Assessment Tool 1: Questions | Motor, Medical-Impairment functioning |
| Assessment Tool 2: Name      |                                       |
| Assessment Tool 2: Questions |                                       |
| Assessment Tool 3: Name      |                                       |
| Assessment Tool 3: Questions |                                       |

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |         |
|------------------------------|---------|
| Assessment Tool 1: Name      | CANS-NY |
| Assessment Tool 1: Questions | Motor   |
| Assessment Tool 2: Name      |         |
| Assessment Tool 2: Questions |         |
| Assessment Tool 3: Name      |         |
| Assessment Tool 3: Questions |         |

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |         |
|------------------------------|---------|
| Assessment Tool 1: Name      | CANS-NY |
| Assessment Tool 1: Questions | Motor   |
| Assessment Tool 2: Name      |         |
| Assessment Tool 2: Questions |         |
| Assessment Tool 3: Name      |         |
| Assessment Tool 3: Questions |         |

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | CANS-NY                                  |
| Assessment Tool 1: Questions | Primary Caregiver, Family, Communication |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

Since this domain is not required for children, no changes or additions to the CANS would be applicable.

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input checked="" type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input checked="" type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | CANS-NY              |
| Assessment Tool 1: Questions | Developmental Domain |
| Assessment Tool 2: Name      |                      |
| Assessment Tool 2: Questions |                      |
| Assessment Tool 3: Name      |                      |
| Assessment Tool 3: Questions |                      |

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | CANS-NY  |
| Assessment Tool 1: Questions | Life Functioning Domain, Developmental Domain, |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                       |
|------------------------------|-----------------------|
| Assessment Tool 1: Name      | CANS-NY               |
| Assessment Tool 1: Questions | Risk Behaviors Domain |
| Assessment Tool 2: Name      |                       |
| Assessment Tool 2: Questions |                       |
| Assessment Tool 3: Name      |                       |
| Assessment Tool 3: Questions |                       |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                       |
|------------------------------|-----------------------|
| Assessment Tool 1: Name      | CANS-NY               |
| Assessment Tool 1: Questions | Risk Behaviors Domain |
| Assessment Tool 2: Name      |                       |
| Assessment Tool 2: Questions |                       |
| Assessment Tool 3: Name      |                       |
| Assessment Tool 3: Questions |                       |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                         |
|------------------------------|-------------------------|
| Assessment Tool 1: Name      | CANS-NY                 |
| Assessment Tool 1: Questions | Intentional Misbehavior |
| Assessment Tool 2: Name      |                         |
| Assessment Tool 2: Questions |                         |
| Assessment Tool 3: Name      |                         |
| Assessment Tool 3: Questions |                         |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | CANS-NY  |
| Assessment Tool 1: Questions | Risk Behaviors Domain, Adjustment to Trauma Domain |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                      |
|------------------------------|----------------------|
| Assessment Tool 1: Name      | <input type="text"/> |
| Assessment Tool 1: Questions | <input type="text"/> |
| Assessment Tool 2: Name      | <input type="text"/> |
| Assessment Tool 2: Questions | <input type="text"/> |
| Assessment Tool 3: Name      | <input type="text"/> |
| Assessment Tool 3: Questions | <input type="text"/> |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs | Informing support planning |
|--------------------|---------------------------|---------------------------------|----------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>   |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

### 112. Comments

Eligibility determination - Programmatic eligibility determinations are defined by regulations and guidelines and involve many more items than are included in this list of BIP domains. The CANS-NY, as a validated instrument, in its totality along with supporting documentation collected at time of referral/assessment determines eligibility for the HCBS Waiver. A CANS-NY algorithm guides the "scoring" of the assessment to determine eligibility and level of care determination, in addition to commencing of the service plan development. To list all of the items and logic of the CANS-NY system is outside the scope and construct of this Crosswalk template.

Summative View - While the questions in the topic represent the key items for that topic, the CANS-NY contains more items for many of the topics. It would be difficult to say whether the subset of items listed provide a summative view without a statistical review. Also, the CANS-NY assessment produces outcomes that are not addressed in the template.

Supports-based Language - The CANS-NY uses empirical language designed to assess needs and strengths that has been validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than just questions/answers; it involves observation, discussion with the individual, family and other providers, and review of documentation. The selection options within each domain/topic have four gradations.

### 113. More Comments

Throughout NYS, the CANS-NY is used as an assessment/planning tool for the HCBS Waiver program in all but one county (i.e., Erie). Erie County utilizes the CAFAS which is a validated tool that has similar domains as the CANS-NY. By the anticipated end of the BIP project specific to HCBS Waiver, all counties will be required to transition to the CANS-NY and utilize an identical process to comply with all BIP requirements.

## Appendix B.6: Crosswalk –OMH - CDS

## Balancing Incentive Program - Core Dataset Crosswalk

1. Please provide the following information:

|              |                             |
|--------------|-----------------------------|
| CSA Contact: | Jim Gratton; Angela Keller, |
| Agency:      | NYS Office of Mental Health |
| Address:     | 44 Holland Ave              |
| Address 2:   |                             |
| City:        | Albany                      |
| State:       | NY                          |
| Zip:         | 12229                       |
| E-mail:      | james.gratton@omh.ny.gov    |
| Phone:       | 518-473-1066                |

2. Pick a Population - Select the population(s) for which THIS Core Dataset Crosswalk applies.

*\*Please Note: The Core Dataset (CDS) must be collected for the following populations: developmental disability, mental health, aging, and physical disability (across age groups). Other populations (e.g., Alzheimer's, TBI) are optional.*

*If you currently use (or intend to use) a single instrument to assess multiple populations, you should complete this crosswalk once for all of those populations (e.g., aging and physical disability). In other words, you should complete one instance of this crosswalk for every population or combination of populations that you assess (or plan to assess) using the same set of questions.*

|                            | Children                 | Adults                              |
|----------------------------|--------------------------|-------------------------------------|
| Developmental Disabilities | <input type="checkbox"/> | <input type="checkbox"/>            |
| Mental Health              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Physical Disabilities      | <input type="checkbox"/> | <input type="checkbox"/>            |
| Aging                      | <input type="checkbox"/> | <input type="checkbox"/>            |
| Alzheimer's Disease        | <input type="checkbox"/> | <input type="checkbox"/>            |
| Traumatic Brain Injury     | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other (please specify)     | <input type="text"/>     |                                     |

**Domain: Activities of Daily Living**

**Topic: Eating**

3. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 1: Questions | ADL Self-Performance: Eating           |
| Assessment Tool 2: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 2: Questions | Nutritional Status                     |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

4. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

5. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

6. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Bathing**

7. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 1: Questions | ADL Self-Performance-Personal Hygiene  |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

8. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

9. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

10. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Dressing**

11. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |   |
|------------------------------|---|
| Assessment Tool 1: Name      | interRAI Community Health Assessment (CHA)                    |
| Assessment Tool 1: Questions | ADL Self-Performance-Dressing Upper Body; Dressing Lower body |
| Assessment Tool 2: Name      |   |
| Assessment Tool 2: Questions |   |
| Assessment Tool 3: Name      |   |
| Assessment Tool 3: Questions |   |

12. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

13. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

14. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Hygiene**

15. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                                       |
|------------------------------|---------------------------------------|
| Assessment Tool 1: Name      | interRAI Community Mental Health      |
| Assessment Tool 1: Questions | DL Self-Performance: Personal Hygiene |
| Assessment Tool 2: Name      |                                       |
| Assessment Tool 2: Questions |                                       |
| Assessment Tool 3: Name      |                                       |
| Assessment Tool 3: Questions |                                       |

16. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

17. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

18. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Toileting**

19. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

20. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

21. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

22. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Mobility**

23. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

24. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

25. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

26. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Positioning**

27. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Health Assessment (CHA) |
| Assessment Tool 1: Questions | ADL Self-Performance-Bed mobility          |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

28. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

29. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

30. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Transferring**

31. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |                                       |
|------------------------------|---------------------------------------|
| Assessment Tool 1: Name      | interRAI Community Mental Health      |
| Assessment Tool 1: Questions | ADL Self-Performance: Transfer Toilet |
| Assessment Tool 2: Name      |                                       |
| Assessment Tool 2: Questions |                                       |
| Assessment Tool 3: Name      |                                       |
| Assessment Tool 3: Questions |                                       |

32. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

33. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

34. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Activities of Daily Living**

**Topic: Communicating**

35. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 1: Questions | Making Self Understood                 |
| Assessment Tool 2: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 2: Questions | Ability to Understand Others           |
| Assessment Tool 3: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 3: Questions | Hearing/Vision                         |

36. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #3 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Note here if this topic is not used for eligibility determination.

37. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

38. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Preparing Meals**

39. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

40. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

41. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

42. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Shopping**

43. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

44. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

45. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

46. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Transportation**

47. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

48. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

49. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

50. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Housework**

51. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

52. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

53. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

54. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Money**

55. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

56. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

57. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

58. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Telephone Use**

59. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

60. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

61. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

62. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Managing Medications**

63. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

64. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

65. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

66. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Instrumental Activities of Daily Living (not required for children)**

**Topic: Employment**

67. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

68. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

69. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

70. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Medical Conditions/Diagnoses**

71. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

72. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

73. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

74. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Cognitive Function**

75. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

76. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

77. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

78. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Judgment/Decision-Making**

79. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

80. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

81. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

82. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Cognitive Function & Memory/Learning**

**Topic: Memory/Learning**

83. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

84. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

85. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

86. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Injurious Behavior**

87. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH)                 |
| Assessment Tool 1: Questions | Self-Injurious Ideation or Attempt; Violence to others |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

88. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

89. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

90. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Destructive Behavior**

91. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH)   |
| Assessment Tool 1: Questions | Behavior Symptoms: Physical Abuse; Verbal Abuse; Socially inappropriate/disruptive |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

92. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

93. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

94. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Socially Offensive Behaviors**

95. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

Assessment Tool 1: Name

Assessment Tool 1: Questions

Assessment Tool 2: Name

Assessment Tool 2: Questions

Assessment Tool 3: Name

Assessment Tool 3: Questions

96. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

97. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

98. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Uncooperative Behavior**

99. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 1: Questions | Behavior Symptoms: Resists Care        |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

100. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

101. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

102. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

**Domain: Behavior Concerns**

**Topic: Other Serious Behavior**

103. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH)   |
| Assessment Tool 1: Questions | Behavior Symptoms: Wandering; Persistent anger with self/others; Substance Use |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

104. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination           | Identification of support needs     | Informing support planning          |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

105. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

106. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Additional Topics (optional)

107. Topic:

Mental Status

108. Identify the assessment tool(s), and the questions from each tool that you propose to use to assess this topic.

|                              |  |
|------------------------------|--|
| Assessment Tool 1: Name      | interRAI Community Mental Health (CMH) |
| Assessment Tool 1: Questions | Mental Status                          |
| Assessment Tool 2: Name      |  |
| Assessment Tool 2: Questions |  |
| Assessment Tool 3: Name      |  |
| Assessment Tool 3: Questions |  |

109. Which Balancing Incentive Program purposes do these questions address?

|                    | Eligibility determination | Identification of support needs     | Informing support planning          |
|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| Assessment Tool #1 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment Tool #2 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assessment Tool #3 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note here if this topic is not used for eligibility determination.

110. Do these questions meet the Balancing Incentive Program CSA requirements?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The questions are adequate to assess the topic for this population across all portions of the state  | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions meet at least 2 of the 3 CSA purposes (i.e., to determine eligibility, identify support needs, and/or inform support planning) | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these requirements?

111. Do these questions meet the Balancing Incentive Program CSA recommendations?

|  | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| The question set provides a summative view of the individual's support needs for this topic. | <input checked="" type="radio"/> | <input type="radio"/> |
| The questions use supports-based, not deficits-based language                                | <input checked="" type="radio"/> | <input type="radio"/> |

What further actions are needed, if any, to meet these recommendations? (e.g., involve stakeholders to review tools, identify new questions)

## Comments

**Please use this page to provide any additional information.**

### 112. Comments

The interRAI Community Mental Health tool also assesses for Stress and Trauma, Service Utilization and Treatments, Social Relations, provides an Environmental assessment, and considers level of care/community intergration opportunities.

Programmatic eligibility determinations defined by statute and regulations involve more items than are included in these domains.

While the items in the topic represent the key items for that topic, the assessment instrument contains more items for many of the topics. It would be difficult to say whether the items listed provide a summative view without a statistical review. Also, the assessment system will produce outcomes such as individualized goals, desire for change, scales and additional care planning considerations that require domains, topics and items that are not addressed in the template.

The assessment instruments use empirical language designed to assess needs in a way which can be validated. The items themselves include those which address strengths such as informal supports and individual goals, for example. The assessment process involves more than Q&A; it involves observation, discussion with the individual, family and/or review of documentation. The selection options for many items begin with "independence" (described in terms of strengths) with 6 or more gradations. The outcomes include opportunities for improvement or prevention in addition to the risk of decline and care needs.

### 113. More Comments

## Appendix C.1: Conflict Free Case Management

### Balancing Incentive Program: Conflict-Free Case Management

With the Work Plan, Balancing Incentive Program States are required to submit a description of areas of possible conflict in case management and systems the State currently has in place to mitigate those conflicts. States may fill out this form to fulfill this deliverable requirement.

1. For each Waiver/State Plan Program (column A), indicate which entity(ies) provides each service by filling out the below table. You may add rows to the table.

| A. Waiver/State Plan Program                        | B. Entity that conducts functional assessments                                   | C. Entity that provides case management  | D. Service provider types   | E. Comments   |
|---|--|--|---|---|
| <b><u>DOH:</u></b>                                  |  |  |   |   |
| Managed Long Term Care (MLTC)                       | MLTC Plans and MLTC contracted vendors   | MLTC Plans                               | CHHAs, LTHHCPs, Licensed Home Care Services Agencies (LHCSAs) and others.   |   |
| Long Term Home Health Care Program (LTHHCP)         | RN from the LTHHCP and representative from the LDSS; Hospital Discharge Planner, | LTHHCP                                   | CHHA, Nursing Home, or Hospital with NYS DOH certification to provide a LTHHCP.   |   |
| Traumatic Brain Injury (TBI) Waiver                 | RN; RRDC representative  | NYS DOH contracted vendors               | Approved Waiver Providers include LHCSAs, RNs, Certified Rehabilitation Counselors, Physical/Occupational Therapists, Master Social Workers (MSWs) and Masters in Counseling. |   |
| Nursing Home Transition and Diversion (NHTD) Waiver | Registered Nurse (RN); residential health care facility (RHCF)                   | Waiver provider for service coordination | Service providers vary, depending on the service delivered, e.g., Assistive Technology, E-Mods and Home Delivered Meals.  | Assessment infrastructure is identical to the TBI waiver. |
| Care at Home Waivers                                | LDSS, NYC HRA, Care at Home (CAH) Coordinator,                                   | NYS DOH Contracted                       | LTHHCP, CASA, LDSS,   |   |

| A. Waiver/State Plan Program                     | B. Entity that conducts functional assessments   | C. Entity that provides case management  | D. Service provider types   | E. Comments                                   |
|--|--|--|---|---|
| I & II   | Assessing Agency, Case Managers.   | service coordination entity.   | Developmental Disabilities Services Office (DDSO), Approved Professional Case Management Agencies, Parent or Guardian, RNs.                           |   |
| Assisted Living Program (ALP)                    | ALP conducts initial and functional assessment or contracts with CHHA for functional Assessment.   | ALP/LDSS   | The ALP, a Certified Home Health Agency (CHHA) or LTHHCP.   |   |
| Adult Day Health Care Program (ADHCP)            | Physician recommendation needed for admission; ADHCP staff (nurse and/or social worker) conducts pre-admission assessment with reassessments required at least every 6 months. | ADHCP staff; waiver staff  | Primarily Nursing Homes operate ADHCPs, but a diagnostic and treatment center may also operate an ADHCP.  |   |
| Personal Care Services Program(PCSP)             | LDSS once Physician orders are received; nursing and social assessment is completed  | Local Department of Social Services.   | CHHA; LHCSA.  |   |
| Directed Personal Assistance Program (CDPAP)     | LDSS   | LDSS   | CHHA; LHCSA (fiscal intermediary)   | Consumer hires and manages his own attendant. |
| <b><u>OPWDD:</u></b>                             |  |  |   |   |
| OPWDD (all programs serving children and adults) | Providers of Service   | The DISCO is ultimately responsible for case management. The DISCO may contract out for certain case management functions. <u>Note:</u> if a DISCO chooses to contract with an entity for case management (CM) | Voluntary providers who meet criteria specified in the 1915(c) waiver for long term care supports and services. In managed care, the provider network |   |

| A. Waiver/State Plan Program   | B. Entity that conducts functional assessments  | C. Entity that provides case management  | D. Service provider types  | E. Comments |
|--|---|--|--|-------------|
|  |   | functions, the entity must either NOT participate as a network provider OR have appropriate firewalls between its CM and service provision functions.  | capacity requirements will be defined in the RFA and reviewed by OPWDD as part of the readiness review and ongoing quality review and oversight process. |             |
|  |   |  |  |             |
| <b><u>OMH:</u></b>   |   |  |  |             |
| OMH Children’s Waiver  | SPOA/LGU and lead Waiver provider, however SPOA/LGU approve eligibility                                 | HCBS Waiver lead agency  | Private, voluntary agency  |             |
| OMH Children (fee for service – ICM (intensive case management), SCM (supportive case management) and BCM (blended case management)) | The CANS-NY is completed by the SPOA/LGU and by the case management provider.                           | Intensive Case Management, Supportive Case Management and Blended Case Management providers  | Private, voluntary agencies, county operated programs and State OMH items  |             |
| OMH Children (fee for service) Day Treatment   | Committees on Special Education (CSE) within each School District, with education/treatment team input. | Not applicable   | State-Operated, not-for-profits, County and Article 28s  |             |
| OMH Children (fee for service) – Residential Treatment Center (RTF)  | RTF   | RTF is a subclass of inpatient services, therefore billing is by an all-inclusive daily rate. All services are provided within the RTF structure, therefore, the RTF manages services while the child is within the RTF. | Voluntary not for profits  |             |

| A. Waiver/State Plan Program  | B. Entity that conducts functional assessments                          | C. Entity that provides case management         | D. Service provider types  | E. Comments |
|---|---|---|--|-------------|
| OMH Children (fee for service) – Seriously Emotionally Disturbance (SED) Clinic | Open referral process. Various assessment tools undertaken upon intake. | Varies dependent on need.                       | State-operated, not for profits, County government, Article 28s        |             |
| OMH Adults  | Independent Entity to be determined                                     | Health Home and Managed Care Organization (MCO) | State Plan, Mainstream Plans, Health and Recovery Plan (HARP) Networks |             |
| OASAS Adolescents and Adults  | Independent entity to be determined                                     | Health Home and MCO                             | State Plan, Mainstream Plans, HARP Networks                            |             |

2. If there is overlap between columns B and D or columns C and D in the above table, please indicate why there is overlap by placing an “X” in the appropriate box.

| A. Waiver/State Plan Program       | B. Rural area | C. Provider capacity | D. Managed care | E. Structural | F. Beneficiary choice | G. Other |
|------------------------------------|---------------|----------------------|-----------------|---------------|-----------------------|----------|
| <b><u>DOH:</u></b>                 |               |                      |                 |               |                       |          |
| Managed Long Term Care             |               | X                    | X               |               |                       |          |
| Long Term Home Health Care Program |               |                      |                 |               |                       |          |
| TBI Waiver                         |               |                      |                 |               |                       |          |
| NHTD Waiver                        |               |                      |                 |               |                       |          |
| Care at Home Waivers I and II      |               |                      |                 |               |                       |          |
| Assisted Living Program            |               |                      |                 |               |                       |          |
| Adult Day Health Care              |               |                      |                 |               |                       |          |
| Personal Care                      |               |                      |                 |               |                       |          |

| A. Waiver/State Plan Program                     | B. Rural area  | C. Provider capacity | D. Managed care | E. Structural | F. Beneficiary choice   | G. Other |
|--|--|----------------------|-----------------|---------------|---|----------|
| Consumer Directed Personal Assistant Program     |  |                      |                 |               |   |          |
| Bridges to Health (OCFS)                         |  |                      |                 |               |   |          |
|  |  |                      |                 |               |   |          |
| <b><u>OPWDD:</u></b>                             |  |                      |                 |               |   |          |
| OPWDD (all programs serving children and adults) |  |                      | <b>X</b>        |               | <b>X</b><br>Benefit to maintaining the continuity of current case management provider and to honor the informed choice of the individual. |          |
|  |  |                      |                 |               |   |          |
| <b><u>OMH:</u></b>                               |  |                      |                 |               |   |          |
| OMH Children's Waiver                            | The initial service plan developed by the HCBS Waiver lead agency must be reviewed and approved by the |                      |                 |               |   |          |

| A. Waiver/State Plan Program   | B. Rural area   | C. Provider capacity | D. Managed care   | E. Structural   | F. Beneficiary choice   | G. Other   |
|--------------------------------|---|----------------------|---|---|---|--|
|                                | LGU   |                      |   |   |   |  |
| OMH Children (fee for service) | SPOA/ LGU determines Level of Care from review of CANS-NY information for every child         |                      |   |   |   |  |
| OMH Adults                     | X<br>Administrative firewalls will separate eligibility determination from service provision. |                      | X<br>There will be robust monitoring by State quality management staff. | X<br>There will be robust monitoring by State quality management staff. | X<br>Grievances, complaints, appeals, and resulting decisions will be adequately tracked, monitored and used, including clear, well-known and accessible pathways for these activities. | X<br>The assessments being developed will be data driven, standardized, and contain a core data set. |
|                                |   |                      |   |   |   |  |

3. If there is overlap between columns B and D or columns C and D in the first table, please indicate the strategies you have in place to mitigate conflict by placing an “X” in the appropriate box.

| A. Waiver/State Plan Program                 | B. Admin firewalls | C. State approval of plans of care | D. State monitoring through analysis of referrals | E. State monitoring through survey of beneficiary satisfaction | F. Beneficiary complaint system | G. Data-driven assessments | H. Other |
|--|--------------------|------------------------------------|---|--|---------------------------------|----------------------------|----------|
| <b><u>DOH:</u></b>                           |                    |                                    |   |  |                                 |                            |          |
| Managed Long Term Care                       |                    |                                    |   | X  | X                               |                            |          |
| Long Term Home Health Care Program           |                    |                                    |   |  |                                 |                            |          |
| TBI Waiver                                   |                    |                                    |   |  |                                 |                            |          |
| NHTD Waiver                                  |                    |                                    |   |  |                                 |                            |          |
| Care at Home Waivers I and II                |                    |                                    |   |  |                                 |                            |          |
| Assisted Living Program                      |                    |                                    |   |  |                                 |                            |          |
| Adult Day Health Care                        |                    |                                    |   |  |                                 |                            |          |
| Personal Care                                |                    |                                    |   |  |                                 |                            |          |
| Consumer Directed Personal Assistant Program |                    |                                    |   |  |                                 |                            |          |
| Bridges to Health (OCFS)                     |                    |                                    |   |  |                                 |                            |          |
|  |                    |                                    |   |  |                                 |                            |          |

| A. Waiver/State Plan Program                            | B. Admin firewalls   | C. State approval of plans of care  | D. State monitoring through analysis of referrals | E. State monitoring through survey of beneficiary satisfaction  | F. Beneficiary complaint system   | G. Data-driven assessments  | H. Other   |
|---|--|---|---|---|---|---|--|
| <b>OPWDD:</b>   |  |   |   |   |   |   |  |
| <p>OPWDD (all programs serving children and adults)</p> | <p align="center"><b>X</b></p> <p>DISCOs will have separate departments that perform case management functions and service authorization.</p> <p>Supervisory lines between departments will not cross.</p> <p>Freedom of choice when choosing a service coordinator (MSC).</p> | <p align="center"><b>X</b></p> <p>Administration or review and verification of the assessment by OPWDD regional office staff.</p> |   | <p align="center"><b>X</b></p> <p>OPWDD conducts annual surveys of all services, which includes surveys of the individual. OPWDD is developing a specific satisfaction survey for all DISCO enrollees; the satisfaction survey will be based on both the National Core Indicators survey and The Council on Quality and Leadership's (CQL) Personal Outcome Measures (POMs).</p> <p>Further, OPWDD will continue to</p> | <p align="center"><b>X</b></p> <p>In accordance with Article 44 of the NYS Public Health Law, there will be a grievances and appeals process with which DISCOs must comply. DISCOs will be required to report to the State on a quarterly basis a summary of all grievances and appeals that were received in that quarter.</p> <p>OPWDD and DOH will monitor the DISCOs' processing and resolution of grievances.</p> <p>OPWDD will implement an Ombudsman Program that will provide assistance with grievance and appeals procedures.</p> | <p align="center"><b>X</b></p> <p>OPWDD is working to develop the Information Technology (IT) infrastructure for the CAS data; will be used to determine acuity levels and identify needs for service planning.</p> | <p align="center"><b>X</b></p> <p>All persons eligible to receive service coordination (MSC) and or waiver services are educated on the options and service providers available to them.</p> <p>Individuals can then choose their service coordination provider and the service coordinator.</p> |

| A. Waiver/State Plan Program | B. Admin firewalls   | C. State approval of plans of care | D. State monitoring through analysis of referrals                       | E. State monitoring through survey of beneficiary satisfaction                          | F. Beneficiary complaint system   | G. Data-driven assessments  | H. Other |
|------------------------------|--|------------------------------------|---|---|---|---|----------|
|                              |  |                                    |   | annually audit all downstream providers through surveys, site visits, and desk reviews. |   |   |          |
|                              |  |                                    |   |   |   |   |          |
| <b><u>OMH:</u></b>           |  |                                    |   |   |   |   |          |
| OMH Children's Waiver        | The initial service plan developed by the HCBS Waiver lead agency must be reviewed and approved by the LGU |                                    |   |   |   |   |          |
| OMH Adults                   | X<br>Administrative firewalls will separate eligibility determination from service provision.              |                                    | X<br>There will be robust monitoring by State quality management staff. | X<br>There will be robust monitoring by State quality management staff.                 | X<br>Grievances, complaints, appeals, and resulting decisions will be adequately tracked, monitored and used, including clear, well-known and accessible pathways for these activities. | X<br>The assessments being developed will be data driven, standardized and contain a core data set. |          |

## Appendix D: Data Collection and Reporting

## Balancing Incentive Program: Data Collection Requirements

Balancing Incentive Program States are required to collect three types of data: service data, quality data linked to population-specific outcomes, and outcomes measures. As part of their Work Plan deliverables, States must report to CMS the data and measures that will be collected and the methodology for collecting those measures.<sup>1</sup> **States may complete this form to fulfill Work Plan requirements.**

**State:** New York

**State contact (name and email address):** Karen Ambros

**Date of submission:** 8/30/2013

### 1. SERVICE DATA

Community LTSS service providers should report to the State all community LTSS services eligible for the Balancing Incentive Program enhanced FMAP an individual receives at the individual level.

#### 1.1. Type of data collected

- Claims data submitted by community LTSS providers
- Encounter data submitted by MCOs
- Other: Cost reports by MCOs.

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<sup>1</sup> States will not be required to submit the collected data directly to CMS, though CMS reserves the right to request these data at any time.

**1.2. Please briefly describe the types of reports already created or that will be created with these data for community LTSS administrative/financial or quality control purposes.**

| Report name                       | Purpose   | Frequency  | Date of last report* |
|-----------------------------------|---|--|----------------------|
| CMS 64 reports                    | <p>These reports are created and used routinely on a statewide basis for Medicaid Claiming for enhanced Federal Medical Assistance Percentage (FMAP).</p> <p>These reports will be used as a basis for reporting the baseline percentage (for community LTSS expenditures) and the semiannual updates for BIP. The information on these reports is supported by recipient level detail.</p>   | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 8/15/13              |
| Quarterly and Annual Cost Reports | <p>These reports are submitted from Managed Care Organizations and Managed Long Term Care Organizations and used by NYS routinely for a number of purposes. They reflect organization's actual costs for services and administration.</p> <p>These reports will be used as a basis to calculate and proxy some adjustments (and reclassifications) to the CMS 64 expenditures. The adjustments and reclassifications are necessary for an accurate representation of community LTSS under BIP reporting definitions.</p> <p>These reports provide a certain level of detail for service categories which the CMS 64 reports do not provide.</p> | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 6/30/13              |

| Report name                                | Purpose  | Frequency  | Date of last report*                            |
|--|--|--|---|
| Ad hoc Reports from Data Warehouse source. | <p>These reports are and will be generated quarterly and used as basis to calculate and proxy some reclassifications to the CMS 64 expenditures claiming and baseline calculation for BIP. The adjustments and reclassifications are necessary for an accurate representation of community LTSS under BIP reporting definitions.</p> <p>These reports provide a certain level of detail for service categories which the CMS 64 and cost reports do not provide.</p> <p>The information on these reports is supported by recipient level detail.</p> | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 8/15/13   |
| Ad hoc Reports from encounter data         | <p>Managed Care Organizations and Managed Long Term Care Organizations report encounters and other utilization data and is used routinely by NYS for a number of purposes which relate to quality and fiscal controls on organizations expenditures.</p> <p>This data is not used directly for BIP reporting.</p> <p>The information on these reports is supported by recipient level detail.</p>  | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | Collected continually every day, not quarterly. |

\* If reports are not already developed, please input the date when you expect them to be developed.

**1.3. Describe progress and anticipated challenges.**

*Describe progress toward implementing this measure:*

Completed

*Describe experienced or anticipated challenges to implementing this measure:*

Not applicable

*Describe the State's plan to address the challenges described above:*

Not applicable.

## 2. QUALITY DATA

Quality data include clinical measures that capture the extent to which service providers are supplying comprehensive, quality care.

### 2.1. Please briefly describe the instruments used or that will be used to calculate quality measures.

| Measure instrument   | Population   | Frequency of calculation   | Date of last calculation*   |
|--|--|--|---|
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input type="checkbox"/> Homegrown, Name:<br><input checked="" type="checkbox"/> Other, Name: Home Care Quality Indicators (HCQIs) generated from UAS-NY assessment data (replacing those currently generated from Semi-Annual Assessment of Members (SAAM ) assessment data) | <input checked="" type="checkbox"/> Elderly individuals<br><input type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input checked="" type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | January 2013 with SAAM data. The first calculation with UAS-NY data is expected to be in July 2014 with subsequent calculations in January. |
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input type="checkbox"/> Homegrown, Name:<br><input checked="" type="checkbox"/> Other, Name: NCQA (National Committee for Quality Assurance) HEDIS (Healthcare Effectiveness Data and Information Set) generated by eMEDNY claims data                                       | <input checked="" type="checkbox"/> Elderly individuals<br><input type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input checked="" type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | June 2013   |

| Measure instrument  | Population  | Frequency of calculation   | Date of last calculation*  |
|---|---|--|--|
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input checked="" type="checkbox"/> Homegrown, Name: Phase I Behavioral Health Organizations Metrics<br><input type="checkbox"/> Other, Name:              | <input type="checkbox"/> Elderly individuals<br><input type="checkbox"/> People with developmental disabilities<br><input checked="" type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | Quarter 4 of 2012.<br>Calculated for fee-for-service behavioral health recipients. Will be replaced with Phase II metrics once additional behavioral health services are carved into managed care. |
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input type="checkbox"/> Homegrown, Name:<br><input checked="" type="checkbox"/> Other, Name: National Core Indicators (NCIs), personal interview protocol | <input type="checkbox"/> Elderly individuals<br><input checked="" type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 2013 Collection ends 9/30.   |
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input checked="" type="checkbox"/> Homegrown, Name: Restrictive Interventions Application (RIA)<br><input type="checkbox"/> Other, Name:                  | <input type="checkbox"/> Elderly individuals<br><input checked="" type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input checked="" type="checkbox"/> Other: | N/A – ‘live’ database, monitored quarterly for report out on the use of physical interventions.  |

| Measure instrument  | Population   | Frequency of calculation   | Date of last calculation*   |
|---|--|--|---|
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input checked="" type="checkbox"/> Homegrown, Name: Incident Report and Management Application (IRMA)<br><input type="checkbox"/> Other, Name:  | <input type="checkbox"/> Elderly individuals<br><input checked="" type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other  | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input checked="" type="checkbox"/> Other: | N/A -- 'live' database, monitored quarterly for statewide tracking of reportable incidents, including abuse or neglect allegations.                                   |
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input checked="" type="checkbox"/> Homegrown, Name: Health Home Care Management Assessment Reporting Tool (HH CMART) which is also used as a convenience collection tool for the FACT GP and Health Home Functional Assessment<br><input type="checkbox"/> Other, Name: | <input type="checkbox"/> Elderly individuals<br><input checked="" type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input checked="" type="checkbox"/> Other High risk persons with chronic illness. | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | First data collection was May 13, 2013 and only includes the FACT GP and HH Functional Assessment. Analysis is in process. Next quarter submission is August 5, 2013. |
| <input type="checkbox"/> Medicaid Adult Health Quality Measures<br><input type="checkbox"/> Homegrown, Name:<br><input checked="" type="checkbox"/> Other, Name: Universal Assessment System  | <input checked="" type="checkbox"/> Elderly individuals<br><input type="checkbox"/> People with developmental disabilities<br><input type="checkbox"/> People with serious mental illness<br><input type="checkbox"/> People with physical disabilities<br><input type="checkbox"/> Other  | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | UAS will be introduced in Long Term Care providers starting in October 2013.  |

\* If measures have not yet been calculated, please input the date when you expect them to be calculated.

**2.2. Will results be made available to community LTSS providers?**

Yes

No

**2.3. If so, briefly describe the process for making these results available:** The HCQIs are currently calculated systematically using SAAM data and checked by the Office of Quality and Patient Safety (OQPS). Once reviewed, the results for all plans are published in the Managed Long Term Care Report which is made available on a public website. In addition, the “crude” HCQI reports (not risk adjusted) which contain plan-specific data are distributed to the respective plans. The HCQI’s will be calculated with data generated from the UAS-NY in 2014. This data will be published as described above except plans will be able to access their “crude” HCQI reports directly from the UAS-NY. The NCQA data is submitted by Medicaid Advantage Plans (MAP’s) to CMS first and is not distributed back to plans by NYS. HEDIS/QARR measures are calculated by managed care plans and submitted to NYS DOH. Plan level data is available through eQARR and Managed Care Plan Performance Reports on the NYS DOH website. A data portal is available on the OMH website for the Phase I Behavioral Health Organizations metrics. OPWDD’s NCI data is not routinely shared with providers because it is used to calculate statewide measures and not tied to the representation of particular providers. These system measures are shared in various forums on an ad-hoc basis. The Restrictive Interventions Application data is currently being made available to providers directly from the application and as it pertains to them. The IRMA data is directly assessable to providers; they can pull their own data from the system. For the Health Home CMART and FACT GP, relevant providers will be provided specific reports with their data and a comparison to relevant rolled up State data. A final report with all summations of data may be made available to the interested public as part of the assessment of Health Homes. This is a new tool that will need a period of evaluation so early results may not sufficiently represent relevant information for Health Homes.

**2.4. Describe progress and anticipated challenges.**

*Describe progress toward implementing this measure:*

NYS has compiled the list of quality data collected for its programs and their populations together with the frequency and last collection date (described above) and also has begun collecting a single catalog of quality data indicators used for its Medicaid populations.

*Describe experienced or anticipated challenges to implementing this measure:*

Historically NYS has approached quality data collection and related measures from a programmatic rather than a population perspective. As such there are no interagency mechanisms to evaluate whether a uniformity or common data set is feasible and, if so, what the effort to achieve such commonality would be.

*Describe the State's plan to address the challenges described above:*

In response to the BIP requirement, NYS has identified an interagency team for the compilation and cataloging of quality data. This team will review the current compilation (described above) as well as any new requirements in order to evaluate whether commonalities for populations can be achieved.

### **3. OUTCOME MEASURES**

States should collect outcomes measures by population to assess beneficiary and family caregiver experience and satisfaction with providers. Data should also be collected regarding activities that help individuals achieve higher quality of life, including employment, participation in community life, health stability, and prevention of loss in function.

**3.1. Please briefly describe the instruments used or that will be used to calculate outcomes measures.**

| Survey instrument   | Purpose   | Use of sample  | Frequency of data collection/analysis   | Date of last data collection/analysis* |
|---|---|--|---|--|
| <p>NYSDOH/ Island Peer Review Organization (IPRO) Managed Long Term Care Member Satisfaction Survey</p> | <p>The member satisfaction survey is used to assess member/family caregiver experience with plan services, member health outcomes, quality ratings for key services, timeliness of critical services, access to critical services, plan rating, and advance directives.</p>   | <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Representative sample</p> <p><input type="checkbox"/> Stratified sample</p> <p><input checked="" type="checkbox"/> Other<br/>Managed Long Term Care members including Program of All Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus and Partial Capitation.</p> | <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Ad hoc</p> <p><input checked="" type="checkbox"/> Other: Every two years</p>   | <p>2011</p>                            |
| <p>The UAS-NY assessment system</p>   | <p>The UAS-NY is used to assess individual's community Long Term Care) LTC needs largely for the aged and physically disabled populations. The system includes domains involving employment and participation in community life. It also produces outcomes about an individual's health stability and prevention of loss in function.</p> | <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Representative sample</p> <p><input type="checkbox"/> Stratified sample</p> <p><input checked="" type="checkbox"/> Other Assessments are generally conducted every 6 mos. However, the employment and community life domains may not always be completed.</p>                   | <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Annually</p> <p><input checked="" type="checkbox"/> Ad hoc</p> <p><input checked="" type="checkbox"/> Other: The UAS-NY is currently in the implementation phase with a plan for statewide implementation for 8 programs by 2/2014.</p> | <p>N/A</p>                             |

| Survey instrument  | Purpose   | Use of sample  | Frequency of data collection/analysis  | Date of last data collection/analysis*  |
|--|---|--|--|---|
| interRAI Community Mental Health Assessment  | To determine eligibility for 1915(i) services in Health and Recovery Plans. Information related to social outcomes (employment, housing stability, criminal justice involvement) will be collected. | <input checked="" type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input checked="" type="checkbox"/> Other: Data collection will be ongoing.                            | Data collection will begin in early 2015 and analysis date is to be determined.                         |
| Consumer Satisfaction Surveys (Consumer Assessment of Healthcare Providers and Systems (CAHPS), Member Transition Survey, and a Behavioral Health Supplemental Survey) | To determine member satisfaction with managed care plans and ease of transition into managed care plans.  | <input type="checkbox"/> 100%<br><input checked="" type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input checked="" type="checkbox"/> Other: The transition survey will be a one-time survey. | Data collection for consumer surveys will begin in late 2015 and the analysis date is to be determined. |

| Survey instrument               | Purpose  | Use of sample   | Frequency of data collection/analysis  | Date of last data collection/analysis* |
|---------------------------------|--|---|--|--|
| OMH Consumer Assessment of Care | This survey assesses the perception of care among adults in state operated outpatient programs.  | <input type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input checked="" type="checkbox"/> Other: Adults who received treatment from State operated outpatient programs during a specified time period were surveyed. | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 2012 data is now available.            |
| OMH Youth Assessment of Care    | This survey assesses the perception of care in youth around the areas of: appropriateness of care, accessibility of services, cultural sensitivity, medication use, functioning/outcomes, and global satisfaction. | <input type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input checked="" type="checkbox"/> Other: Youth who received treatment during a specified time period from a convenience sample of agencies were surveyed.    | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 2012 data is now available.            |

| Survey instrument  | Purpose  | Use of sample  | Frequency of data collection/analysis  | Date of last data collection/analysis* |
|--|--|--|--|--|
| OMH Family Assessment of Care  | This survey assesses the perception of care among families of youth in care around the areas of: appropriateness, accessibility of services, cultural sensitivity, medication use, functioning/ outcomes, global satisfaction, and social connectedness. | <input type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input checked="" type="checkbox"/> Other: Families of youth who received treatment during a specified time period from a convenience sample of agencies were surveyed.                               | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other  | 2012 data is now available.            |
| NYSOFA: Caregiver Services Survey instrument based on Performance Outcome Measurement Project (POMP) | To collect statewide outcome data on caregiver's experience and satisfaction with providers.   | <input type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input checked="" type="checkbox"/> Stratified sample<br><input checked="" type="checkbox"/> Other: The population and sample was not defined in terms of Medicaid status and therefore included caregiver's without regard to any Medicaid status. | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input checked="" type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 2008                                   |

| Survey instrument                                     | Purpose  | Use of sample  | Frequency of data collection/analysis  | Date of last data collection/analysis*  |
|---|--|--|--|---|
| National Core Indicators, personal interview protocol | OPWDD system tracking re: proportion of individuals lacking an integrated job in the community, who desire one.                                      | <input type="checkbox"/> 100%<br><input checked="" type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other | <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | 2013 collections ends 9/30  |
| N/A   | New York Employment Services System (NYESS).   | <input checked="" type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | N/A – ‘live’ database, monitored quarterly for report out of targeted growth in Competitive Employment of people with developmental disabilities. |
| N/A   | OPWDD Tracking and Billing System (TABS), service system database to track (among other things) residential movements under de-institutionalization. | <input checked="" type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | N/A – ‘live’ database, monitored quarterly for report out of Campus/ICF targeted movements and closures.  |

| Survey instrument  | Purpose   | Use of sample  | Frequency of data collection/analysis  | Date of last data collection/analysis*   |
|--|---|--|--|--|
| N/A  | eMedNY, Medicaid tracking system.                                 | <input checked="" type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input type="checkbox"/> Other   | <input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input type="checkbox"/> Other: | N/A – ‘live’ database, monitored quarterly for report out of targeted enrollment growth in self-directed services. |
| Money Follows the Person (MFP), Quality of Life Survey (Mathematica) | Quality of life survey for those transitioning from institutions. | <input type="checkbox"/> 100%<br><input type="checkbox"/> Representative sample<br><input type="checkbox"/> Stratified sample<br><input checked="" type="checkbox"/> Other: Ongoing “three point in time” collection for those whose moves from institutions were augmented by MFP | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Ad hoc<br><input checked="" type="checkbox"/> Other: | Ongoing, collection dependent on individual’s discharge dates. Data last compiled in June 2013.                    |

\* If data has not yet been collected and analyzed, please input the date when you expect them to be collected and analyzed.

### 3.2. Describe progress and anticipated challenges.

*Describe progress toward implementing this measure:*

NYS has compiled the list of outcomes data and sources for its programs and their populations together with the frequency and last collection date (described above) and has also begun collecting a single catalog of outcomes data used for its Medicaid populations.

*Describe experienced or anticipated challenges to implementing this measure:*

Historically NYS has approached outcomes data collection and related measures from a programmatic rather than a population perspective. As such there are no interagency mechanisms to evaluate whether a uniformity or common data set is feasible and, if so, what the effort to achieve such commonality would be. Also, the UAS-NY is currently being implemented, so a critical mass of data has not yet been collected. While the data will be available to providers as it is collected on an ad-hoc basis, the new system currently lacks standard reports about these particular outcomes that providers might easily access, interpret and use in the same manner.

*Describe the State's plan to address the challenges described above:*

In response to the BIP requirement, NYS has identified an interagency team for the compilation and cataloging of outcomes data. This team will review the current compilation as well as any new requirements in order to evaluate whether commonalities for populations can be achieved. As the team identifies the measures which are captured in the UAS-NY, the system will be evolved to include standardized reports for providers to access and interpret these measures. The standardized reports can then be made available to providers serving other populations as the UAS-NY system is expanded to include assessments for the I/DD and BH/MH populations. In addition, NYS will evaluate adding additional features to the UAS-NY such as a Quality of Life survey.

## Appendix D.1: Protocol for Service Data

# **Balancing Incentive Program**

## **Protocol for Service Data**

(Baseline calculation and subsequent reporting)

August, 2013

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## **1. INTRODUCTION**

The purpose of this document is to set forth a protocol and methodology for collecting service data to calculate the baseline percentage of community long term services and supports (LTSS's) to total LTSS's under the Balancing Incentive Program (BIP) requirements.

The Balancing Incentive Program was authorized under Section 10202 of the Affordable Care Act (ACA) and offers financial incentives to States to balance their LTSS systems by increasing access to and expanding community services as an alternative to institutional care.

New York State (NYS) was approved for BIP funding in March, 2013 in the amount of 2% of enhanced Federal Medical Assistance Percentage (FMAP) on expenditures for certain long term services and supports beginning April 1, 2013 and ending September 30, 2015. The program requires States to “rebalance” their Medicaid LTSS expenditures so the community portion is at least 50% of the total expenditures.

The Centers for Medicare and Medicaid Services (CMS) originally calculated States community LTSS expenditure percentages using a public data source for the year ended 9/30/2009. CMS requires states to update that “baseline” calculation to the year just prior to their approval in the program, which is year ended 3/31/2013 for NYS.

The BIP also requires States to use internal state data sources and describe methodologies for the calculation. Finally, the BIP requires states to document the protocol and to report an updated ratio every 6 months during the BIP period. The protocol must be updated when necessary as well.

The scope of this document does not include the BIP protocol for requesting advances and claiming (which is associated with the statewide “CMS 37” and “CMS 64” submissions). However the data sources, categories of services, methodologies, and calculations set forth in this protocol have been designed to align and mirror those used in both the request for advance and claiming for BIP.

## **2. REPORTING PROCESS AND CYCLES**

The process for collecting service data for calculating the percentage of community LTSS for expenditures will align with the statewide Medicaid process except the BIP requests and submissions:

- will be accounted for separately and
- will contain certain adjustments to comply with BIP requirements.

The cycle for reporting community LTSS ratios and protocol updates after the baseline calculation is semi-annual with the first reporting period 4/1/2013-9/30/2013.

### 3. THE CATEGORIES OF SERVICE AND DATA SOURCES

The categories of service defined for LTSS under the BIP align with definitions for category lines in the statewide CMS 64 reporting system and are:

#### Community LTSS

Line 12 – Home Health Services

Line 18A – Medicaid Health Insurance Payments: Managed Care Organizations (MCO)  
– new lines created for non-institutional Home and Community Based Services (HCBS)

Line 18B1 – Prepaid Ambulatory Health Plan – new lines created for non-institutional HCBS

Line 18B2 – Prepaid Inpatient Health Plan – new lines created for non-institutional HCBS

Line 19A – Home and Community-Based Services – Regular Payment (Waiver)

Line 19B – Home and Community-Based Services – State Plan 1915i Only Payment

Line 19C – Home and Community-Based Services – State Plan 1915j Only Payment

Line 19D – Community First Choice – State Plan 1915k

Line 22 – Programs Of All-Inclusive Care Elderly

Line 23A – Personal Care Services – Regular Payment

Line 23B – Personal Care Services – SDS 1915j

Line 24A – Targeted Case Management Services – Community Case-Management

Line 24B – Case Management State Wide

Line 40 – Rehabilitative Services (non-school-based) - Mental Health and Substance

Line 41 – Private Duty Nursing

Line 43 – Health Homes for Enrollees with Chronic Conditions

#### Institutional LTSS

Line 3B -- Nursing Facility Services – Supplemental Payments

Line 4A -- Intermediate Care Facility Services – Mentally Retarded: Public Providers

Line 4B -- Intermediate Care Facility Services – Mentally Retarded: Private Providers

Line 4C -- Intermediate Care Facility Services - Supplemental Payments

Line 2A -- Mental Health Facility Services – Regular Payments

Line 2B -- Mental Health Facility Services – DSH Adjustment Payments

The primary data source used for CMS 64 claiming and the baseline calculation is the e-MedNY claims processing system. The reports are generated via the Medicaid Data Mart and the Management and Administrative Reporting subsystem (MARS).

#### **4. ADJUSTMENTS: OTHER DATA SOURCES, CALCULATIONS & METHODOLOGIES**

So far, two circumstances have been identified for which adjustments to the amounts in the statewide reporting classifications need to be made. These adjustments will be reflected in a separate spreadsheet and involve the LTSS expenditure categories reported and described in section 3 above for the purposes of calculating the baseline percentage.

##### **4.1. Private Duty Nursing expenditures not included in Line 41**

The first circumstance involves a reclassification to include the “Private Duty Nursing” category. It is currently included in the “Other Practitioners” category line on the CMS 64’s.

The primary data source used to identify the amount for private duty nursing is still the e-MedNY claims processing system. However, the reports are generated by Salient©, an analytical platform which happens to be constructed to capture expenditures on a date of service basis. (MARS uses payment dates as a basis for capturing expenditures).

##### **4.2. “Institutional” and “Other Amounts” included in community Line 18A - MLTC and MCO’s.**

All capitation payments to managed care organizations are classified as community expenditures in the statewide reporting system. These amounts need to be reduced for the amounts which are other than long term care expenditures for BIP. They also need to be reduced for the institutional portion and the institutional total needs to be increased by the same amount.

These institutional and other amounts are not distinguished in capitation payments but are able to be estimated using information available from the cost reports. The amounts for these are distinguished and their ratio to the premium can be applied to reduce the capitated payments in Line 18A. The institutional portion will be added to the institutional total.

The results of the baseline calculation of the community LTSS percentage for the SFY 3/31/13 are attached at the end of this document.

#### **5. PLANNED IMPROVEMENTS**

This initial protocol will be improved after more work is done to understand or how to handle the following areas:

- Prepaid inpatient (HCBS vs. Institutional Amount)
- Rehabilitative services (non-school based) mental health and substance abuse

- Nursing facility supplemental payments
- Prepaid ambulatory plans

It is anticipated the categories above will be researched further and the protocol will be revised to reflect any changes which may be necessary in the next reporting period.

| Description  | Total SFY 3/31/13     | %age   | Total FFY 9/30/13 | %age | Total SFY 3/31/14 | %age | Total FFY 9/30/14 | %age | Total SFY 3/31/15 | %age | Total FFY 9/30/15 | %age |
|--|-----------------------|--------|-------------------|------|-------------------|------|-------------------|------|-------------------|------|-------------------|------|
| <b>Community LTSS:</b>   |                       |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 12 – Home Health Services   | 1,309,022,118         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 18A – Medicaid Health Insurance Payments: Managed Care Organizations (MCO)        | 2,347,090,954         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 18B1 – Prepaid Ambulatory Health Plan   | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 18B2 – Prepaid Inpatient Health Plan  | 139,659,366           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 19A – Home and Community-Based Services – Regular Payment (Waiver)                | 5,857,953,986         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 19B – Home and Community-Based Services – State Plan 1915i Only Payment           | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 19C – Home and Community-Based Services – State Plan 1915j Only Payment           | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 19D – Community First Choice – State Plan 1915k                                   | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 22 – Programs Of All-Inclusive Care Elderly                                       | 262,609,745           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 23A – Personal Care Services – Regular Payment                                    | 2,258,745,846         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 23B – Personal Care Services – SDS 1915j  | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 24A – Targeted Case Management Services – Community Case-Management               | 591,100,027           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 24B – Case Management State Wide  | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 40 – Rehabilitative Services (non-school-based) - Mental Health and Substance Use | 5,679                 |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 41 – Private Duty Nursing   | 204,273,257           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 43 – Health Homes for Enrollees with Chronic Conditions                           | 65,082,840            |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| <b>Total Adjusted Community LTSS</b>   | <b>13,035,543,818</b> | 54.34% |                   |      |                   |      |                   |      |                   |      |                   |      |
| <b>Institutional LTSS:</b>   |                       |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 3A -- Nursing Facility Services – Regular Payments                                | 6,860,495,268         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 3B -- Nursing Facility Services – Supplemental Payments                           | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 4A -- Intermediate Care Facility Services – Mentally Retarded: Public Providers   | 2,123,947,605         |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 4B -- Intermediate Care Facility Services – Mentally Retarded: Private Providers  | 957,301,415           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 4C -- Intermediate Care Facility Services - Supplemental Payments                 | -                     |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 2A -- Mental Health Facility Services – Regular Payments                          | 474,829,352           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| Line 2B -- Mental Health Facility Services – DSH Adjustment Payments                   | 534,850,000           |        |                   |      |                   |      |                   |      |                   |      |                   |      |
| <b>Total Institutional LTSS per 64's</b>   | <b>10,951,423,640</b> | 45.66% |                   |      |                   |      |                   |      |                   |      |                   |      |
| <b>Total Adjusted LTSS</b>   | <b>23,986,967,458</b> | 100.0% |                   |      |                   |      |                   |      |                   |      |                   |      |

Appendix E.1: Description of Funding Source / Description of how State will use the enhanced funding earned through the program

| BIP Requirements with Gaps and Issues   | Activity  | Estimated Amount for 4/1/13 to 9/30/15 |             |            |     | Population* | Ref. for Notes |
|---|---|--|-------------|------------|-----|-------------|----------------|
|   |   | Total                                  | BIP         | MFP        | NYS |             |                |
| <b>REBALANCE EXPENDITURES TO INCREASE COMMUNITY LTSS IN RELATION TO INSTITUTIONAL LTSS:</b> |   |  |             |            |     |             |                |
| Insufficient community capacity   | <b><u>Increase OPWDD HCB Capacity (housing and services) for transitions:</u></b><br>Develop an effective cross-systems <b>crisis prevention</b> and response system utilizing the nationally recognized <b>START model</b> , initially in regions impacted by the closure of an OPWDD institutional program. | 25,630,000                             | 12,430,000  | 13,200,000 |     | I/DD        |                |
|   | Establish ICF <b>peer counseling</b> network  | 2,500,000                              |             | 2,500,000  |     | I/DD        |                |
|   | Support costs associated with <b>assistive technologies and/or environmental modifications</b> to encourage/support individuals to remain in their own homes and/or live in less restrictive, more integrated residential options.  | 10,800,000                             | 10,800,000  |            |     | I/DD        |                |
|   | Expand the <b>availability of community-based residential, day and support service options.</b>   | 140,000,000                            | 140,000,000 |            |     | I/DD        | 1              |
|   | Increase the number of people offered the <b>option to self-direct</b> from 800 to 5,000.   | 2,830,000                              | 2,830,000   |            |     | I/DD        |                |
|   | <b><u>Increase OMH Capacity for transitions into the community:</u></b>   |  |             |            |     |             | 2              |

| BIP Requirements with Gaps and Issues   | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |            |     |     | Population* | Ref. for Notes |
|---|--|--|------------|-----|-----|-------------|----------------|
|   |  | Total                                  | BIP        | MFP | NYS |             |                |
|   | Create a pool to expand services for individuals coming out of State PCs and to expand capacity for 1915(i) services in BHO Waiver application for plans to rebalance by shifting inpatient care into the community. | 20,000,000                             | 20,000,000 |     |     | BH/MH       |                |
| <b>REBALANCE EXPENDITURES TO INCREASE COMMUNITY LTSS IN RELATION TO INSTITUTIONAL LTSS:</b> |  |  |            |     |     |             |                |
|   | <u>Transition up to 1,000 individuals in Nursing Homes and Adult Homes to community settings pursuant to Olmstead Plan and a settlement agreement.</u>   |  |            |     |     | BH/MH       |                |
|   | Enhanced Community Supports - Personalized Recovery Oriented Services Enhancement  | 11,000,000                             | 11,000,000 |     |     | BH/MH       |                |
|   | Development and implementation of a self-directed care pilot for individuals transitioning from Adult Homes and Nursing Homes into the community   | 2,000,000                              | 2,000,000  |     |     | BH/MH       |                |
|   | <u>Transition capacity up to 150 children from institutional settings into the community</u>   |  |            |     |     | BH/MH       |                |
|   | Expand OMH HCBS Waiver Slots to facilitate further State inpatient children's bed reductions   | 11,000,000                             | 11,000,000 |     |     | BH/MH       |                |
|   | <u>Transition up to 350 individuals residing in State Psychiatric Centers (PCs) who</u>  |  |            |     |     | BH/MH       |                |

| BIP Requirements with Gaps and Issues   | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |            |            |     | Population* | Ref. for Notes |
|---|--|--|------------|------------|-----|-------------|----------------|
|   |  | Total                                  | BIP        | MFP        | NYS |             |                |
|   | <u>would be better served in community settings with appropriate supports:</u>   |  |            |            |     |             |                |
|   | Enhanced Community Supports (clinics, health homes plus, mobile treatment, LTC supports) including transitional Community Support Teams led by RN's and staffed with peers and MHTA's/CNA's.   | 4,000,000                              | 4,000,000  |            |     | BH/MH       |                |
|   | Train state-workforce in facilitating transitions, managing medical problems and providing personal care services (CNA Program).   | 2,000,000                              | 2,000,000  |            |     | BH/MH       |                |
| <b>REBALANCE EXPENDITURES TO INCREASE COMMUNITY LTSS IN RELATION TO INSTITUTIONAL LTSS:</b> |  |  |            |            |     |             |                |
|   | Create 24/7 crisis capacity establishing a community based crisis stabilization team which includes a professional consultation capacity and the availability of direct crisis support for OMH individuals transitioning to supported housing. | 2,000,000                              | 2,000,000  |            |     | BH/MH       |                |
|   | <b><u>Increase Capacity (Housing and Services) for transitions:</u></b>  |  |            |            |     |             |                |
|   | MFP's TRAIID and other projects in the MFP protocol.   | 11,750,000                             |            | 11,750,000 |     | All         |                |
|   | Establish additional <b>housing support services</b> for units reserved for people coming out of adult homes, nursing  | 10,000,000                             | 10,000,000 |            |     | All         |                |

| BIP Requirements with Gaps and Issues | Activity  | Estimated Amount for 4/1/13 to 9/30/15 |                    |                   |     | Population* | Ref. for Notes |
|---------------------------------------|---|--|--------------------|-------------------|-----|-------------|----------------|
|                                       |   | Total                                  | BIP                | MFP               | NYS |             |                |
|                                       | homes, developmental centers and psych units.   |  |                    |                   |     |             |                |
|                                       | Create a fund for demonstrating <b>innovations</b> .  | 45,000,000                             | 45,000,000         |                   |     | ABD         | 3              |
|                                       | <b>Implement CFCO</b> to streamline service silos and increase access to home and community based service options.  | 800,000                                | 800,000            |                   |     | All         |                |
|                                       | Increase <b>caregiver support services</b> .  | 3,500,000                              | 3,500,000          |                   |     | All         | 4              |
|                                       | Engage and <b>train discharge planners</b> in expanded community services and supports for all facility types.  | 8,500,000                              | 8,500,000          |                   |     | All         |                |
|                                       | Provide <b>training</b> for OMH supported housing and <b>family care providers</b> to accommodate this population and access long-term care supports.         | 1,250,000                              | 1,250,000          |                   |     | BH/MH       |                |
|                                       | Continue to build statewide capacity to <b>offer evidence based programs</b> to Medicaid adult population (CDSMP, DSMP,DPP).                                  | 5,000,000                              | 5,000,000          |                   |     | All         | 5              |
|                                       | Use evidence based criteria to <b>identify those at risk for institutional placements</b> (UAS-NY CAP outcome: individuals triggered for institutional risk). | 2,500,000                              | 2,500,000          |                   |     | All         |                |
| <b>TOTAL FOR CAPACITY</b>             |   | <b>322,060,000</b>                     | <b>294,610,000</b> | <b>27,450,000</b> |     |             |                |

| BIP Requirements with Gaps and Issues                        | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |            |     |     | Population* | Ref. for Notes |
|--|--|--|------------|-----|-----|-------------|----------------|
|  |  | Total                                  | BIP        | MFP | NYS |             |                |
| <b>LACK OF FINANCIAL INCENTIVES: for community placement</b> |  |  |            |     |     |             |                |
|  | <b>Adjust Rates:</b><br>Expand PACE program in non-urban areas.  | 9,870,000                              | 9,870,000  |     |     | ABD         |                |
|  | Create a pool that MMC, FIDA, MLTC and other MC entities can compete for by meeting <b>rebalancing targets.</b>  | 50,000,000                             | 50,000,000 |     |     | All         | 6              |
|  | Provide funding to support <b>start-up costs for DISCOs.</b>   | 18,000,000                             | 18,000,000 |     |     | I/DD        | 7              |
|  | <b>Enhance reimbursement for residential and day services</b> to enlist a sufficient pool of providers to <b>support campus based transitions.</b>                   | 18,300,000                             | 18,300,000 |     |     | I/DD        | 8              |
|  | <b>Enhance reimbursement for residential services</b> to enlist a sufficient pool of providers to <b>support non-campus based transitions.</b>                       | 15,700,000                             | 15,700,000 |     |     | I/DD        | 21             |
|  | <b>Enhance reimbursement for supported employment programs</b> to support those leaving the education system.  | 47,500,000                             | 47,500,000 |     |     | I/DD        | 9              |
|  | Enhance <b>reimbursement for Family Care services</b> to enlist additional providers of this low-cost residential service provided in the confines of a family home. | 18,900,000                             | 18,900,000 |     |     | I/DD        |                |
|  | Provide funding to incentivize providers to <b>consolidate often duplicative administrative functions.</b>   | 3,500,000                              | 3,500,000  |     |     | I/DD        | 10             |

| BIP Requirements with Gaps and Issues   | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |                    |            |           | Population* | Ref. for Notes |
|---|--|--|--------------------|------------|-----------|-------------|----------------|
|   |  | Total                                  | BIP                | MFP        | NYS       |             |                |
| <b>LACK OF FINANCIAL INCENTIVES: for community placement</b>  |  |  |                    |            |           |             |                |
|   | <p>Transition to a <b>standardized reimbursement methodology for Not-for-Profit-Operated Residential Habilitation, Group Day Habilitation and Intermediate Care Facilities Services.</b></p> <p><b>Transition individuals</b> currently residing in Skilled Nursing Facilities into more appropriate, community-based residential and day program options.</p> <p><b>Enhanced reimbursement and/or capacity for rehabilitative services in community residences and apartment treatment</b> for up to 1,000 individuals discharged from OMH State PCs, Nursing Homes and Adult Homes</p> <p>In-Reach and Assessment for <b>OMH population</b> transitions:</p> | 22,230,000                             | 22,230,000         |            |           | I/DD        | 11             |
|   |  | 2,060,000                              | 2,060,000          |            |           | I/DD        | 12             |
|   |  | 11,250,000                             | 11,250,000         |            |           | BH/MH       | 13             |
|   |  | 2,500,000                              | 2,500,000          |            |           | BH/MH       | 2              |
| <b>TOTAL FOR FINANCIAL INCENTIVES</b>   |  | <b>219,810,000</b>                     | <b>219,810,000</b> | <b>-</b>   |           |             |                |
| <b>IMPROVE INFRASTRUCTURE FOR THE EFFICIENT PROVISION OF COMMUNITY LTSS ACROSS ALL POPULATIONS:</b> |  |  |                    |            |           |             |                |
| <b>IMPLEMENT NWD/SEP: for consistent information and accessible entry points</b>                    |  |  |                    |            |           |             |                |
|   | <b>Expand NY Connects</b> statewide and add features.  | 31,000,000                             | 13,000,000         | 12,000,000 | 6,000,000 | All         | 14             |

| BIP Requirements with Gaps and Issues  | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |                   |                   |                  | Population* | Ref. for Notes |
|--|--|--|-------------------|-------------------|------------------|-------------|----------------|
|  |  | Total                                  | BIP               | MFP               | NYS              |             |                |
| <b>IMPLEMENT CORE STANDARDIZED ASSESSMENTS: for determining eligibility for community LTSS in a uniform manner</b>   |  |  |                   |                   |                  |             | 15             |
|  | <b><u>Support robust usage and expand use of UAS-NY:</u></b><br>Integrate <b>OPWDD's</b> Coordinated Assessment System (CAS) <b>with the UAS-NY</b> . Implement. | 4,200,000                              | 4,000,000         | 200,000           |                  | I/DD        |                |
|  | Integrate and automate <b>OMH assessment</b> with DOH and OPWDD assessments <b>in the UAS-NY</b> . Implement.  | 3,350,000                              | 1,000,000         | 2,350,000         |                  | BH/MH       |                |
|  | Other UAS-NY evolution to include features to meet BIP requirements and support robust usage.  | 8,000,000                              | 8,000,000         |                   |                  | ABD         |                |
| <b>IMPROVE CONFLICT FREE CASE MANAGEMENT:</b>  |  |  |                   |                   |                  |             |                |
|  | Separate case management from fiscal decisions, strengthen oversight and implement administrative firewalls, use of contractual terms and conditions.            | 2,000,000                              | 2,000,000         |                   |                  | All         |                |
| <b>TOTAL FOR INFRASTRUCTURE</b>  |  | <b>48,550,000</b>                      | <b>28,000,000</b> | <b>14,550,000</b> | <b>6,000,000</b> |             |                |
| <b>MFP/BIP ADMINISTRATIVE RESOURCES: not sufficient to manage infrastructure improvements or reporting and data collection across populations/agencies</b> |  |  |                   |                   |                  |             |                |
| <b>MFP ADMINISTRATIVE RESOURCES: leverage for efficiency</b>   |  |  |                   |                   |                  |             |                |
|  | Enhance MFP Administrative Budget  | 3,000,000                              |                   | 1,000,000         | 2,000,000        | All         | 16             |
|  | Implement <b>evidenced-based criteria</b> for  | 160,000                                | 160,000           |                   |                  | All         |                |

| BIP Requirements with Gaps and Issues  | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |            |     |           | Population* | Ref. for Notes |
|--|--|--|------------|-----|-----------|-------------|----------------|
|  |  | Total                                  | BIP        | MFP | NYS       |             |                |
|  | identifying candidates for successful transitions.   |  |            |     |           |             |                |
| <b>BIP REPORTING AND DATA COLLECTION: systems not in place</b>   |  |  |            |     |           |             |                |
|  | Develop Final Work Plan (protocols) & Quarterly Progress Reporting.  | 660,000                                | 660,000    |     |           | All         | 17             |
|  | <b><u>Quality Data protocol, reporting and response:</u></b>   |  |            |     |           |             | 18             |
|  | Improve the overall <b>quality of service delivery</b> through additional staff resources, as well as enhancements to information technology infrastructure. | 10,000,000                             | 10,000,000 |     |           | I/DD        |                |
|  | Adopt <b>practice guidelines for care coordinators</b> based on the Council on Quality and Leadership (CQL) personal outcome measures (POM).                 | 6,000,000                              | 6,000,000  |     |           | I/DD        |                |
|  | Develop an <b>Information Technology infrastructure</b> that will ultimately improve <b>care coordination</b> through the People First Waiver.               | 23,300,000                             | 23,300,000 |     |           | I/DD        |                |
|  | DOH/OMH <b>responses for improving quality after measuring.</b>  | 13,200,000                             | 13,200,000 |     |           | All         |                |
| <b>MFP/BIP ADMINISTRATIVE RESOURCES: not sufficient to manage infrastructure improvements or reporting and data collection across populations/agencies</b> |  |  |            |     |           |             |                |
| <b>DEDICATED RESOURCES TO MANAGE STRUCTURAL IMPROVEMENTS: under BIP not in place</b>   |  |  |            |     |           |             |                |
|  | Develop a process to assure new offerings and services meet documented   | 2,660,000                              | 660,000    |     | 2,000,000 | All         | 19             |

| BIP Requirements with Gaps and Issues  | Activity   | Estimated Amount for 4/1/13 to 9/30/15 |                    |                   |                   | Population* | Ref. for Notes |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
|--|--|--|--------------------|-------------------|-------------------|-------------|----------------|----------|-------------|-------------|------------|---|----------------------|-------------|-------------|---|---|----------------|------------|------------|------------|-----------|----------------|------------|------------|-----------|-----------|--------------------|--------------------|--------------------|-------------------|-------------------|
|  |  | Total                                  | BIP                | MFP               | NYS               |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
|  | needs on a person by person basis.   |  |                    |                   |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
|  | <b>Enhance service planning and case management systems</b> to include electronic processes which capture new data to support the right people are getting the right services at the right time. | 2,300,000                              | 2,300,000          |                   |                   | All         | 20             |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| <b>TOTAL FOR ADMINISTRATION</b>  |  | <b>61,280,000</b>                      | <b>56,280,000</b>  | <b>1,000,000</b>  | <b>4,000,000</b>  |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| <b>GRAND TOTAL</b>   |  | <b>651,700,000</b>                     | <b>598,700,000</b> | <b>43,000,000</b> | <b>10,000,000</b> |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| <p><b>Summary:</b></p> <table> <tr> <td>Capacity</td> <td>322,060,000</td> <td>294,610,000</td> <td>27,450,000</td> <td>-</td> </tr> <tr> <td>Financial Incentives</td> <td>219,810,000</td> <td>219,810,000</td> <td>-</td> <td>-</td> </tr> <tr> <td>Infrastructure</td> <td>48,550,000</td> <td>28,000,000</td> <td>14,550,000</td> <td>6,000,000</td> </tr> <tr> <td>Administration</td> <td>61,280,000</td> <td>56,280,000</td> <td>1,000,000</td> <td>4,000,000</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>651,700,000</b></td> <td><b>598,700,000</b></td> <td><b>43,000,000</b></td> <td><b>10,000,000</b></td> </tr> </table> |  |  |                    |                   |                   |             |                | Capacity | 322,060,000 | 294,610,000 | 27,450,000 | - | Financial Incentives | 219,810,000 | 219,810,000 | - | - | Infrastructure | 48,550,000 | 28,000,000 | 14,550,000 | 6,000,000 | Administration | 61,280,000 | 56,280,000 | 1,000,000 | 4,000,000 | <b>Grand Total</b> | <b>651,700,000</b> | <b>598,700,000</b> | <b>43,000,000</b> | <b>10,000,000</b> |
| Capacity   | 322,060,000  | 294,610,000                            | 27,450,000         | -                 |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| Financial Incentives   | 219,810,000  | 219,810,000                            | -                  | -                 |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| Infrastructure   | 48,550,000   | 28,000,000                             | 14,550,000         | 6,000,000         |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| Administration   | 61,280,000   | 56,280,000                             | 1,000,000          | 4,000,000         |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| <b>Grand Total</b>   | <b>651,700,000</b>   | <b>598,700,000</b>                     | <b>43,000,000</b>  | <b>10,000,000</b> |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |
| <p>* <b>Populations:</b><br/> I/DD- Intellectually/Developmentally Disabled -<br/> BH/MH- Behavioral Health/Mental Health<br/> ABD- Aged, Blind, Physically Disabled<br/> All- Any and All</p>   |  |  |                    |                   |                   |             |                |          |             |             |            |   |                      |             |             |   |   |                |            |            |            |           |                |            |            |           |           |                    |                    |                    |                   |                   |

## Funding Table Notes

### **REBALANCE EXPENDITURES TO INCREASE COMMUNITY LTSS IN RELATION TO INSTITUTIONAL LTSS:**

#### NOTE 1: Line Item - Expand the availability of community-based residential, day and support service options line item

NYS proposes to use BIP funds to provide “base funding” to increase the availability of lower-cost and more integrated community program options, including funding for HCBS-compliant residential programs for approximately 2,015 new OPWDD HCBS waiver enrollees during each year of the BIP grant period. These are individuals who are newly entering the waiver from institutions and those that are "aging out" of both in- and out-of-state private residential school programs to more appropriate settings in NYS. Specifically, BIP funds will be used to support the initial year of waiver funding for new individuals with an assumed phase-in of nine months. The phase-in is based on OPWDD recent budget experience.

Each year, OPWDD anticipates the services outlined below will be provided to individuals with BIP funding. The numbers of individuals served are in parenthesis and are duplicated across services.

- Day Habilitation (700),
- Supported Employment (125),
- Community Habilitation (505), Respite (505), and Service Coordination (2,015),
- Residential Habilitation in certified settings (450 in first year based on institutional run-down and other high-needs new populations).

The actual utilization of services for each year of BIP funding will vary based on the person-centered planning process for individuals newly entering the waiver during the year.

Following the initial months of BIP funding, the services will be fully Medicaid-funded with 50% federal and 50% state share on a recurring basis thereafter. The State expects to sustain these services on a recurring basis as a result of other system reform efforts, like on-going de-institutionalization and other efforts to ensure individuals are receiving services that are appropriate to address their needs. As an example, the average annual cost of serving an individual in a campus based facility is approximately \$450,000. Transition to self-directed community based services including residential and day will create an estimated savings of \$200,000, the state share of which can be reinvested to serve additional individuals in need of services.

#### Note 2: Activity Group - Increase OMH Capacity for transitions into the community

OMH is developing several BIP supported initiatives to facilitate transitions into the community including:

- Expansion of services for individuals coming out of institutional settings and capacity for 1915(i) services to facilitate the shift from inpatient settings into community alternatives. As part of the Medicaid Redesign Team, New York is preparing to integrate behavioral health care into managed care to promote recovery in community settings and to improve outcomes while reducing inpatient care, emergency room visits and readmissions. As New York prepares for the design and implementation of Health and Recovery Plans (HARPs), BIP funds will be used to

support the transition to managed care by expanding resources for community based alternatives, funding assessments and individualized plans for 1915(i) services and/or providing incentive payments for individuals coming out of institutional settings.

Below are links to the initial MRT recommendations related to behavioral health reform and a presentation to mental health services council.

[http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/mrt\\_behavioral\\_health\\_reform\\_recommend.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt_behavioral_health_reform_recommend.pdf)

[http://www.omh.ny.gov/omhweb/mh\\_services\\_council/2013/0607/behavioral\\_health\\_organizations\\_update.pdf](http://www.omh.ny.gov/omhweb/mh_services_council/2013/0607/behavioral_health_organizations_update.pdf)

- Expansion of in-reach teams and services for individuals coming out of adult homes and nursing homes including intensive supports to restore, enhance or develop basic living skills to make the community transition successful. Specifically, the BIP funds will be used to transition up to 1,000 individuals in nursing homes and adult homes by: 1) expanding access to Personalized Recovery Oriented Services (PROS) by providing resources for more intensive rehabilitation services and off-site supports to allow individuals to learn and practice skills in community settings; 2) developing a self-directed care demonstration program to be included in the 1115 waiver 1915(i)-like benefits package; and 3) establishing 6 in-reach teams to facilitate transitions from adult homes into community settings.
- Establishing a goal for the 10% reduction in the absolute number of long-stay patients within two years.
- Expansion of capacity for the Children's Home and Community Based Services (HCBS) Waiver program by adding 150 new slots statewide to facilitate a restructuring and downsizing of New York's children's inpatient system. New York is developing Regional Centers of Excellence (RCEs) to consolidate and reduce children's inpatient beds across the State and enhance community based services. The expansion of Children's HCBS waiver capacity as an alternative to inpatient care will help to facilitate the downsizing of State inpatient beds for children.
- Expansion of Community Supports to facilitate a restructuring and downsizing of New York's adult inpatient system. New York is preparing to implement Regional Centers of Excellence (RCEs) to consolidate and reduce adult inpatient beds across the State and enhance community based services. BIP funds will be used for the development of: 1) mobile transition teams to facilitate the recovery and successful transition to the community including the skills needed for independent living such as using community resources, living independently, managing time, managing medications, and being safe in the community; 2) crisis stabilization teams to prevent an emergency room visit or rehospitalization; and 3) retraining for staff and community providers to facilitate the transition from institutional settings into the community.
- Below is a link to OMH's initial Regional Centers of Excellence (RCE) plan.

<http://www.omh.ny.gov/omhweb/excellence/rce/docs/rceplan.pdf>

- Expansion of capacity for rehabilitation services by enhancing reimbursement to facilitate the transition from institutional settings into licensed transitional community residences providing a wide range of Medicaid eligible services. The BIP funds will provide for crisis stabilization and prevention to reduce rehospitalization, and enhanced supports required to transition individuals

from institutional settings including medication management, nutritional education, adaption skills training and life coordination skills.

### Note 3: Line Item – Create a fund for demonstrating innovations

The Innovations Fund is envisioned as a way to make sure that stakeholders have a dynamic role in implementing BIP in New York State. In addition, it will ensure that those providing vital community-based services have the opportunity to address barriers they face in doing so in the least restrictive appropriate setting. The Fund is intended to provide resources to implement capacity building projects that address specific, identified barriers to community-based care across the full spectrum of disabilities. A Request for Grant Applications will be issued that requires applicants to: 1) identify the barrier to home and community based care they seek to address; 2) describe the proposed innovation and its expected impact on rebalancing in New York State; 3) estimate the anticipated cost of the proposal, including a cost/beneficiary analysis; and 4) provide a statement as to whether and how the project will be sustained in the future. Grantees will have to demonstrate the effectiveness of their funded innovation in mitigating the barrier identified and meeting the needs of the individuals served.

Applications will be reviewed by an internal interagency workgroup based on criteria released with the application including cost effectiveness, the number of people reached with the innovation, the impact on New York's rebalancing efforts, the innovation's likelihood of addressing the barrier to community based care across the entire disability spectrum and a review of the grantees' past efforts, if any. Innovation Fund proceeds will be awarded on a competitive basis.

Individuals who are to be assisted by the innovation will be Medicaid-eligible and assessed as needing an institutional level of care. They will be transitioning to the community from institutionally based care or be at risk for institutional placement. The projects funded through the BIP Innovation Fund must meet the BIP requirements for use of funds.

NYS' intent is to issue a Request for Applications early in 2014 in order to give organizations awarded funding at least 18 months in order to demonstrate the effectiveness of their projects as all funding needs to be expended by September 30, 2015.

### Note 4: Line Item – Increase caregiver support services

Background: New York has undertaken work within a federal grant initiative focused on caregiving and respite issues for all payers and for individuals across the age and disability spectrums, called the Lifespan Respite Care Program initiative. A problem area that has been identified is the need to address identified gaps and unmet respite needs of family caregivers across the lifespan. The lack of caregiver support and respite often leads to caregiver burnout, which, in turn, may lead to nursing home placement. It also can substantially affect the workplace, where caregivers often try to juggle their work responsibilities with their caregiving responsibilities.

BIP funds would be used to expand availability of caregiver support and respite care to caregivers of Medicaid beneficiaries/eligibles statewide that meet the target criteria.

Target Criteria: Caregivers of individuals with a diagnosed cognitive impairment (e.g., Alzheimer’s disease, chronic diseases), caregivers of older adults, frail individuals, and persons of all ages with disabilities (physical, functional, behavioral, etc.). This information would be available from the care recipient’s standardized assessment.

Geographic Focus/Numbers Served: This would be available statewide and based on need.

Types of Services: The service package would be based on the assessment of the care recipient and identified need for services. These services would be used as respite for the caregiver, as well as training and support to assist caregivers in their caring role:

- Adult day services – social adult day services (SADS) and Alzheimer’s Disease/dementia-specific day services;
- Consumer-directed respite (capped);
- Overnight respite, including a temporary overnight stay in an adult care facility, nursing home, or other setting; and
- Caregiver services including support groups, counseling, education, and training programs to assist caregivers in sustaining their role.

Example – a caregiver could receive one day per week of SADS for the care recipient for one year, 7 overnights per year, and 6 hours per month of caregiver supports and training (cost is expected to be an average of \$2500 per caregiver/year).

Note 5: Line Item - Continue to build statewide capacity to offer evidence based programs to Medicaid adult population (CDSMP, DSMP, DPP)

BIP will enable New York State to further develop capacity to offer several evidence based health promotions programs to approximately 5 percent of Medicaid adult population with chronic diseases in the community (approximately 30,000 persons). The specific evidence based programs include the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) developed by Stanford University, as well as the National Diabetes Prevention Program (NDPP) developed by the Centers for Disease Control and Prevention. CDSMP and DSMP, which target individuals with any type of chronic condition, such as diabetes, pre-diabetes, arthritis, chronic pain, anxiety, cardiovascular disease and high blood pressure, have helped individuals learn how to manage their conditions and been proven effective in yielding positive outcomes for participants, with participants reporting improvements in symptom management, physical activity, their ability to actively participate in their health care decisions, along with reductions in hospital stays. NDPP, which helps individuals who are considered at risk for diabetes make lifestyle changes, has helped reduce the risk of developing type 2 diabetes by 58 percent in people at high risk for diabetes.

Statewide Infrastructure Service: The New York State Office for Aging (NYSOFA) has been partnering with the New York State Department of Health (NYSDOH), and the Quality and Technical Assistance Center at the University at Albany (QTAC) to embed Evidence Based Interventions, including CDSMP and DSMP, into New York State’s health and long-term services and supports system. Although there is currently an existing infrastructure for these evidence-based programs in New York which is supported in part by the US Administration for Community Living and Centers for Disease Control and Prevention, the funds requested through BIP would allow for increased delivery and reach of the CDSMP, DSMP and NDPP programs to

Medicaid recipients, additional training, and technical assistance to expand the reach of the programs beyond the 30 percent of the State that is currently being served.

### **LACK OF FINANCIAL INCENTIVES: for community placement**

#### **Note 6: Line Item – Create a pool that MMC, FIDA, MLTC and other MC entities can compete for by meeting rebalancing targets**

New York State intends to spend a portion of its BIP awards on rate enhancements to ensure an adequate supply of qualified providers are available to serve individuals in home and community-based settings across the state. A portion of those funds will be placed in a pool for which managed care entities serving individuals from across the disability spectrum may compete for a temporary rate enhancement (see below). This project is still in progress, but the State intends to work with stakeholders to establish criteria upon which points may be assigned to plans to establish a ranked list. These criteria will include a statistically significant decrease in the plan's percentage of members receiving long term services and supports in an institutional setting, a statistically significant increase in the percentage of the plan's membership receiving LTSS in qualified home and community based settings, satisfactory performance on a set of yet-to-be determined quality measures that includes consumer satisfaction, and satisfactory performance on yet to be determined measures of health outcomes. Plan members who are transitioned to the community must remain there for at least six months for the plan to receive half of their award and at least a year to receive the remainder. Criteria other than transitioning individuals out of institutional settings may be added to rebalancing targets such as successful placement in competitive employment. Points awarded to plans based on the approved criteria would result in a ranking of participating plans. A set percentage of plans would be eligible for temporary rate increases based on their performance (i.e. rank).

The first year of the BIP implementation will serve as a baseline for all measures. There would be criteria established for plans to be allowed to participate in the competition such as the time they have been operational to ensure that there is a sufficient track record upon which to base performance.

The following information is in response to CMS NY Balancing Incentive Program Rate Questions dated 12/5/2013 – Question A.

1. The existing managed care rate methodology would be unaffected as pool funds would be an add-on to the current rate. Whatever portion of the funds a plan receives from the pool will be allocated back to the plan and promulgated through a temporary rate increase. Any temporary enhanced rate would be reviewed by DOH and our Actuary, Mercer, to ensure it is actuarially sound and falls within appropriate rate ranges.
2. The current MLTC risk adjusted rates are based on functional and clinical need. The risk adjustment methodology recognizes higher need individuals and provides higher reimbursement. There is also an eligibility requirement that individuals must meet a nursing home level of care in place. Current MLTC mandatory transition rates reflect community and SNF placement costs. Current premiums reflect community based placements with costs that exceed SNF costs. FIDA rate development is based on the MLTC premium methodologies therefore the same financial incentives built into MLTC will exist in FIDA premiums. As for MMC, SNF custodial care is currently carved out of rates and paid through FFS.

Only rehabilitation stays are reimbursed through the managed care rate. Thus, incentives to encourage community-based placements are not currently necessary.

3. New York State would like to use the pool to incentivize plans to think about ways to maximize quality in the provision of long terms services and supports in community based settings as they are developing their business model. By establishing a pool that may recur in future years, we hope to incentivize managed care plans across disabilities and geography to use any proceeds from these efforts to reinvest in tools and techniques that help individuals defer institutional care or successfully transfer from institutional to community based settings. Through its participation in BIP, New York hopes to make placement in home and community based settings the default for any individual that wants to remain in their home/community. This pool will help us reach that goal and ensure that in our transition to managed care, plans that focus on quality LTSS in community-based rather than institutional settings serve as beacons to those in need of such services, as well as other plans. Utilizing a pool rather than modifying existing rate-setting methodologies allows the necessary flexibility to provide varying degrees of payment to plans based on distinct conditions that will required.
4. The incentive will address both avoiding new SNF placements as well as moving current SNF residents to the community. Points toward rankings will be awarded both for deferring institutional placement and for transitioning individuals from institutional settings to those that are community based. New York State is currently deciding between developing or identifying indicators of when a plan has deferred an individual from being placed in an institutional setting or simply using a measure such as a UAS or CAS score that would indicate an institutional LOC where that individual is served in the community and placing a higher weight on the percentage of long term care members transitioned to community based settings.
5. The following table provides a detailed timeline for the incentive pool (in answer to questions A5 and A6 on CMS NY Balancing Incentive Program Rate Questions):

| Task   | Agency | Date            | Notes   |
|--|--------|-----------------|---|
| Draft protocol for Pool                                      | DOH    | 1/2/14-2/14/14  | Including organizational qualifiers/disqualifiers, definitions of success, measurement criteria, data sources, measurement cycles, evaluation methodology, reimbursement/disbursement mechanism, etc. |
| Approved protocol for Pool                                   | DOH    | 2/15/14-2/28/14 | Including all necessary approvals   |
| Developing materials and coordinating stakeholder engagement | DOH    | 2/1/14-2/28/14  | Identify interested parties, planning, etc.   |

| Task   | Agency | Date                | Notes                        |
|--|--------|---------------------|------------------------------|
| Stakeholder Engagement                       | DOH    | 3/1/14-<br>3/31/14  | Webinars, meetings, etc.     |
| Approved Revised Protocol                    | DOH    | 4/1/14-<br>4/15/14  |                              |
| Implementation planning                      | DOH    | 3/1/14-<br>3/31/14  |                              |
| Implementation                               | DOH    | 4/1/14-<br>9/30/14  |                              |
| Measurement and Quarterly award cycles begin | All    | 10/1/14-<br>9/30/15 | 4 Quarterly reporting cycles |
|  |        |                     |                              |
|  |        |                     |                              |

New York will establish a workgroup that includes stakeholders to determine additional measures that reflect the robust nature of community based placement and integration such as length of time the individual remains served in the community (minimum of 6 months will be required for transitioned individuals); realization of individual goals such as competitive employment or participation in community activities; and consumer satisfaction with community based services and supports. New York's participation in the Community First Choice Option, if approved by CMS, will require measurement of these types of indicators and will facilitate their use in ranking plans for rewards under the rate pool.

**Note 7: Line Item – Provide funding to support start-up costs for DISCOs**

As part of its initiative to provide care management for all, NYS is working with CMS to develop a specialized managed care program that will transform the way that care is organized and delivered across the continuum of service needs for New Yorkers with Developmental Disabilities. These new, managed care organizations will meet existing DOH Article 44 (DOH) licensure requirements for a certificate of authority and must also be controlled by organizations that have a history of specialized service provision for individuals with intellectual and developmental disabilities. As MCOs, these new entities must meet all existing managed care requirements for 1) network development and management; 2) care coordination, quality improvement and utilization management; 3) clinical information systems; and 4) data analytics. Given the limited experience across the nation in serving individuals with Developmental Disabilities using a managed care model, entities preparing to coordinate care for this population are uniquely challenged in the area of quality improvement and performance measurement. Specifically, a national standard for measuring the effectiveness of care coordination has not yet been established and organizations in NYS readying to serve individuals with developmental disabilities have made considerable investments into developing this new model.

Considering the initial startup costs of establishing managed care capacity and given the unique features of operating managed care for this specialized population, OWPDD is proposing to use these BIP resources to establish a pool of funding from which grants could be awarded to potential plans to continue the momentum and position itself, the State and its provider network to successfully achieve the goal of fully integrated managed care.

NYS proposes that a matching grant pool be established that would allow not-for-profit entities that are applying to become specialized managed care entities to apply for support with the adoption and implementation of specialized Electronic Health Records (EHR) that provide for:

- Integration of care among network providers, including community-based providers of specialized, developmental disability services,
- Care coordination capabilities, and
- Implementation and effective utilization of an electronic health record by community-based network providers.

Matching grant funds could not be used to meet contingent reserve and escrow requirements for DISCO applicants.

#### **Grant Awardees' Selection**

NYS is modeling the DISCO start-up grant activities after successful grant programs that have been implemented in the past through Healthcare Efficiency and Affordability Law (HEAL) grants and through start-up grants specialized managed care programs for people with HIV/AIDS. Grant applicants will be selected on the basis of the successful completion of the initial phase of the Certificate of Authority (COA) process to operate a DISCO. The initial phase of the COA review process will be conducted jointly by the Department of Health and OPWDD and will ensure that the applicant can successfully meet the New York State Public Health law (NYSPL) Article 44 requirements in the following areas:

- **Organizational Structure** – Review of detailed description of DISCO organizational structure, organizational chart, Certificate of Incorporation and Bylaws.
- **Management of the DISCO** – Review of management staff including positions budgeted but not yet filled. The applicant provides a list of names addresses and official positions for Chief Executive Officer (CEO), Medical Director, governing body and all management staff. The applicant also identifies any delegated authority, and, if authority is delegated to contractors, identifies the contractors. For certain functions, the contract itself must be reviewed by the state for regulatory compliance.
- **Character and Competence** – Comprehensive review of the licensure, qualifications and background of the Medical Director, CEO, incorporators, stockholders, members, and each member of governing body of DISCO.
- **Governing Board** – Review of the role and responsibility of governing board. The

Bylaws of the governing board are also reviewed if these duties are not specified in the corporate bylaws. The Board's engagement with individuals served by the DISCO and opportunities for these individuals to provide meaningful input are also reviewed.

- **Service Area** – Identification of counties to be served and the rationale for choosing service area.
- **Enrollment Projections and Target Population** and the basis for projections. Note that qualified individuals of all ages living in the area served by the DISCO will be eligible to enroll in the DISCO, with the authorization of OPWDD. An individual will qualify for enrollment, if he or she has a developmental disability, meets ICF/IID (Individual with Intellectual Disability) level of care and is Medicaid-enrolled. This includes those enrolled in both Medicaid and Medicare.
- **Finance** – The State will review a description of the DISCO’s mechanism to maximize reimbursement from Medicare and other benefits and the DISCO’s systems for securing and integrating any potential sources of funding for services provided by or through DISCO, including funding available under:
  - Supplemental Security Income (SSI) program
  - Medicare
  - Medicaid
  - Description of systems to process payment for services

The applicant must also include the following:

- Revenue & Expense Statement
- Pro-forma Balance Sheet
- Source of initial capitalization
- Proposed loan document if a subordinated loan
- Describe arrangements to share financial risk, if appropriate

The second phase of the COA review process is detailed review of DISCO policy and operating procedures; provider contracts; provider network adequacy; notices; and ultimately the preparation for onsite review. The State expects that applicants that successfully complete the initial phase of the COA process will ultimately be issued a COA upon completion of the entire review process.

#### **Costs eligible for Grant Funding**

The intent of the grant award is that all successful applicants will receive a matching grant award based on a review of the applicant’s need and approval of a start-up budget that identifies expenditure items that are available. Grant awards are contingent upon availability of BIP funds.

Grant funds may support four cost categories for pre-operational/start-up costs:

- **Management Information System Development** (Potential eligible costs include salary for Management Information system (MIS) support, Reporting/Data Maintenance, Applications, Network Support, Helpdesk; and Non-Salary items such as file server/PC software, Personal Computers)
- **Management Staff** (Potential eligible costs include pre-operational costs for enrollment, claims, member services, finance and management staff)
- **Provider Network Development** (Salary and non-salary costs associated with credentialing, on-site review, and clerical functions)

- **Establishment of Clinical Linkages** (Potential eligible costs include salary and non-salary costs during pre-operational period for pre-certification/authorization functions, case management, referrals, Medical Director, Provider Liaison)

**EHR that are approvable and the schedule for developing these capabilities for the not-for-profits**

The types of MIS funding categories eligible for the grant awards are described above. DISCOs will be expected to have available or have a plan for obtaining a full electronic record system that integrates all services on a single platform, with the following features:

- DISCOs must use an EHR that is federally certified as meeting meaningful use standards. Requiring this certification guarantees that the EHR addresses federal and NY State interoperability standards, HIPAA security requirements, consumer portals and core health care standards that are now the norm for EHRs under federal health care reform.
- The proposed EHRs must reflect customizations that reflect the holistic care coordination requirements for individuals with developmental disabilities (e.g.; an electronic service plan for the individual that links to the assessment and actual delivery of service, integration with OPWDD systems, appropriate monitoring systems, etc.)
- In addition to meeting government interoperability standards, the DISCOs EHRs must provide a web portal for direct entry of service data by not-for-profit network providers that lack EHRs capable of electronically exchanging data.
- Program planning must include Personal Outcome Measures based on OPWDD guidance with corresponding outcomes set by the member and his/her circle of support that are identified in the electronic service plan.
- Ability for alerts to be shared between network providers and the care coordinator

In keeping with information system policy for NYS, DISCO applicants must demonstrate how the organization will come into compliance with the current version of the Statewide Policy Guidance, which includes common information policies, standards and technical approaches governing health information exchange. It is expected that all successful DISCO applicants will come into compliance with these guidelines within 18 months of becoming operational. The guidance can be found at:

[http://www.health.ny.gov/technology/statewide\\_policy\\_guidance.htm](http://www.health.ny.gov/technology/statewide_policy_guidance.htm)

**Available Grant Amounts**

Current plans for the grant award is that the applicant must demonstrate that the organization will expend ¼ of the cost for eligible expenses, and grant awards may meet the remaining ¾ of the eligible expenses. The state intends to issue awards not to exceed \$1.5 million. At this time, OPWDD expects that payment of the grant awards will occur in two phases. The first payment will be issued upon the successful completion of the initial phase of the COA review. The remaining grant award will be withheld subject to issuance of the COA.

Note 8: Line Items – Enhance reimbursement for residential and day services to establish a sufficient pool of providers to support campus based transitions **AND** Enhance reimbursement for residential and day services to establish a sufficient pool of providers to support non-campus based transitions

As OPWDD continues with its efforts to reduce its State-operated campus-based institutional programs and transition the individuals to community-based settings, OPWDD is expanding the number of individuals with high-needs who are served in more integrated, community-based settings. Particularly at the point of transition, OPWDD anticipates that these individuals will need enhanced direct care staff and clinical supervision above what currently is the norm for community-based programs. It is OPWDD's intention to provide a specialized level of care in order to incentivize qualified not-for-profit providers to serve these individuals and contribute to NYS's transformation goal of deinstitutionalization. These payments will be paid on an interim basis with BIP funds, but will ultimately be incorporated into the transformational rate methodologies upon completion of an analysis of the actual cost of providing services to these individuals in the community, and inclusion of an acuity factor within the methodology itself.

Please note, for individuals who are newly entering the OPWDD HCBS Waiver and are leaving institutional settings, this supplemental funding will be provided in addition to the "base funding" described in our response to the CMS question related to BIP funding of community-based services.

The ICF Transition Plan shared with CMS on July 30, 2013 displays the split between state and private provider census numbers. There are about 6,300 individuals served in non-campus-based ICFs, which are operated by both the State and OPWDD's network of not-for-profit providers; the vast majority of the individuals served in this setting (nearly 5,700) are served in not-for-profit provider ICF programs.

OPWDD anticipates that the initial transition step for many of the individuals moving from both campus- and non-campus-based institutional ICF programs will include residential, day and other support services in programs managed by not-for-profit providers. Many of these individuals will be placed in MFP-qualifying residences and meet home and community based standards upon transition. OPWDD has identified OPWDD staff who are serving as MFP liaisons in every region of the State and continue to look at each individual and determine whether he or she could be successfully placed in an MFP-qualifying residential option.

In terms of the proposed changes to the payment levels themselves, it costs, on average, approximately \$130,000 per year to serve an individual in the community (Residential Habilitation and Day Habilitation) through the HCBS Waiver. To ensure providers have sufficient funding levels to appropriately serve these individuals, OPWDD anticipates enhanced payment levels of a total of approximately \$200,000 annually for both the base and supplemental funding for this cohort (inclusive of residential and day programming) based on an historical cost analysis. Even at these enhanced levels, the costs to serve these individuals is roughly half of the cost of serving an individual in an OPWDD-operated, campus-based ICF program.

Note 9: Line Item – Enhance reimbursement for supported employment programs to support those leaving the education system

OPWDD supported employment services are completely aligned with the guidance in the CMS Informational Bulletin. The design of the new Pathway to Employment service is modeled on the Career Planning service within the CMS Bulletin. In addition, the supported employment service definition within the HCBS waiver is

being revised to be consistent with the CMS Bulletin. The new Pathway to Employment service would enable people with developmental disabilities who are currently receiving day habilitation, prevocational or workshop services, or youth exiting high school to successfully transition to integrated community employment earning at or above minimum wage. BIP funding would be used to develop curriculum and train providers on how to deliver the Pathway to Employment Service. BIP funding would also be used to offset some of the initial increased cost associated with transitioning people from traditional day services to employment. Providers will have additional cost associated with the job development and job coaching services that will be needed to assist people in developing pre-employment skills, assessing employment interests, developing resumes and going on interviews, learning job duties and maintaining job performance.

Note 10: Line Item – Provide funding to incentivize providers to consolidate often duplicative administrative functions

OPWDD is currently hosting a transformation work group focused on exploring and making recommendations related to promoting improved provider efficiency and innovation. A subcommittee focused on provider collaborations, consolidations and innovations is conducting an inventory of the variety of options/possibilities for shared administrative services such as payroll, human resources, billing, insurance etc. That subcommittee is also exploring options for provider agencies to partner through consolidations and strategic alliances for shared efficiencies and will identify pros and cons and best practices. By consolidating administrative functions that are common to all providers, providers can achieve better value in these functions while retaining their focus on service delivery.

The findings and recommendations of this subcommittee and work group will inform the establishment of a technical assistance resource that will be available to support non-profit service providers in activities related to the transition to managed care. Providers may apply for funding support for innovation initiatives that will result in more efficient, streamlined administrative functions that support their participation in DISCO(s)' provider networks. Specifically, the funding will be available to support technical assistance (TA), direct one-time infrastructure costs, and related operations mapping and policy development. Examples of fundable projects include underwriting technical assistance to nurture promising strategic restructuring projects involving existing, or potential, partnerships between two or more organizations. TA support will range from \$10,000 - \$40,000, depending on the scope of the proposed project and where it falls along the planning continuum—pre-planning to full implementation. Projects at all stages of development will be considered, from pre-planning and feasibility studies to implementation of a detailed restructuring plan.

OPWDD is working with DOH to make the necessary changes to eMedNY to track individuals who leave institutional settings and whose services are eligible for reimbursement with the enhanced fees. OPWDD is working with the DOH on a systems development request that will establish specific rate codes for these enhanced fees. Staff is also developing a proposal for pre-payment system edits that will allow the use of the enhanced payment rate codes only for qualified individuals. Qualified individuals will be identified in the payment system with coding that is established by OPWDD and is assigned based on the person's former residence in a qualified institutional setting. The development of pre-payment edits is more challenging, and has a lengthier development timeline than the establishment of new rate codes. To ensure accuracy of payments prior to the implementation of pre-payment edits, OPWDD staff will monitor eMedNY payment data to ensure that the use of these specialized rate codes are limited to individuals who qualify based on their former institutional status. The State recognizes that BIP funds must ultimately support the costs of these fees and will use BIP funds to reimburse the federal and state shares of Medicaid, so that BIP ultimately

supports the gross value of the claim, or direct charge BIP in the first instance. Individuals who are leaving highly structured institutional settings such as campuses and skilled nursing facilities will need enhanced supports beyond those which are typically provided in existing waiver program services. This level of support will be needed for a period of time in order to ensure a successful transition.

Note 11: Line Item – Transition to a standardize reimbursement methodology for Residential Habilitation and Group Day Habilitation

OPWDD identified several areas of expenditure related to the initial development of and migration to the new transformational rate methodology for its existing array of Medicaid services. Those expenditure areas include:

- Approximately \$6.8 million over the 30-month period to support costs to identify and refine the appropriate methodology to support the initial phase of services (ICFs, Residential Habilitation and Day Habilitation), as well as assessing the remaining Waiver services as to whether more appropriate and rational methodologies should be employed; the corresponding software and infrastructure costs to roll-out the new methodologies; and need to train staff on the methodologies.
- Nearly \$1.8 million associated with enhancements to audit functionality, including contracts and software associated with financial integrity audits, and the development of forensic audit capacity within OPWDD.
- More than \$0.7 million to support “People First Waiver” compliance and training initiatives, including enhancing OPWDD’s capacity to provide administrative oversight of the Waiver.
- Some \$0.2 million to support a staffing contract to address increased billing questions and denial edits associated with OPWDD fee-for-service rate codes and other Medicaid billings as individuals change services. Billing problems have previously impacted OPWDD’s ability to expand services, as well as provider willingness to begin new services.

Note 12: Line Item – Transition individuals currently residing in Skilled Nursing Facilities into more appropriate, community-based residential and day program options

OPWDD would propose to provide similar levels of enhanced funding to not-for-profit providers opting to serve individuals with developmental disabilities transitioning from Skilled Nursing Facilities to more integrated community service options. These funding levels would be commensurate with those discussed earlier for individuals transitioning from ICF programs –supplemental funding. As discussed earlier, approximately \$130,000 (all shares) per year is required to serve an average individual in the community certified residential setting (Residential Habilitation and Day Habilitation) through the HCBS Waiver. To ensure providers have sufficient funding levels to appropriately serve these individuals who meet a SNF level of care, OPWDD anticipates enhanced payment levels of a total of approximately \$200,000 annually for both the base and supplemental funding for this cohort (inclusive of residential and day programming) based on an historical cost analysis.

These payments will be paid on an interim basis with BIP funds, but will ultimately be incorporated into the transformational rate methodologies upon completion of an analysis of the actual cost of providing services to these former SNF residents in the community, and inclusion of an acuity factor within the methodology itself.

OPWDD has identified regional MFP Coordinators who will be responsible for assessing individuals and making the determination if they can be successfully served by an MFP-qualifying residential opportunity. OPWDD is steadfastly endeavoring to keep people out of nursing homes and to get individuals currently in residence out as soon as practicable. OPWDD has requested that provider agencies work closely with the agency to find an alternative residential placement for anyone who is unable to return home following a hospitalization. Currently, OPWDD staff is working on a person-by-person basis with local placement/intake coordinators, along with voluntary agency service coordinators, with those individuals who have a designation as being appropriate for a residential option. In the future, OPWDD plans to develop a report showing the number of individuals awaiting placement with any given region. It is assumed that some percentage of SNF residents with developmental disabilities will be placed into MFP-qualifying residential options; however, MFP monies will not be used to support the costs of these direct services, in accordance with the State’s recently amended MFP Operating Protocol.

The concept enhanced funding is similar to that of the underlying premise to support individuals transitioning from campus-based institutional programs – provide enhanced reimbursement to incentivize providers to support individuals transitioning from skilled nursing facilities to the community in order to ensure that appropriate levels of supports are available to facilitate success. The fees will also provide for the development of supports that are tailored to the individual needs and choices of each person leaving a skilled nursing facility and will encourage supports that result in opportunities for individuals to return to their home if they choose and to direct the supports they need to ensure the success of the transition. These fees reflect the fact that all individuals meet the specialized level of care requirements for a nursing home and vary based on the region in which the individual has chosen to reside (to reflect cost differences). The proposed fees for individuals leaving skilled nursing facilities – which will be wholly supported with BIP funds – are as follows:

| "Specialized" Level of Care   |           | Gross Annual Funding |     |
|-------------------------------|-----------|----------------------|-----|
| Qualifying Setting            | Region    | Residential          | Day |
| -- Skilled Nursing Facilities | Downstate | 136,500              | n/a |
|                               | Upstate   | 123,500              | n/a |

**Note 13: Line Item – Enhanced reimbursement and/or capacity for rehabilitative services in community residences and apartment treatment for up to 1,000 individuals discharged from OMH State PCs, Nursing Homes and Adult Homes**

Enhanced reimbursement will be provided for the expansion of Medicaid eligible rehabilitation services to facilitate the movement of patients from institutional settings to community settings. Specifically, the intent is to enhance reimbursement to a provider that enrolls a patient being discharged from an Adult Home, Nursing Home or a State Psychiatric Center in their Community Residence program since these individuals require higher levels of rehabilitation services to facilitate the transition into the community. A total of \$11,250,000 has been made available for this project.

Currently providers receive a single Medicaid rate that covers all rehabilitative services provided. Persons transitioning out of institutional settings have acute intensive rehabilitative needs associated with transitioning into a community setting. The enhanced reimbursement would allow providers to have additional funding available to pay for Medicaid eligible rehabilitative services for the acute and greater needs of persons transitioning out of institutions.

## **Medicaid Eligible Services to be provided to eligible persons transitioning**

The enhanced reimbursement will provide an increased number and duration of rehabilitation services being provided for wide range of needs in an intensive and comprehensive manner to individuals coming from the institutional settings for the purpose of facilitating their transition into independent living within the community in safe and affordable housing. Rehabilitation services eligible for enhanced reimbursement include the following:

- Assertiveness/Self Advocacy Training which is designed to promote the individuals' ability to assess his or her needs to make a life status change and to increase self-awareness about his or her values and preferences.
- Community Integration Services/Resource Development designed to help individuals to identify skills and community supports necessary for specific environments, to assess their skill strengths and deficits in relationship to environmental demands, to assess resources available to help the individuals, and to develop a natural support system by accessing social, educational, and recreational opportunities.
- Daily Living Skills which focus on the acquisition of skills and capabilities to maintain primary activities of daily life- Health Services to maximize independence in personal health care by increasing the individual's awareness of his / her physical health status and the resources required to maintain physical health, including regular medical and dental appointments, basic first aid skill and basic knowledge of proper nutritional habits and family planning.
- Medication Management and Training regarding the storage, monitoring, recordkeeping and supervision associated with the self-administration of medication.
- Parenting Training intended to promote positive family functioning and enable residents to assume parenting responsibilities.
- Rehabilitative Counseling includes assisting the individual in clarifying future directions and the potential to achieve rehabilitation goals, identifying and specifying behaviors that impede goal setting, improving awareness of the influence of environmental stress, and helping the individual to generalize newly learned behaviors to housing and other situations outside the program structure.
- Skill Development Services assist clients to gain and utilize the skills necessary to undertake employment or pursue educational opportunities.
- Socialization is intended to diminish tendencies toward isolation and withdrawal by assisting residents in the acquisition or development of social and interpersonal skills.
- Substance Abuse Services provided to increase the individual's awareness of alcohol and substance abuse and reduction or elimination of its use.-Symptom Management which are intended to achieve a maximum reduction of psychiatric symptoms and increased functioning.

In addition, the service of Peer Support and Bridger will enhance the already existing Rehabilitation Restorative Services that are described above. Peers are determined by a clinical professional to be capable of assisting recipients of mental health care in the recovery process; activities include assisting consumers with writing advance directives, scheduling appointments with providers, teaching wellness self-management skills, and bridging individuals from Congregate Care Settings to the more independent, less restrictive housing settings of Supported Housing.

## **Identifying Eligible Individuals/Providers**

Using the NYS Office of Mental Health's (NYS OMH) Children and Adult Integrated Reporting System (CAIRS) Residential Program Indicators Report, OMH will identify patients originating from State Psychiatric Centers, Adult Homes and Nursing Homes that were enrolled in Community Residence apartment or licensed, Medicaid eligible congregate programs. OMH will provide a 30% enhancement to the standard Community Residence rate for the first year and 15% enhancement during the second year.

## **Operationalizing Enhanced Reimbursement**

On a quarterly basis, the NYS OMH will calculate the enhanced reimbursement to eligible providers based on the individuals served in the previous quarter transitioning from institutional settings into the community. The enhanced reimbursement will be paid to providers outside of their single Medicaid rate during the BIP eligible expenditure period (ending 9/30/15). The two-year enhancement is meant to facilitate a more rapid movement of individuals out of institutional into community settings consistent with the OMH Regional Centers of Excellence plan which calls for the downsizing of NYS operated inpatient psychiatric hospitals.

## **IMPROVE INFRASTRUCTURE FOR THE EFFICIENT PROVISION OF COMMUNITY LTSS ACROSS ALL POPULATIONS**

### Note 14: Line Item – Expand NY Connects statewide and add features

NY Connects is New York State's federally recognized Aging and Disability Resource Center. NY Connects works as a coordinated system of information, assistance, and access for all New Yorkers seeking long term services and supports (LTSS) resources. Through BIP, the current NY Connects programs, which consists of a county-based partnership between the Area Agency on Aging and Local Department of Social Services (and/or Community Alternative Systems Agency (CASA)), will be expanded to comprise additional partners, potentially including the Regional Resource Development Centers (RRDCs), Developmental Disabilities Regional Offices (DDROs), and Office for Mental Health (OMH) Regional Field Offices, as well as Independent Living Centers (ILC's and other Community Based Organizations representing individuals with disabilities .

Individual/caregivers will be able to access the NY Connects Network and obtain comprehensive, objective information and assistance on LTSS through the website, a statewide 1-800 telephone number that will be a virtual call center (routing calls to the NY Connects Network within the zip code of the person needing information about or in need of LTSS); or in person, in the office, community or in the person's home.

The NY Connects Network will minimize the need for "hand- offs." Staff will be trained to provide consistent information and assistance about available services, operate in accordance with NY Connects Standards and Operating Protocols, conduct the Level I screen, utilize a person-centered approach, provide application assistance for Medicaid and other publicly funded programs as appropriate, provide linkages to available services for non-Medicaid eligibles, and assist individuals in linking to the appropriate Level II assessment when Level I screen shows potential eligibility for Medicaid Community LTSS.

Through New York State's participation in BIP, it is anticipated that there will be a significant increase in the number of Medicaid recipients and Medicaid eligibles who contact NY Connects for information on LTSS. With the roll out of a toll free number to help individuals across the State access information on LTSS, along with potential inclusion of an enhanced Level I screening tool into the NY Connects LTSS Resource Directory

website (to be used by NY Connects staff and network partners or individuals themselves to determine what services and if any financial assistance may be available to them for LTSS), NYSOFA estimates that currently 25 percent of individuals who contact NY Connects over the course of a year are Medicaid recipients or eligible for the Medicaid program. Moreover, New York will develop a comprehensive advertising strategy to promote the NY Connects Network of No Wrong Door system to ensure widespread awareness. The dramatic increase in demand, particularly among Medicaid eligibles, requires commensurate capacity to meet the demand to be built into the NY Connects programs and Network partners and increase the service shed of the enhanced NY Connects Network to cover the entire State of New York. Expanding the geographic and human resource capacity, as well as developing the necessary technological solutions to allow for the interface of client information (in accordance with protocols to be developed to assure HIPAA and confidentiality compliance), will enable a seamless and more timely experience for potentially eligible Medicaid individuals/Medicaid recipients.

### **IMPLEMENT CORE STANDARDIZED ASSESSMENTS: for determining eligibility for community LTSS in a uniform manner**

Note 15: Category - IMPLEMENT CORE STANDARDIZED ASSESSMENTS: for determining eligibility for community LTSS in a uniform manner

#### Integrating the OPWDD CAS and OMH assessments in UAS-NY

UAS-NY is the new uniform assessment tool being implemented statewide across 8 distinct Medicaid programs administered by the Department of Health: Personal Care/CDPAP, Assisted Living Program, Adult Day Health, Long Term Home Health Care Program, Care At Home Waivers, Nursing Home Transition and Diversion Waiver/Traumatic Brain Injury Waiver, and Managed Long Term Care. The UAS-NY unified many different assessment tools previously used across the Department's long term care spectrum.

During the planning and development process many features were added that apply to assessment tools and processes across other agencies serving disabled populations whose long term care needs are funded primarily by Medicaid. These features include allowing organizations to assign roles (which regulate access to information and provide appropriate security and privacy) to their staff depending on the assessment function they perform. The UAS-NY also contains:

- an access portal that meets trust level III requirements,
- features which allow assessments to be auto-populated with data from earlier entries,
- standardized administrative reports,
- on-line real time processing features and the ability for workers to use the tool off-line on laptops,
- integrated online training that requires users to complete certain courses before they can access and use the assessment system,
- the ability to replicate and transfer data to the warehouse and the Medicaid analytical platforms, and
- many other features which can be used by any agency regardless of population served.

However, in order for the UAS-NY to fully integrate the other core standardized assessments that are currently at various stages of development in New York, other features are required. These include:

- adding fully developed and validated assessment tools relevant to the developmentally and behaviorally disabled,
- adding access rights for organizations and users outside of the Department of Health,
- adding business rules that reflect other populations processes and regulations which will involve:
- controlling the definition of roles and access, and
- making the system recognize new programs for reporting purposes.

In addition, the integration of other instruments in the UAS-NY will require incorporating adjustments to the standard reports, logic that points organizations to the proper assessments, content specific training and other customization to ensure that the system works across the disability spectrum.

#### Other UAS-NY evolution to meet BIP requirements and support robust usage of current users

The UAS-NY funding for evolution and usage will largely be spent on supporting robust usage for existing DOH organizations and their users. These organizations have new hardware requirements dictated by a secure assessment system conducted in the home.

Secondarily, it will be used to integrate or interface with the NWD/SEP network as will be set forth in the detailed design. This integration or interface will also dictate new reporting needs and desires, so standard reports will have to be developed and new data elements will have to be accommodated. The Level I screen will be implemented across the spectrum through the NWD/SEP approach and that will have to be integrated with the UAS-NY and other core standardized assessment tools.

The system will also be evolved to include other populations served by the Department of Health such as Health Homes. The system may be evolved to include Quality of Life Surveys, Quality Indicators and other outputs.

NYS expects CSA to be linked to the website and 1-800 number; however, those specifications will fully be revealed in the detailed designing process.

New York's CSA system (UAS-NY) will help achieve conflict free assessment and care planning by availing use of defined roles for certain functions and not others; using organizations for certain roles and not others; and providing both individual and aggregate data to state oversight entities as well as allowing plan and program staff to see their own organization's trends. Furthermore, an automated, data driven CSA will help reduce conflicts of interest between the assessment and care planning stage and the provision of services as well as mitigate regional variations in assessment and care planning.

The CSA will capture data about an individual's Medicaid status (whether approved, pending or not applicable) which will enable the state to run reports and calculate the percentage of system usage for Medicaid vs. non-Medicaid individuals. The state is currently evaluating the extent to which assessments will be performed for individuals who are not Medicaid eligible.

The state will be able to identify software development and integration efforts for each project based on the Agency requesting the development or enhancement in the UAS-NY. Both the assessment instruments and business rules are discrete for each agency. The software development and integration contract is designed to pay the vendor(s) by performance of specific functionality, which is and will be specified by each agency. It is not anticipated there will be much "shared functionality" because the timing of the development is

significantly different for each agency. However, in the event that “shared functionality” is identified during the integration of OPWDD and OMH assessments or for evolution projects, the state will use a relevant accountable basis for allocations, which may be defined in the cross-agency cost allocation structure currently under development or may include ratios involving numbers of individuals enrolled in agency programs, numbers of regulated providers, plans or their users or other relevant numbers from the collection of data.

### **MFP ADMINISTRATIVE RESOURCES: leverage for efficiency**

#### Note 16: Line Item – Enhance MFP Administrative Budget

The current MFP protocol and approved budget does not account for the administration of transitions related to the Mental Health/Behavioral Health populations served by the Office of Mental Health and set forth in the BIP funding plan. This funding line recognizes that some or many of these individuals will be transitioned to MFP qualified settings and the administration and tracking of these individuals should be included in the MFP demonstration. The MFP protocol and budget will be amended to include these populations and agency.

### **BIP REPORTING AND DATA COLLECTION: systems not in place**

#### Note 17: Line Item – Develop Final Work Plan (protocols) & Quarterly Progress Report

NYS anticipates needing additional staff and contract assistance to meet all the work plan goals and objectives.

#### Note 18: Line Items – Improve the overall quality of service delivery through additional staff resources, as well as enhancements to information technology infrastructure **AND** Adopt practice guidelines for care coordinators based on the Council on Quality and Leadership (CQL) personal outcome measures (POM) **AND** Develop an Information Technology infrastructure that will ultimately improve care coordination through the People First Waiver

Dollars needed for the establishment of DD specific long term care/managed care quality infrastructure and metrics at individual, provider and system level that focus on individualized clinical and functional outcomes specific to people with developmental disabilities. Long term care measures for specialized populations is an area that has not been yet addressed cohesively at the national level. Therefore, specialized high level expertise focused on this very important area is of paramount importance i.e., Medical and Clinical experts in DD that also understand and can develop and implement a quality management system that integrates these specialized measures and also focuses on utilization oversight and performance measures to ensure that individuals with DD have the right services at the right time and in the right setting so that there is not a deterioration in needed services over time or habilitation supports that ensure quality of life for this vulnerable population. This must be supported by substantial IT infrastructure that will require 10 dedicated

IT staff resources to perform Project Management, Business Analysis, infrastructure builds, software development, testing & quality assurance, and implementation and training functions.

Quality surveyors with nursing/clinical background and other Quality Related Staffing:

According to OPWDD's expert consultant, OPWDD needs to develop consistent and uniform mechanisms to audit the DISCOs and provider agencies on service access, timeliness, appropriateness, and outcomes of clinical and administrative interventions.

OPWDD needs to hire additional surveyor staff with nursing and clinical backgrounds to perform on-site care coordination reviews in DISCOs based upon these standardized mechanisms.

Staffing for Reviewing DISCO data/reports/encounter data vs. service plans and other data analysis capability is also necessary to ensure quality oversight of DISCOs with this specialized vulnerable population.

OPWDD needs to develop an integrated reporting system that tracks and trends quality outcome data. OPWDD needs the ability to capture data and produce analyses to perform proactive and capacity planning.

Program Integrity: With the shift to managed care, OPWDD is taking on additional responsibilities in the area of program integrity. This has been an area of increased focus from CMS over the last several years and OPWDD will have to develop and operate a comprehensive program integrity program tailored to the DD population.

Functional Area/Positions and Number of Staff:

- Quality Measures and Data Analysis : Program Research Specialists/Statisticians/Data Analysts would be responsible for enterprise wide performance measure management (e.g., quality related data collection and analysis) specific to developmental disability population, which includes the use of CQL POMs in DISCO rating system and implementation of NCI (10 FTEs)
- External Quality Review Functions Related to EQHRO and DISCO Performance Improvement Project Development: This is a shared functions with DOH (5 FTEs)
- DISCO Surveillance for DD Care Coordination Reviews: This requires 1 Administrator and 5 Nurses and 5 Surveyors for DISCO Care Coordination and Contract Reviews, Readiness Reviews and the coordination of surveillance functions between OPWDD and DOH (11 FTEs)
- Training: One staff person is required to conduct new and ongoing training for surveyor staff for CQL POMs and move to person centered quality system (1 FTE)
- Data Integrity: Nine staff are required statewide (one for each Area Office Director) to ensure data integrity of survey findings and integrity of aggregated survey data utilized in performance measures (9 FTEs)
- Grievance and Complaints: This function requires 1 Administrator and 2 staff to coordinate and track the grievance and complaints process between OPWDD and DOH as well as support Member/Provider Services function within OPWDD (3 FTEs)
- Professional Credentialing: This requires 1 staff for managed care professional credentialing policies and procedures as well as for providing technical assistance (1 FTE)
- Medical Director, Nurses and Clinical Staff: Currently OPWDD does not have a Medical Director. To adequately support this function, 1 Medical Director, 5 Nurses and 5 Clinical Staff are needed (11 FTEs)

### **Information Technology Infrastructure:**

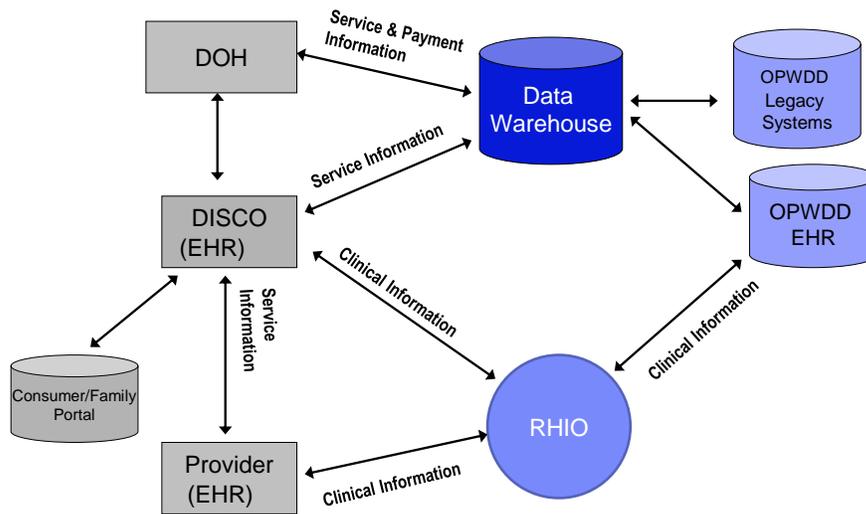
Investment will be needed to continue the development of the People First Waiver Exchange, building on the work of the SUNY/IBM innovation grant to create a managed care information exchange that is critical to the efficacy of a managed care system. In addition, existing information systems will have to undergo a fundamental shift from claims processing to encounter processing and reporting. While the differences sound small, the implications for systems impact is significant and should not be underestimated.

The Quality Assurance (QA) application will be replaced with a new web-facing application addressing the data and business needs of the OPWDD Division of Quality Improvement including the inclusion of all DQM protocols, multiple standalone databases, multiple interfaces with other applications, paperless surveys, letters, and reports, DISCO access, CQL POMs, off-line data entry capabilities, Ad hoc reporting, a provider record interface with TABS, a robust interface to a new Data Warehouse, and all requirements in support of OPWDD's managed care transformation and DISCO oversight quality assurance efforts. This substantial IT effort will require 10 dedicated IT staff resources to perform Project Management, Business Analysis, infrastructure builds, software development, testing and quality assurance, and implementation and training functions.

New York was not awarded a CMS innovation grant for the work envisioned in the State University of New York (SUNY) and IBM concept proposal. However, the core technology elements envisioned in the concept proposal remain as People First implementation goals.

The information technology structure for the People First Waiver intends to capitalize on existing technology tools, systems and data used by other health and human service agencies and build only what is necessary to address the unique needs of individuals with developmental disabilities and the managed care and government oversight components necessary to effectively service these citizens. The proposed required infrastructure is diagramed below:

## People First Architecture



This infrastructure solution allows for the communication and exchange of data in accordance with federal and State exchange protocols among the key parties involved in care coordination of individuals with developmental disabilities: OPWDD, the Department of Health, DISCOs, providers of services and the persons and families served.

The focus of this infrastructure design is on care coordination of individuals along with State oversight of the managed care organizations' performance. It also allows for a seamless expansion of technology services as OPWDD transitions from initial voluntary enrollment phase to full implementation of managed care.

This infrastructure reflects the reality that care coordination requires integration across multiple entities and systems including the Department of Health, OPWDD, DISCOs, providers of services and individuals/families. At the core of this infrastructure are:

- **DISCO EHRs:** DISCO EHRs will serve as the care coordination tool for individual service plans, oversight of its network of service organizations and source for quality monitoring information.
- **Data Exchange Structure:** Building upon the requirements of federally certified EHRs, New York will use the IT architecture of the State Health Information Network for New York (SHIN-NY). As part of this structure, regional information exchange organizations (RHIOs) have already been established to ensure interoperability of data exchange. DISCOs, their provider networks and OPWDD's EHR will connect to a RHIO to exchange data with other health care providers and as necessary between DISCOs.
- **Data Warehouse and Data Marts:** A critical feature for OPWDD is the creation of developmental disability data warehouse and related data marts. Just as other New York State health agencies are building data warehouses to serve their unique requirements, OPWDD

needs to develop warehouse capacity for the developmental disability population to ensure coordinated and quality services. It is intended that OPWDD's infrastructure will take advantage of existing data warehouses in other State agencies (DOH in particular) and share the data between the agencies.

Aspects of an OPWDD warehouse unique to developmental disabilities include:

- Quality Assessment
  - System Capacity Documentation
  - Consistency of Care
  - Integration of provider and individual served information
  - Storage of key performance indicator components: Assessment Data, Individual Service Plan, Encounter and Service information, citizen demographics, provider performance measures,
  - Expandable to incorporate other data sets pertinent to individuals served, such as information from foster care, employment, mental health, substance abuse, education and criminal justice systems.
- **OPWDD EHR:** As a leading provider of direct services, OPWDD needs to replace its paper intensive manual processes with the functionality provided by an EHR system. As a statewide service provider, OPWDD will be under contract with multiple DISCOs, and an OPWDD EHR will allow for the automated and timely exchange of data between the DISCOs and OPWDD's direct care programs, implementation of operational and cost efficiencies and improved quality monitoring.
  - **Consumer Portal:** Just as consumer portals are becoming a requirement for primary health providers, a consumer portal for individuals with developmental disabilities, their families and guardians will incorporate the specific service needs, quality measures, communications and information pertinent to the developmental disabilities community.

#### Sustainability of Staff Positions:

The staff positions above are necessary to build capacity in OPWDD to support the transition to managed care for the DD population. Much of this managed care infrastructure does not currently exist. It is anticipated that the rebalancing of the DD system with managed care (i.e., delivering quality services through better care coordination) will result in an efficient use of state and federal funding resources. These system efficiencies will provide opportunities to sustain staffing through existing budgetary mechanisms after the expiration of the Balancing Incentives Payments (BIP) program in September 2015.

OPWDD plans to reduce our footprint as it relates to the direct provision of services over the next several years. The primary avenue through which this will be accomplished is a reduction of OPWDD-operated campus-based program capacity to some 150 beds. However, unlike past campus closure efforts that sought to expand community programs directly operated by OPWDD, we plan to predominantly rely upon our network of partnering not-for-profit provider agencies to assume the responsibility to deliver compliant HCBS Waiver services to these individuals in the community. As a result, State staff at impacted facilities are expected to be redeployed to other vacancies across the remaining OPWDD-operated programs statewide, or to support new services and/or activities such as the assessments of individual need, regionally-based START teams to support individuals in the community in crisis instead of placements into more costly

hospital/institutional programs. Other significant initiatives supporting OPWDD's objective to expand long term care supports and services that will result in the redeployment of staff include PROMOTE, the Official New York Training Program for the Support of People with Developmental Disabilities and the Core Competencies adopted by the NYS Talent Development Consortium.

**On Friday, November 1, 2013, OPWDD submitted its revised Comprehensive Quality Strategy to CMS.**

This document outlines OPWDD's Statewide Comprehensive Quality Management and Improvement Strategy that incorporates Continuous Quality Improvement (CQI) processes and guides the activities of the NYS Office for People with Developmental Disabilities in establishing, assessing, and improving the quality of services throughout the NYS intellectual disability (ID) service system.

In accordance with CMS Technical Guidance<sup>[1]</sup>, on components of a quality improvement strategy, OPWDD's Strategy document describes:

- ✓ Roles and responsibilities of the parties involved in discovery, remediation and improvement activities;
- ✓ Processes for information gathering (i.e., discovery), remediation, and systems improvement; (Section IV of strategy document)
- ✓ Performance Measures which express discovery activities.

In addition, the OPWDD Quality Strategy outlines:

- ✓ Key Quality Improvement Projects and Initiatives related to OPWDD's Transformation goals.

The Quality Management Strategy also includes **OPWDD's 1915 C Waiver Quality Improvement Strategy** including the systems improvement activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the HCBS waiver assurances; the correspondent roles and responsibilities of those conducting, assessing and prioritizing system corrections and improvements; and the processes followed to continuously assess the effectiveness of the Quality Strategy and revise it as necessary and appropriate. The OPWDD Quality Strategy also incorporates the following:

- **OPWDD Transformation Evaluation Plan:** describes how OPWDD will assess the degree to which the key goals of the transformation plan are achieved and how the key activities of the transformation plan are implemented.
- **OPWDD Transformation Accountability Plan:** details specific measures which will be used to actively track progress of the Transformation Plan, endeavoring to ensure that quality and access are fostered throughout the transformation, including the transition to managed care.
- **OPWDD Strategy for Transition and Expanding Housing Options:** Appendix F-1, submitted to CMS on August 30, 2013 for BIP deliverables 13.1 and 13.2.

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<sup>[1]</sup> CMS Instructions, Technical Guide, and Review Criteria for 1915 c waivers, Version 3.5, page 11

- **OPWDD's Work Plan Affirming its Commitment to Establish an Independent Person Centered Planning Process and Progress Towards Council on Quality and Leadership CQL Measures:**  
Submitted to CMS on September 1, 2013.
- **Quarterly Report & New York Draft Plan To Increase Competitive Employment Opportunities For People with Developmental Disabilities** Submitted to CMS on October 1, 2013

OPWDD conducts annual reviews of all HCBS waiver providers (including state operated waiver providers) that addresses waiver assurances, person centered service delivery, health and safety of waiver participants, and variety of other factors and quality domains.

These reviews will continue as HCBS waiver services and service delivery approaches are modified to accommodate individuals transitioning from ICFs and developmental centers. More detail on DQI's discovery processes through surveys are outlined below:

- **On-Site Surveys by DQI:** DQI's survey processes and protocols are extensive and comprehensive and reflect a review of the major elements of regulations, provider responsibilities, health and safety of individuals served, person centered planning and service coordination, service delivery, environmental/physical plant reviews, medication administration, infection control, personal allowance, rights, informed consent, individualized planning, etc. Surveyors conduct unannounced visits/inspections and utilize a variety of techniques to gather information including observation, interviews, documentation reviews, and facility and physical plant reviews.

All providers are visited at least annually through on-site HCBS waiver reviews, reviews of MSC, and reviews of OPWDD certified sites and facilities. More detailed information on OPWDD's survey processes and protocols can be found in the 1915 C Waiver Application and on OPWDD's website at:

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/service\\_providers/division\\_of\\_quality\\_improvement\\_protocols](http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/division_of_quality_improvement_protocols)

In addition, Provider Performance Transparency Reports are published on OPWDD's website at:

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/service\\_providers/provider\\_performance/reports/listing](http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/provider_performance/reports/listing)

**Remediation:** The methods used by DQI to **remediate** individual problems as they are discovered through the survey process include the following:

- Through annual and recertification survey visits/activities, notification is provided to all providers of regulatory deficiencies.
- When warranted, generation of **Statements of Deficiency (SODs)** which require a **Plan of Corrective Action (POCA)**
- Review and analysis by DQI of all POCAs submitted by providers. If a POCA is deemed unacceptable by DQI, the provider is required to amend and submit an updated/acceptable POCA. DQI conducts follow up visits when warranted to ensure that corrective actions have

been implemented by provider agencies. Corrective actions are also reviewed by DQI upon recertification of operating certificates and during HCBS reviews.

- When significant issues are found in provider agency operations, providers are referred for mandatory board training conducted by OPWDD or an approved trainer/training entity.
- DQI conducts statewide provider training to update the provider community on changes in policy, clarify expectations, and to share best practices and remediation strategies.
- Providers that experience systemic programmatic and fiscal issues are referred to the Early Alert Committee for concentrated remediation efforts and more intense monitoring and follow up. **OPWDD's Early Alert Committee:** is an inter-agency discovery process utilized to proactively identify providers that may show signs of decreased quality enabling OPWDD to take timely and definitive action.

In order for OPWDD to move to a managed care environment, OPWDD must create two organizational models. The first model is OPWDD's role as a provider. This model will require OPWDD to have an Electronic Health Record for each individual that OPWDD services. The second model is OPWDD's role as an oversight agency. The oversight model will require OPWDD to create and maintain a data warehouse and data marts to analyze the various data sets that will come from the managed care providers.

- Electronic Health and Care Management Records:

At the core of every DISCO's automated information system will be federally certified vendor EHR products used as a baseline for ensuring system integrity, functionality and data exchange standards. At the same time, it is recognized that EHRs developed for primary care organizations require customization to meet the more holistic needs of individuals with developmental disabilities. These required customizations are being identified by OPWDD and by the DISCOs responding to the upcoming release of OPWDD's RFA for managed care services.

Even as EHRs incorporating disability care management are recognized as a central component of effective managed care services, such automation of medical and care services is required by the provider community, including the provider services operated by OPWDD. To ensure system capability, an assessment survey is being issued to the provider community to document its readiness for electronic health care communication.

OPWDD fee-for-service programs may have limited involvement with the pilot DISCO program at the onset; however, as the managed care initiative expands, these OPWDD managed services will take the same form as any other provider of services being overseen by a managed care entity. To this end, the OPWDD managed programs will need to electronically record and communicate service data, and be able to document quality service metrics consistent with all other providers of services to managed care entities.

Currently, OPWDD does not have an EHR. One would need to be procured via an RFP. Monies for hardware, software and twelve (12) staff will be required to select, implement and maintain the system as well as train users. The current timeline is 9 – 12 months to complete the project.

- Data Warehouse and Data Marts:

A critical feature for the State is the data warehouse and related data marts. State agencies need to develop warehouse capacity to reflect coordination and quality elements associated with BIP requirements and objectives. The state will take advantage of existing data in the warehouse and connect all the data between the agencies. The State will also capitalize on the integration of State IT technologies to take advantage of the data warehouse hardware and software originally developed for the Office of Mental Health and now available for use for other agencies. Saving the millions of dollars in infrastructure development, the state will be developing and managing the data structure, analysis and reporting related to all populations.

Additional aspects of the warehouse related to BIP include:

- Quality Assessment
- System Capacity Documentation
- Consistency of Care
- Integration of provider and consumer information
- Storage of key performance indicator components: Assessment Data, Individualized Service Plan, Encounter and Service information, citizen demographics, provider performance measures,
- Expandable to incorporate other data sets pertinent to individuals served, such as information from foster care, employment, mental health, substance abuse, education and criminal justice systems.
- Performance dashboards and monitoring tools for managers, DISCOs, providers and the public. Alerts and current health related data will be transmitted in real time to provide the most up-to-date information for the care of all individuals.

In accordance with the BIP requirements, core IT infrastructure components will be implemented across state agencies. This integration will be possible in no small part due to the consolidation and integration of State information technology services within the State Office of Technology Services (ITS) which heretofore had been an agency-by-agency siloed responsibility. With this IT consolidation, IT services and application development is no longer the purview of individual agencies. Rather all IT health initiatives are overseen by an executive governance board made up of the agency heads from the State's nine health agencies and chaired by the Governor's Deputy Secretary for Health. Part of this executive board's charter is the integration of IT services across agencies to achieve operational and cost efficiencies. The Governor's Office has organized the board to exam key technologies for integration such as data sharing, care management/EHR, provider performance/oversight and incident reporting. Under the auspices of the board, all IT projects are overseen by ITS' Office of Project Management and coordinated through the board. Until such time as a formal cost allocation plan is approved, IT costs will be tracked among programs through a time and attendance program where employees identify work time spent per project.

**Note 19: Line Item – DOH/OMH responses for improving quality after measuring**

As new services and supports are being offered in the community to support those transitioning from facilities or other less integrated settings, individuals use of those offerings must be supported by

assessments, care plans and service plans. NYS does not intend to build capacity to serve individuals in the community without mechanisms to assure the new capacity gets to the right individuals at the right time. This involves implementing a formal process which assures assessments, care planning, service planning and authorizations are in place across the agencies for increased capacity. This also includes assuring the NWD/SEP network staff is informed timely and consistently and information systems are updated in the same way.

So, NYS will have to organize and hire staff for this process to control change.

### **DEDICATED RESOURCES TO MANAGE STRUCTURAL IMPROVEMENTS: under BIP note in place**

Note 20: Line Item – Enhance service planning and case management systems to include electronic processes which capture new data to support the right people are getting the right services at the right time

Conflict Free Case Management involves separating duties for functions which may cause service delivery bias. This funding line involves changing the myriad of disparate service planning and case management systems in place across the agencies to include new offerings and increased capacity which will enable individuals to be served in the community.

#### Relationship between the activities described above and investment in DISCO EHR efforts:

Conflict-free Case Management will involve separating functions into four components, each of which will be managed by a separate entity and integrated within the DISCOs EHR. These components are:

- **Intellectual and Developmental Disabilities Determinations and Assessments for Services:** As described in the response to the Deliverable 8.2: CSA/CDS Crosswalk question above, these two functions are separate and distinct and both will be independent from the responsibility of the DISCO.

The Intellectual and Developmental Disabilities Determination is a review conducted by OPWDD, of the person's clinical record demonstrating substantial disability that meets the standards set forth in *Mental Hygiene Law 1.03 (22)*.

To ensure the separation from direct services, the assessment process for services will be made by an organization that has no fiscal relationship to the provision of services. This coordinated assessment system (CAS) will be part of DOH's Uniform Assessment System (UAS-NY) and will be administered by either a broker hired by OPWDD or by OPWDD personnel. Once a person's appropriateness for services has been determined, this needs assessment will be transmitted to the appropriate DISCO.

- **Development of Individual Service Plan:** Upon receipt of the needs assessment, the DISCO shall be responsible for developing an electronic individual service plan. Each component of the

service plan will link within the EHR to the independently determined eligibility for specific services. The EHR will flag needed services that are not addressed in the service plan as well as timeliness of service plan's development. The EHR will also automatically:

- Provide the service plan's specific components to the individual (parent/guardian) through a consumer portal and hard copy mailing.
  - Electronically transmit the service plan components to OPWDD's data warehouse.
  - Ensure that the service plan complies with OPWDD standards, business rules and best practice requirements.
- **Care Management Services:** The direct services that are called for in the individual's service plan will be established by the DISCO through the DISCO's network of direct service providers. To the extent that the DISCOs are also direct care providers, firewalls will be established within the EHR functionality to ensure an individual's choice of services. As part of these firewall features, the EHR's will automatically flag such instances and report the information to OPWDD as the State oversight agency.
- **Quality Monitoring, including review of assessment, service plan development and actual services.** Through the use of the DISCO EHR's automated functionality, direct links will be established between the record of an individual's eligibility for services, the service plan addressing eligible services, the direct services linked to the plan and the actual delivery of services that are called for. Automated functionality within the EHR will provide multiple quality management features, including:
- preventing services being included in the service plan for which the person is not eligible;
  - preventing direct care services being provided that cannot be linked to the needs assessment or service plan;
  - flagging the failure of direct service providers to perform the functions called for in the plan; and
  - providing quality monitoring reports directly to the DISCO's quality management team, OPWDD as the oversight agency and to individuals (parents/legal guardians).

Quality monitoring will also address grievances and incident reporting processes as additional checks on service quality and performance. These functions will be incorporated within the EHR, and depending upon the nature of the situation handled either by DISCO management under OPWDD's oversight or directly handled by the State's independent New York State Justice Center for the Protection of People with Special Needs.

**Note 21: Line Item – Enhance reimbursement for residential services to enlist a sufficient pool of providers to support non-campus based transitions**

OPWDD faces a significant challenge in transitioning people now served in institutional settings into integrated, community based opportunities. This is a population with which we do not have extensive community-based planning experience. Additionally, our current needs assessment tool (the Developmental

Disabilities Profile – or DDP) does not accurately address this population because it is not sensitive to the high-intensity, low-frequency behaviors.

In order to achieve the transformation agenda goals related to transition from institutional care to fully integrated community settings, OPWDD is proposing to establish transitional fees that will incentivize providers to support individuals moving from institutional programs to integrated community opportunities. These transitional fees will reimburse providers at set amounts that are greater than existing reimbursement levels, on average, to ensure that the appropriate levels of supports – staffing or otherwise – are available to facilitate a successful transition. The fees will also provide for the development of supports that are tailored to the individual needs and choices of each person leaving an institutional setting and will encourage supports that result in opportunities for person controlled housing, employment and self direction. These fees will vary and be dependent upon the needs of the individual and the level of service provided to meet those needs in the current institutional setting (higher fees for individuals with high needs leaving more structured programs) as well as the region in which the individual has chosen to reside (to reflect cost differences). It is anticipated that fees will be available for both residential and day services, and that reimbursement will ultimately be predicated upon individual need, once the Comprehensive Assessment System, which is under development, is fully validated and implemented. In addition to the residential and day fees, for individuals leaving institutions and opting to self-direct their services, a similar approach will be applied to the Consolidated Support and Services budgeting process to allow for the consideration of higher levels of budgeted services that will support needed community-based supports.

OPWDD is proposing to reimburse providers at the following enhanced amounts, exclusively with BIP funding:

| <b>"Specialized" Level of Care</b>   |               | <b>Gross Annual Funding</b> |            |
|--|---------------|-----------------------------|------------|
| <b>Qualifying Setting</b>  | <b>Region</b> | <b>Residential</b>          | <b>Day</b> |
| -- Multiply Disabled Units<br>-- Developmental Centers<br>-- Local Intensive Treatment Units<br>-- Autism Units<br>-- Special Behavioral Units   | Downstate     | 166,400                     | 41,730     |
|  | Upstate       | 150,500                     | 37,562     |
| <b>"Highly Complex" Level of Care</b>  |               | <b>Gross Annual Funding</b> |            |
| <b>Qualifying Setting</b>  | <b>Region</b> | <b>Residential</b>          | <b>Day</b> |
| -- Centers for Intensive Treatment<br>-- Regional Intensive Treatment Units<br>-- Individuals Residing in Settings<br>Qualifying for "Specialized" Level of Care<br>Who Have Higher Level of Needs | Downstate     | 189,500                     | 46,433     |
|  | Upstate       | 171,500                     | 43,063     |

The transition fee is time-limited. OPWDD is working on the development of a new, assessment tool, the Comprehensive Assessment System (or CAS). OPWDD and DOH will evaluate the CAS-assessed needs of

individuals leaving institutions and adjust the standard methodology to incorporate a needs-based acuity adjustment that will be described in the HCBS waiver amendment, with the goal of replacing the DDP tool.

Appendix F.1: Description of settings in which ID/DD population currently resides and Description of Strategy for building housing options for the ID/DD population



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# Transformation Agreement

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August 30, 2013

## **Balancing Incentives Program Work Plan**

### **Appendix F.1 (13.1 & 13.2 Deliverables)**

Submission to the Centers for Medicare  
and Medicaid Standards



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## Introduction

Affirming New York State's commitment to build upon current efforts to rebalance the delivery of long term services and supports (LTSS) as agreed upon under the State's Balancing Incentives Program (BIP) Grant agreement, and consistent with the federal *Olmstead v. L.C.* decision, the following demonstrates the Office For People with Developmental Disabilities' (OPWDD) commitment to the goal of improving access to home and community based long term care services and supports for people with intellectual and/or developmental disabilities (ID/DD) throughout the State.

Specifically, this document represents BIP Work Plan deliverables 13.1 and 13.2 as highlighted below and meets the requirements of the Health System Transformation for Individuals with Developmental Disabilities Agreement as defined in the Standards Terms and Conditions of New York State's Partnership Plan Medicaid Section 1115 Demonstration.

13.2 *Describe all settings in which the ID/DD population currently resides:* This description includes the number of individuals in group homes, small ICFs/IDD, large ICFs/IDD and non-traditional housing models. Each setting type above should include the maximum number of individuals living in the residence, and any type of licensure or accreditation required.

### Settings where People Live Currently

The following describes the types of traditional and non-traditional settings where individuals reside today within the OPWDD system including the maximum number of individuals living in the residence and the type of licensure or accreditation required, where applicable. Total capacity for OPWDD traditional and non-traditional settings is outlined in the current settings table on page 4 of this report. OPWDD has continued to strive to expand and improve community based long term care services and supports for people with intellectual and/or developmental disabilities (ID/DD) over the last several decades and affirms its commitment to this goal under the BIP grant and Transformation Agreements. To date 23% of the individuals residing in certified settings live with 4 or fewer people. In addition, based on OPWDD's Tracking and Billing System (TABS), of the 126,000 individuals who receive OPWDD services approximately 70% are living independently or are supported in their family's home.

### Traditional Housing Models

#### Individualized Residential Alternatives (IRA)

An IRA is a community residence certified by OPWDD that provides individualized services consistent with each person's interests, aspirations, and support needs. These homes provide a homelike environment in typical neighborhoods for individuals to participate in the mainstream of community life. Each person living in an IRA has an individualized plan which includes his or her personal goals and the levels of support needed in areas of daily living and community life. Support needs of persons residing in IRAs vary markedly from mild to intensive. A "Supervised IRA" provides 24 hour staff support for no greater than 14 persons in one setting. A



“Supportive IRA” provides as needed staff supports for individuals who need intermittent assistance to maintain their independence in the community. While supportive settings may be home to up to four persons in any one setting; the majority are apartment settings where 1 or 2 individuals reside. The authority to establish IRA’s is found in NY State Mental Hygiene Law and standards of certification are located at NYCRR Parts 686.16, 635, 633, and 625 and 624.

### **Community Based Intermediate Care Facilities (ICF)**

A community based ICF’s primary purpose is to provide health and habilitative services to people with developmental disabilities in residences of four or more persons located in the community. ICFs support individuals whose functional abilities require the provision of continuous active treatment services with the goal of assisting an individual to attain the skills needed for full integration in the community and who are not able to safely care for their basic needs in one or more areas of adaptive behavior or daily living. Many require intensive medical, health related, and or behavioral supports. Community Based ICFs providing 24-hour staffing in community settings are operated by both the State and not-for-profit providers. These setting have no size restriction, but the vast majority serve 30 individuals or fewer. ICFs must comply with the requirements of Title 42 Code of Federal Regulations (CFR) 483, Subpart 1, as well as federal HCBS settings standards and NYCRR Parts 633, 635, 625, 624, and NFPA 101 Life Safety Code (LSC).

### **Non-Community Based Intermediate Care Facilities (ICF)**

A Non-Community Based ICF’s primary purpose is to provide health and habilitative services to people with developmental disabilities in residences of four or more persons on the campus of a Developmental Center. ICF’s support individuals whose functional abilities require the provision of continuous active treatment services with the goal of assisting an individual to attain the skills needed for full integration in the community and who are not able to safely care for their basic needs in one or more areas of adaptive behavior or daily living. Many require intensive medical, health related, and or behavioral supports. Non-Community Based ICFs provide 24 hour staffing on developmental center campuses and have no size restriction. ICF’s must comply with the requirements of Title 42 Code of Federal Regulations (CFR) 483, Subpart 1, as well as NYCRR Parts 633, 635, 625, 624, and NFPA 101 Life Safety Code (LSC).

### **Non-Traditional Housing Models**

#### **Living at Home with Family or in Non-certified Settings**

This category, living at home with family, includes people who receive Family Support Services (FSS) and those who do not but reside in a private residence (private home, apartment or family residence). FSS is a family directed, statewide system of comprehensive services which help families provide in-home care to family members with a developmental disability. One popular support is respite care, which provides relief for families who care for loved ones at home. Respite is time-limited and temporary – allowing families time for errands, vacations and other planned activities.

#### **Family Care Program**

A Family Care residential program provides community-based residential housing in private certified homes to provide support, guidance and companionship to individuals who do not require residential care and treatment in a more restrictive residential setting but who are unable to function adequately in their own homes or in independent living arrangements in the community.



## Homeownership

The homeownership program allows income-eligible first time home buyers who have an intellectual and/or a developmental disability (ID/DD) and the parents or the legal guardians of someone with an ID/DD to purchase their own home with a specialized mortgage product created by the State of New York Mortgage Agency (AGENCY) for people with ID/DD implemented through M&T Bank. This program has been operating since 1997.

## Supportive Housing

The general term used to describe subsidized housing “supported” with on-site services that are person-centered, self-directed, and needs-driven. Rent is usually set at 30% of the tenant’s income.

## Living in Apartments (types)

**Market Rent Apartments:** Housing establishments that have no government subsidy. The real estate market determines the rent levels. Some market rate rentals offer a broad range of services, including meals, housekeeping, and transportation. (NYSHCR Guidelines).

**Subsidized Apartment:** Rental buildings that serve low income individuals. These are established by the U.S. Department of Housing and Urban Development (HUD) and vary within each county. They are owned by private or non-profit organizations and their construction and operations have been financed with federal and state resources.

## Manufactured Housing/Mobile Homes

A type of pre-fabricated housing that is largely assembled in factories and then transported to sites of use. Manufactured Homes are built as dwelling units of at least 320 square feet in size with a permanent chassis to assure the initial and continued transportability of the home. The requirement to have a wheeled chassis permanently attached differentiates “Manufactured Housing” from other types of pre-fabricated homes, such as modular homes.

## Shared Living Arrangements

Share living apartments is a highly individualized home care model for people of any age and disability where individuals choose where they live and who provides the support. Shared Living is also referred to as supported living, Family Care, Foster Care, Specialized Home Care, and life sharing.

## Customized Residential Options

A customized residential option is when a non-profit agency purchases a single family home and rents the home to people with ID/DD. Each “tenant” has his/her own lease and a Social Contract is established within the home.

## Public Housing

Public housing provides affordable rental housing opportunity for eligible low-income families, the elderly, and persons with all types of disabilities.



| Settings where People Live Currently  |               |                         |  |
|---|---------------|-------------------------|--|
| Where People Are Living   | Capacity      | Maximum # of Enrollment | Licensure/Accreditation/Notes  |
| Traditional Certified Housing Settings  | Total: 36,234 |                         |  |
| Individualized Residential Alternatives (IRA)   | 28,912        | No > 14                 | NY State Mental Hygiene Law and standards of certification are located at NYCRR Parts 686.16, 635, 633, and 625 and 624  |
| Community Based Intermediate Care Facilities (ICF)  | 6,328         | No size restriction     | Title 42 Code of Federal Regulations (CFR) 483, Subpart 1, as well as NYCRR Parts 633, 635, 625, 624, and NFPA 101 Life Safety Code (LSC).   |
| Non-Community Based Intermediate Care Facilities (ICF)  | 994           | No size restriction     | Title 42 Code of Federal Regulations (CFR) 483, Subpart 1, as well as NYCRR Parts 633, 635, 625, 624, and NFPA 101 Life Safety Code (LSC).   |
| More Integrated Settings  | Total: 90,266 |                         |  |
| Living at Home with Family**  | 43,512        | N/A                     | The 43,512 count is based on participants known to be living with their families by virtue of their receipt of 100% State Funded Family Support Services (FSS)   |
| Family Care   | 2,182         | No > 6                  | NY State Mental Hygiene statutory authority and standards of certification are located at NYCRR Parts 687.3, 687.4.  |
| Living in Own Home (private residence with or without roommates)  | 2,528         | N/A                     | The 2,528 count is based on participants known to be living independently by virtue of their receipt of 100% State Funded Individual Support Services (ISS)  |
| Living Independently or with Family**   | 42,044        | N/A                     | The 90,266 total figure is based upon OPWDD census for individuals who are both Medicaid and non-Medicaid enrolled. Current census data does not accurately identify living type of arrangement in all cases. Therefore, there remain 42,044 individuals who are supported by OPWDD in non-certified settings, but data does not identify whether the person lives independently or with family. |
| <p>**People living in these categories may fall within the non-traditional housing descriptions outlined in the narrative section above. OPWDD is working to capture more accurate data on an individual's living arrangement through improved data collection that will support and assess the achievement of the Developmental Disability Transformation Agenda and Olmstead Goals.</p> |               |                         |  |



Strategy for Transition and Expanding Housing Options

13.3 Describe the strategy for building housing options for the ID/DD population and supporting transitions. This document should include NY’s plan to transition the remaining 160 residents of the Finger Lakes and Taconic ICFs prior to December 31, 2013, to community-based settings that meet CMS HCBS settings standards and a transition timeline for the residents of the remaining campus and non-campus-based ICF’s

The below table<sup>2</sup> distinguishes the number of people, reported in the Balancing Incentives Program Work Plan Appendix F.1, “Settings Where People Live Currently” table, residing in IRAs within the requested ranges. All 2,182 individuals living in Family Care settings reside in a home with 4 or fewer individuals with developmental disabilities.

| IRA Capacity | # of Individuals |
|--------------|------------------|
| <5           | 6,319            |
| 5-10         | 18,187           |
| 11+          | 4406             |
| Total        | 28,912           |

**Expanding Home and Community Based Housing Models**

Over the years, OPWDD has reduced its reliance on the ICF model of care, and many fewer individuals reside in both campus based and community based ICF settings today than in previous years. When Home and Community based waiver services were introduced in New York, the number of individuals who were living in ICFs dropped dramatically as individuals, their families and providers chose to move in the direction of more integrated supports, tailored to the needs and desires of the person that the waiver offers. In keeping with Governor Cuomo’s Olmstead goals for NYS as well as OPWDD’s long standing commitment to deinstitutionalization, the agency has made public its plan to close 4 more campus based ICF institutions. The draft multi-year timeline for transitioning the closure of these ICF institutions is detailed in the table on the next page. Together with the ongoing closure efforts at Finger Lakes and Taconic, this will reduce the remaining campus census by another 800 individuals, while keeping the remaining campus based opportunities to no more than 150 by 2018. These will be available to meet short term intensive treatment needs of individuals who require this level of care for their safety and to assist in transition to the community as quickly as possible.

In addition, OPWDD will work with its providers to enable the individuals who currently reside in community ICFs to get their residential supports in more integrated settings, including Individual Residential Alternatives (IRAs) with HCBS waiver supports and more individualized and nontraditional housing. As shown in the ICF Transition Plan below, it is expected that over the next 5 years, the community ICF population will be reduced from the current census of over 6200, to around 500.

All of the individuals who reside at both Taconic and Finger Lakes campuses have individual plans for community services which are under development. Their ICF treatment teams have worked together in this

<sup>2</sup> This table was added as a result of questions from CMS and was not part of the original submission of the report to CMS.



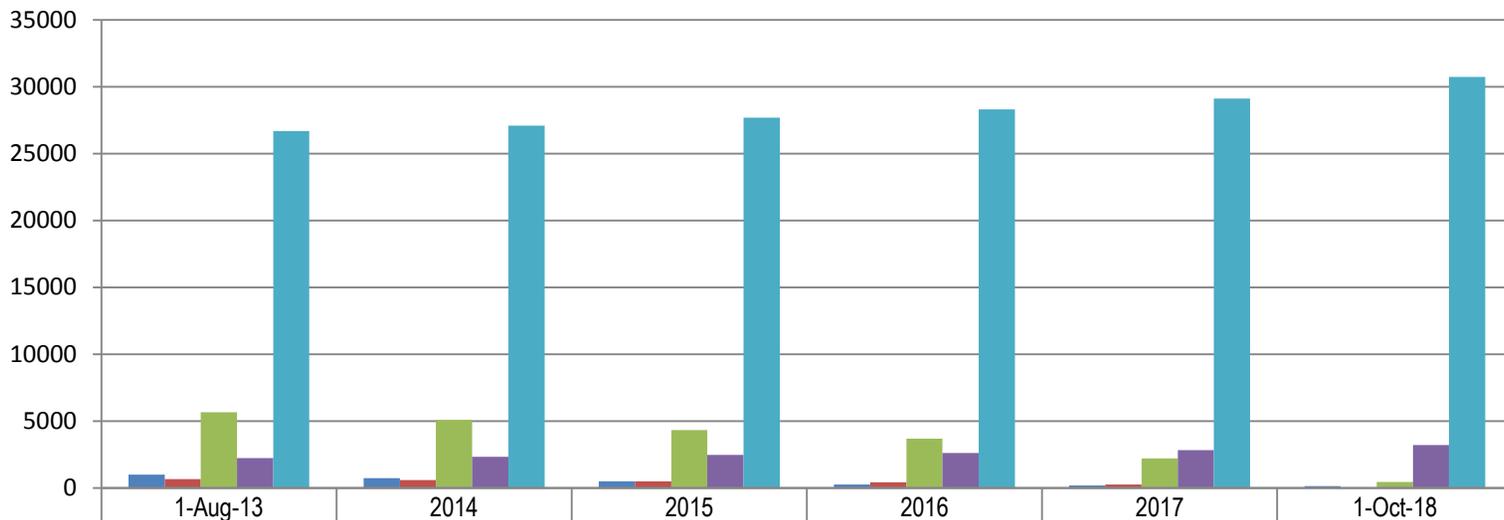
planning effort with the individuals and their family members as well as the agency they have chosen to provide their community based supports. The target date for all remaining moves to occur is 12/31/13 with 20 additional transitions occurring by October 1, 2013 and the remaining 121 moves planned before year's end.

The individual plans provide for most individuals to move to community homes that meet HCBS requirements. There are 55 individuals who will move from the Finger Lakes and Taconic campuses to MFP qualifying settings. Currently there are 6 individuals at Finger Lakes and Taconic who continue to require ICF level of care and for whom plans have been made to move to another campus where they can continue with treatment that will enable them to move to a more integrated setting.



| Housing Options           | August 1, 2013 | 2014  | 2015  | 2016  | 2017  | October 1, 2018 |
|---------------------------|----------------|-------|-------|-------|-------|-----------------|
| <b>CERTIFIED HOUSING:</b> |                |       |       |       |       |                 |
| SOICF- CAMPUS             | 994            | 731   | 493   | 268   | 181   | 150             |
| SO ICF- COMMUNITY         | 659            | 593   | 504   | 428   | 257   | 0               |
| VOICF                     | 5669           | 5102  | 4337  | 3686  | 2211  | 456             |
| IRA SUPPORTIVE            | 2227           | 2326  | 2475  | 2624  | 2823  | 3221            |
| IRA SUPERVISED            | 26685          | 27088 | 27693 | 28298 | 29104 | 30721           |

**Draft Timeline for Certified Housing Census Changes**



|                   | 1-Aug-13 | 2014  | 2015  | 2016  | 2017  | 1-Oct-18 |
|-------------------|----------|-------|-------|-------|-------|----------|
| SOICF- CAMPUS     | 994      | 731   | 493   | 268   | 181   | 150      |
| SO ICF- COMMUNITY | 659      | 593   | 504   | 428   | 257   | 0        |
| VOICF             | 5669     | 5102  | 4337  | 3686  | 2211  | 456      |
| IRA SUPPORTIVE    | 2227     | 2326  | 2475  | 2624  | 2823  | 3221     |
| IRA SUPERVISED    | 26685    | 27088 | 27693 | 28298 | 29104 | 30721    |

This plan includes opportunities for 1048 people to move into person controlled housing by Oct. 1, 2018.



## Increasing the Availability of Community Housing Options

To increase the availability of community housing options, OPWDD is actively engaged in maintaining existing partners in the housing industry and cultivating new partners. The following provides a summary of OPWDD's goals and strategies for increasing the availability of community housing options. With each BIP Work Plan update, OPWDD will report progress in attaining these goals and implementing these strategies.

There is no one specific type of residential setting that will meet the needs of all people with developmental disabilities; therefore, OPWDD's strategies center around the identification and development a continuum of community housing options that is based on the service needs and preferences of the individual and his or her available resources.

Within the past few years, OPWDD has focused on maintaining and strengthening existing partnerships in the housing industry, designed to increase the availability of housing opportunities and develop new and innovative partnerships that will expand our capability to offer more individualized housing options. The agency has an aggressive information and outreach system which provides an opportunity for partners to be educated, trained and provided with ongoing technical assistance. OPWDD is also actively soliciting input from its stakeholders about innovative housing models and best practices.

### Housing Goals

#### **Goal One: Expand the Inventory of housing alternatives for people with Developmental Disabilities**

Goal One sets in motion the expansion of an interagency partnership with multiple state agencies to leverage resources and provide additional rental units. The use of state agencies' resources will incentivize developers to create additional accessible and affordable housing for people with developmental disabilities.

##### Goal One Strategies

- Pursue and leverage increased local, state, and federal rental subsidy opportunities
- Provide incentives for developers to build units for individuals with developmental disabilities within their "regular" apartment settings

#### **Goal Two: Increase Access to Rental Subsidies**

Goal Two reflects efforts to increase the funding pool for subsidizing rental units for people with developmental disabilities through policy changes, funding requests from federal agencies, and partnerships with state and local municipalities. OPWDD proposes to explore a pilot rental assistance model to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for people with developmental disabilities now and in the future.

##### Goal Two Strategies:

- Seek policy changes at the federal level in the expansion and distribution of housing choice vouchers for people with disabilities.
- Partner with state and local public agencies to prioritize rental subsidy needs of people with developmental disabilities.
- Partner with local public agencies to track the distribution of housing choice vouchers for people with disabilities.
- Pursue and develop funding sources to expand the availability of rental assistance.

#### **Goal Three: Build understanding and awareness of housing options for independent living**

Goal Three intends to generate increased awareness of and interest and engagement in moving from congregate homes to housing alternatives. A systemic outreach and marketing effort by all state agencies involved in the Interagency Housing



Council will assist with this effort. Also, OPWDD’s Continuum of Housing Options Roundtables offer provider agencies and families an opportunity to highlight innovative and promising practices in housing alternatives.

**Goal Three Strategies:**

- Develop and implement a communications, advocacy, outreach and education plan.
- Build the capacity of public and private agencies to assist people with developmental disabilities in making informed choices.
- Continue to host Housing Forums on housing options currently available to people with developmental disabilities. Forums are broadcast statewide to interested parties through the use of Video- and Tele-Conferencing.
- Initiate a series of educational Webinars on “how-to-create” housing alternatives for independent living.

**Goal Four: Increase Collaboration**

Increase collaboration among OPWDD, state and federal agencies, voluntary providers, advocacy groups and families to create a more efficient and effective path for people with intellectual and developmental disabilities to access and receive the supports and services they or their family need.

**Goal Four Strategies:**

- Align the work of OPWDD’s Office of Home & Community Living to support the following NYS initiatives:
  - NYS Money Follows the Person Demonstration
  - NYS Balancing Incentive Program
  - 1915 B/C waiver applications
  - Residential transitions and expansion of supportive housing
  - Supportive employment services
  - Increasing self-direction
- Continue to promote dialogue with and seek input from individuals, family members and providers on innovative housing models that hold promise for effectively supporting individuals with developmental disabilities.

**What’s been done, to date**

In order to **increase the availability of supportive** housing options, there must be a concerted effort to maintain existing partners in the housing industry and cultivate new partners. It is also necessary to educate, train and provide technical assistance to public and private sectors, administrators in the human services industry, front line workers and others, and to glean knowledge of innovative housing models and best practices from individuals, families and the provider community. Below is a summary of OPWDD’s efforts to maintain and create new partners in the housing industry. Also included is a listing of education, training and technical assistance efforts.



## **Maintaining Existing Partnerships**

### **Some Federal Partners**

United States Department of Housing and Urban Development (HUD): OPWDD is a HUD-Approved Housing Counseling Program

United States Department of Agriculture (USDA) Rural Development

- Enhanced existing MOU with USDA to include multi-family homes in rural areas – Signed new MOU in 2013 to include Multifamily Homes.
- Invite USDA Rural Development representatives to present at various OPWDD housing forums.
- Maintain a listing of all USDA Foreclosed homes, distributed this listing to the respective OPWDD Regional Offices.
- Attend local USDA Rural Development functions.

United States Department of Health and Human Services (HHS) – Assets For Independence (AFI)/Matched Savings Program

- Awarded \$1 million from HHS to assist people with intellectual and developmental disabilities, their income eligible parents or legal guardians save the down payment and closing costs for their 1<sup>st</sup> home.

### **Some State Partners**

New York State Homes and Community Renewal (HCR)

- Expanding existing partnership with HCR for housing units targeted to those with developmental disabilities and State of New York Mortgage Agency (SONYMA).
- Expanding partnerships with SONYMA to continue growth of the Home of your Own program for those with developmental disabilities who are interested in purchasing their own home.
- Hosted Meet and Greet sessions between OPWDD Leadership, Affordable Housing Developers, OPWDD provider agencies and HCR Supportive Housing representatives to begin dialogue on supportive housing for people with intellectual and developmental disabilities.
- Trained HCR staff on how OPWDD's funding mechanisms for non-certified housing settings work.
- Invited HCR to present to OPWDD's leadership on its housing programs at both OPWDD's Housing Forums and Provider Association meetings.
- Received scholarships from HCR to attend Housing Counseling training through NeighborWorks America.
- Participated in pre-development meetings for agencies awarded funds through HCR's Unified Funding Round.
- Participated in HCR Public Hearings for Small Block Grants.
- Established a formal and ongoing commitment to participate in HCR's Housing Trust Fund.

State of New York Mortgage Agency (SONYMA)

- Provided training for SONYMA Regional Loan Originators.
- Advocated with M&T Bank to have Loan Originators for the HOYO program in each region of NYS.
- Worked with SONYMA to expand the AFI program statewide.

Governor Cuomo's Medicaid Redesign Team (MRT) Supportive Housing Development Program

- Provided funding to 11 agencies with MRT's initial funding round which resulted in individuals with disabilities moving from more restrictive settings into community placements with supports.



**Current activities to develop a full continuum of housing options**

- Expanding the OPWDD Family Care model of housing alternatives through recruitment, updated payment structures, professional models of staffing, etc.
- Expanding priority options for NY Homes and Community Renewal (HCR) to support including units for people with developmental disabilities in the creation of new housing opportunities and renovations of existing housing.

## Appendix G: Acronym List

| Acronym | Definition  |
|---------|---|
| AAA     | Area Agencies on Aging  |
| ABD     | Aged, Blind, Physically Disabled  |
| ACA     | Affordable Care Act   |
| ADHC    | Adult Day Health Care   |
| ADRC    | Aging and Disability Resource Centers   |
| ALP     | Assisted Living Program   |
| BCM     | Blended Case Management   |
| BH      | Behavioral Health   |
| BHO     | Behavioral Health Organization  |
| BIP     | Balancing Incentive Program Initiative  |
| C-SPOA  | Children's Single Point of Access   |
| CAH     | Care at Home  |
| CAHPS   | Consumer Assessment of Healthcare Providers and Systems                         |
| CAN     | Certified Nurse Aide  |
| CANS-NY | Child and Adolescent Needs and Strength – New York                              |
| CAP     | Clinical Assessment Protocol  |
| CAS     | Coordinated Assessment System   |
| CASA    | Community Alternative Systems Agency  |
| CBO     | Community Based Organization  |
| CDPAP   | Directed Personal Assistance Program  |
| CDS     | Core Data Set   |
| CDSMP   | Chronic Disease Self-Management Program   |
| CEO     | Chief Executive Officer   |
| CFCM    | Conflict Free Case Management   |
| CFCO    | Community First Choice Option   |
| CFR     | Code of Federal Regulations   |
| CHHA    | Certified Home Health Agency  |
| CM      | Case Management   |
| CMH     | Community Mental Health   |
| CMS     | Centers for Medicare and Medicaid Services                                      |
| COA     | Certificate of Authority  |
| CQI     | Continuous Quality Improvement  |
| CQL     | Council on Quality and Leadership   |
| CSA     | Core Standard Assessment  |
| CSE     | or Committee on Special Education   |
| DD      | Developmentally Disabled  |
| DDP-2   | Developmental Disabilities Profile-2  |
| DDRO    | Developmental Disabilities Regional Office                                      |
| DDSO    | Developmental Disabilities Services Office                                      |
| DISCO   | Developmental Disability Individuals Support and Care Coordination Organization |
| DOH     | Department of Health  |
| DPP     | Diabetes Prevention Program   |
| DSH     | Disproportionate Share Hospital   |
| DSMP    | Diabetes Self-Management Program  |
| EHR     | Electronic Health Record  |

| Acronym       | Definition  |
|---------------|---|
| FIDA          | Fully Integrated Dual Advantage                                     |
| FMAP          | Federal Medical Assistance Percentage (Federal Matching Percentage) |
| HARP          | Health and Recovery Plans (New York City)                           |
| HCBS          | Home and Community-Based Services                                   |
| HCBW          | Home and Community Based Waiver                                     |
| HCQI          | Home Care Quality Indicators  |
| HEAL          | Health Care Efficiency and Affordability Law                        |
| HEDIS         | Healthcare Effectiveness Data and Information Set                   |
| HH            | Health Home   |
| HH CMART      | Health Home Care Management Assessment Reporting Tool               |
| HIPPA         | Health Insurance Portability and Accountability Act                 |
| HRA           | Human Resource Administration (New York City)                       |
| ICF           | Intermediate Care Facilities  |
| ICM           | Intensive Case Management   |
| ID            | Intellectual Disability   |
| I/DD or ID/DD | Intellectual and/or Developmental Disability                        |
| IID           | Individuals with Intellectual Disabilities                          |
| ILC           | Independent Living Center   |
| IPRO          | Island Peer Review Organization                                     |
| IRMA          | Incident Report and Management Application                          |
| ISP           | Individual Service Plan   |
| IT            | Information Technology  |
| LDSS          | Local Department of Social Services                                 |
| LGU           | Local Governmental Units  |
| LHCSA         | Licensed Home Care Services Agency                                  |
| LSC           | Life Safety Code  |
| LTC           | Long Term Care  |
| LTCC          | Long Term Care Council  |
| LTCCC         | Long Term Care Coordination Council                                 |
| LTHHCP        | Long-Term Home Health Care Program                                  |
| LTSS          | Long Term Services and Supports                                     |
| MAP           | Medicare Advantage Plan   |
| MARS          | Management and Administrative Reporting Subsystem                   |
| MCO           | Managed Care Organization   |
| MFP           | Money Follows the Person  |
| MIS           | Management Information System                                       |
| MLTC          | Managed Long-Term Care  |
| MOU           | Memorandum of Understanding   |
| MRT           | Medicaid Redesign Team  |
| MSC           | Medicaid Service Coordinator  |
| MSW           | Master Social Worker  |
| NCI           | National Core Indicators  |
| NCQA          | National Committee for Quality Assurance                            |
| NHTD          | Nursing Home Transition and Diversion                               |
| NPRM          | Notice of Proposed Rule Making                                      |
| NWD/SEP       | Now Wrong Door/Single Entry Point                                   |

| Acronym | Definition  |
|---------|---|
| NYC     | New York City   |
| NYS     | New York State  |
| NYESS   | New York Employment Services System                             |
| NYSOFA  | New York State Office for the Aging                             |
| NYSPHL  | New York State Public Health Law                                |
| OASAS   | Office of Alcohol and Substance Abuse Services                  |
| OCFS    | Office of Children and Family Services                          |
| OMH     | Office of Mental Health   |
| OPWDD   | Office for People with Developmental Disabilities               |
| OQPS    | Office of Quality and Patient Safety                            |
| PACE    | Program of All Inclusive Care for the Elderly                   |
| PC      | Psychiatric Center  |
| PCSP    | Personal Care Service Program                                   |
| POCA    | Plan of Corrective Action                                       |
| POM     | Personal Outcome Measure  |
| POMP    | Performance Outcome Measurement Project                         |
| QARR    | Quality Assurance Reporting Requirements                        |
| RFA     | Request for Application   |
| RFI     | Request for Information   |
| RFP     | Request for Proposal  |
| RHCF    | Residential Health Care Facility                                |
| RHIO    | Regional Information Exchange Organization                      |
| RIA     | Restrictive Interventions Application                           |
| RN      | Registered Nurse  |
| RRDC    | Regional Resource Development Center                            |
| RTF     | Residential Treatment Facility                                  |
| SAAM    | Semi-Annual Assessment of Members                               |
| SCM     | Supportive Case Management                                      |
| SED     | Serious Emotional Disturbance                                   |
| SEP     | Single Entry Point  |
| SHIN-NY | State Health Information Network for New York                   |
| SOFA    | State Office for the Aging                                      |
| SOD     | Statement of Deficiency   |
| SPA     | State Plan Amendment  |
| SPOA    | Single Point of Access  |
| SSI     | Supplemental Security Income                                    |
| START   | Systemic, Therapeutic, Assessment, Respite and Treatment model  |
| TABS    | OPWDD Tracking and Billing System                               |
| TBI     | Traumatic Brain Injury  |
| TRAID   | Technology Related Assistance for Individuals with Disabilities |
| TTY     | Text-Telephone device for the hearing impaired                  |
| UAS-NY  | Uniform Assessment System-New York                              |
| URL     | Uniform Resource Locator  |

Appendix H: OPWDD Developmental Disabilities Transformation 11/30/2013  
Deliverable

DRAFT

**Administrative Memorandum – 2013-# For DISCUSSION, DRAFT 7, 11/25/2013**

**To:**

**From:**

**Subject:** Program Standards for the Provision of Home and Community-Based Services (HCBS) and Medicaid Service Coordination (MSC)

**Effective Date:** TBD (quality reviews to commence six months after provider training on the issued ADM, see draft BIP work plan/status report for 11/2013)

**PURPOSE:**

As part of OPWDD's commitment to support individuals in the most integrated settings appropriate to individual needs and preferences, this Memorandum communicates and clarifies OPWDD's intent to adopt the quality principles and standards that conform to OPWDD regulations and the rules proposed by the Center for Medicare and Medicaid Services (CMS) in the Notice of Proposed Rule Making (NPRM), May 2012, regarding the requirements for settings in which Home and Community Based services (HCBS) funded under the waiver are provided (Part 441.530 or 441.656). OPWDD intends to promulgate State regulations based upon CMS's final rulemaking on this matter. In the meantime, this Administrative Memorandum is designed to promote and communicate the latest OPWDD guidance and to implement enhanced awareness and quality reviews of these standards across the developmental disability service system with intent for continuous quality improvement.

Many of these standards are already included in, or are based on, existing OPWDD regulations at 14 NYCRR Subpart 635-10 and section 633.4 and previous guidance. The proposed CMS regulations provide further support for current OPWDD regulations and policy as well as formalizing some of what OPWDD has considered "best practices".

The guidance and quality standards outlined in this Administrative Memorandum are considered program standards.<sup>3</sup>

**APPLICABILITY:**

This Memorandum generally applies to all OPWDD providers delivering HCBS funded waiver services and/or Service Coordination including MSC and Plan of Care Support Services (PCSS), and OPWDD certified settings in which HCBS funded services are provided including Individualized Residential Alternatives (IRAs)

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<sup>3</sup> In accordance with Administrative Memorandum #2010-01, "A "program standard" means a standard that, if violated, can lead to potential sanctions, such as a plan of corrective action, which do not include fiscal recoveries. Sanctions that can be imposed for violation of program standards are those specified in Mental Hygiene Law (including plans of corrective actions; non-renewal of operating approvals; suspensions and limitations of operating certificates, and fines or other fiscal sanctions as well as restitution)."<sup>3</sup> This means there are no billing standards intended and included in this Memorandum and as such there is intentionally no shaded language to identify billing standards.

and Family Care Homes. HCBS funded services include but are not limited to: Day Habilitation, Residential Habilitation, Prevocational Services, Community Habilitation, and Supported Employment Services.<sup>4</sup>

This Memorandum describes the quality principles and standards that OPWDD deems essential in assessing whether waiver services and supports provided to each individual are person-centered, community based, and delivered in the most integrated setting appropriate to each individual's needs and preferences.

### **QUALITY PROGRAM STANDARDS:**

The following are quality program standards and characteristics for the delivery of HCBS funded services and Service Coordination. These standards address the person centered planning process; delivery of person centered HCBS funded supports and services in integrated settings; promoting and supporting informed choice and rights; and standards applicable to each person's living situation.

It is expected that these standards are promoted and facilitated by all Service Coordinators, OPWDD certified facilities/sites, OPWDD funded HCBS providers/programs, and staff delivering HCBS funded services/supports to individuals in the HCBS waiver.

#### ***A. Guidance on the Person Centered Planning Process and Delivery of Person Centered HCBS Waiver Services in Accordance with These Standards:***

Practice guidance on person centered planning and service delivery can be found on OPWDD's website under the "Person Centered Planning" link at:

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/person\\_centered\\_planning](http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning).

This practice guidance on person centered planning and person-driven service delivery is the responsibility of **all** providers and staff that support the individual not just the author of the person's plan(s). OPWDD expects that these principles and practices are embraced by all providers and staff that work with people with developmental disabilities. Services and supports should be designed to result in greater choice, autonomy and independence and emphasize the outcomes that matter most to each person.

#### ***B. HCBS Waiver Service Provision Is Required in Integrated Settings:***

HCBS waiver services and supports must be designed to facilitate full access to the greater community including opportunities to engage in community life; seek employment in competitive settings; engage in meaningful

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<sup>4</sup> This memorandum does not apply to:

- Delivery of HCBS Respite services;
- Assistive Technology, Adaptive Equipment, and Environmental Modifications funded through the HCBS waiver;

Specifically, except for Respite services, HCBS services funded through the waiver **cannot** be provided in the following institutional settings (HHS NPRM May 2012, pg 26401, 3<sup>rd</sup> column):

- Nursing Facilities;
- Psychiatric Centers;
- Intermediate Care Facilities (ICFs); and
- Hospitals certified for the provision of long-term care services.

activities; explore meaningful relationships and social roles; reside in the home of choice; and other hallmarks of community living in accordance with individualized needs and goals, and in the same manner as individuals without disabilities. Waiver services and supports provided to each individual must be person-centered, community-based, and delivered in the most integrated setting appropriate to each individual's needs and preferences and not be institutional in nature.<sup>5</sup>

### ***Informed Choice is Facilitated and Rights Are Protected***

*HCBS service delivery and all settings in which HCBS funded services and supports are provided shall promote the following:*

- Individuals are encouraged to freely choose their daily activities (e.g., when to eat, when to sleep, what to watch on t.v., etc.).
- Informed choice regarding services and supports and who provides them is facilitated and optimized.
- Individuals freely choose with whom to interact.
- Individuals have the right to access sufficient personal funds for daily activities regardless of the day or available staff. Arrangements for larger purchases may be made within a reasonable timeframe as established by regulation 633.15.
- Individuals are treated with dignity and respect.
- Individuals are allowed and supported to have “dignity of risk”.
- Individuals are protected from unnecessary restraint.
- Individuals are informed of and provided with a mechanism to file anonymous complaints.
- Certified settings in which individuals receive services are physically accessible to the person.

### ***Additional Standards in OPWDD Certified Living Spaces:***

All OPWDD certified residential settings in which HCBS funded services and supports are provided shall promote the following in accordance with individual preferences and the strengths, needs, capabilities, and goals of each person in their plan:

- **Food, Meal(s), and Storage of Food Access<sup>6</sup>**
  - Individual have access to food, meal(s), and storage of food (e.g., individuals are allowed to purchase and store their own snacks or special food and keep food for themselves; kitchens, refrigerators, and pantries are not locked and if any safety considerations need to be implemented for a particular individual, the other residents have a means of ready access).
  - Individuals have input on food options provided (e.g., choices are offered for meals and/or in menus).
  - While it is recognized that mealtimes occur at routine times as is the case in most households, an individual may choose to eat at a different time or may choose to eat their meals alone if desired.

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<sup>5</sup> HHS NPRM May 2012 pg. 26401 2<sup>nd</sup> column

<sup>6</sup> HHS NPRM May 2012, pg. 26401 3<sup>rd</sup> column

- **Access to Areas of the Home:**<sup>7</sup>

Individuals have access to areas of their home such as kitchens, laundry rooms, cabinets, closets and other rooms of the house. Such rooms do not have posted hours of operation and are not locked. If any safety considerations need to be implemented for a particular individual, the other residents have a means of ready access. Rules may not be posted unless the individuals residing in the home agree to a schedule that enables everyone equal access.

- **Visitors and Freedom of Association**<sup>8</sup>:

- Individual freedom of association, initiative, and autonomy regarding with whom to interact and when to interact is optimized and not regimented.
- Individuals may have visitors of their choice at any reasonable time without facility approval and individuals have the right to privacy with their visitor(s). This also means that individuals have access to the internet and telephone at any time and may choose to have private telephone numbers in their rooms and/or private cell phones for use at any time.
- The facility may require visitors to sign in and/or notify the facility administrator that they are in the facility or other such policies/procedures to ensure the safety and welfare of residents and staff as long as such policies and procedures do not unnecessarily restrict visitors for the convenience of staff and/or regiment freedom of association.

- **Roommates**<sup>9</sup>:

- Individuals are provided with opportunities to work with the facility to achieve the closest optimal roommate situation. Individuals that have issues with their roommates are encouraged and supported to work things out with their roommates and/or to receive assistance from the facility staff/facility/provider in coming up with alternatives.
- The facility has a mechanism to assess roommate satisfaction/dissatisfaction and provides individuals with a confidential opportunity to discuss issues or concerns regarding their roommates. The facility also provides education to individuals on self advocacy and supports them in resolving these issues and/or in moving to another room or residence if the person chooses to do so.

- **Personal Space and Privacy**<sup>10</sup>:

- **Privacy:** Individuals have the ability to lock their rooms for personal privacy and to control access from unwanted external entry. The locking mechanisms will allow for the entry of support or help in an emergency.

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<sup>7</sup> ibit

<sup>8</sup> ibit

<sup>9</sup> ibit

<sup>10</sup> ibit

Individuals may keep their own key and may lock the door to their private space. Individuals are allowed to have keys to the house they live in.

- **Personal Items and Decorations:** Individuals are encouraged and supported to decorate and keep personal items in their rooms (decorations must conform to building/fire safety codes and licensure requirements/rules in certified settings and must not violate the law)

### **REQUIRED IMPLEMENTATION ACTIONS EXPECTED OF HCBS WAIVER PROVIDERS AND MSC VENDORS/SERVICE COORDINATORS:**

OPWDD expects all HCBS waiver providers and MSC Vendors/Service Coordinators to ensure full commitment and integration of these quality principles and program standards in all certified sites and be infused in the planning, monitoring, implementation and delivery of HCBS funded waiver services and supports and Service Coordination.

1. **Governance:** The Board of Directors of each organization has appropriate oversight of the organization's commitment to these standards and the organization's continuous quality improvement plans and strategies involving these principles.
2. All organizational policies and procedures, training materials, and other applicable documents should be consistent with these standards and ensure that the organization implements policies, procedures, and practices that clearly define its commitment to the promotion and protection of individual rights.
3. Organizational self-assessment practices that review the degree to which the organization is embracing and exhibiting these quality standards in day to day operations and strategies for continuous quality improvement as a result of the self-assessment should be undertaken.
4. Agency training, orientation, and other applicable and ongoing communication, training, and learning mechanisms should be reflective of these expectations including teaching and encouraging respect for each individual supported as a unique individual with unique preferences, interests, and goals— teach listening, learning and responding in ways that honor individuals and increase individual control teach about individual rights, dignity, and self-determination and how to support individuals to exercise control and choice in their own lives.
5. Communication with stakeholders including staff and individuals served on these principles and soliciting feedback from individuals served and their advocates on how to do better through satisfaction surveys, focus groups, residence meetings, and other applicable forums should be undertaken.
6. Practices should be undertaken that make clear that the needs and preferences of people supported determine the types of supports provided. Promote practices that enhance individual decision making e.g., over schedules, activities, and staff hiring, training, supervising, evaluation, and firing, and in other areas where individual input and autonomy can be promoted and facilitated.

### **REVIEW BY THE OPWDD DIVISION OF QUALITY IMPROVEMENT**

The Division of Quality Improvement will be revising applicable survey protocols to integrate the above quality program standards, guidance, characteristics and expectations. Applicable protocols will cover: Person Centered Planning and service delivery expectations; reviews of certified sites that provide home and community-based waiver services; and Medicaid Service Coordination. DQI will review these quality program standards through person centered reviews of individual services and supports and site based service delivery

as well as organizationally through the systems the provider has implemented to promote and facilitate these standards.

DRAFT

# Home and Community Based Services (HCBS) Settings – Draft report– October 24, 2013

## Background:

- The Center for Medicare and Medicaid Services (CMS) Notice of Proposed Rule Making in Federal Register from May 2012, Volume 77, No. 86, applicable to State Plan Home and Community Based Services (HCBS) options and Community First Choice outlines quality principles and characteristics that CMS deems essential for determining whether a setting is “community based”. As stated in the Federal Register, it is CMS’s intent to align final language pertaining to this topic across sections 1915 (k), 1915 (i), and 1915 (c) Medicaid HCBS Authorities.
- The provision of supports and services in the most integrated settings possible is a top priority of Governor Cuomo’s Olmstead implementation efforts and a core component of the New York State Office for People with Developmental Disabilities’ mission, vision and values.
- OPWDD recognizes that these HCBS quality principles seek to maximize the opportunities for individuals to live fully integrated lives in the greater community and will help to ensure that settings where HCBS services are delivered are not institutional in nature.
- As a result, OPWD is reviewing its current requirements and guidelines and will seek to ensure full alignment and integration with these CMS HCBS quality principles. The below sections outline OPWDD’s preliminary work plan.

## HCBS Quality Principles Work Plan Narrative:

In collaboration with a group of stakeholders, OPWDD has drafted a Memorandum that clarifies and enhances requirements related to delivering HCBS services as outlined in the Federal Register, May 2012. (See draft attached).

The draft HCBS Administrative Memorandum will be further developed in conjunction with OPWDD’s stakeholders including individuals served, family members, provider representatives, state staff, representatives of provider associations, etc. The anticipated timeframe for this further review and editing is **Fall/Winter 2013**.

After OPWDD issues the Administrative Memorandum and amends all applicable service delivery documentation, OPWDD will conduct training for individuals, MSCs and service providers to ensure that there is a complete understanding of the information issued and the responsibilities of all stakeholders.

### **Winter/Spring 2014.**

OPWDD will also begin to develop an independent review process by the Division of Quality Improvement to assess whether OPWDD settings for individuals in the OPWDD HCBS Comprehensive Waiver meet the HCBS quality principles and characteristics. This will involve revising existing Division of Quality Improvement survey protocols, training surveyors, ensuring that performance measures related to HCBS settings can be collected, compiled, aggregated and analyzed for continuous quality improvement purposes and changes to DQI’s IT infrastructure. **Spring/Summer 2014.**

DQI reviews for the enhanced HCBS standards will begin six months after the Administrative Memorandum is formally issued and training for providers is completed. The anticipated timeframe for these reviews to begin is **fall/winter 2014**.

Once CMS issues its final rules related to HCBS settings, OPWDD will ensure that all guidance and review protocols align with the final rules.

**HCBS Performance Measures related to HCBS Setting Requirements:**

- The OPWDD Division of Quality Improvement will continue to conduct state-wide reviews of all provider agencies delivering HCBS waiver services and certified sites/facilities where HCBS services are delivered. While many of the HCBS settings requirements for person-centered planning, choice and control of resources are already included in OPWDD regulations and DQI’s review protocols, DQI will include additional performance measures and review components tailored to the HCBS quality principles and characteristics. Measures will be reported annually to the Department of Health and CMS and analyzed by DQI to facilitate continuous quality improvement across the service system. The following are specific measures that are anticipated to be included and/or analyzed for continuous quality improvement strategies related to these standards:

| ASSURANCE REQUIREMENT/ DOMAIN           | MEASURE  | DATA SOURCE   | STATUS  |
|---|--|---|---|
| <b>Person-Centered Service Planning</b> | The number and percent of National Core Indicator (NCI) respondents who reported on the Adult Consumer Survey that the services and supports offered meet their needs  | NCI Survey  | Currently being done  |
|   | The number and percent of participant’s sampled in which there is an assessment of the person’s risks, choices, and need for services.   | DQI Survey and/or data analysis once electronic ISP and assessment systems are fully implemented. | Similar elements to this are currently in MSC review protocol –<br><br>Questions #: 29, 33, 35 & 36 |
|   | The number and percent of HCBS waiver participants who were provided information to make an informed choice on whether to self-direct their supports and services during the planning process.   | DQI Survey  | New measure that will be implemented January 2014   |
|   | National Core Indicator Questions on employment (do you have a job in the community? Would you like to go somewhere else or do something else during the day?)   | NCI Survey  | Currently being done  |
|   | Individual provided with opportunities to engage in community life (in the past month: did you go shopping; did you go on errands and appointments; did you go out for entertainment, did you go to restaurant or coffee shop, did you go on vacation, did you go out for exercise?) | NCI Survey  | Currently being done  |
|   | HCBS setting selected by the individual from among available alternatives (who chose/picked the place where you live? Who chose or picked where you go during the day?)  | NCI Survey  | Currently being done  |

| ASSURANCE REQUIREMENT/<br>DOMAIN      | MEASURE  | DATA SOURCE | STATUS   |
|---------------------------------------|--|-------------|--|
|                                       | Individual is provided with essential personal right to privacy (do people let you know before they come into your home? Do people let you know before they come into your bedroom? Do you have enough privacy at home? Do people read your mail or email without asking you first? Can you be alone with friends or visitors at your home or does someone have to be with you?) | NCI Survey  | Currently being done   |
|                                       | Individuals share units only at the individual's choice (did you choose or pick the people you live with or did you choose to live by yourself?)   | NCI Survey  | Currently being done   |
| <b>Qualified Provider</b>             |  |             |  |
|                                       | The number and percent of certified residential settings that meet the HCBS standards outlined in NPRM from 2012 as required by OPWDD requirements.  | DQI Survey  | New measure. Will be implemented six months after provider training on issued ADM on HCBS settings |
|                                       | The number and percent of waiver service providers that meet OPWDD certification/HCBS standards.   | DQI Survey  | Current measure. New HCBS standards requirements will be factored into this.                       |
| <b>Health and Safety (and Rights)</b> |  |             |  |
|                                       | The number and percent of individuals sampled that received information about their rights, <u>including the right to choose where and with whom they live</u> , and the process to express concerns/objections in accordance with requirements.   | DQI Survey  | New measure. Will be implemented early 2014.   |