Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Engrossed Substitute Senate Bill 5187 Sec 203(1)(v) in the 2023 Legislative Session

Addressing a feasibility study to simplify the developmental disabilities assessment process.

November 1, 2024

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Executive Summary

During the 2023 legislative session, the Washington State Legislature passed Engrossed Substitute Senate Bill 5187 Section 203(1)(v), which aims to find a solution to address concerns individuals and their loved ones have expressed about their experience with the **assessment process for eligibility for services**. The bill directs the DSHS Developmental Disabilities Administration to study the feasibility and cost of simplifying the DSHS DDA assessment (assessment); the mission-critical tool that identifies which paid services an eligible individual will receive.

To meet the intent of the legislation, this report will identify:

- Recommendations to simplify the assessment **technology and infrastructure**.
- Recommendations to strengthen the **organizational structure** and improve **operational processes.**
- A proposed timeline for implementing the recommended changes.

It is important to note that while the stated directive of this legislation was to 'simplify the DSHS DDA assessment', the research conducted during this feasibility study shows that:

- Regardless of the tool used, the assessment will be efficient and person-centered only if the individuals conducting the assessment have the training, time and resources they need.
- The Supports Intensity Scale, which DSHS DDA currently uses, is the most widely adopted standardized, validated, and reliable strengths-based tool used by state agencies across the nation for the intellectually and developmentally disabled population.
- Transitioning to a new assessment tool introduces the possibility that some individuals currently receiving services could be determined eligible for a different amount of HCBS services, or that some current participants might be determined ineligible, while individuals not currently eligible might be determined eligible.

For these reasons, **DSHS DDA's recommendations are focused on modifying and enhancing the current tool, where possible, and improving the associated processes and infrastructure**. This combination of improvements will meet the intent of this legislative ask without exposing the state to increased risk.

DSHS DDA initiated this feasibility study by convening key internal resources to participate in its development, including case resource managers, regional representatives, and IT staff. We then worked in collaboration with two vendors – Vivid Co. and Deloitte – to develop a framework of options for making changes to the assessment and a method to evaluate the potential benefits and challenges for each option. Next, we used research-supported methods for evaluating and scoring each option. Following that, we socialized the options framework with internal and external collaborators and tribal governments and gathered their input about the potential benefits and barriers associated with each option. Finally, we socialized the options framework with DSHS DDA executives and key staff to determine the final prioritization of the options.

This report includes input from individuals with disabilities who have lived experience with the DSHS DDA assessment. The recommendations, if adequately funded for implementation, will offer the greatest likelihood of achieving an assessment process that is more efficient, more person-centered, and

meets the criteria set forth in ESSB 5187 203(1)(v).

Recommendations to the Legislature

DSHS DDA seeks to implement operational changes to the assessment processes and staffing, as well as functional modifications to its technology and infrastructure for the entire assessment. Highlights of our recommendations requiring legislative funding include:

- **Develop online portal for individual/family "live" documentation of Detail/Profile information.** This recommendation aligns with accessibility requirements and supports new CMS access rules regarding transparency.
- **Use dedicated assessors.** Dedicated assessors are used by all other states included in our research[1]. Having staff who are focused *only* on conducting assessments will shorten the assessment timeframe.
- **Resources to enhance the current infrastructure of Support Assessment[2] training and skillsets.** DSHS DDA's current efforts include:
    - Enhancing annual support assessment training for new hires.
    - Implementing new assessment training tools.
    - Rolling out trainings to enhance assessment skills for existing assessors.
    - Implementing revised quality assurance reviews.

The following recommendation can be completed without additional legislative funding.

- **Adjust Non-SIS, WA-specific questions with the goal to support person-centered practices and eliminate questions not directly related to algorithms.** DSHS DDA will adjust the questions, removing all WA-specific questions that do not impact the normed and standardized questions that drive the service algorithms.

The full details of DSHS DDA's operational and technology/infrastructure recommendations are noted in Appendix A: Technical Analysis Detail.

In addition to the changes noted above and to realize the full benefits of the changes envisioned in this report while minimizing disruption, the implementation of these recommendations must be supported by a dedicated project manager and an organizational change administrator who would use tactics described in Appendix B: Collaborator Impact and Readiness Detail.

Approach and Considerations

DSHS DDA worked closely with Deloitte – a national consulting company which has served WA State businesses for over 100 years and has experience in over 15 states' LTSS programs, including programs specific to individuals with developmental disabilities - to develop a framework of options for evaluation. To accomplish this effort, DSHS DDA subject matter experts and community collaborators participated in a series of focus group interviews facilitated by Deloitte. During the sessions, participants were invited to share their knowledge and experience about the assessment. Based on that input, five potential recommendation options pertaining to the adult and children's assessments were developed for DSHS

[1] Our research included the following states: Oregon, Colorado, Virginia, Pennsylvania, Ohio, Massachusetts, Iowa, and Minnesota.

[2] This term refers to both the Adult and Children's support assessments.

DDA's consideration.

To conduct a systematic evaluation of the options for changing the adult and children's support assessments, DSHS DDA developed criteria using a modified Kepner-Tregoe Decision Analysis method[3]. The final set of options was presented to DSHS DDA leadership for prioritization.

Further detail about the focus group interviews is provided in the Appendix C: Collaborator Engagement Detail section of this report. Specific information regarding the scoring and prioritization of each option is provided in Appendix A: Technical Analysis Detail.

Background

The DSHS DDA assessment includes four components:

- **Support Assessment** – There are two versions: the Supports Intensity Scale for adults and the Children's Support Assessment for children under age 16. This assessment serves two primary purposes: it determines the eligibility for waiver services and informs the services required in the Person-Centered Service Plan.
- **Service Level Assessment** – The Service Level Assessment uses algorithms to measure the individual support needed for daily living activities and personal care.
- **Person-Centered Service Plan** – The purpose of the person-centered service plan (PCSP) is to devise a written plan that includes the services and providers to assist individuals in achieving their identified goals.

DSHS DDA's history and experience with the assessment has evolved over time. This evolution is illustrated in the figure below.

[3] The Kepner-Tregoe Decision Analysis method approaches complex decision-making rationally by establishing evaluation criteria, weighting those criteria, and then using them to evaluate a set of identified options.

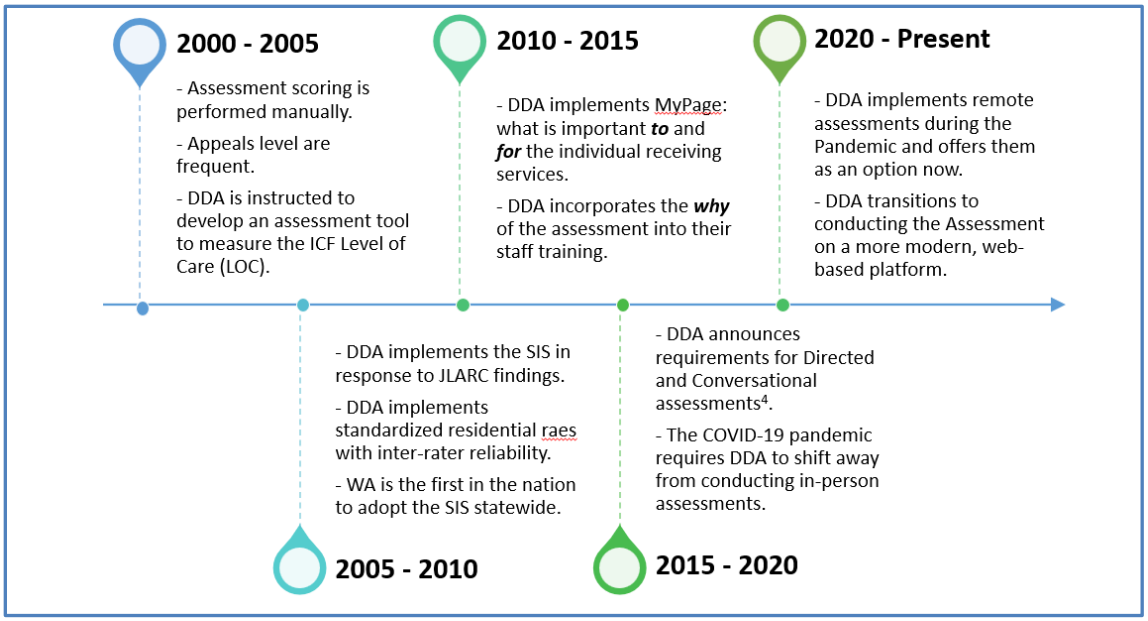

Figure 1 – Assessment historical timeline

As this image illustrates, the DSHS DDA assessment has evolved significantly since the late 1990's when DSHS DDA staff were conducting assessments manually using paper forms. At that time, assessment processes and methods were not standardized, the results were not consistent across client populations, and appeals were a frequent occurrence. The Joint Legislative Audit and Review Committee noted these deficits in their findings in their 2002 assessment audit and directed DSHS DDA to find an alternative solution to assess client needs.

To address the JLARC audit findings, DSHS DDA took action to find a workable client assessment solution. As part of this process, the SIS tool was tested with clients of a supported living provider in 2005. Results of that test contributed to DSHS DDA's decision to implement the SIS in 2006.

Once the decision to implement the SIS was made, extensive effort was given to bringing impacted collaborator groups along. DSHS DDA was very intentional about helping external collaborators and community partners become aware of what the SIS was and understand how it worked. This intentional effort resulted in their broad acceptance and adoption of the new tool.

Using the SIS has propelled DSHS DDA forward in terms of responding to the JLARC audit findings and improving its caseload forecasting. The changes which have been implemented over the last ten years reflect DSHS DDA's desire to align the assessment experience with its guiding values of being person-centered and more engaging to individuals and their families and providers. Together, these changes have contributed to DSHS DDA building a more true, authentic connection with the individual receiving services.

[4]A **directed** assessment is comprehensive and includes the entirety of an individual's experience, both socially and as it relates to activities of daily living. A **conversational** assessment intends to capture only the changes in an individual's experience that have occurred since the date of the last assessment.

More information about the history and evolution of the SIS at DSHS DDA is available in Appendix D: Background and Evolution.

Leading Practices

DSHS DDA's research for this feasibility study included the identification of leading practices, both in Washington State and through a national scan involving eight other states across the nation. A summary of findings is described in the paragraphs below.

DSHS DDA Assessment Practices Throughout Washington State

The DSHS DDA assessment and related processes as they exist throughout Washington State today have established the leading practices identified below. These practices, which enhance the person-centeredness of the process, validity and reliability of assessment results, and the overall individual experience, include the following:

- **Use of the SIS as part of the DSHS DDA support assessment**. The SIS is a strengths-based, standardized, normed, and validated assessment tool that provides DSHS DDA with information about a wide range of the individual's potential support needs including employment and self-advocacy, which can be used to support the PCSP process going forward, even as the individual's priorities change.
- **Effective use of manual notations** as an essential part of the assessment process to achieve person-centeredness.
- **Continued flexibility and accessibility for face-to-face or virtual assessments**, including screen-sharing of the assessment, visual aids, and interpretation support, for transparency and effective communication with both the individual and family.
- **Ability for the individual's non-family support team**, such as employers and direct support professionals, **to be involved** in the assessment.
- **Caseload specialization model**, with reduced and specialized caseloads for specific populations including Children's Intensive In-Home Behavior Support and Enhanced Case Management Program.
- Continuation and, where appropriate, **enhancement and modernization of existing of training related to key topics** such as trust building, addressing unconscious bias, assessor preparations in advance of assessments, conversational assessments, and others.
- Continuous efforts to **make assessment questions and other relevant information available and accessible on DSHS DDA's website** or otherwise provided to individuals served in advance of the assessment.
- DSHS DDA assessment **interrater reliability and quality assurance reviews**.
- **Regular advocacy group/collaborator engagement** through the Legislative Report Community Collaborator group and other structured and ad hoc engagements.
- **Use of CARE Web as a purpose-built, modifiable tool** that enables assessors to provide the assessment regardless of setting, with the flexibility to continue to enhance the tool's person-centeredness.
- **Commitment to continuous improvement** and opportunities to streamline and improve the DSHS DDA assessment process.

National Scan

To identify leading practices in other states, DSHS DDA collaborated with Deloitte to conduct a national scan. The national scan consisted of research into publicly available information for assessments and related processes used in eight other states: Oregon, Colorado, Virginia, Pennsylvania, Ohio, Massachusetts, Iowa, and Minnesota. The key criteria considered when selecting states included:

- States with similar goals for their developmental disability programs.
- Whether the state currently uses SIS or used SIS in the past.
- Whether the state uses a single assessment to determine eligibility and service hours/budget.
- Whether the state uses the assessment to determine provider payment rates.

Functional Assessments Used Nationally

The national scan for this feasibility study included a review of the University of Minnesota's Rehabilitation Research and Training Center on Home and Community Based Services Outcome Measurement Database[5] and a review of Centers of Medicare and Medicaid Services approved state waivers and other publicly available information. The table below summarizes the functional assessments utilized by states across the nation to serve individuals with I/DD.

Of the 17 states currently utilizing the SIS, the 6 states identified with an asterisk have already transitioned to the new, 2nd edition of the SIS-A[6].

Category	States	
Using standalone SIS	3	IA, RI*, VT*
Using SIS + Supplemental	14	CO, GA, HI, MA*, MD, ME*, KY, NC, NH*, PA*, TN, ND, VA, WA
Using standalone ICAP	3	AL, SD, DE
Using ICAP + Supplemental	8	MA, AL, IL, IN, MS, NE, TX, WV
Using Modified InterRAI	2	CT, NY
Using a homegrown system	20	LA, OR, AR, CA, UT, MN, FL, KS, OK, ID, NV, MO, MT, NM, OH, DC, WI, WY, AZ, SC

Figure 2: Primary functional assessments used by state

Detail regarding advantages and disadvantages related to the use of each assessment is available in Appendix A: Technical Analysis Detail.

National Scan Research Process

For each selected state, assessment practices were evaluated based on a review of state administrative codes, HCBS waivers, training guides, copies of written or electronic assessments, public-facing

[5] https://rtcom.umn.edu/database
[6] https://www.aal/DD.org/sis/states-using-sis

presentations, and any other documentation related to the assessments or assessment processes used for HCBS waiver populations in their state. Figure 3A below illustrates the high-level findings relative to assessments used in each of the selected states.

State	Tool Name(s)	Tool Use	Who Is Involved in Assessment(s)	Estimated/Avg Length	Assessment Population
WA	Support Assessment	LOC/eligibility/referrals	Case/Resource Manager	• 1-5 hours	• Ages 16+ • All waivers
	SLA	Personal care service hours	Case/Resource Manager	• 1 hour	• All ages • All waivers
OR	Oregon Needs Assessment	Eligibility, resource allocation, service planning, rate setting	ONA Assessor and optional Case Resource Manager	• 311 questions • No time publicly Stated	• All ages • All waivers
IA	SIS	Resource allocation, service planning, rate setting	Third-party SIS Assessor and 2 people who know the individual well	• 3 hours	• SIS-A: DD population 16+ • SIS-C: 5-15
MN	MnChoices	Waiver eligibility, resource allocation, service planning, rate setting	Certified Assessor, optional legal representative/care coordinator	• 120 questions • 2-3 hours	• All ages • All DD waivers
PA	SIS and PA Plus	Service planning, rate setting, budget	Third-Party KEPRO Assessor	• About 3 hours; varies per individual	• Consolidated or person/family Direct Supports Waivers; 14+
	FED	LOC/eligibility	AAA Assessor	• None listed; 28 questions	• CHC waiver
OH	LOC	LOC/eligibility	SSA/county board staff, those the individual chooses	• 58 questions	• LOC – functional eligibility
	ODDP	Budget		• 49 questions	• ODDP – IO waiver individuals
VA	SIS and VSQ	Budget/hours	Third-Party AAI/DD endorsed SIS Interviewer, optional Support Coordinator and 2 others who know the individual well	• Can take up to three hours	• ID/HCBS waivers
	VIDES	Eligibility/LOC		• 54 questions; time varies	• DD waiver recipients; 3 age versions

State	Tool Name(s)	Tool Use	Who Is Involved in Assessment(s)	Estimated/Avg Length	Assessment Population
MA	MASSCAP	LOC/service planning	Intake Eligibility Specialist	• ICAP 45 minutes, unknown additional length for CCA	• DDS service applicants
CO	LTC Level of Care Eligibility	LOC/eligibility	Certified Assessor & Family	• None listed; 45 questions	• HCBS waiver applicants
	SIS	Budget/rate setting/eligibility	Certified SIS Interviewer, optional Case Resource Manager/family	• 1-3 Hours	• HCBS-DD and HSBC-SLS waivers

Figure 3A: National scan high-level findings

National Scan Highlights

Key takeaways and highlights from this national scan are summarized in Figure 3B below.

Topic	Highlights and Key Takeaways
Assessor Detail	• Of the four researched states that are currently using the SIS, **three use third-party assessors that are SIS-Certified through AAI/DD**, and the fourth is looking to shift away from the SIS. • All researched states have either **dedicated or certified assessors** administer directed assessments; in some cases, interim-year assessments are administered by Case Resource Managers. • Case Resource Manager participation during the assessment is optional in some states.

Topic	Highlights and Key Takeaways

Assessment Detail	• Anecdotally, many states are not satisfied with their current assessments and/or assessment processes, and that is evidenced by similar efforts across states to evaluate other options.
	  ○ MA previously used the SIS, and after a short switch to a modified ICAP assessment, is **actively piloting a switch back to the SIS**.
	  ○ OH is actively pursuing **shifting to a standardized assessment** away from its homegrown assessments.
	  ○ CO, which currently uses the SIS and a supplemental assessment, is piloting shifting to a single homegrown assessment which would encompass programs broader than just its I/DD services.
	• Of the evaluated assessments, the ONA and ICAP do not address employment-related questions, and the ICAP is not developed in a way that encourages self-advocacy.
	• The **length of the assessments in other states is approximately 2-3 hours**.
	• The question topics covered in the functional assessments are generally more comprehensive in the DSHS DDA assessment relative to other states.

Adult Support Assessment	• Three states use homegrown assessments while the other five states use a standardized assessment, or a standardized assessment combined with homegrown supplemental questions. • Both OR and MN use homegrown assessments that determine waiver eligibility as well as budget/service hours. These two states also use the same assessment for children and adult populations. Certain questions and topics are skipped depending on the individual's age group. • OH uses multiple homegrown assessments, including a modified version of the DDP-2 assessment which historically both NY and OH have used; both states have explored moving away from the DDP-2 to various degrees. • IA uses the SIS as the standalone assessments for their DD population, and CO, VA and PA use the SIS assessment in combination with a supplemental assessment, in an arrangement like DSHS DDA's assessment.
Children's Support Assessment	• MN, OR, and OH administer the same assessment to individuals of all ages, but some questions are modified/omitted depending on age. • VA and IA administer the SIS-C for children ages 5-15. • In PA and MA, a level of care evaluation process is utilized for individuals 22 and under, focused on Intermediate Care Facility level of need and a diagnosis of Autism/DD/closely related condition, followed by support planning processes if eligible.

Figure 3B: National scan highlights and key takeaways

Additional detail from the national scan can be found in Appendix A: Technical Analysis Detail.

Direct State Outreach

To supplement the findings of the national scan, DSHS DDA met with several state agencies outside of Washington to further understand the programs, challenges faced, lessons learned, and anything else that could inform options for this feasibility study. The insights and key takeaways from these conversations are listed below.

DSHS DDA Insights Gleaned from Outreach

- Compared to other states, **Washington is a leader in person-centeredness**, maintaining viability of a single, strengths-based assessment across ages, setting, and location, as well as allowing for and encouraging flexibility in terms virtual or in-person administration of the assessment.
- DSHS DDA's assessment process is already relatively simple and streamlined compared to the processes used in other states, with a single assessment used regardless of the services or setting in which the individuals are served.
- The **SIS is the only standardized, normed, validated, and widely adopted functional assessment tool that is available** and actively supported for I/DD populations.
- The average length of the DSHS DDA assessment is **comparable to the average length of other states'** assessments.
- DSHS DDA could benefit from using **dedicated/highly trained assessors and reducing current staffing ratios**, which was found in other states to **improve assessment consistency** and facilitate a faster, more positive, and person-centered assessment.

Key State Outreach Takeaways

- The states with whom DSHS DDA met **all carry smaller caseloads for their Case Resource Managers than DSHS DDA**.
- In many states, the development and implementation of a homegrown assessment has taken **more than 10 years**.
- States that either had shifted or were in the process of shifting away from the SIS noted that the driver of the change was not necessarily due to issues with the SIS, but rather, broader issues related to the number of different assessments being used in the state or other structural program or implementation challenges.
- States using a homegrown assessment often contract with Human Services Research Institute for statistical analysis, question development, and algorithm development.
- Homegrown assessments are neither normed nor validated.
- Other states separate the state plan personal care benefit from their HCBS waiver, giving them **greater flexibility** to make changes to their assessments **without as many implications** for algorithms related to multiple programs and rates.
- Some states that also use the SIS assessment utilize the AAI/DD Annual Review Protocol module for interim assessments, which is **a much shorter version of the directed SIS assessment**.
- Some states contract out case management work and have more complex internal structures.

Leading Practices Summary

The research described in this section reaffirmed for DSHS DDA that Washington State already has several leading practices established that we can use as a foundation on which to continue to improve.

Further, the **information gathered from other states strongly supports the operational and functional recommendations being put forth in this feasibility study, all of which serve the purpose of minimizing the burden to individuals and their families**.

Collaborator Engagement

A best practice for any change being considered is to gather input from internal and external collaborator (interested party) groups who will be impacted by that change and use it to inform implementation planning efforts. In this instance, DSHS DDA is using collaborator feedback specifically to inform the recommendations put forth in this study and incorporate them into the implementation plan.

To maximize the effectiveness of the collaborator engagement effort for this feasibility study, DSHS DDA developed and utilized a robust, inclusive process as illustrated below.

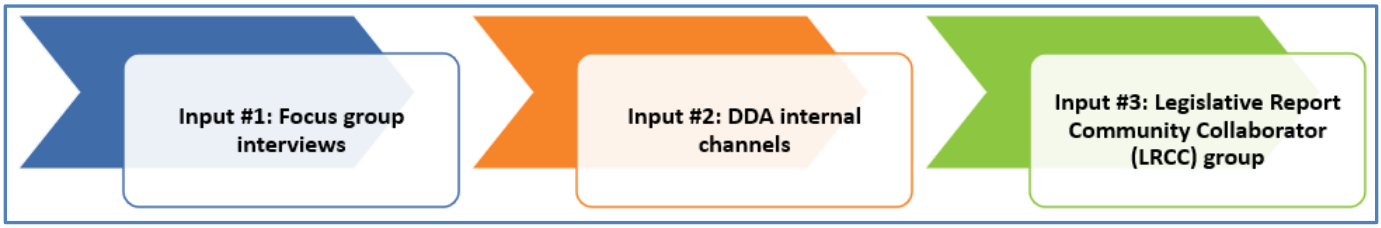

Figure 4 – Collaborator engagement process

Each facet of this process is summarized in the paragraphs that follow. Additional detail is available in Appendix C: Collaborator Engagement Detail.

Input #1: Focus Group Feedback

As part of the Feasibility Study, DSHS DDA wanted to understand the current state of DSHS DDA processes and requirements, including perspectives and pain points related to assessment tools, the SIS and training process, data, and data usage collection.

DSHS DDA collaborated with Deloitte to reach out to groups of people who have experience with the assessment process to share their feedback on the DSHS DDA assessment, specifically the tools and process as well as the overall experience. The information collected in the focus group interviews served as critical input to the evaluation criteria, as well as scoring of the results. The participants in each of the four focus groups were highly engaged and provided transparent, open feedback on their experiences with the assessment process, including submitting follow-up information.

The participants were comprised of four different groups:

- Individuals,
- Families of Individuals,
- Assessors/Case Resource Managers, and
- Program Administrators

The sentiments expressed in the focus group interviews were grouped into themes for purposes of this

report. A compilation of shared high-level themes across all collaborator interviews is shown in Figure 4.1 below.

All Collaborators (55)	Common Themes
Appreciation for Case Resource Managers	Families and Individuals appreciate their Case Resource Managers. They find the Case Resource Managers very helpful and have built a relationship with them. Likewise, Case Resource Managers enjoy working with the families and individuals to help them receive the support that they need. In-person time is highly valued as is the flexibility to connect remotely when needed.
Case Resource Manager development and training	**All groups agree** that there could be improved training and development for assessors. The assessment process has many different sections which can be difficult to grasp within a short training period. With every individual having different needs, Case Resource Managers need more time to understand the questions and how to navigate the tool to provide each individual with a positive, person-centered experience.
Language and certain questions do not feel person centered	The questions asked in the assessment can be uncomfortable for all. Some of the questions may come off as insensitive, highlighting an individual's deficits rather than their strengths. **All groups commented** that it would be helpful if certain parts of the assessment, that may not be relevant, could be skipped or checked as not relevant.
Redundant questions and long process	The questions in the assessment can feel very repetitive. Although the questions should be answered from different perspectives, it feels like the same topics keep recirculating. This is especially difficult when it is a sensitive topic for the family and individual. The assessment also takes many hours to complete. It is very difficult for the assessor, individual, and family to keep their full attention during the whole process.
Concern for potential bias and inequity	Some family members believe there is racial and cultural bias in the assessment process. There is also a fear that being transparent during the process could reduce their service hours. They would like to see a tool developed that measures hours to minimize bias and create equality. There is a desire for the assessment to be done in the individuals' native language. Individuals also wish to be treated as equal to everyone else during the process. They want the assessment to show dignity and respect for all.

Figure 4.1: Shared themes across all collaborator interviews

The information provided for each theme does not reflect all sentiments expressed by interviewees, nor do they represent the sentiments of all interviewees. A compilation of sentiments expressed by each group for each theme is available in Appendix C: Collaborator Engagement Detail.

Input #2: DSHS DDA Internal Engagement Survey

For the next input in our Collaborator Engagement approach, DSHS DDA partnered with Vivid Company (Vivid Co.) to develop an internal engagement survey. Approximately 400 staff responded. This survey

asked DSHS DDA staff to consider their experience of the assessment and reflect on the potential options for changing it. It also contained one open-ended question asking respondents to tell DSHS DDA what else they want us to know about implementing the changes described in this report. The chart below illustrates the high-level themes and associated examples of feedback that emerged from the 196 respondents who provided input to this question.

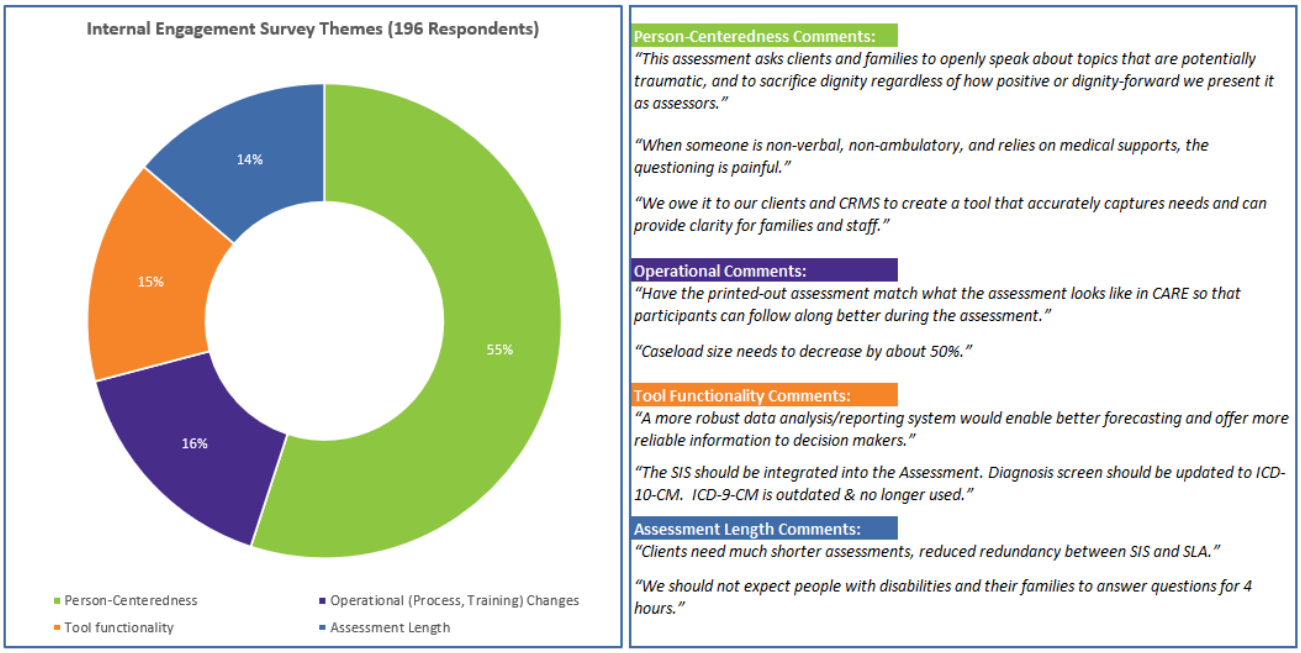

Figure 4.2 – Internal engagement survey – themes from the open-ended question

The data indicate that regardless of the types of changes made to the assessment tool and related operational processes, the focus of any changes should remain centered around the well-being of the individuals receiving services and their families.

The internal engagement survey findings are described in detail in Appendix C: Collaborator Engagement Detail.

Input #3: Legislative Report Community Collaborator Feedback

For the third and final input in our Collaborator Engagement approach, DSHS DDA collaborated closely with Vivid Co. to conduct a meeting with the Legislative Report Community Collaborator group on March 19, 2024. In this meeting, DSHS DDA invited the 25 participants to share input about their lived experience with the assessment by using a series of prompts. A high-level summary of their feedback is illustrated below.

Legislative Report Community Collaborator Summary of Feedback

Person-Centeredness summary:

The current assessment is focused on deficits rather than strengths. The questions are duplicative, and some are embarrassing. It would be helpful to start with understanding what the individual needs to be fully engaged and supported, then determine the supports to accomplish that. Support needs should follow the individual if/when they move to a different county. Individuals and families need a single point of contact to reduce their legwork in accessing services.

"[We need] person-centered planning by listening . Let the person say what they can say."

Operational Changes summary:

The process for tying assessment responses to hours needs to be more transparent. Case Resource Managers and supervisors need training to be culturally competent, avoid implicit bias, and be sensitive to those from diverse racial and ethnic backgrounds. CRMs can also learn from each other or in groups. There is a desire for Case Resource Managers to make quarterly visits (remotely or in person) to check on progress toward goals. DDA needs to ensure that assessment information is kept safely and securely and develop a portal for individuals and their families to use to help them access services.

"I do not want to be afraid to ask questions because it might hurt our hours."

Tool Functionality summary:

Assessment questions should be customized with optional prompts depending on how the question is answered.

"There should also be better prompts to connect to assistive technology."

Assessment Length summary:

Consistency in assessors year over year is helpful so that individuals do not need to go through every question. It would also help for families to receive the assessment questions ahead of time. More frequent assessments would also help reduce the time needed.

"Remove repetitive questions. No need to ask some of the same questions every year."

Figure 4.3: Summary of Legislative Report Community Collaborator feedback

The feedback from these community collaborators is consistent with input received from the focus group interviews facilitated by Deloitte as well as from the internal engagement survey. A complete compilation of sentiments expressed by the Legislative Report Community Collaborator participants is available in Appendix C: Collaborator Engagement Detail.

Collaborator Engagement Summary

The process we used to engage and seek input from staff, community collaborators, and tribal governments about the changes envisioned in this feasibility study was inclusive and thorough. The feedback we gathered supports the recommendations put forth in this report. DSHS DDA will use this feedback for implementation planning purposes. We will build trust and increase the likelihood of adoption by being transparent with our collaborator community about how their feedback informed the implementation effort.

Impact Analysis

Impact Analysis Overview

Following DSHS DDA's prioritization of operational and infrastructure changes for the adult and children's support assessments, the impact of these changes was analyzed across multiple dimensions, including financial, data use and governance, and the staff and providers impacted by the assessment. Additional information regarding these potential impacts is provided in the paragraphs below.

Technology Impacts

DSHS DDA conducted a review of potential impacts to operational quality assurance and oversight, IT

and technology, and regulatory considerations if the changes envisioned in this feasibility study were to be implemented. This analysis of data use and governance included a review of the WAC, Revised Code of Washington, and the Core Waiver. A summary of these impacts is illustrated in the table below.

Technology Impact Area	High-Level summary of impacts
Oversight and QA	Extensive planning and oversight will be required for successful implementation of the operational and tool changes. DSHS DDA will require: a. Clear guidelines related to the development and integration of new or modified positions. b. Careful decision-making related to design and transition planning associated with changes to the tool. c. Decisions regarding implementation.
Information Technology	Changes to the CARE Web tool and the associated IT environment would likely require resources and staff time dedicated toward ensuring that: a. Data security and management policies and procedures upheld and expanded as necessary. b. Integration or de-integration of new or discontinued data inputs is completed. c. Extensive software development and refinement and expanding and maintaining IT supports and platforms for training and staffing growth and infrastructure, is accomplished. d. Hardware changes, including monitors that allow individuals to see the information being captured by the CRM as the assessment is being conducted, are completed. e. Changes to the CARE Web tool, the assessment tool, and its associated IT and software platforms to increase the level of person-centeredness are completed. Intensive resources and time would be required for: a. Development of a new online portal that would allow individuals/families to access and update Detail/Profile info for non-algorithm questions or review prior assessments or documents. b. Enhancing the current automatic reminder system with individualized, system-integrated and dependencies-based “smart” logic.
RCW / WAC / Other Regulatory Entity	Changes to the assessment process, assessor qualifications, and eligibility or resource allocation outcomes of questions may impact multiple WAC sections and require waiver amendment approval.

Technology Impact Area	High-Level summary of impacts
DSHS DDA Staff	a. Increased initial efforts and involvement related to implementation tasks and activities, including planning, collaborator engagement, testing, piloting, and caseload re-assignment. b. Increased availability and access to support from lead Case Resource Managers, trainers, supervisors, and prior Case Resource Managers to support the increased complexity of the work. c. Potential changes to processes related to quality assurance within the organization, with region-specific considerations. d. Better enabled by reduced caseloads to dedicate more time to all job functions, including personalized attention to individuals served. e. Increased time in training, especially related to the effective usage of the SIS/SLA crosswalk and other helpful CARE Web functionalities, how assessments inform program eligibility and service/supports, children's medical complexity and developmental milestones, such as assessment preparation and conversational techniques and formalized SIS refresher trainings for assessors. f. Enhanced existing training for DSHS DDA staff to more effectively point individuals/families to: i. Assessment materials and other information available and explain their use and benefit. i. Federal requirements to re-assess. ii. The DSHS DDA residential algorithm. iii. Transitioning from the children's to the adult support assessment.
Providers	a. Business impact due to potential changes in service levels and types. b. Involvement in collaborator meetings and information sessions. c. Impacts related to potential transition decisions for some individuals. i. Financial impact due to changes in reimbursement levels, and costs related to transition decisions.

Figure 5: Summary of impacts

These themes highlight the need for investment in human resources, training, communications, and technological infrastructure to implement the operational changes needed for improving the assessment process.

Financial Implications

Cost drivers for each category of practice or tool considered in DSHS DDA's recommendations include:

- Staffing-related costs.
- Training, contracting, hiring, or procuring additional resources.
- DSHS DDA staff time and travel.
- Costs related to potential implementation decisions and activities.

Implementation of the recommendations put forth in this feasibility study would require investment in a

variety of areas, including communication, project management, and change management. These considerations were evaluated in context of existing costs and practices (e.g., the cost of additional training time over and above current practices on specific topics).

High-level themes regarding cost considerations are provided in the table below:

Cost Consideration Area	High-Level Themes
Staffing and Expertise Development	Staffing and expertise costs are required to promote a sufficient and well-trained workforce to improve the assessment process. a. Prioritized changes are expected to: i. Require additional staffing growth to hire dedicated assessors and achieve lower caseload ratios for CRMs. ii. Incur costs related to the ongoing enhancement of case-carrying CRM expertise and the increased numbers and enhanced expertise of trainers/CARE specialists.
Enhancement and Modernization of Existing Communications, Practices, and Training	Existing DSHS DDA practices may be reinforced and enhanced given additional costs associated with recruiting or contracting to continue improving the inclusivity and effectiveness of the assessment process and assessment-related materials. Potential changes may include procurement or contracting with a specialized communications firm, DSHS DDA team time spent working with the vendor or developing materials, and costs associated with training, execution, and refinement of changes.
Tool Modifications	Costs associated with enhancing the assessment questions and CARE Web tool interface include design, testing, training updates, and IT-related costs related to system and/or software implications.

Figure 6: High-level cost consideration themes

These themes highlight the need for investment in human resources, training, communication, and technological infrastructure to implement the tool and operational changes considered for improving the assessment process.

Training Impacts and Needs

Training Background

Training practices have evolved over the past ten years. Prior to 2013, DSHS DDA trained the SIS from a very technical perspective. While this technical approach produced statistically valid results, it was perceived by some individuals, their families, and DSHS DDA staff as robotic. It was not effective at describing, in a person-centered way, why the assessment required clients to respond to questions that seem duplicative and redundant. This has negatively impacted case resource managers, the individuals we support, supervisors, families, and providers.

DSHS DDA has taken steps to improve the state of assessment training, including the following:

- In 2014, the Code of Federal Regulations regarding Person-Centered Service Plans included additional funding for personal care. DSHS DDA capitalized on this acknowledgement of personal care need by rewriting the assessment curriculum to incorporate a more person-centered approach. This approach helped individuals understand the 'why' by providing context for how questions are used to seek information about supports in different settings.
- In 2017, the first Training Specialist was hired.
- In 2019, DSHS DDA rewrote the CARE Academy using the philosophy of "One person, one assessment" to address the competing philosophies of the SIS and the SLA.

Assessor Training and Certification

Historically, the training structure for assessors has been developed and managed by DSHS DDA. The detail in this section should not be interpreted as an exhaustive list of all training or review case-carrying CRMs complete; rather, it is focused on assessment-specific trainings and related activities that are performed.

At a high-level, assessment training and supports are divided among three separate teams – CARE specialists relative to the support assessment, Community First Choice relative to the medical model and SLA, and Quality Compliance and Control relative to the PCSP and due process audits. In total, new case-carrying CRMs receive between **164 and 250 hours** of training during their first year, depending on their specific roles and responsibilities. 164 hours are directly related to conducting assessments.

The image below represents the current assessment onboarding training structure.

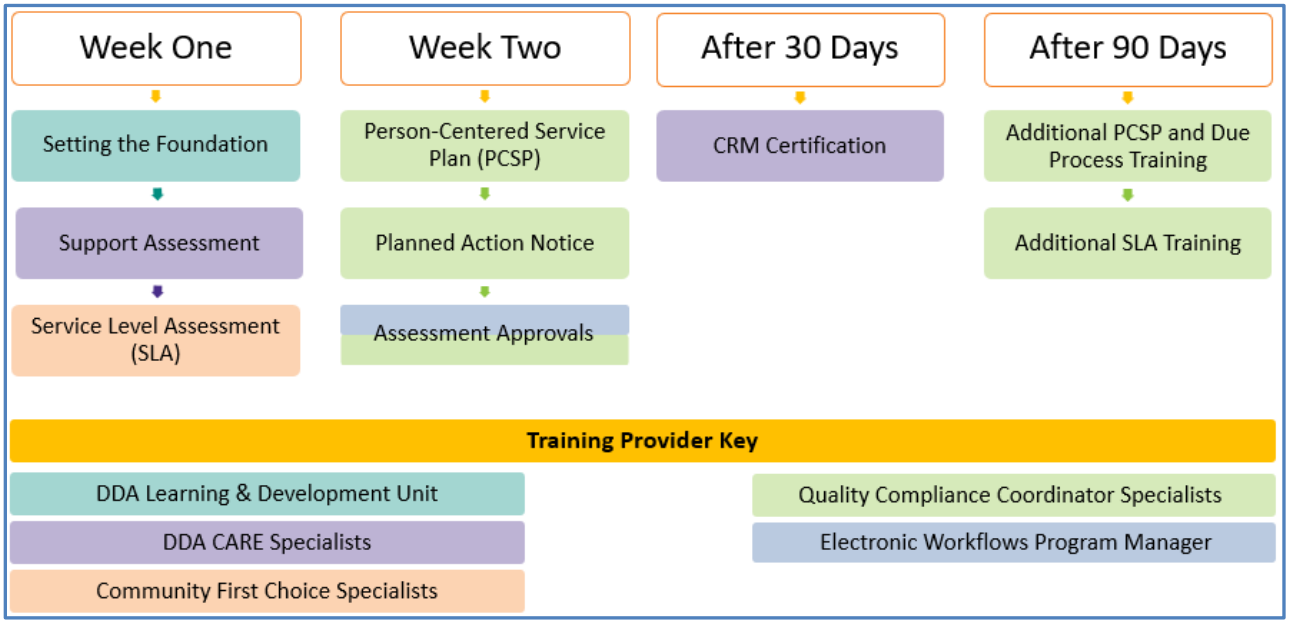

Figure 7: Assessment training – onboarding training structure

- CRM onboarding starts with a 2-week in-person assessment training and one week of online training, which encompasses all aspects of the CRM role. In addition, this training specifically

covers both technical and soft skills, as well as service knowledge expertise that is required to effectively administer the assessment and prepare the PCSP. Assessment approvals training begins during the 2-week assessment training. Training for signature options occurs within 120 days. CRM onboarding training also covers the mission, vision, and values of the department; person-centered practices; DSHS DDA programs and services; and detailed policy and procedures.

- Thirty days after Training, case-carrying CRMs are shadowed as an interrater reliability consideration wherein a CARE specialist also attends the assessment, independently scoring the assessment based on the responses, and providing narrative feedback to the CRM. Feedback is related both to the CRM's scoring and person-centered delivery of the assessment. The results of the shadow indicate that the CRM is certified, certified with individual training and support, or additional training and support is needed. CARE specialists generally provide these supports.

- Ninety days post-assessment training, there is additional QCC training related to the PCSP and due process, and additional CFC training related to the SLA.

- Additional annual trainings on relevant topics are offered each year on varied topics such as conversational assessments, soft skills, programs and services, algorithms, and developmental milestones.

Training Gaps

This training structure is complex. Each Subject Matter Expert is focused on their specific assessment sections. This separation contributes to a lack of common understanding among all SMEs regarding assessment sections outside of their own and differing opinions about the relative value in each section of the assessment. Additionally, the COVID-19 Pandemic hindered the consistent practice and training to hone the interpersonal skills needed to manage the lengthy and duplicative nature of the SIS and SLA questions with clients.

Next, training specialists find it difficult to train the current number of assessors on how to score the assessment accurately. Case resource managers find it **difficult to explain to clients, families, and providers** how the activities and scoring algorithms within the assessment work. Regular SIS updates and changes to the process and procedures cause CRMs to feel as though they are in a constant state of flux, like everything is changing all the time and **they cannot keep up despite their best efforts**. Training specialists who participate in side-by-side training with case resource managers witness the difficulties, both in the CRMs' skills and their level of understanding regarding how to get the needed information from clients.

Finally, workload increases and resource constraints make it difficult for DSHS DDA to train effectively and for training specialists to truly be available to CRMs in the field so they feel more up to date.
From 2019 to 2023:

- The DSHS DDA caseload has grown by 2.84%.
  - The paid services caseload increased by 4,616 clients.

    - The no-paid services caseload increased by 1,495 clients.
    - In FY23, approximately 73% of DSHS DDA's caseload was paid services and 27% of the caseload was no paid services
- DSHS DDA has received insufficient FTEs to support the increased caseload.
    - In Washington state, Case Resource Managers begin managing caseloads as soon as they start employment, **even before completing training**. In a nationwide survey, 90% of states said they were able to wait until vital training was completed before assigning a caseload.[7]
    - The current assessment **training staffing model was designed for a largely stable workforce** that comprised roughly 250 CRMs in 2007 but has now grown to roughly 680 case-carrying CRMs with **significant turnover**.
- From Fiscal Year 2022 to Fiscal Year 2023, the number of initial eligibility applications increased by 11.3%.[8]

Training Needs

The recommendations in this feasibility study involve technical and operational process changes that impact clients, providers, CRMs, and IT support staff. As such, these audiences will require training that equips them to be successful. For example, one recommended operational change is for DSHS DDA to employ dedicated assessors. This recommendation has the potential to address many of the training gaps described in the section above. These dedicated assessors will, however, require training to further develop their ability to use reflective listening skills with clients and their families. Honing these skills will enable assessors to move through the required sections of the assessment in a more efficient fashion, and in a person-centered way that enables the client to feel heard.

Training Summary

Training is an important component of successfully implementing change. The changes envisioned in this feasibility study will require not only new technical and operational skills but also a new philosophical mindset. DSHS DDA will need to have training resources who are prepared to build and maintain the skills necessary for staff to successfully adapt in the new environment.

Roadmap To Implementation

Roadmap Overview

The implementation roadmap provides a high-level summary of the initial steps required to:

- Implement the changes recommended in this report.
- Addresses the items that were identified in the analysis of impacts.

The image below illustrates key areas on the Roadmap to Implementation.

[7] https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Leg%20Report%20-%20Smaller%20Caseloads.pdf

[8] 2023 Caseload and Cost Report to Advocates and Stakeholders

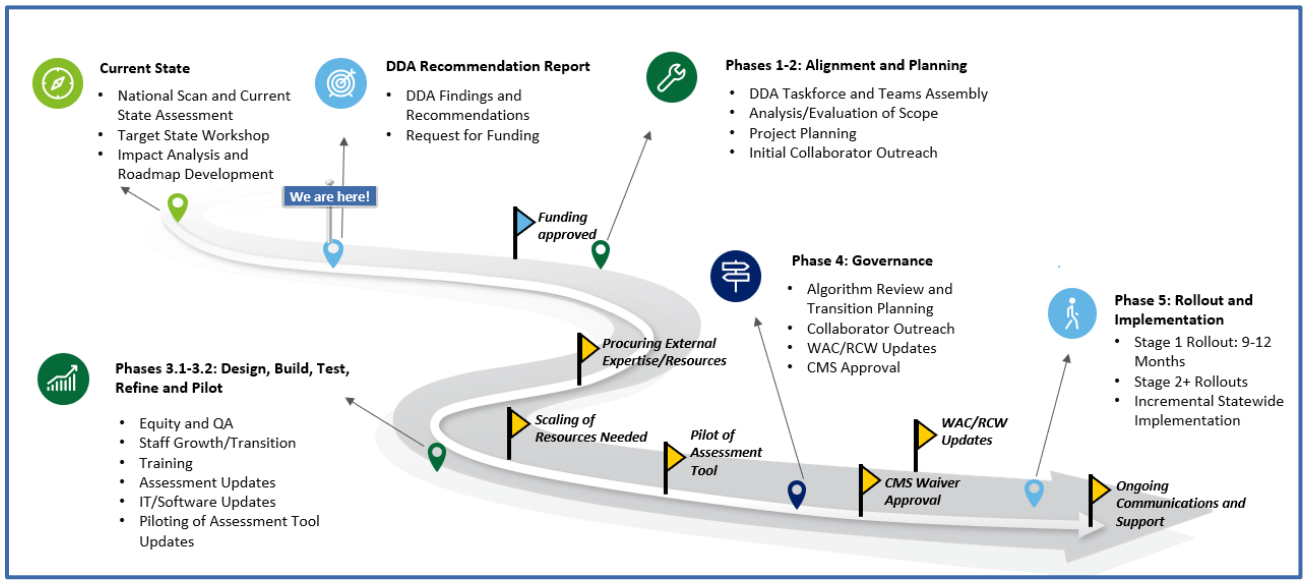

Figure 8: Implementation roadmap milestones

Strategic Plan

The strategic plan for implementing changes was developed around three key goals for implementation:

- Achieving DSHS DDA's goal of serving individuals.
- Mitigating risks.
- Promoting long-term success.

The strategic plan is illustrated in the table below.

Key Goal	Strategies for Implementation
Goal 1: Serve individuals	Improve the tool and its technology to: a. Preserve compliance with Federal requirements governing independent assessments, including Federal requirements regarding **person-centeredness.** b. Meet federal requirements for DSHS DDA, including oversight, funding, and alignment with **DSHS DDA Guiding Values.** c. Maintain **viability across age groups and settings.** d. Be **quicker** than the status quo (e.g., reducing unnecessary manual notations, streamlining questions, eliminating unnecessary administrative steps). e. Deliver **valid and reliable** results to allow for resource allocation. f. Collect **all data needed** for service algorithms and processes. g. Use a **strengths-based** approach.

Key Goal	Strategies for Implementation
Goal 2: Mitigate risks	a. Cross-Team Collaboration i. Integrated timelines and priorities. ii. Both proactively address and respond to emerging developments to gain greater effectiveness, efficiency, and agility. iii. Open, regular communication channels and team approach. b. Project Management i. Emphasis on project management (PM) support at levels sufficient for successful and timely implementation of the organizational and tool changes. ii. Address emerging developments that affect scope, schedule, or cost of implementation. iii. Track and manage risks, actions, assumptions, issues, decisions, and dependencies. c. Change Management i. Emphasis on organizational change management support at levels sufficient for successful and timely implementation of the organizational and tool changes, including information and feedback sessions. ii. Support both internal DSHS DDA staff and individuals served and their caregivers (paid and unpaid). iii. Transition planning and decisions related to potential resource allocation impacts and case assignments. d. Iterative Testing, Piloting, Feedback and Staged Rollout i. Iterative development and deployment of changes. ii. Initial Design and Testing. iii. Piloting, Feedback and Refinement. iv. Staged Rollout.

Key Goal	Strategies for Implementation
Goal 3: Promote long-term success	a. **Monitoring and Evaluation** i. Establish **Key Performance Indicators** (KPIs), **Key Quality Indicators**, data collection, measurement, and evaluation methods for testing, ongoing monitoring, and evaluation. ii. Optimize resource time allocation across all Case Resource Manager functions through division and tracking of tasks to create consistency regarding: a. Expertise in various case management functions. b. Guidelines to facilitate more consistent time spent on and prioritization of high impact work. b. **Enhanced Support and Stewardship** i. Enhance and modernize DSHS DDA training, staffing models to reflect expanded curriculum and changing job duties to better sustainably serve DSHS DDA's mission. ii. Stabilize operations through staffing growth, enhanced training, and new roles to enhance person-centered experience and reduce DSHS DDA burnout/turnover. iii. Use organizational change management practices to be proactive and responsive to how we manage the change throughout the transition process.

Figure 8.1: Implementation roadmap strategic plan

Implementation Phases

DSHS DDA has developed a roadmap to implementation for the changes that have been prioritized for recommendation from this feasibility study. The roadmap includes several phases, such as alignment; planning; design, build, test, and refine; pilot; governance; and implementation/rollouts. The implementation process involves collaboration with various collaborators, including individuals served, caregivers, DSHS DDA staff, CMS, providers, and community groups.

The steps included in the Roadmap to Implementation are divided into five phases, described in the figure below.

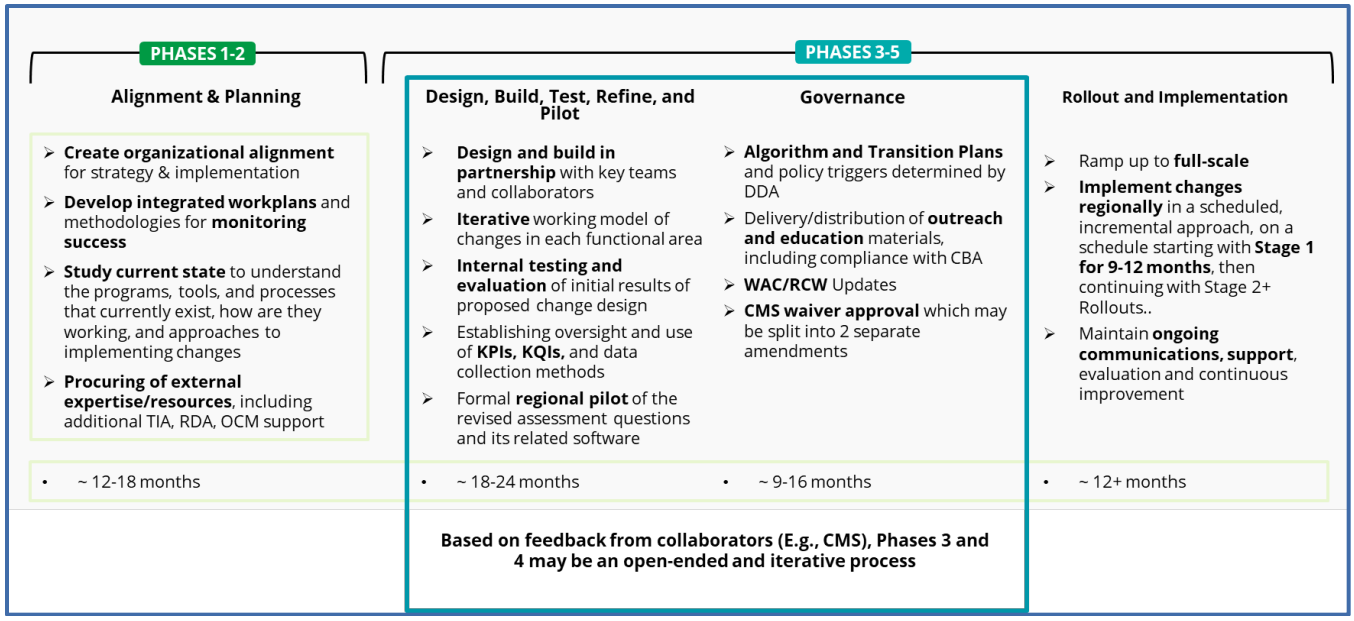

Figure 8.2: Implementation roadmap description of phases

DSHS DDA envisions rolling out the five implementation phases within key DSHS DDA program areas as illustrated below.

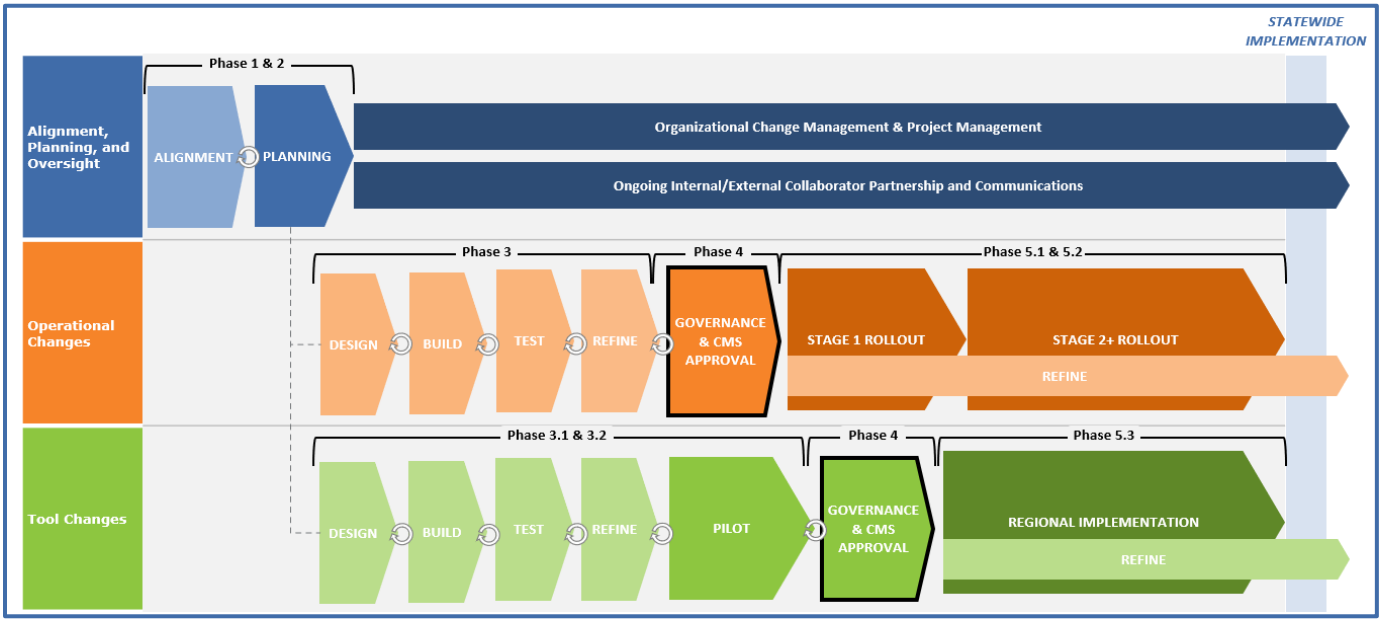

Figure 8.3: Implementation rollout by program area

Estimated Timeframe and Work Plan for Implementation

To effectively implement the operational changes described in this feasibility study, DSHS DDA will require adequate funding for the additional positions and functional system changes required to bring the new assessment processes and infrastructure to life. With appropriate resources, and due to the

overlapping nature of the implementation phases shown in the image above, DSHS DDA anticipates the first pilot participants to begin experiencing changes **as early as 2-1/2 years** after the project is initiated.

Below are the key steps to implementation with estimated timelines and pre-requisite milestones. A glossary of key terms is detailed in Appendix A: Technical Analysis Detail.

Phase 1: Alignment			
Milestone	**High-level Description**	**Estimated Timeline**	**Dependency**
1. DSHS DDA Taskforce Assembly	Core team of implementation owners and collaborators identified and organized.	Month 1	Funding Approval
2. Analysis and Evaluation of Scope	Necessary staffing and resources needed to implement changes based on funding outcome, and decisions related to allocation of funding are identified.	By Month 3	1.1
3. Functional Teams Defined and Established	Functional teams' roles and responsibilities defined in addition to the resources and support required to complete their tasks.	By Month 3	1.1
4. Project Plan Developed	High-level project plan is developed with collaboration from functional teams.	By Month 4	1.2, 1.3
5. High-Level Communications Plan Established	Project communication channels, documentation expectations, and both internal and external communications touchpoints and regular cadence are established.	By Month 4	1.1

Figure 8.3.1: Implementation Phase 1: Alignment steps

DSHS DDA acknowledges that decisions regarding concurrent or sequential execution of activities in Phase 2 through Phase 5 are not yet determined. Additionally, DSHS DDA recognizes the many dependencies on which each activity in this multi-year effort relies to be successfully completed. For these reasons, estimated timeframes for the remaining phases of this implementation plan will be stated as ***durations*** **rather than** ***timelines***.

Phase 2: Planning			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
1. OCM Plan	Detailed plan – to manage the organizational changes from the tool and operational changes, including both efforts to implement and outcomes – is developed.	1 Month	1.3

Phase 2: Planning			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
2. Detailed Communications Plan	In close collaboration with OCM team, develop detailed plan to manage internal and external communications. Led primarily by collaborator engagement team.	1 Month	1.3, 1.4, 2.1
3. Equity and QA Plan	Detailed plan to review, evaluate, and implement enhancements to current measurement, evaluation, and corrective responses related to equity and quality assurance is developed.	2-3 Months	1.3, 2.1
4. Staff Growth and Transition Plan	Develop strategic plan to achieve reduced caseload ratios, fill staffing positions, and retain staff.	2-3 Months	1.3, 2.1
5. Training Plan	Detailed plan is developed to enhance and modernize training areas.	2-3 Months	1.3, 2.4
6. Assessment Update Plan	Detailed plan is developed to draft updated WA-specific assessment questions, design evaluation methodologies, and conduct internal testing (i.e., pre-pilot) to assess impacts of changes and, in turn, modify WA-specific assessment questions as necessary which can take over 2 years.	2-3 Months	1.3
7. IT/Software Update Plan	Detailed plan to implement changes to the CARE Web and other DSHS DDA IT/software, web-based patient portal, integration of new/revised job aids, guidance, directives, surveys, and other DSHS DDA documents is complete.	2-3 Months	1.3
8. Procuring External Expertise or Resources	Hiring of additional staff or procurement of external resources or expertise identified in functional team plans not otherwise included/available in the hiring team's plan is complete.	3-6 Months	2.1 – 2.7

Figure 8.3.2: Implementation Phase 2: Planning steps

Phase 3.1: Design, Build, Test and Refine			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
1. Equity and QA	**Design**: Functional Team plan from Phase 2 is carried out. **Test**: DSHS DDA Internal testing, review, and evaluation prior to Stage 1 Rollout is complete.	9-12 Months	2.1, 2.4
2. Staff Growth/ Transition	**Design**: Functional Team plan from Phase 2 is carried out. **Test**: DSHS DDA Internal testing, review, and evaluation prior to Stage 1 Rollout is complete.	9-12 Months	2.1, 2.4

Phase 3.1: Design, Build, Test and Refine			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
3. Training	**Design**: Functional Team plan from Phase 2 is carried out. **Test**: DSHS DDA Internal testing, review, and evaluation prior to Stage 1 Rollout is complete.	9-12 Months	2.1, 2.5
4. Assessment Updates	**Design**: Functional Team plan from Phase 2 is carried out. **Test**: DSHS DDA Internal testing, review, and evaluation prior to Pilot is complete.	9-12 Months	2.1, 2.6
5. IT/Software Updates	**Design**: Functional Team plan from Phase 2 is carried out. **Test**: DSHS DDA Internal testing, review, and evaluation prior to Pilot is complete.	9-12 Months	2.1, 2.7

Figure 8.3.3: Implementation Phase 3.1: Design, Build, Test, and Refine steps

Phase 3.2: Pilot			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
1. Pilot Assessment and IT/Software Updates	Formal regional pilot of the revised assessment questions and its related software and interfaces for the purpose of user acceptance testing is completed.	9-12 Months	3.1.4, 3.1.5
2. Refine Assessment and IT/Software Build	Based on results of pilot monitoring and evaluation, adjustments are made to the proposed assessment question, related IT/software, and algorithm/policy trigger changes.	12 – 18 Months (depending on the specific algorithm changes)	3.2.1

Figure 8.3.4: Implementation Phase 3.2: Pilot steps

Phase 4: Governance **** Based on feedback from collaborators, CMS, or State leadership or legislature, Phase 4 may be an open-ended process that is iterative with the piloting and other Phase 3 activities.***			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
1. Algorithm and Transition Plans	Documentation and implementation of any potential changes to the algorithm and policy triggers determined by DSHS DDA based on changes to the assessment questions and results of piloting is complete.	3-4 Months	3.2.1, 3.2.2

Phase 4: Governance ** Based on feedback from collaborators, CMS, or State leadership or legislature, Phase 4 may be an open-ended process that is iterative with the piloting and other Phase 3 activities.*			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
2. Pre-Implementation Collaborator Outreach	Development and delivery/distribution of outreach and education materials using various methods to engage individuals, families, and providers, and union collaborators to achieve understanding, gather feedback, and address concerns on an ongoing basis. Union notification in compliance with terms of the Collective Bargaining Agreement must be included.	2-3 Months	3.2.1, 3.2.2
3. WAC/RCW Updates	Updates to the WAC to reflect changes to the assessment questions and algorithm, and DSHS DDA operations. Once program design is final, verify that no RCW changes are needed.	6-7 Months	4.1

Figure 8.3.5: Implementation Phase 4: Governance steps

Phase 5: Rollout and Implementation			
Milestone	**High-level Description**	**Estimated Duration**	**Dependency**
1. Stage 1 Rollout: Training, Staffing Growth/ Transition, Equity and QA	Implement – in an initial region – the updated operational changes related to staff growth/transition, training, equity, and QA.	9-12 Months In total	4.4
2. Stage 2+ Rollout and Monitoring: Training, Staffing Growth/ Transition, Equity and QA	Scaling and incremental statewide rollout of operational software changes through a scheduled and staged approach. Monitoring, evaluation, and use of established open communication channels to collect feedback throughout rollout.	12+ Months	5.1
3. Regional Implementation of Updated Assessment and IT/Software	Scaling and incremental statewide implementation of assessment and IT/software changes through a scheduled and staged approach on a schedule starting with Stage 1 for 9-12 months, then continuing with Stage 2+ Rollouts.	12+ Months	3.2.2, 4.2, (5.1, assuming operational changes are done before tool updates)

Figure 8.3.6: Implementation Phase 5: Rollout and Implementation steps

Anticipated Positive Impacts of Implementation

Individuals, Staff, and Providers

DSHS DDA understands there will be potential impacts to people involved in the DSHS DDA assessment process and outcomes, including individuals, DSHS DDA staff, and providers. The table below illustrates high-level themes of anticipated ***positive*** impacts gathered during the collaborator interviews.

Collaborator Group	Themes for anticipated *positive* impacts
Impact to individuals	a. Inclusive process used to invite volunteers to participate in the pilot phase of the implementation plan. b. Quicker, more person-centered assessment experience from: i. Reduced redundancy and more freedom in telling their story. ii. Increased individual participation due to more inclusive assessment experience. iii. Enhanced training and availability of support team. iv. Improved integration and use of assessment-related communications and reference information for both individual served and assessor. v. Monitored equity and fairness during the assessment process and outcomes. vi. Greater sense of the individuals' control over their own services due to a deeper understanding of the relationship between the algorithm, the assessment, and service levels.
Impact to staff	a. Increased initial efforts and involvement related to implementation tasks and activities. b. Increased availability and access to support from lead Case Resource Managers, trainers, supervisors, and prior Case Resource Managers. i. Adjustments to and increased complexity of supporting roles and staffing models (e.g., addition of dedicated assessors, lead Case Resource Managers, and case aides). c. Potential changes to processes related to quality assurance within the organization, with region-specific considerations. d. Better enabled to dedicate more time to all job functions, including personalized attention to individuals served by reduced caseloads. e. Increased training, especially related to the effective usage of the SIS/SLA crosswalk and other helpful CARE Web functionalities. f. Enhanced existing training for DSHS DDA staff to more effectively point individuals/families to the assessment materials and other information available and explain their use and benefit.
Impact to providers	a. Business impact due to potential changes in service levels and types. b. Involvement in collaborator meetings and information sessions.

Figure 9A: Positive impacts of implementation

Potential Risks and Concerns for Implementation

The list below represents high-level themes of potential considerations to implementation that could contribute to negative opinions of the changes envisioned in this feasibility study.

Collaborator Group	Consideration
Impact to individuals	a. Some individuals may be assigned a new case resource manager as part of DSHS DDA staffing growth and staffing model changes.
Impact to staff	b. If DSHS DDA changes assessment questions or algorithm, monitoring any potential resulting changes in service levels and types. i. As a further result, potential increase in complaints, appeals, and litigation related to changes in resource allocation. ii. Transition plans are developed based on anticipated impacts and analysis to mitigate potential adverse impacts to individuals served.
Impact to providers	c. Impacts related to potential transition decisions for some individuals. i. Financial impact due to changes in reimbursement levels, and costs related to transition decisions.

Figure 9B: Potential concerns for implementation

Implementation Risks

The research conducted in this feasibility study has helped DSHS DDA to identify some potential implementation risks, such as inconsistent conversational assessments, experienced assessor shortage, short-term turnover, eligibility/resource changes, and collaborator expectations. These risks are mitigated through strategies such as reinforcing leading practices, implementing staffing growth plans, enhancing OCM support and training, expanding measures supporting equity in resource allocation, and maintaining ongoing and two-way communication with collaborators. The full list of risks and their associated mitigation strategies are shown in the table below.

#	Potential Risk	Mitigation
1	**Conversational assessments: Some case-carrying CRMs or dedicated assessors may not provide consistent** person-centered, efficient conversational assessment	a. **Training Plan** to address through dedicated formal case-carrying CRM training on conversational assessments. b. **Equity and QA Plan** to address through: i. Continued/enhanced monitoring/QA to identify case-carrying CRMs with outlier results as an indicator of potential additional training needs or other corrective activities. ii. Tool revisions to capture time spent conducting assessment, etc.

#	Potential Risk	Mitigation
2	**Experienced Assessor Shortage:** Potential implementation delays related to workforce shortages in qualified assessors and/or experienced case-carrying CRMs	a. **Staff Growth/Transition plan** to address through career transition/advancement planning designed to promote from within the current workforce. b. Continued and ongoing measurement, projection, and evaluation of staffing need and availability.
3	**Short-Term Turnover:** Risk of short-term increase in staff turnover because of workload impact during testing, piloting, and implementation	**OCM and Communication Plan** to include strategy for continuous two-way communication with DSHS DDA and regional staff to facilitate staff support.
4	**Eligibility/Resource Changes:** Changes to the assessment could result in eligibility or resource allocation **increases** or **decreases**, or potential **inequity**	a. **Assessment Update Plan** to address through piloting, evaluation and assessment of impacts and transition planning. b. **Staff Growth/Transition and Training Plan** to address through the implementation of dedicated assessors. c. **Equity and QA Plan** to address through: i. Implementation of continuous/ongoing equity evaluation and analysis in resource allocation. ii. Software updates to facilitate directed assessment comparison and assessment data and outcome analytics.
5	**Individuals' and Families' Expectations:** Risk that collaborators expect **changes immediately** following Legislative Report, or that changes will **not meet individual/caregiver needs**	**OCM and Detailed Communications Plan** to address through communications strategy and collaborator engagement.
6	**CMS Approval:** Risk that CMS approval process will be **protracted**/cause delays	a. **OCM, Detailed Communications, and Assessment Update Plans** to address through early engagement of CMS liaison to WA state. b. **Piloting and early impact analysis** of potential changes to eligibility and/or service allocation. c. **Identification** of if and when CMS approval is needed. d. **Development of transition plans** and iterative refinement as needed.

#	Potential Risk	Mitigation
7	**Implementation Timeline:** Legislators or collaborators might **request acceleration** of implementation timeframe	a. **OCM Plan and DSHS DDA Taskforce will**: i. Identify the **critical path** to implementation. ii. Note **risks** of rushing the implementation. For example: if a new tool is implemented with existing staffing structure/without dedicated assessors: a. training will take more time. b. case-carrying CRMs will be less skilled than dedicated assessors. c. individuals' experience with the new assessment tool will likely be mixed at best. b. **Communication Plan developed** and implemented with specific strategies designed for various collaborator groups to include legislators, individuals, families and other advocates, and providers.
8	**Organizational Change Management:** Risk that Without dedicated OCM staff and established infrastructure within DSHS DDA, a change initiative at this scale runs the risk of being implemented inefficiently and/or failing.	a. Hire an Organizational Change Management Administrator to manage change **at an administration level**. b. Develop **OCM infrastructure** within DSHS DDA to support change.
9	**Project Management:** Risk that without dedicated Project Management staff and established infrastructure within DSHS DDA, a change initiative at this scale runs the risk of being implemented inefficiently and/or failing.	a. Hire a Project Management Administrator to manage the implementation **at an administration level**. b. Enhance **Project Management infrastructure** within DSHS DDA to support the implementation effort.

Figure 10: High-level risk register

DSHS DDA will address these risks as part of any project implementation planning that results from funding being provided to make the functional and operational changes recommended in this report.

Next Steps and Follow-Up Items When Funded

To successfully design and execute an implementation plan for the changes envisioned in this report, the following additional considerations are required:

- Secure project management resources to:
  - Charter the project and convene a team of subject matter experts to work on the effort.
  - Create and manage a schedule, integrated work plan, budget, risks, issues, and decisions.

    - Monitor dependencies to align the work and deliverables for all project resources and vendors.
- Secure organizational change management resources to:
    - Further assess impacts then develop and implement a change management strategy.
    - Gather additional input from interested parties regarding implementation.
    - Manage the transition to minimize disruption before, during and after implementation.
    - Monitor the readiness of impacted groups. This will require a structured process and data that allow DSHS DDA to make informed decisions regarding implementation. Tactics that support these outcomes are included in Appendix B: Collaborator Impact and Readiness Detail.
- Consult with the 29 federally recognized tribes and numerous urban Indian organizations in Washington state.
- Collaborate with the appropriate collective bargaining unions regarding any change to training requirements and job duties.

Additional Considerations

DSHS DDA recognizes the recommendations put forth in this feasibility study will not be implemented in a vacuum. As DSHS DDA worked to develop the recommendations in this feasibility study, one criterion that was carefully considered was the other efforts underway that might impact, or be impacted by, this work. The table below illustrates the impacts for each of these concurrent efforts.

Bill #	Bill Due Date	Legislative Report Title	Waiver Impacts	CARE Impacts	ProviderOne Impacts	Staff Impacts	WAC/Policy Impacts
5187	2/29/24	Ruckelshaus, Final	√	√	√	√	√
5187	6/30/24	Parents with DD Data Study					
5950	10/1/24	Day Habilitation	√	√	√	√	√
5092 5268 5693	10/1/24	Respite and Stabilization, final	√	√		√	√
5284	10/1/24	Eliminating subminimum wage					
N/A	10/1/24	Forecast of supported employment and community inclusion				√	
5187	11/1/24	DSHS DDA Assessment Feasibility Study	√	√		√	√
5950	11/1/24	Lake Burien	√	√	√	√	√
5187	12/1/24	Specialty AFH pilot					

Bill #	Bill Due Date	Legislative Report Title	Waiver Impacts	CARE Impacts	ProviderOne Impacts	Staff Impacts	WAC/Policy Impacts
5187	12/1/24	Community Residential Pilot, Complex Needs Enhanced Rate Pilot	√	√		√	√
5187	12/1/24	Transitions of Care, Final		√		√	√
5187	12/1/24	Waiver Services Study, study/report to expand Medicaid Services	√	√	√	√	√
N/A	1/1/24	Eligibility, preliminary report by JLARC	√	√	√	√	√
5187	12/31/24	Financial Eligibility FTE Use & Associated Outcomes, Final				√	
6052	1/1/25	Children's Enhanced Respite		√	√	√	√
5693	1/1/25	Adult Community Respite		√	√	√	√
N/A	1/1/25	Eligibility, final report by JLARC	√	√	√	√	√
5187	6/30/25	Enhanced Behavior Support	√	√	√	√	√
1188	12/1/25	Specialized Waiver for Children/Youth in Dependency	√	√	√	√	√

Figure 11: Impacts of concurrent efforts

In addition to the efforts listed in the table above:

- DSHS DDA is preparing to implement the **SIS-A Second Edition** in January 2025. That implementation will present additional impacts to the integrated systems that support DSHS DDA programs.
- There may also be resource competition for emerging initiatives such as the **Integrated Eligibility and Enrollment Modernization** project, and other initiatives outside of DSHS DDA.

One additional item for future consideration involves the opportunity to shorten the SIS by removing Washington-specific questions **regardless of their impact to algorithms**. Accomplishing this will require significant effort to ensure service eligibility determinations remain consistent. The research conducted for this study, however, indicates that making this change has broad support from individuals and their families, DSHS DDA staff, and providers and would move DSHS DDA toward its goal to support person-centered practices.

Next Steps Summary

DSHS DDA acknowledges the importance of each of these concurrent and overlapping projects. To that end, it will be important to have adequate resources to enable thoughtful, effective project planning and

implementation of the changes envisioned in this feasibility study.

Collaborator Impact and Readiness Needs

DSHS DDA engaged the services of Vivid Company (Vivid Co.) to perform a change impact and risk analysis and identify collaborator (interested party) readiness needs related to implementing the changes recommended in this report. Certified Change Management Professionals met with DSHS DDA leaders and subject matter experts to perform an initial assessment of the change envisioned by this feasibility study. Prosci® tools, professional experience and a deep historical knowledge of the DSHS DDA-impacted Collaborator Groups were used to conduct the change management assessment and develop findings and recommendations. See Appendix B: Collaborator Impact and Readiness Detail for the full report from Vivid Co.

Conclusion

DSHS DDA welcomed the opportunity to study and report on modifying the DSHS DDA assessment technology and processes to continue to meet regulatory requirements while prioritizing a person-centered focus, reducing the time commitment, and increasing its viability across different age groups and settings. When this effort is funded and implementation planning is underway, DSHS DDA is prepared to actively engage with individuals and their families, staff, tribal governments and urban Indian organizations, and advocacy organizations that will be impacted by the changes envisioned in this report. DSHS DDA's implementation engagement effort will include validating and updating, where needed, the input these impacted groups provided for this report. Doing this will help maximize the likelihood of implementing an improved assessment process and infrastructure that is designed to meet the needs of the individuals and families we serve in a fiscally responsible manner.

Doing nothing to address the recommendations in this feasibility study will only serve to make the existing situation even more difficult for individuals being served and their loved ones. While the perception among advocates is that the existing assessment tool is the problem, research conducted for this feasibility study clearly demonstrate that existing operational processes, training resources, and infrastructure are not adequate to support the current need.

Future funding considerations:

- Funding to develop and implement technology solutions.
- Additional resources to fully implement the operational changes to the DSHS DDA assessment and support infrastructure changes as described in the Recommendations section of this report.

The changes envisioned in this feasibility study are highly supported by individuals and their families as well as DSHS DDA staff. Perhaps most important, implementing these envisioned changes would enable DSHS DDA to meet the intent of this legislative directive and further its mission by reducing the burden between individuals being served and the services for which they are eligible.

Acknowledgements

DSHS DDA would like to recognize the generous contributions of time and expertise from individuals, their families, staff, and community partners representing the following:

- Legislative Report Community Collaborator group, who contributed their expertise and lived experience on behalf of their represented constituencies to the development of the recommendations in this report.
- Focus group interview participants, including individuals, families, providers, and DSHS DDA staff, who gave their time and lived-experience perspectives to inform the development of the options framework.
- The IPAC participants who represent the 29 federally recognized tribes and numerous urban Indian organizations in Washington state.
- Vivid Co., which provided collaborator engagement, impact analysis, and change management support and led the development and production of this feasibility study.
- Deloitte, which performed the technical analysis, national scan, options development, and focus group interview facilitation.
- The Legislature, for the FTEs that it has funded to date.

Appendices

Appendix A: Technical Analysis Detail

DSHS DDA engaged the services of Deloitte to perform a national scan and a technical analysis of potential options to support DSHS DDA in developing recommendations. The full list of recommendations as well as the process for determining evaluation criteria and prioritizing options are detailed in the paragraphs that follow.

Recommendations

The full details of DSHS DDA's operational and technology/infrastructure recommendations are noted in the figures below.

Operational Changes	
Prioritized Tactic	**Highlights**
Use Dedicated Assessors	• **Dedicated assessors** whose focus would be primarily on directed assessment efforts and activities. • **Case-carrying Case Resource Managers** perform conversational assessments and are involved in Person-Centered Service Plan development.
Staffing Growth and Lead Case Resource Managers	• Consistent with the findings from DSHS DDA's Caseload Ratio Reduction Report, **reduce caseload ratios** and implement **Lead Case Resource Managers** position for training and mentorship purposes. • **Increase trainer/CARE specialist FTEs** and enhance expertise.
Modernized Onboarding/Training	• Enhance and formalize **SIS refresher trainings for assessors,** 90 days and 180 days post-initial SIS assessment training. • Build upon ongoing efforts **to enhance existing training** and practices to improve person centeredness.
Enhanced Assessment Communication and Materials	• **Evaluate assessment-related materials** for individuals/families for potential enhancements, including practices related to accessibility. • Develop and employ a "**quick form**" in advance of the assessment to improve efficiency.
Enhanced Assessment Efficiency Through Equity in Resource Allocation and Quality Assurance	Increase assessment efficiency by: • Improving and expanding infrastructure to support quality assurance activities, including a **statistical analysis** of trends and patterns in assessment data and outcomes. • Collaborating with an **independent third-party expert in social equity** to analyze assessment results with a focus on health equity and protected classes. • Using findings of the above analyses to inform interventions as appropriate.

Operational Changes	
Prioritized Tactic	**Highlights**

Reinforcement of Existing DSHS DDA Leading Practices	• Several leading practices already in place by DSHS DDA were identified for further reinforcement, including among others:
	  ○ Continued enhancements to **conversational assessment[9] training** and skillsets.
	  ○ Strengthen practices related to **interpretation** for all settings of assessment.
	  ○ Reinforce practices related to **screensharing** and **visual aids** for all settings of assessments and assessment-related materials.

Increased Job Aids	• Increase Job Aids embedded into CARE Web and/or other media (available online, hard copies, etc.) including but not limited to:
	  ○ Strengthen practices regarding use of supports and guides for **conversational assessments.**
	  ○ Reinforce policies and forms to facilitate a more effective **warm hand-off** when caseloads are reassigned.
	  ○ **(Children-specific)** Enhance tips, tricks, and cues reference specific to administering children's assessment.
	• **(Children-specific)** Enhance the current **developmental milestones** used to support assessors, including embedding the job aid in the CARE application.

Figure 12A: Specific operational recommendations

Technology and Infrastructure Changes	
Prioritized Tactic	**Highlights**
Assessment and Tool Modifications: People and Process-Focused Enhancements	• **Develop online portal** for individual/family "live" documentation of Detail/Profile info. • **Adjust Non-SIS, WA-specific questions** with the goal to support strengths-based and person-centered practices. • Include earlier and accessible **placement of key person-centered information** throughout all assessment-related materials. • **Unlock comments** for assessors to address nuances without scoring change. • **Have "smart" automatic reminders** with enhanced, individualized, system-integrated dependencies-based logic.

[9] Conversational assessment is a higher-level review to discuss any significant changes in level of care or other support needs. This type of assessment is completed annually during the years in between a directed assessment. They generally take approximately 1-3 hours based on information gathered for this feasibility study.

Technology and Infrastructure Changes	
Prioritized Tactic	**Highlights**
Data and Technology Enhancements	• **Make CARE Web tool interface enhancements**. • Formalize **additional person-centered questions, which may be optional.** • Develop integrated reference (e.g., "hover-over" content or read-only slide-out panel) for 5-yr directed assessment history. • **Eliminate questions** in the WA DSHS DDA Assessment not used by DSHS DDA.

Figure 12B: Specific technology and infrastructure recommendations

National Scan Detail

The national scan consisted of research into publicly available information for assessments and related processes used in other select states. This research was used to form a benchmark and provide additional data points to inform potential options and outcomes related to the feasibility study based on what has been implemented in other states. Additionally, summary detail around assessments used nationally has been compiled. Publicly available information relied upon for this analysis may have changed since the time the review occurred; therefore, some information may be inaccurate or incomplete.

Plan for Conducting the National Scan

In collaboration with DSHS DDA, eight states were selected to be included in the national scan: Oregon, Colorado, Virginia, Pennsylvania, Ohio, Massachusetts, Iowa, and Minnesota. The key criteria considered when selecting states, based on publicly available information, included:

- States with similar goals for their Developmental Disability programs.
- Whether the state currently uses SIS or used SIS in the past.
- Whether the state uses a single assessment to determine eligibility and service hours/budget.
- Whether the state uses the assessment to determine provider payment rates.

Following the selection of the states, initial research was performed, summarized, and presented to DSHS DDA. Through iterative review of the information gathered and presented, alignment with DSHS DDA was achieved relative to the data items that were sought after through the research, and the way the information would be summarized and presented in the national scan.

National Scan Research Process and Summary

For each selected state, research consisted of evaluating publicly available information, including review of state administrative codes, HCBS waivers, training guides, copies of written or electronic assessments, public-facing presentations, and any other documentation related to the assessments or assessment processes used for HCBS waiver populations in their state. The information captured for each state, to the degree the information was publicly available, include:

- **The use of the assessment tool**. For each functional assessment tool that was identified in each state, the ways in which the assessment was relied upon was documented, including whether it was used for waiver eligibility, resource allocation, service planning, rate setting, referrals/policy triggers, and/or quality reporting.

- **Quantitative details related to the assessment**, such as documentation related to the number of questions in the assessment, the areas for manual notations, and the estimated/average length of the assessment.

- **Qualitative details related to the assessment**, such as documentation related to the question topics covered in each assessment relative to the question topics covered in the DSHS DDA assessment, details around the degree to which the questions within each assessment are strengths-based and person-centered, including the way questions are framed and whether goals or related topics are included in the assessment, and the age groups and populations the assessment was administered to.

- **Who is involved in the assessment process**. This category highlighted the extent to which states differentiated between dedicated assessors and Case Resource Managers and whether they were state employees or contracted, as well as tracked if family members and others support team members were or could be included in the assessment process.

- **Other uses for the assessment**, including the degree to which the assessment is used in PCSP development, and other dependencies such as policy triggers or quality reporting driven from the assessments.

Advantages and Disadvantages of Homegrown and Other Standardized Assessments

The table below summarizes the advantages and disadvantages related to the use of each identified functional assessment.

Functional Assessment	Advantages	Disadvantages
Homegrown[10]	a. Customizability to meet needs of the state and be responsive to collaborator feedback. b. More control over the administration of the assessment. c. State has control over the frequency and nature of updates to tool.	a. Significant up-front investment and cost of development and maintenance of the assessment tool. b. Validity and reliability concerns. c. Time required to develop a new homegrown tool can be lengthy and resource intensive and require wide variety of expertise (clinical, statistical, survey/assessment tool development, etc.) d. Washington would retain full responsibility and risk associated with potential complaints, appeals, and litigation related to changes in resource allocation relative to SIS or other standardized tool, as no other organization or states would share in this tool.

[10] Oregon's ONA and Minnesota's MNChoices homegrown assessments were evaluated, however these pros/cons would apply in theory to any homegrown assessments, including what WA could consider building as an option.

Functional Assessment	Advantages	Disadvantages
SIS	a. Standardized, validated and reliable tool used by many states over a long period of time and widely approved by CMS. b. Strengths-based tool. c. Interrater reliability tools available from AAI/DD. d. Large data set including assessments conducted on thousands of Medicaid HCBS participants with I/DD each year, which can be used to inform PCSP development. e. Can be used to determine level of care and service needs. f. Tool is maintained by international organization that performs tool updates, provides technical assistance to states and offers training for assessors as well as train the trainer/subject matter expert programs, and user-friendly materials states can use/leverage for individual and collaborator education. g. Can be administered using AAI/DD interface or state-specific interface. h. Most states have added state-specific supplemental state-specific questions. i. 17 states currently use the SIS, including 6 of whom who have already transitioned to the SIS 2nd edition.	a. AAI/DD controls over the questions limit customizability, leading States to develop supplemental questions to meet individual needs of each state. b. Content and timing of updates not within state control. c. Cost per assessment (fees paid to AAI/DD).
ICAP	a. Quick to administer relative to other assessments. b. Standardized, validated and reliable tool used by many states over a long period of time. c. Widely used by states, with 11 states currently using the ICAP assessment as part of their functional assessment. d. Doesn't have to be administered in totality and is able to be administered as a portion of the assessment.	a. Not a strengths-based tool/is a deficits-based tool that is not completely person-centered or reflective of current community inclusion philosophy and approaches. b. Gathers information about a narrow portion of the individual's life, relative to the SIS. c. ICAP assessment is not maintained by any professional entity and other states currently utilizing ICAP are actively seeking other assessments. d. Focuses questions on support needs and diagnoses and lacks individual's wants/preferences.

Functional Assessment	Advantages	Disadvantages
InterRAI-ID	a. InterRAI has a suite of standardized, validated and reliable tools used by many states over a long period of time for various HCBS populations, with the InterRAI-ID assessment a relatively more recent addition. b. InterRAI tools are developed by researchers and practitioners in over 35 countries. c. Allows for a broader range of scores compared to the SIS for some support needs. d. Doesn't have to be administered in totality and is able to be administered as a portion of the assessment.	a. Not necessarily quicker than the SIS to administer given the number of questions posed. b. The assessment itself does not include any area for manual notation, and capturing any manual notation would need to be considered in software application. c. Limited adoption of the tool, with 2 states currently using InterRAI-ID. d. Licensing usually requires royalty payments and requires the sharing of data with interrail for research purposes. e. States that have adopted InterRAI-ID have needed to supplement the assessment with additional questions for the program needs.

Figure 13 – Functional assessment advantages and disadvantages.

National Scan Highlights

At the conclusion of the research, highlights and key takeaways were summarized. Key takeaways and highlights from this national scan are summarized in the bullets below.

Assessor Detail

a. Of the four researched states that are currently using the SIS, three use third-party assessors that are SIS-Certified through AAI/DD, and the fourth is looking to shift away from the SIS.

b. All researched states have either dedicated or certified assessors administer directed assessments; in some cases, interim-year assessments are administered by Case Resource Managers.

c. Case Resource Manager participation during the assessment is optional in some states.

Assessment Detail

d. Anecdotally, many states voiced displeasure with their current assessments and/or assessment processes, and that is evidenced by similar efforts across states to evaluate other options.

- MA previously used the SIS, and after a short switch to a modified ICAP assessment, is actively piloting a switch back to the SIS.
- OH is actively pursuing shifting to a standardized assessment away from its homegrown assessments.
- CO, which currently uses the SIS and a supplemental assessment, is piloting shifting to a single homegrown assessment which would encompass programs broader than just its I/DD services.

e. DSHS DDA noted that the assessment being able to address employment and self-advocacy was, initially, a key aspect leading to the selection of the SIS. Of the evaluated assessments, the ONA and ICAP do not address employment-related questions. The ICAP is already used by DSHS DDA as an adaptive test, if needed, as part of the eligibility process; however, the ICAP is not developed in a way that encourages self-advocacy.

f. The length of the assessments in other states is generally in the 2–3-hour range[11], on the lower end of a general directed DSHS DDA assessment.

g. The question topics covered in the functional assessments are generally more comprehensive in the DSHS DDA assessment relative to other states.

Adult Support Assessment

h. Three states use homegrown assessments while the other five states use a standardized assessment, or a standardized assessment combined with homegrown supplemental questions.

   - Both OR and MN use homegrown assessments that determine waiver eligibility as well as budget/service hours. These two states also use the same assessment for children and adult populations. Certain questions and topics are skipped depending on the individual's age group.

   - OH uses multiple homegrown assessments, including a modified version of the DDP-2 assessment which historically both NY and OH have used; both states have explored moving away from the DDP-2 to various degrees.

   - IA uses the SIS as the standalone assessments for their I/DD population, and CO, VA and PA use the SIS assessment in combination with a supplemental assessment, in an arrangement like DSHS DDA's assessment.

Children's Support Assessment

i. MN, OR, and OH administer the same assessment to individuals of all ages, but some questions are modified/omitted depending on age.

j. VA and IA administer the SIS-C for children ages 5-15.

k. In PA and MA, a level of care evaluation process is utilized for individuals 22 and under, focused on ICF level of need and a diagnosis of Autism/DD/closely related condition, followed by support planning processes if eligible.

[11] This data point is based on publicly available information and may not include the extent of person-centered planning DDA does.

Summary of Options for Evaluation

Adult Assessment Option	Description
Option 1: Status Quo	a. Benchmark by which all options will be evaluated in report. b. Average directed support assessment completion time: Adults: 3-4 hrs.
Option 2: Operational Changes	a. Dedicated assessors and Case Aides. b. Staffing growth and Lead Case Resource Managers. c. Modernized onboarding/training. d. Enhanced assessment communications and materials. e. Reinforced DSHS DDA leading practices. f. Enhanced equity in resource allocation and quality assurance. g. Increased job aids.
Option 3: Modified Tool	a. Rephrasing of WA-specific questions. b. Earlier and accessible placement of key person-centered information. c. Unlocked comments for assessors. d. Online portal. e. Develop additional functionality for assessors to electronically view assessment history. f. Formalize additional person-centered, optional questions. g. CARE Web tool interface enhancements. h. Features of SIS Online[12], such as individual-specific reports. i. Fewer and more impactful "ticklers"/reminders. j. Eliminate questions not otherwise used.
Option 4: Modified Tool and Operations	a. Hybrid of all of Options 2 and 3.
Option 5: New Tool	a. Other standardized assessment tool(s) (e.g., InterRAI is used in New York and Connecticut). b. Homegrown assessment tool(s) (e.g., MNChoices is used is used in both Minnesota and Arkansas).

Figure 14A: Adult assessment options framework

[12] The SISOnline is the AAI/DD web-based platform designed to support administering, scoring, storing, and retrieving data, and generating reports for the SIS-A®, SIS-C®, and the AAI/DD's suite of other SIS® products.

Children's Assessment Option	Description
Option 1: **Status Quo**	a. Benchmark by which all options will be evaluated in report. Uses a homegrown tool that includes portions of the SIS-C. b. Average directed Support assessment completion time: Children: 2-3 hrs.
Option 2: **Operational Changes**	a. Similar changes as for adult support assessment. b. Additional training: a. To transition individuals/families from children's to adult assessment. b. Children's developmental benchmarks and medical complexity. c. Develop an enhanced children's milestone job aid/tool, and tips and tricks sheet specific to children.
Option 3: **Modified Tool**	a. Similar changes as for adult support assessment.
Option 4: **Modified Tool and Operations**	a. Improvements to the homegrown tool and process.
Option 5: **Hybrid of all of Options 2 and the SIS-C®**	b. Standardized, validated, widely accepted assessment tool. c. Designed for children aged 5 years and older with I/DD. d. Developed by the American Association on Intellectual and Developmental Disabilities and aligned with SIS-A. e. A quality interview usually takes between 2 and 2.5 hours to complete based on estimate provided by AAI/DD.

Figure 14B: Children's assessment options framework

New Tool Considerations

Based on the current state assessment and national scan research, including direct state outreach, DSHS DDA made the determination that pursuing a new standardized or homegrown assessment tool would not be part of the final prioritized recommendation to the legislature.

There are three primary standardized, non-homegrown functional assessments used by states today – the SIS, ICAP, and InterRAI-ID. Of these, the SIS has the advantage of being the most widely utilized, actively maintained standardized functional assessment. For states included in the national scan that moved away from the SIS in the past, disadvantages of the SIS assessment and tool itself were not identified as the main driver; rather, a combination of challenges related to state operations and infrastructure, or various supplemental assessment tools used in combination with the SIS were noted as significant drivers of inconsistent and/or negative experiences for individuals served. Regardless of which assessment is currently used, many states have voiced displeasure with their current assessment and/or processes, as evidenced by the number of states that are actively piloting or transitioning to different assessment options.

During internal collaborator interviews and other current state assessment activities, key themes related to current operational challenges made apparent the need to clearly and appropriately convey the resources, funding, and support required to address many of the challenges. Additionally, the recorded scores for all questions in the SIS assessment are used as a direct input for the DSHS DDA algorithm, service eligibility, and/or for specific policy triggers. Accordingly, DSHS DDA saw a need to be judicious and mindful in the changes to propose to the assessment tool itself for implementation success in combination with the proposed operational changes.

If WA were to explore implementation of a different standardized assessment, high-level steps that would need to be taken over a four-to-seven-year process, based on the time it has taken other states to make similar changes, could include:

- Tool selection process.
- Development of implementation plan, including collaborator coordination and impact analysis.
- Assessor training and pilot program, simultaneously giving both the current assessment and the new assessment.
- Algorithm development, including the development of additional questions, needed to be added to meet the needs of DSHS DDA, and statistical analysis to support validity and reliability of supplemental questions.
- Thorough analysis, testing, and quality assurance review of any changes to existing algorithms for impact to eligibility or service type/amount.
- IT system development to support new assessment.
- Waiver amendments and transition plan, WAC, and RCW updates as necessary.

Development of a homegrown assessment would have similar steps to the above, as well as:

- Development of person-centered, strengths-based questions and processes, including iterative development and statistical analysis to support validity and reliability of tool results.

The time and cost associated with procurement of contractors with the appropriate expertise to assist in the development and/or evaluation of a new assessment tool would be a significant hurdle. Based on these findings, DSHS DDA determined that a transition from the SIS to a different assessment tool without prioritizing the DSHS DDA operational improvements that have been identified, regardless of which new tool is selected, would not address and could potentially further exacerbate the areas of potential improvements for both DSHS DDA staff and individuals served.

As an example, moving to a new tool would not address ongoing needs related to DSHS DDA's current training infrastructure. From 2007 to the time of the feasibility study, DSHS DDA CRM staff has increased from 250 to 680, all of whom require training on the assessment process and monitoring via assessment shadows and other QA processes. These CRMs are also impacted by a significantly higher rate of movement at the position, causing additional assessment training and other operational demands

relative to 2007; training staff has only increased from 6 to 7 positions since then. DSHS DDA has determined that changes to address the training above, in addition to other operational changes, would be best combined with enhancements to the current assessment tool rather than a new assessment tool to maximize the improvement in DSHS DDA service to individuals served.

Evaluation of Options

Evaluation Criteria

A modified Kepner-Tregoe Decision Analysis method was used to conduct a systematic evaluation of options for changing the adult and children's support assessments. This method approaches complex decision-making rationally by establishing evaluation criteria, weighting those criteria, and then using them to evaluate a set of identified options.

- **Establishment of the "must have" evaluation criteria.** DSHS DDA identified four "must have" criteria based on state and federal legislative requirements and directives that must be met. Any option not meeting the "must have" criteria was not considered for implementation by DSHS DDA. Options were developed and were reviewed by DSHS DDA to determine whether they adhere to all four of the "must-have" requirements.

- **Establishment of the "wants" or "would like to have" criteria.** DSHS DDA engaged in extensive discussion regarding potential "wants" criteria to improve the DSHS DDA assessment and its process based on internal and external collaborator feedback. Ultimately, DSHS DDA selected four "wants" criteria that reflected collaborator feedback and legislative considerations. DSHS DDA assigned a relative weight to each "wants" criterion to facilitate scoring of the potential options based on their relative likelihood of or impact toward achieving each DSHS DDA objective.

The DSHS DDA-determined "must haves" and "wants" evaluation criteria are provided below:

Must-Haves		
#	**Criterion**	**Description**
1	Meets Federal requirements governing independent assessments, including Federal requirements regarding person-centeredness.	Federal requirements set forth in 42 CFR 441.720, including requirements for person centeredness set forth in 42 CFR 441.725.
2	Meets requirements for DSHS DDA, including oversight, funding, and alignment with DSHS DDA Guiding Values.	Aligns with principles reflected in DSHS DDA's Guiding Values, while meeting data requirements for decision packages, funding requests, new benefit need identification, and reporting.
3	Maintains viability across age groups and settings.	Remains appropriate for all ages currently served and can be delivered/administered in the same variety of settings (virtual, face-to-face, etc.).

Must-Haves		
#	**Criterion**	**Description**
4	Support assessment takes no longer than status quo.	As requirement for all options to be considered, the time for the intake assessment (or equivalent) should be no more than the current time for a full directed assessment for any given individual or Case Resource Manager. Options that reduce the number and/or complexity of questions or reflect process efficiencies are anticipated to take less time than the status quo. based on DSHS DDA input, the current/status-quo support assessment time is 3-4 hours for individuals aged 16 and older.

Figure 15A: Evaluation criteria: must-haves/requirements

Wants			
#	**DSHS DDA Weighting**	**Criteria**	**Description**
1	30%	Delivers valid and reliable results to allow for resource allocation.	Is standardized and uses a uniform procedure; describes a profile of the pattern and intensity of supports needs to be used in conjunction with statistical analysis to develop service hour needs.
2	30%	The support assessment is quicker than status quo (e.g., reducing unnecessary manual notations, streamlining questions, eliminating unnecessary administrative steps).	Imposes no additional unnecessary administrative burdens on assessors, does not include questions/sections that will not be used by DSHS DDA; does not require multiple assessments for any one individual to access services. Options that reduce the number and/or complexity of questions or reflect process efficiencies are anticipated to take less time than the status quo; the more reductions and efficiencies associated with an option, the greater the anticipated reductions in administration time.

Wants			
#	**DSHS DDA Weighting**	**Criteria**	**Description**
3	25%	Collects all data needed for service algorithms and processes.	Maintains all assessment categories whose scores are used by DSHS DDA (e.g., for development of Person-Centered Support Plans (PCSPs), provider payment rates, policy triggers, etc.).
4	15%	Uses a strengths-based approach.	Includes an assessment that focuses on the individual's strengths, not their problems or deficits. Identifies support needs for employment and advocacy needs for education/community involvement.

Figure 15B: Evaluation criteria: wants

Scoring of Options

Based on the evaluation criteria and DSHS DDA assigned weighting, each of the options were scored based on a modified Kepner-Tregoe (KT) Matrix. Each "must-have" criterion was scored on a pass/fail (yes/no) basis. Options not meeting all four "must have" criteria were eliminated from consideration. For each "want" criterion, a potential option was assigned a score between 1-10, with a score of 10 indicating that the option offers DSHS DDA the potential likelihood of meeting that criterion, and with a score of 1 indicating the lowest likelihood. Scores were converted into a qualitative label for discussion purposes, using the following crosswalk:

Score	Value
None	0
Low-	1
Low	2
Low+	3
Med-	4
Med	5
Med+	6
High-	7
High	8
High+	9
Optimal	10

Figure 15C: Evaluation of options – scoring crosswalk

Target State Workshop (TSW)

Workshop Process

A Target State Workshop (TSW) was designed and delivered to key DSHS DDA leadership and internal

collaborators. The Target State Workshop included 30 DSHS DDA staff across two sessions spanning 3.5 hours, representing directors, regional leadership, and supervisors. Workshop participants discussed the current state assessment and national scan findings, identified areas of efficiencies to meet legislative and DSHS DDA objectives categorized into potential options, and prioritized opportunities for improvement at the conclusion of the workshop.

During the workshop, DSHS DDA presented and discussed the options framework and supporting examples of each option for the adult and children's support assessment, the preliminary Kepner-Tregoe decision analysis for discussion, including rationale and considerations for the scoring. The workshop was designed and facilitated as an interactive workshop, with opportunity for all participants to provide feedback on and prioritize the options presented. The result of the workshop was agreement by DSHS DDA on the scoring for the adult assessment, and thus the prioritization, of the options. Following the workshop, the scoring for the children's support assessment was updated to reflect rationale and prioritization agreed upon by the workshop participants.

Option Evaluation Rationale

The following rationale and considerations were discussed during the TSW and reflected in the scoring and prioritization of the options.

Option	Rationale and Considerations
Option 1: Status Quo	DSHS DDA's goal of improving the current assessment tool and process, and having a quicker support assessment than the status quo, would not be achieved.
Option 2: Operational Changes	Operational changes would achieve quicker, higher quality, consistency, and efficiency of person-centered assessments through enhanced staffing infrastructure, resources, oversight, and training for assessors.
Option 3: Modified Tool	An enhanced CARE Web tool would help achieve quicker, more person-centered assessments and digital systems enhancements would improve ease of use and personalization of assessment tool and related materials.
Option 4: Modified Tool and Operations	Both a modified tool and operational changes would achieve greater impact toward achieving DSHS DDA's objectives than Option 2 or 3 alone.
Option 5: New Tool	a. There is no other standardized, validated, and recognized DD functional assessment that is quicker than the SIS and strengths-based tool. b. A homegrown assessment would require a lengthy, intensive development and testing process; this type of transition has taken over 10 years in other states studied.

Figure 15D: Option evaluation rationale

DSHS DDA's scoring of the adult and children's support assessment options was as follows.

Modified Kepner-Tregoe Decision-Making Framework – ADULT	Weight	Option 1	Option 2	Option 3	Option 4	Option 5
Scoring for Prioritization of Options for DSHS DDA Recommendation to Legislature		**Status Quo**	**Operational Changes**	**Tool Changes**	**Options 2 & 3 Combined**	**New Tool**
MUST HAVES (Scored yes/no based on whether the option will:)						
Meets Federal requirements governing independent assessments, including Federal requirements regarding person-centeredness.	N/A	Yes	Yes	Yes	Yes	Yes
Meets requirements for DSHS DDA, including oversight, funding, and alignment with DSHS DDA Guiding Values.	N/A	Yes	Yes	Yes	Yes	Yes
Maintains viability across age groups and settings.	N/A	Yes	Yes	Yes	Yes	Yes
Support assessment takes no longer than status quo.	N/A	Yes	Yes	Yes	Yes	Yes
WANTS (Scored 1-10 based on the likelihood that the option will:)						
Delivers valid and reliable results to allow for resource allocation.	30%	Med+	High	High-	High+	Med
The support assessment is quicker than status quo (e.g., reducing unnecessary manual notations, streamlining questions, eliminating unnecessary administrative steps).	30%	None	Med	Low	Med+	Low+
Collects all data needed for service algorithms and processes.	25%	High-	High+	High	High+	Med
Uses a strengths-based approach.	15%	Med	High-	Med+	High	Med+
TOTAL UNWEIGHTED SCORE (WANTS Only)	Max 40	18	29	23	32	19

TOTAL WEIGHTED SCORE (WANTS Only)	Max 100	**43**	**72**	**56**	**80**	**46**

Figure 15E: Scored KT matrix – adult support assessment

Modified Kepner-Tregoe Decision-Making Framework – CHILDREN'S	**Weight**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**
Scoring for Prioritization of Options for DSHS DDA Recommendation to Legislature		**Status Quo**	**Operational Changes**	**Tool Changes**	**Options 2 & 3 Combined**	**New Tool**
MUST HAVES (Scored yes/no based on whether the option will:)						
Meets Federal requirements governing independent assessments, including Federal requirements regarding person-centeredness.	N/A	Yes	Yes	Yes	Yes	Yes
Meets requirements for DSHS DDA, including oversight, funding, and alignment with DSHS DDA Guiding Values.	N/A	Yes	Yes	Yes	Yes	Yes
Maintains viability across age groups and settings.	N/A	Yes	Yes	Yes	Yes	Yes
Support assessment takes no longer than status quo.	N/A	Yes	Yes	Yes	Yes	Yes
WANTS (Scored 1-10 based on the likelihood that the option will:)						
Delivers valid and reliable results to allow for resource allocation.	30%	Med-	Med	Med+	High-	High-
The support assessment is quicker than status quo (e.g., reducing unnecessary manual notations, streamlining questions, eliminating unnecessary administrative steps).	30%	None	Low+	Low+	Med-	Low
Collects all data needed for service algorithms and processes.	25%	Med+	High-	High-	High	Med

Uses a strengths-based approach.	15%	Med+	High-	High-	High	Med
TOTAL UNWEIGHTED SCORE (WANTS Only)	Max 40	16	22	23	27	19
TOTAL WEIGHTED SCORE (WANTS Only)	Max 100	**36**	**52**	**55**	**65**	**47**

Figure 15F: Scored KT matrix – children's support assessment

Glossary for Roadmap to Implementation

Estimated Timeline: Time frames included in the Roadmap to Implementation reflect estimates at a point in time and are subject to variation due to factors including but not limited to state-specific policies, workflows, collaborator feedback, and resources dedicated to performing each task. Timelines are provided as a starting point for discussion purposes and should be adjusted as appropriate by DSHS DDA based on state-specific policies, procedures, and decisions regarding concurrent or sequential execution of activities.

Acronyms:

- TIA: Technology Innovation Administration (DSHS)
- RDA: Research and Data Analysis Division (DSHS)
- ALTSA: Aging and Long-Term Support Administration (DSHS)
- OCM: Organizational Change Management
- PM: Project Management
- WFSE: Washington Federation of State Employees

Roles: High-level descriptions:

- **Assessors:**
    - **Dedicated Assessor**: Dedicated assessors would **focus primarily on directed assessment** efforts and activities, creating an expertise and consistency from assessment to assessment. DSHS DDA to define, based on changes from existing CRM duties.
    - **Case-Carrying Case Resource Managers (CRMs)**: Case-carrying CRMs would **attend full directed assessment** meeting, **perform conversational re-assessments**, be involved in development of the PCSP; attend key meetings; and connect individuals served, family members and providers with resources, providers and additional services; coordinate with Medicaid Managed Care; and help individuals establish or maintain financial eligibility. DSHS DDA to adjust as appropriate based on DSHS DDA Caseload Ratio Reduction Report.

- **Case Aides**: Case Aides would primarily focus on support to case-carrying CRMs/dedicated assessors. Tasks would include scheduling, **administrative support**, and aspects of pre-/post-assessment **documentation and materials** distribution and other responsibilities as determined appropriate by DSHS DDA. In some systems, case aides perform additional tasks, e.g., support the case-carrying CRM/dedicated assessors with activities related to service planning and coordination such as identifying HCBS[13] providers with capacity, inventorying Community Based Organizations offering support an individual is seeking, help coordinate referrals to these entities, etc. DSHS DDA to define role similarly based on existing ALTSA position. A sample case aide description is available here.

- **Case Resource Manager Leads**: Case Resource Manager Leads would provide **coaching, mentoring, on-the-job training** and assistance in the transition of staff from a formal training program to fieldwork, in addition to advanced level of social services, specialized case and/or resource management for individuals served. DSHS DDA to define role as appropriate based on DSHS DDA Caseload Ratio Reduction Report.

- **Collaborators:** Refers to individuals and groups who are **involved, impacted, or hold interest in the DSHS DDA's activities and outcomes of the feasibility study** and who were or will be engaged to provide input or feedback as part of the feasibility study process. Collaborators include but are not limited to: individuals served, caregivers, and family members; DSHS DDA internal staff and leadership; CMS; the provider community serving the DD population; tribal governments; IT systems and data analysis support units; and other community groups. Collaborators may, in some documents, also be referred to as "stakeholders."

- **Testing**: DSHS DDA internal testing of the **functionality, usability, performance, security, and other aspects** of changes to the current DSHS DDA staffing model, workflows, software/IT systems and platforms, assessment questions, algorithm changes, etc. Testing would occur prior to piloting or rollout.

- **Piloting**: Related to changes to the WA-specific (i.e., non-SIS) **questions in the WA shared screens** and **software changes** to the assessment tool, piloting refers to a formal regional pilot of the revised assessment tool and its associated software for the purpose of user acceptance testing (in the case of software), and the administration of the assessment using the newly designed tool so that the **validity, reliability, individual and assessor experience, impacts on eligibility and resource allocation, impacts on DSHS DDA algorithms, and other aspects** of the tool can be tested. During piloting, the tool and/or software is **adjusted as necessary** based on measured outcomes and internal/external collaborator feedback. Individuals served are invited to volunteer to participate in the pilot. DSHS DDA may elect to tap Case Resource Managers and other DSHS DDA staff to participate in the pilot or may invite them to volunteer. At the conclusion of

[13] Home and Community-Based Services

piloting, DSHS DDA would determine which specific tool changes would be implemented during the rollout.

- **Regional (Incremental Statewide) Implementation:** Following extensive and iterative testing, evaluation, refinement, and piloting, regional/incremental statewide implementation refers to a **scheduled regional implementation approach** that will facilitate continuous evaluation and adjustments as needed. To support flexibility of DSHS DDA decisions related to the sequencing and concurrence of activities for implementing operational and assessment and IT/software changes, a separate term is used in this document for the incremental regional implementation of assessment and IT/software changes in relation to operational changes, which may share similarities in corresponding implementation schedule and process, as DSHS DDA determines appropriate.

- **Stage 1 (Initial Region) Rollout**: After designing and initial internal DSHS DDA focused testing, Stage 1/Initial Region Rollout refers to the **initial phase of implementing changes** across the entire assessment process and people involved in an identified region for purposes of monitoring, evaluation, and adjustment based on measured outcomes and internal collaborator feedback. The duration between Stage 1 and Stage 2 would probably be **9-12 months,** but the duration between Stage 2 and later phases could be much shorter (e.g., 3 months).

- **Stage 2+ (Incremental Statewide) Rollout**: Following extensive and iterative testing, evaluation, and refinement through a controlled evaluation process with a limited number of assessors, Case Resource Managers and individuals participating, Stage 2+/Incremental Statewide Rollout refers to a scheduled regional rollout approach that will facilitate continuous evaluation and adjustments as needed. Stage 2 and later Stage Rollouts will include **implementing changes across the state** in a planned and intentional way.

Scope of Analysis

Throughout the engagement, collaborators voiced concerns related to various aspects of the current assessment and associated processes, some of which did not fall within the scope of the engagement but were still captured and shared with DSHS DDA.

The goals and the scope of the engagement included:

- Evaluate the WA DSHS DDA assessment tool and related processes as they exist today for both adult and children, with a focus on the support assessment, which is comprised of the SIS-A and Shared Screens for adults and a homegrown assessment tool for children

- Research I/DD assessment tools and related processes used in other states selected by DSHS DDA

- Collect collaborator feedback and perspectives related to the current state of DSHS DDA processes and requirements, including aspects that are working well and pain points related to the assessment tools, the SIS, and certification process, data, and data usage collection

- Identify potential options for DSHS DDA's consideration related to the current development disabilities assessment tool and related processes

- Facilitate of a Target State Workshop to identify DSHS DDA-prioritized opportunities for improvement

- For the DSHS DDA-prioritized opportunities, develop an impact analysis, including considerations related to financial, data use and governance, provider, staff, and Individuals served

- For the DSHS DDA-prioritized opportunities, develop a roadmap to implementation outlining implementation activities including milestones, timelines and prerequisites.

Items not included in the scope of this engagement, but could be considered further in future analyses, include the following:

- Specific changes to the SLA, a separate assessment tool used to determine personal care hours for state plan services and shared with sister agency ALTSA, were not included in the scope of the options considered due to those complications. Some items discussed through the course of the engagement related to the SLA include:

    - Changes to the SLA related to the look-back window, and questions asked to be part of a future dedicated effort to evaluate and potentially revamp DSHS DDA policies around personal care hours and shared use of the SLA with ALTSA.

    - Changes to the personal care service hour calculation methodology to not reduce hours for individuals where a family member is performing unpaid labor or appears to be able manage with the current support hours provided.

    - Potential elimination of use of the SLA for the I/DD population.

- Processes related to changes in service eligibility and resource allocation, such as increasing the time window and live discussion for notifying individuals of a reduction in services.

- Changes to the children's algorithm as part of a future dedicated effort to revamp and improve the homegrown children's support assessment.

Appendix B: Collaborator Impact and Readiness Detail

Organizational Impact Assessment and Analysis

The purpose of this change impact assessment and analysis is to tell the story, at a high level, about the degree of disruption DSHS DDA Collaborator Groups are likely to experience if the recommendations from this feasibility study are implemented. For each group, the impact assessment measures disruption across ten different areas – called "aspects", then summarizes them into an average overall score. The list of aspects measured includes Process, Systems, Tools, Job Roles, Critical Behaviors, Mindset, Reporting Structure, Performance Reviews, Compensation, and Location.

The information produced from this impact assessment will inform the Legislature and DSHS DDA about

the considerations and effort required to mitigate disruption for each of the Collaborator Groups when DSHS DDA implements the change described in this feasibility study. The summary results of the impact assessment are shown in the table below.

	# of Collaborators	Aspects Impacted	Degree of Impact
DDA Staff / Supervisors / Case Resource Managers	900	8	4.1
DD Ombuds / Disabilities Rights WA	2	2	4.0
DDA HQ and Regional Program Staff	280	8	3.9
DDA Regional Leadership	15	6	3.3
Alternative Living Providers / Companion Homes / Community Residential Services Association / Supported Living / AFHC	1,500	6	3.0
Community Protection Provider Association	2	6	3.0
TIA CARE/RRDD/RDA Team	4	3	3
WFSE	1	2	3.0
Clients / Self Advocates / SAIL / People First	50,000	4	2.3
Family Caregivers / Family Members / Guardians	65,000	4	2.0
Management Services Division Rates	8	4	2.0
Arc of WA / Community Action Coalition / Developmental Disabilities Council	3	2	2.0
Parent to Parent / Family Council / Open Doors for Multicultural Families	3	2	2.0
Community Employment Alliance / Counties	50	4	1.8
Tribal Governments	29	2	1.0
Consumer Directed Employer	1	2	1.0
SEIU 775 Benefits Group	1	2	1.0
Centers for Medicare/Medicaid Services	2	1	1.0

Figure 16A: Collaborator impact summary

Overall, the impact analysis illustrates that DSHS DDA Staff, supervisors, and case resource managers; the DD Ombuds and Disabilities Rights Washington; and DSHS DDA headquarters and regional program staff will experience the highest level of disruption when the changes are implemented. These groups will likely be required to understand new processes, update systems, and develop and use new tools related to the SIS assessment.

The table below provides additional detail regarding the degree to which DSHS DDA's Collaborator Groups will experience disruption across each aspect. These data indicate the importance of relevant training on new or updated processes, systems, and tools to help these groups navigate the updated assessment successfully. Additionally, the data reflect the importance of being intentional with

communicating the benefits of the assessment modifications so that Collaborator Groups can effectively champion them.

Degree of Impact Legend: 0 = No Impact; **1** = Extremely Low Impact; **2** = Low Impact; **3** = Moderate Impact; **4** = High Impact; **5** = Extremely High Impact

	Process	Systems	Tools	Job Roles	Critical Behaviors	Mindset, Attitudes, Beliefs	Reprting Structure	Performance Reviews
DDA Staff / Supervisors / Case Resource Managers	5	5	5	3	5	5	3	2
DDA HQ and Regional Program Staff	4	5	5	4	4	4	3	2
DDA Regional Leadership	1	3	3	0	5	5	3	0
Alternative Living Providers / Companion Homes / Community Residential Services Association / Supported Living / AFHC	5	5	0	2	2	3	0	1
Community Protection Provider Association	5	5	0	2	2	3	0	1
TIA CARE / RRDD / RDA Team	1	5	3	0	0	0	0	0
DD Ombuds	0	0	0	0	4	4	0	0
Clients / Self Advocates / SAIL / People First	2	0	1	0	3	3	0	0
Management Services Division Rates	3	0	3	0	1	1	0	0
WFSE	0	0	0	0	3	3	0	0
Family Caregivers / Family Members / Guardians	2	0	1	0	2	3	0	0
Community Employment Alliance / Counties	1	1	0	0	2	3	0	0
Arc of WA / Community Action Coalition / Developmental Disabilities Council	0	0	0	0	2	2	0	0
Parent to Parent / Family Council / Open Doors for Multicultural Families	0	0	0	0	2	2	0	0
Consumer Directed Employer	0	0	0	0	1	1	0	0
SEIU 775 Benefits Group	0	0	0	0	1	1	0	0
Tribal Partners	0	0	0	0	1	1	0	0
Centers for Medicare / Medicaid Services	0	0	0	0	1	0	0	0

Figure 16B: Collaborator impact detail

Organizational Risk Assessment and Analysis

The Organizational Change Management (OCM) Risk Assessment evaluates the overall 'people risk' of the change envisioned by this feasibility study, were it to be implemented. OCM Risk is calculated by assessing 14 characteristics that relate to the scope and size of the change, and 14 attributes describing the degree to which DSHS DDA is change-ready or change-resistant as an organization. For example:

- **Change Characteristics:** the degree of impact on benefits or reporting structure, the complexity of the change, and the number of individuals impacted.
- **Organizational Attributes:** the level of DSHS DDA's historical responsiveness to change, leadership mindset about change, and overall change saturation.

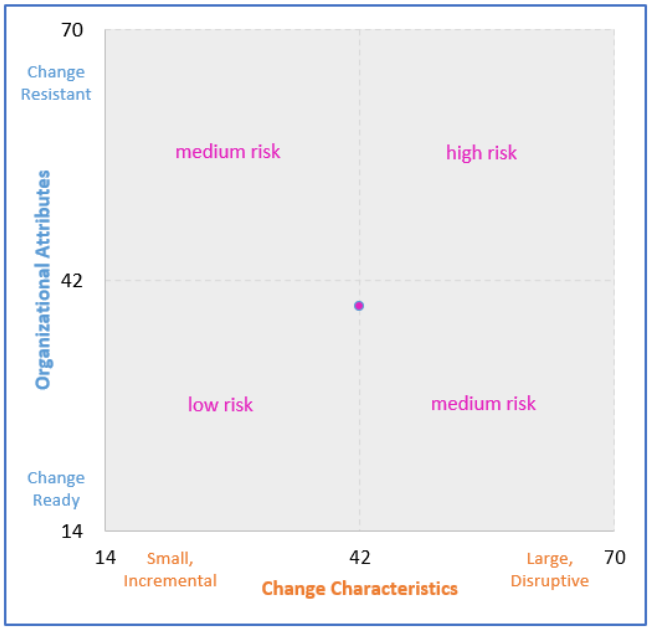

Figure 16C: Risk analysis grid

The Change Characteristics and Organizational Attributes are considered together to determine the overall risk. This enables the project to distinguish between OCM-related areas needing significant focus and risk management versus those areas that need only basic risk awareness and monitoring.

As illustrated above, the Change Characteristics score for the changes envisioned in this Feasibility Study is 42 out of a possible 70 points. The Organizational Attributes score is 39 out of 70 possible points. This results in an overall rating of **medium risk** for OCM purposes. The change management plan and execution tactics for this implementation, when it occurs, will need to be scaled up to adequately mitigate disruption to impacted collaborator groups.

Readiness Findings and Recommendations

Although there is a great deal of support across staff and collaborators regarding the changes envisioned in this report, modifying the assessment tool and processes is still a change to which everyone will need to adapt. The baseline impact and risk assessments tell us that by incorporating change management best practices including using the input received from internal and external collaborators, DSHS DDA can minimize the disruption caused by this change. This, in turn, will mitigate resistance and increase the likelihood of a smooth transition to the updated assessment. Our recommended change management tactics for use in implementation planning are outlined in the paragraphs below.

First, we recommend DSHS DDA use assessment tools, such as pulse surveys and periodic readiness assessments, to measure readiness among all collaborator groups. This data will help DSHS DDA understand and monitor the readiness trajectory for implementing the assessment changes. In cases where the data show readiness gaps, we recommend using additional communication tactics (e.g., newsletters, pre-recorded video modules, or additional targeted messaging) to address them.

Next, we recommend DSHS DDA utilize existing town hall-style meetings, focus groups, and 1-on-1 meetings to maintain a two-way dialogue with highly impacted collaborator groups. This will create a feedback loop that allows individuals to see how their input is being used. Not only will this impacted groups to see themselves in the change, but it will also increase the likelihood of their willingness to champion it with others.

Collaborator Impact and Readiness Summary

The data outlined in the change management impact and risk assessments, input regarding best practices from other states, and collaborator engagement feedback clearly underscore the importance of including the voices of those who will be disrupted by this change. DSHS DDA can only benefit by helping them to become adequately prepared for when the new assessment is implemented. An organizational change management administrator who is well equipped to partner with DSHS DDA leaders to execute the recommended tactics provided in this report will be vital for DSHS DDA to fully realize and sustain the benefits of this change.

Appendix C: Collaborator Engagement Detail

Input #1: Focus Group Interviews

Fifty-five participants were interviewed across ten separate one-hour focus group sessions. They received pre-read material consisting of the background of the project, discussion purpose and guidelines, and a list of questions to focus the conversation. The questions served as a general interview guide for each focus group. Participants were able to anonymously provide their feedback during each session. Themes for each focus group are shown in the tables below.

Individuals (8)	What We Heard
Want someone they trust during the assessment	Individuals appreciate when the assessment is done in person. It feels more **personal,** and the assessor can see the individual's **emotions** and environment. Individuals want someone who they trust and will **advocate** for them at the assessment. It is not always the person's mom and could be a good friend, coworker, or someone who is regularly participating in their life, and may be different each year.
"Seeing" the individual	Individuals do not feel like they are being treated as a person and as adults, but rather as children. The assessment **should show dignity and respect for all**. Sometimes, the assessor does not talk directly to the individual and only to the Caregiver. If the questions are about the individual, the individual wants to be the one who is asked.
Feels system-centered	The assessment **does not feel person-centered**. Individuals feel like assessors are **focused on the tool** and rush through the assessment instead of getting to know the person. After the assessment, Individuals receive a letter in the mail disclosing if their service hours changed. They would like their Case Resource Managers to explain things further.
Questions feel intrusive	The questions asked during the assessment are very personal and can come across as insensitive. Sometimes the individual does not know the Case Resource Manager well and it **feels very awkward** to dive into these types of questions before building rapport. The questions tend to highlight the person's deficits rather than their strengths.

Individuals (8)	What We Heard
Not all Questions apply to all people	The questions asked in the assessment are very **redundant** and do not always apply to the individual. Individuals feel like it is a waste of time to ask certain questions. The questions that do not apply to the individual lead to a negative connotation during the assessment. They highlight what the individual cannot do.

Figure 17A: Themes from interviews with individuals

Families (18)	What We Heard
Flexibility of options	Families appreciate the option and **flexibility to have the assessment done virtually or in person**. They like that they do not have to bring the individual somewhere to answer questions and it can be done in the **comfort** of their home. A virtual option, in some cases, is easier to schedule and feels less invasive since you are not bringing someone into their home for many hours.
Importance of the Case Resource Manager relationship	A good relationship with the Case Resource Manager makes a huge difference in the assessment process. The **Case Resource Managers are very thorough** when explaining the assessment, the questions, and how they affect the individual. They help navigate the assessment process and help families understand the perspective they should be answering the question from. Families have difficulties when transitioning to new Case Resource Managers due to inconsistencies in training and process. Families expressed a desire to see more Case Resource Managers and supervisors from the Black, Indigenous, and People of Color (BIPOC) Community.
Concern with potential bias and inequity in the assessment process	Some family members **believe there is racial and cultural bias in the assessment process**. They expressed a desire for a tool that calculates personal care hours (assessment outcomes) in a way that ensures equity and minimizes bias. They would like assessments to be conducted in their native languages to improve understanding and accuracy. Some racial groups **expressed apprehension about reporting** certain behaviors due to fear of bias, causing a reluctance to be fully transparent. They also expressed a desire to have "forward planning" part of the process to plan for when the Caregiver is no longer available.
Assessment is very long and repetitive	The assessment **takes many hours to complete and feels repetitive**. Despite good intentions, **people tend to check out** in the later half since it is very detailed and tiring. Families may have other priorities or people to care for and are not able to give their full attention to the assessment. Families become very upset and emotional having **to re-tell their story each year**. The questions feel insensitive and make the families **discouraged** when talking about the individual.

Families (18)	What We Heard
Algorithm is difficult to understand	The families have trouble understanding what happens after answering all the questions. They see the hours have changed but are not told why despite the individual's needs staying the same or getting worse. Some families are most concerned with the questions that impact the algorithm and **how to answer them the "right" way** so their hours will not decrease.

Figure 17B: Themes from interviews with families of individuals served

Assessors (11)	What We Heard
Assessment is person-centered	The assessment is comprehensive and covers a lot of the person's life. The first section of assessment covers their **goals and likes** which gives Case Resource Managers a good snapshot of the person's life. After each question, there is a section to add comments which provides great context for the scoring and **helps paint an overall picture** of the individual.
Questions feel redundant, assessment too long	The questions can be very repetitive. This causes the assessment to **take longer than necessary**. Some of the questions can **feel intrusive** and disrespectful or irrelevant to the individual or family. Individuals and families tend to **disengage by the end of the assessment** as they have already answered and explained so much.
Scoring is difficult to explain	The scoring on the assessment can be difficult to explain. The SIS and SLA have different rating keys and explaining this to individuals and families can be time consuming and confusing. CMs sometimes find the **scoring scale difficult** to choose from because people may perform differently at different times or perform at an in-between level.
Care Web is a very useful tool	The Care Web tool is very flexible. There are **crosswalks** that give you the ability to jump around to complete the assessment in the order that best fits the individual. It provides links to jump from the SIS and the SLA which can be helpful to discuss one topic in its entirety at a time and not revisit later.
Inconsistency in training	Case Resource Managers would like to **see more consistency in the training**. It is very important that all Case Resource Managers are on the same page when it comes to scoring and conducting the conversational assessment. For example, some Case Resource Managers leave training with a good understanding of the crosswalks and can do the assessment quicker while others are taking over 3 hours.

Figure 17C: Themes from interviews with case-carrying CRMs

Program Administrators (18)	What We Heard
Assessment is credible and algorithm is reasonable	When properly administered, the tool is **credible and reliable** which makes it appealing for federal funding and CMS compliance. The algorithm yields good results since it is a standardized process. This **takes away any backlash** Case Resource Managers may face after the assessment from families and individuals.
Language is not always person centered	Many questions asked in the process are demoralizing for families. The **questions come across as negative** as they showcase what the individual cannot do rather than focusing on the individuals' strengths. Some questions are not suitable for the individual but are still required to be asked to complete the entire assessment.
Coordination between SIS And SLA	The tool itself is **user-friendly with easy navigation**, help buttons, and crosswalks. However, sometimes the crosswalks are used incorrectly (i.e. copying and pasting). Consequently, the comments in one assessment may not align with how the person is scored. Case Resource Managers like the flexibility to jump between questions between the SIS and SLA.
Case Resource Managers training and burnout	Case Resource Managers **desire more training**. They leave training without a full grasp of the concepts of the assessment and process yet must conduct assessments shortly after. Having an experienced mentor would be helpful. Case Resource Managers have large caseloads. The length of the assessment impacts the quality of work and their appointments with other clients.

Figure 17D: Themes from interviews with DSHS DDA program administrators

Input #2: Internal Engagement Survey

First, DSHS DDA identified six criteria against which to evaluate each potential option for changing the assessment. Survey respondents were asked to rank each criterion in order of importance. The resulting rankings are illustrated here.

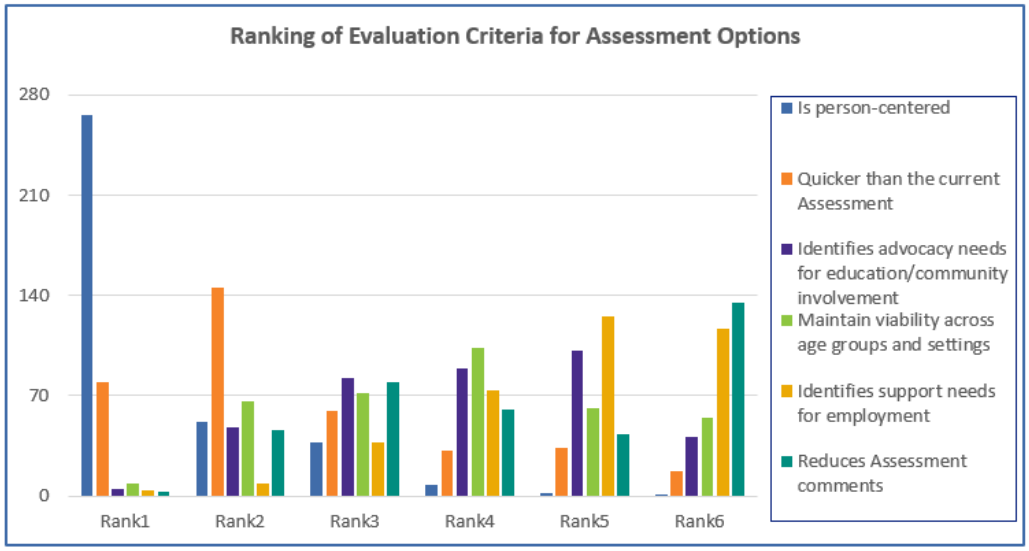

Figure 17E – Ranking of evaluation criteria for assessment options

Across all survey respondents (including CRMs, HQ staff, and Field staff), "Is person-centered" was the top-ranked criterion. The second and third-ranked criteria were "Quicker than the current assessment" and "Identifies advocacy needs for education/community involvement," respectively.

Next, survey respondents were asked to rank the level to which each option would improve the assessment's person-centeredness, staff workloads, and the overall quality of experience for clients, their families, and providers. The results are shown in the two charts below.

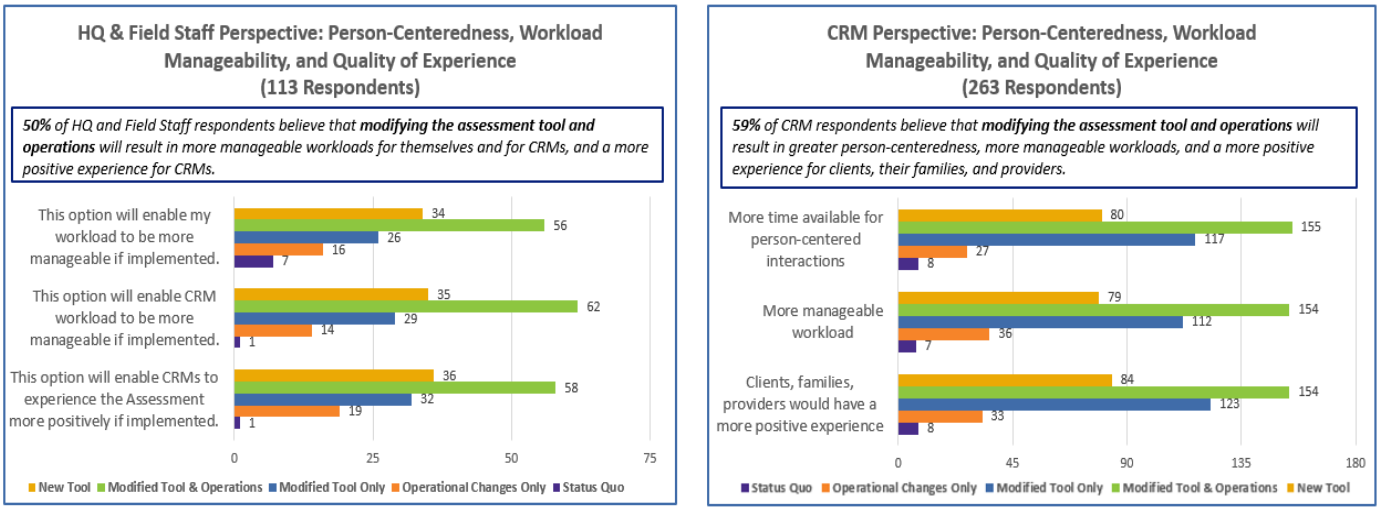

Figure 17F – Ranking of each option relative to person-centeredness, workloads, and quality of experience

As the data illustrate, the "Modified Tool & Operations" option was the clear preference, with 50% of the HQ and Field Staff and 59% of CRMs supporting it.

Survey respondents were also asked to rank each option for its effort to implement relative to the reward that implementation would yield. Those results are illustrated below.

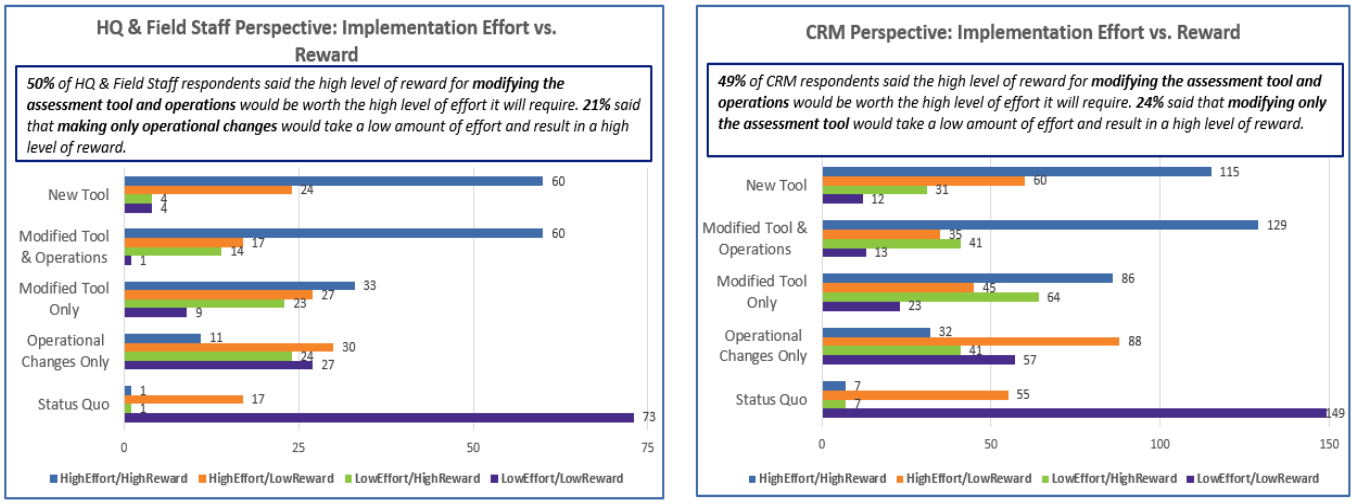

Figure 17G – Evaluation of effort to implement versus reward

The data indicate that regardless of the types of changes made to the assessment tool and related

operational processes, the focus of any changes should remain centered around the well-being of the individuals receiving services and their families.

Input #3: Legislative Report Community Collaborator Meeting

For the third and final input in our Collaborator Engagement approach, DSHS DDA collaborated closely with Vivid Co. to conduct a meeting with the Legislative Report Community Collaborator on March 19, 2024. In this meeting, DSHS DDA invited the 25 participants to share input about their lived experience with the assessment by using a series of prompts. The complete compilation of sentiments expressed by this group is illustrated in the table below.

Discussion Prompt	What We Heard
From your perspective, which option would make the assessment more person-centered?	a. [These] choices do not capture everything we're saying. b. The answers may be different during a period when an individual may need less support; however, it does not mean the person will not need more support on another day, week, or month. "Person-centered" would mean acknowledging this is true for anyone. c. Start with the person's goals, ask what they can do on their own and celebrate that. A person-centered perspective is one in in which the assessor listens, discovers, and understands each person.
What should DSHS DDA remove or change to make assessment quicker, while still maintaining person-centeredness and viability?	a. Listen to self-advocates. b. Use common terms and be culturally relevant. Capture what individuals *actually need*. c. Focus on what success looks like and what has changed since the last assessment. d. Simplify questions and remove repetitive questions. Avoid embarrassing questions about personal care. Make the questions relatable and less scripted. Avoid putting labels on people and questions about "false allegations." e. CRMs should check in quarterly rather than waiting until the end of the year. f. Use different styles of meetings and new formats that can accommodate people who are nonverbal or are unable to sit for long periods of time. g. Be transparent about the assessment process and how the algorithm works. Ask *only* the information that pertains to hours. h. Provide a client portal. Send out questions ahead of time. i. Create a CFC team that *only* administers the CARE assessment. j. Develop a guide to measure the assessment responses to ensure objectivity between CRMs. k. Employment should be more centered if the individual is trying employment.

Discussion Prompt	What We Heard
What is important for DSHS DDA to keep? In other words, what should DSHS DDA make sure is not lost?	a. Make resources available to ensure the individual can access the services they need. b. Listen; let the individual say what they are able to say. c. Make sure a new CRM has adequate information from the previous CRM. d. The process needs to be consistent, objective, and accurate. e. Services and support needs should follow individuals when they move to different counties. f. CRMs often ask families for information and documentation the CRM should already have. Families need to have one central place to move things forward. g. Fear that DSHS DDA will move to a strengths-based assessment and then use the results to cut hours. h. The context of "person-centered" should be culturally responsive care. i. It would be helpful to hear what is new in DSHS DDA or ALTSA each year to see if there are programs, technology, etc. that might make my life better. j. Safety support and supervision MUST be captured. k. Discuss what is important to the individual rather than what the CRM wants to hear. l. Manage expectations and reduce unnecessary delays through clear and transparent communication with individuals and their support networks about the assessment process, its purpose, and expected outcomes.
What are benefits or challenges to any particular option?	**Benefits:** a. CRMs can learn from each other and learn in groups. We can re-team how we get work done. b. It will cut down the overall amount of time needed if DSHS DDA sends assessment questions and materials out to families ahead of time. **Challenges:** a. How do we get, *and keep*, CRMs? DSHS DDA, please keep this in mind. b. I feel like the assessment is just a list of questions and caps services. c. The assessment is long; the CRM does not have the time to explain how the individual will get hours. The Informing Families website is helpful.

What *should* a successful assessment look like?	a. Remove duplicate, low-value questions. b. A family should feel like they were heard, and their actual needs were captured. They know what their options will be; what services they need and how they would access those services. c. There would never be a need for an Exception to Rule (ETR). d. Having a portal that could suggest other services an individual may qualify for, such as assistive technology. e. There would be collaboration. f. We would be supporting individuals getting into the community. How are they doing, especially if the parents are seniors? What supports do they need? g. A successful assessment process looks like what people need, in alignment with the rules DSHS DDA must follow and budgetary constraints. h. Individuals can transition from family to non-family. i. We would be practicing inclusion. j. CRMs would ask what has changed since the last assessment. k. Acknowledge fiscal challenges; do not use the assessment to 'control' costs. l. CRMs should visit the family quarterly. m. Focus on what the people who need services want; not what DSHS DDA wants. n. Train Case Resource Managers and supervisors to be culturally competent and sensitive to the needs and experiences of individuals from diverse racial and ethnic backgrounds, including: i. Cultural nuances. ii. Communication styles. iii. Barriers to accessing services. o. Provide training on implicit bias awareness and mitigation techniques for Case Resource Managers and supervisors involved in the assessment process. p. Do not use 'caregiver convenience' as a reason to deny accommodations and supports that would make the home and community safer for the person and the caregiver. q. I love the idea of assessment questions coming with prompts for the CRM depending on how the question is answered. r. How can DSHS DDA assist individuals to: i. Live in their home? ii. Access their community? iii. Help them in school or the workplace? iv. Find technology to help them live more successfully? v. Help them or their family find providers? s. Scrub the assessment for ableist and harmful (e.g., attention-seeking, etc.) language. t. The information that DSHS DDA needs to determine hours of support. u. It must be an in-person process. v. Information must be kept safely and securely. w. Families would not need to do all the leg work, unpaid.

Discussion Prompt	What We Heard
What *should* a successful assessment look like? (continued)	x. Build in more resolution, without going straight to an appeal or formal hearing, to incidents where the needs have changed but the assessment does not reflect that, OR the needs have *not* changed but the hours are reduced. y. Consider recording the age of the caregiver so we capture senior families and ask senior families what they need to plan for their loved ones' future. z. Use DSHS DDA's utilization data to make corrections. aa. Keep collaborating with agencies. It can provide socialization for adults to be included in the community. It can also help with children who may not be able to get to school. bb. What does the individual enjoy? What activities does the family enjoy doing together? What supports are needed for success in these activities? cc. The Walla Walla Valley Disability Network has a Social Opportunities and Recreation (SOAR) for adults, but it would be helpful to have one for all ages. dd. Good CRMs that stay with clients year over year would go a long way in helping. It might also be helpful for families to see the assessment questions ahead of time.

Figure 17H: Legislative Report Community Collaborator input

Appendix D: Background and Evolution of the Assessment

Washington was the first state to have adopted the SIS tool statewide and integrate it into its case management system for resource allocation. Washington was also the first state in the nation to use the data captured through the SIS and develop rate-driving algorithms that account for the individual's needs and the supports they require to lead a life as independently as possible. We accomplished these things by developing and implementing standardized rates in 2007. These rates were developed with inter-rater reliability. This means when different assessors conduct the assessment, their scores are consistent with each other. In addition to inter-rater reliability, DSHS DDA also updated Washington Administrative Code to align with the changes resulting from the standardized rates implementation.

While DSHS DDA and the Aging and Long-Term Support Administration share the CARE tool and associated technical staff, the needs of each administration's clients are vastly different. The SIS is built around a social and functional needs model. This model represents a shift in the public's general expectations regarding possibilities for people with I/DD; it recognizes the importance of inclusion, community living, and the activities needed for a rich and meaningful life.[14] Conversely, the service level assessment or SLA is based on a **medical** model and asks questions such as whether an individual requires help when cleaning themselves or using the restroom. There is little in the medical model that speaks to the life and livelihood of the individuals, which is central to DSHS DDA's guiding principles. The SLA does not capture the lived experience of individuals receiving services. This misalignment is difficult for case resource managers to navigate.

DSHS DDA has implemented impactful changes over the last ten years to align the assessment with its

[14] AAI/DD's language in the SIS manual.

guiding principles. The first such change was the addition of MyPage, which addresses what is important ***to*** and ***for*** the individual receiving services. Another improvement was DSHS DDA's implementation of a crosswalk that ties the SIS and the SLA together. Using this tool, assessors and Case Resource Managers take notes while working on one screen and apply those notes to the other screen. Next, DSHS DDA started talking about the ***why*** of the assessment, to increase awareness with its Case Resource Managers and with the individual receiving services. Finally, in 2019, DSHS DDA announced conversational assessments, allowing them to occur in four of every five years. This created efficiency for the individual, their families, and the Case Resource Managers by stepping away from the highly structured, seemingly repetitive assessment process.

The onset of the COVID-19 pandemic public health emergency in 2020 required DSHS DDA to rapidly evolve its assessment practices. DSHS DDA developed a protocol to allow for conducting assessments remotely. Additionally, DSHS DDA was able to capitalize on work that had already been in progress for quite some time by implementing a more modern and efficient web-based platform for administering assessments. Remote assessments remain an option today for case resource managers, the individual receiving services, and their families.

Since DSHS DDA became its own DSHS administration in February 2013, the number of individuals receiving services by adding the Children's Intensive In-home Behavioral Support Waiver and the Individual and Family Services Waiver has increased. Additionally, Washington has one of the highest rates of employment for individuals receiving services.

The chart below[15] illustrates the growth in DSHS DDA's eligible caseload from 2019 – 2023.

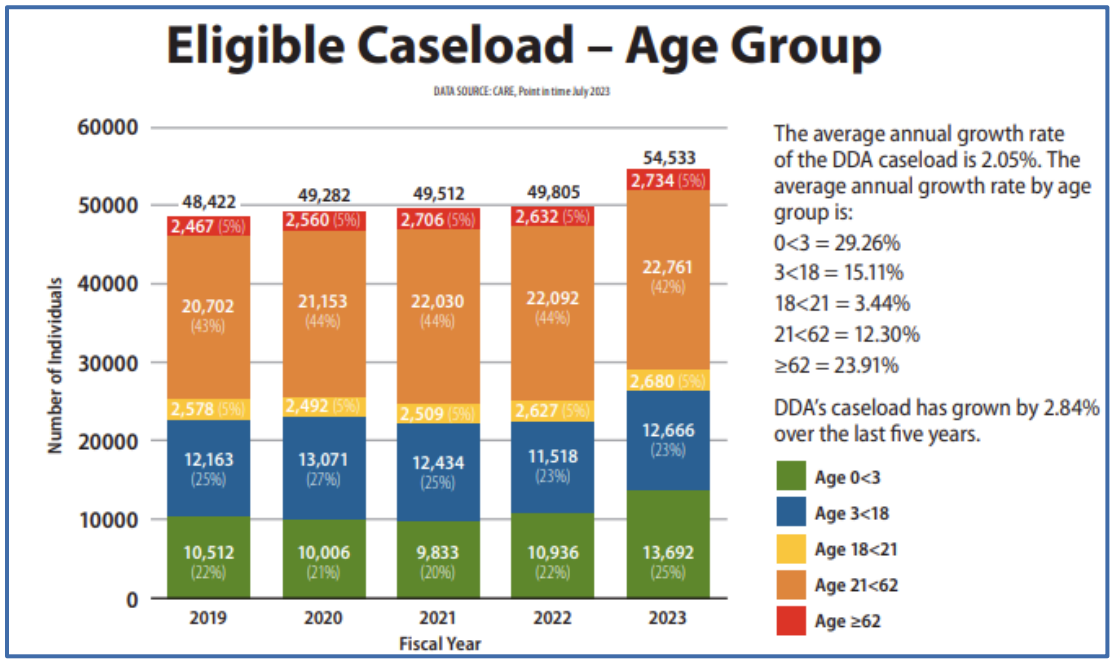

Figure 18 – Eligible Caseload by age Group

[15] 2023 DDA Caseload and Cost Report

This growth in number of clients has resulted in a strain to our case resource managers' caseloads. DSHS DDA's Caseload Ratio Reduction Project Report[16] details the current CRM caseload structure, with most individuals served by DSHS DDA enrolled on caseloads with a ratio of 1:75, and various specialized, reduced caseload ratios for specific caseload types.

Appendix E: Tribal Government Impact and Engagement Detail

DSHS DDA recognizes the need to honor, acknowledge and respect tribal government sovereignty and self-determination. Tribes are independent, self-governed nations; that which works for one tribal government may not work for another. To that end, DSHS DDA worked with intention to build awareness among tribal governments and seek their input regarding the options outlined in this report for changing the assessment. Our collaboration with tribal governments included the following:

- **IPAC Meeting (January 9, 2024):** DSHS DDA's Michelle Sturdevant-Case attended this IPAC meeting to reiterate DSHS DDA's invitation to Tribal governments to participate in our Legislative Report Community Collaborators (LRCC)[17], the kickoff for which was scheduled later that afternoon.

- **LRCC Meeting (March 19, 2024):** This meeting's focus was to solicit input from LRCC members regarding their desired future state for the DSHS DDA assessment.

- **IPAC Meeting (May 14, 2024):** Executive sponsor Teresa Boden presented an overview of the assessment feasibility study project, including the options framework and the proposed recommendations. Teresa invited questions from tribal governments to be sent directly to her.

DSHS DDA appreciates the opportunity to hear from tribal governments in this effort. We are ready to address questions and look forward to actively engaging with them when these recommendations have been funded and implementation planning is underway.

[16] https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Leg%20Report%20-%20Smaller%20Caseloads.pdf

[17] The mission of the LRCC is to provide a voice to communities impacted by specific legislation to DDA so that their comments and considerations can be included in DDA's reports to the Legislature