Comprehensive Care Management: Differences between CAS and I AM assessments

Sep 21, 2020 | For Individuals and Families, News and Events, The Connection Newletter

How do OPWDD and Care Management Organizations like Southern Tier Connect determine the right mix of service and supports for people? The process is not simple, but at the heart of choosing the right, supports are assessments. In this article, we will go into detail about the differences, similarities, and uses of the two primary assessment tools used by OPWDD and CCOs—CAS and I AM.

CAS: The primary focus of CAS is to identify the functional strengths and needs of adults eligible for OPWDD services. The purpose of the CAS assessment is to identify the appropriate service level or type, based on individual needs. CAS is meant to identify acuity and predictive costs for services.

I AM: The I AM is a personalized planning tool that enables people, in partnership with CCOs, to define their programmatic goals and match those goals to the right services. The I AM properly defines a person's needs and wants in order to effectively support them. Additionally, the I AM supports the comprehensive planning process by prompting consistent gathering of data for quality service delivery.

THE DIFFERENCE BETWEEN THE CAS AND THE I AM

Take a look at the chart below to get a better understanding of the differences between CAS and the I AM. The chart will go into brief detail about the scope, integration, training, and manner of completion for both CAS and the I AM.

	CAS	I AM
Purpose	Acuity indicator.	Person-centered and programmatic planning tool; prompts information gathering to support policy requirements and consistent data collection.
Philsophy	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.