

Comprehensive Care Management: Differences between CAS and IAM assessments

	CAS	IAM
Purpose	Acuity indicator.	Person-centered and programmatic planning tool; prompts information gathering to support policy requirements and consistent data collection.
Philosophy	Clinical/Treatment/Skills focused review.	Person-centered development of life goals and support needs. Use of consistent data sets can drive review of quality measures.
Scope	Functional needs assessment to determine appropriate service level. Has overlap with other NYS assessments to provide comparable population data for the state.	Planning tool to consistently identify individual goals and support needs.
Integration	No integration into Life Plan or Service Plan development.	Integrates with the Life Plan and the EHR system to prompt information gathering and the maintenance of accurate, real time information.
CQL POMs	Not used to develop Personal Goals or to identify Personal Outcome measures (POMs).	Specifically identifies individual life goals and connects those goals consistently to Personal Outcome Measures (POMs).
Goal Development	Not used for consistent goal development.	Develops Goals from Person-Centered Planning process facilitated by tool.
Training and Enhancement	Required. Training has been developed by the state. Approval through a "Train the Trainer" model is needed to complete CAS assessments.	Required. Multiple Modes of training available. Ongoing work with CCOs/PHP to identify opportunities for enhancement to improve care management service and consistency with state policy.
Manner of Completion	Person-centered interview process, record reviews, and interview with knowledgeable supports.	Person-centered interview process record reviews, and interview with knowledgeable supports.
Completion	Completed with an assessor from OPWDD or someone contracted by OPWDD.	Completed with your Care Manager.