

| NAME OF THE ASSESSMENT                                | WHO NEEDS THIS ASSESSMENT?                       | FREQUENCY OF ASSESSMENT*  | REASON FOR ASSESSMENT   | WHO COMPLETES THE ASSESSMENT?  | ADDITIONAL INFORMATION  |
|---|--|---|---|--|---|
| Developmental Disabilities Profile, Version 2 (DDP-2) | All STC members                                  | <ul style="list-style-type: none"> <li>• Within 30 days of enrollment</li> <li>• At least every 2 years</li> <li>• When needs change</li> </ul>                                     | Used to identify challenges and current service needs   | Care Manager with member/family member/advocate  | <p>This assessment is being phased out and replaced by the CAS/ CANS</p> <p>A copy of the DDP2 can be found here: <a href="#">DDP-2</a></p> |
| Child & Adolescent Needs and Strengths (CANS)         | Members 17 years and younger                     | Once per year   | Functional needs assessment designed to give a profile of the current needs and strengths of a child/adolescent and their caregiver(s).   | <p>OPWDD staff or staff from OPWDD contracted agency (Maximus) with member/family member/advocate</p> <p>The Care Manager then reviews the results with you within a month of the assessment date</p>            | This assessment must be current if requesting additional OPWDD services or a change to any existing OPWDD services                          |
| Coordinated Assessment System (CAS)                   | Members 18 years and older                       | Every 2 years   | Comprehensive assessment tool used to identify strengths, needs and interests.  | <p>OPWDD staff or staff from OPWDD contracted agency (Maximus) with member/family member/advocate</p> <p>The Care Manager then reviews the results with you within a month of the assessment date</p>            | This assessment must be current if requesting additional OPWDD services or a change to any existing OPWDD services                          |
| Health Related Social Needs (HRSN)                    | All STC members                                  | Once per year   | Screening tool to help your Care Manager identify needs related to social determinants of health including housing instability, food insecurity, transportation problems, utility help needs, interpersonal safety, and more. | Care Manager with member/family member/advocate  | This assessment is often completed at the same time as the IAM assessment   |
| It's All About Me (IAM)                               | All STC members                                  | <ul style="list-style-type: none"> <li>• Within 60 days of CCO enrollment</li> <li>and</li> <li>• Once per year, generally the month before the annual Life Plan meeting</li> </ul> | Comprehensive assessment which identifies the disability, medical, mental health, behavioral health, chemical dependency, social and emotional needs of an individual.  | Care Manager with member/family member/advocate. Additional information is also sought from members of the individual's team (service providers, medical/mental health providers, residential staff, and others) | This assessment is often completed at the same time as the HRSN   |
| Housing Checklist                                     | All STC members living in non-certified settings | Once per calendar year (Jan-Dec)  | Screening tool to help your Care Manager proactively identify areas that could lead to housing insecurity to better support you.  | Care Manager with member/family member   | This assessment must be completed in the person's home  |
| Level of Care Eligibility Determination (LCED)        | All STC members                                  | Once per year   | Used for initial determination and annual redetermination of an individual's eligibility to receive Home and Community Based Services (HCBS) and/or Care Coordination   | Care Manager   | A copy of the LCED can be found here: <a href="#">LCED</a>  |

*\*Any assessment may be completed more frequently if needs or circumstances change to reflect current status*