



Office for People With
Developmental Disabilities



STRATEGIC PLAN

2023-2027

Pursuant to Mental Hygiene Law Section 5.07
Submitted to the Legislature and Governor

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Letter from Commissioner Neifeld

Dear Friends and Colleagues,

To truly meet the mission of our agency, we at OPWDD recognize the need to move our system forward and transform it to one that is flexible and able to better meet the changing needs of people we serve, while prioritizing equity and recognizing the importance of sustainability.

Our 2023-2027 Strategic Plan sets out goals and objectives to help us do just that. They speak to continuous evaluation of our programs, improved representation, a reprioritization of innovation and change, and substantial investments in the system's infrastructure and network of support professionals to provide stability and support future growth.

The plan acknowledges the challenges and changing environment that our system faces and the belief that providing all people with developmental disabilities across New York State, regardless of race, ethnicity, ability, socioeconomic status, preferred language, sexual orientation and gender identity, and geographic location, with the opportunity to thrive and have a rich life is of the utmost importance. It also identifies that self-advocates, families, caregivers, and staff play an essential role in our strategic planning process and helping to move our system forward.

Therefore, I believe OPWDD's 2023-2027 Strategic Plan belongs to us all, and I hope everyone who participated in our planning process feels proud of and hopeful for the extensive and promising agenda it lays out and that you are ready to work side by side with us to pursue that promise.

I know that this is an ambitious plan, which will take time, and there is a lot of work to do to bring our system to a place that improves the experience of people with developmental disabilities, their families, and their circles of support. Nevertheless, I am confident that with the support of our stakeholders, the Governor's office, and the Legislature, OPWDD will be successful in reaching our shared goals.

OPWDD looks forward to the ongoing, difficult work in front of us and collaboration to make our plan, and more importantly our system, the best it can be for current and future generations of New Yorkers with developmental disabilities.

It remains my true privilege to serve as OPWDD's Commissioner, and it is with pride for how we have worked together to establish our path forward and with energy and eagerness for the important work ahead, that, on behalf of the entire agency, I invite everyone within the developmental disabilities community to read this Strategic Plan. I hope you'll recognize your voice within it, and that you will join me in using it to check OPWDD's progress, direction and keep us mindful of the commitments it makes. As you do, I invite you to share with us your experiences and thoughts about emerging issues, shifting priorities, and help ensure this plan comes to fruition.

Sincerely,

A handwritten signature in dark ink, appearing to be 'K. Neifeld', written in a cursive style.

Kerri E. Neifeld
Commissioner





A photograph of four people (three men and one woman) sitting around a round wooden table in a meeting. The man on the left is wearing a blue and white checkered shirt and khaki pants. The woman next to him is wearing a dark patterned top. The man opposite them is wearing a black vest over a checkered shirt and a black face mask. The woman on the right is wearing a light-colored top. On the table are a red cup, a white cup, and some papers. In the background, there is a large yellow abstract painting and a bulletin board with various photos.

PLAN OVERVIEW

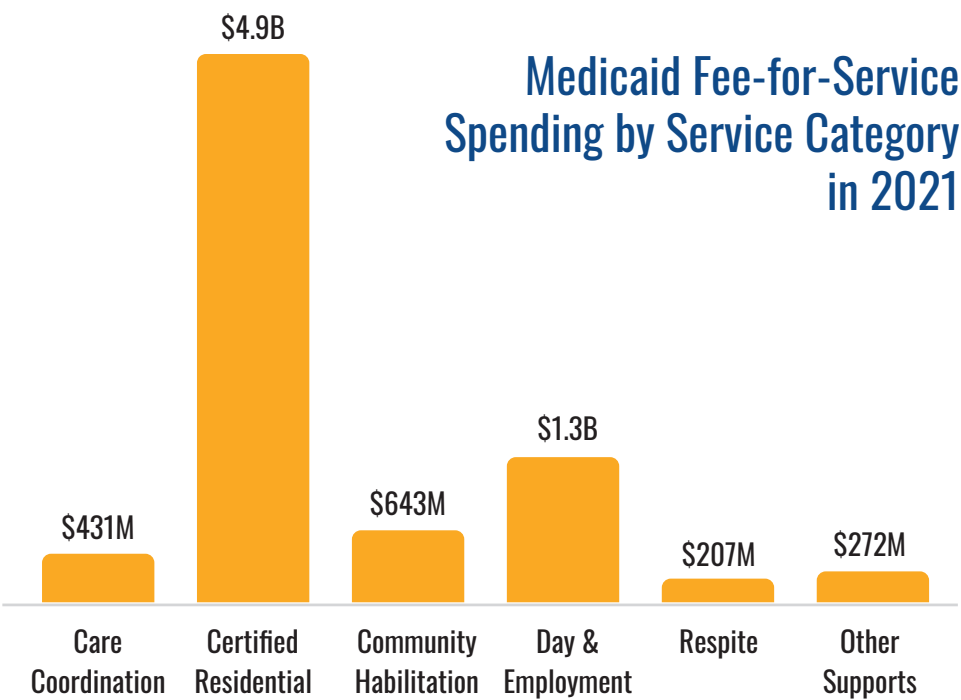
OPWDD is committed to providing an equitable, person-centered, inclusive, and sustainable system.

State of OPWDD

The Office for People With Developmental Disabilities (OPWDD) is responsible for coordinating supports for approximately 130,000 New Yorkers with developmental disabilities including intellectual disabilities, cerebral palsy, Down syndrome, Autism, Prader-Willi syndrome, and other neurological disorders.

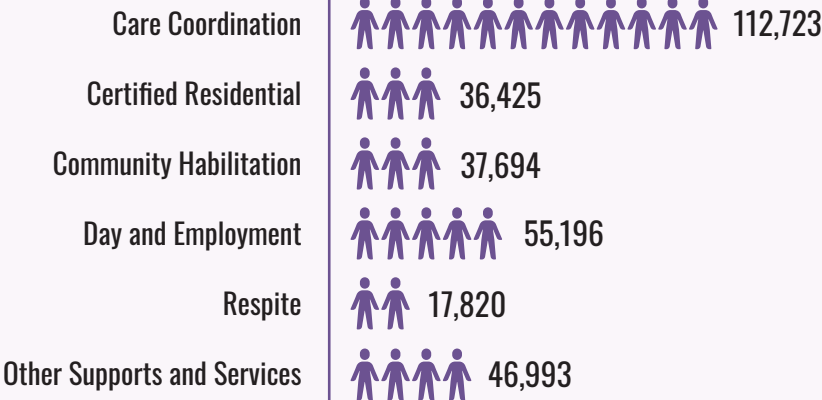
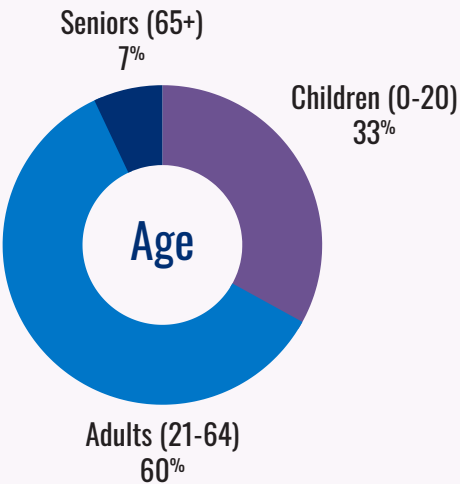
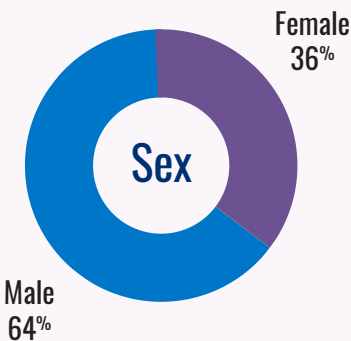
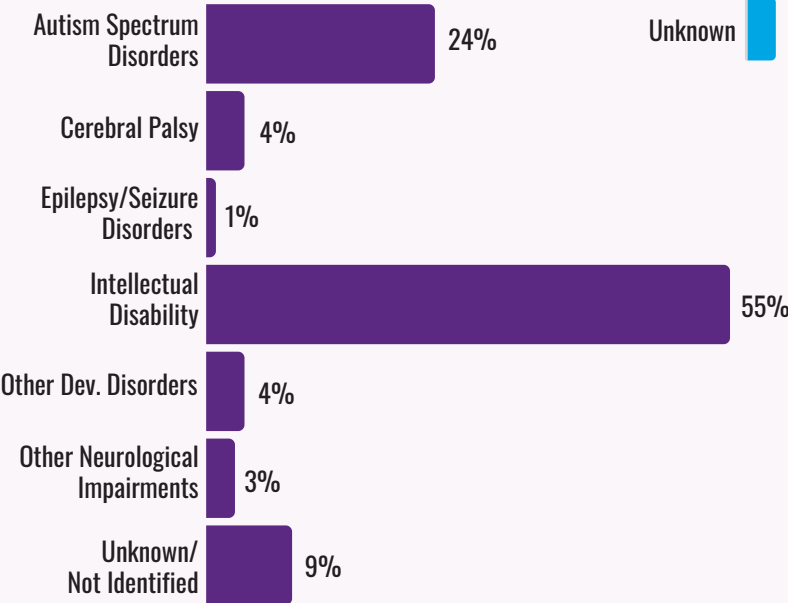
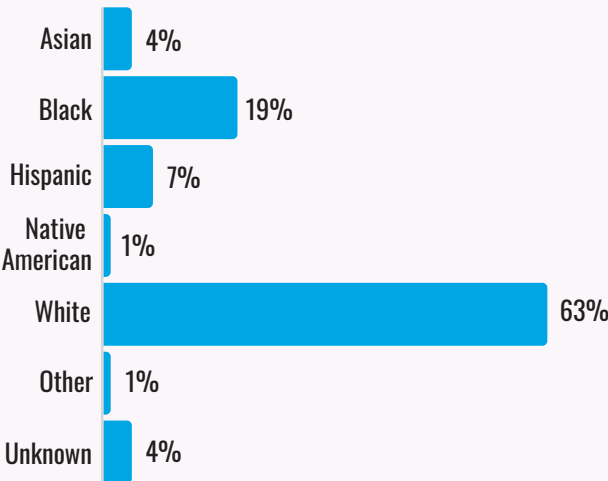
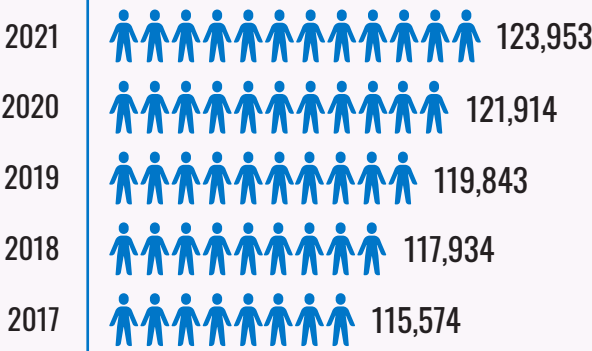
In collaboration with approximately 500 voluntary non-profit organizations, we provide housing and residential supports, community habilitation, day and employment programs, family support services, and respite. Supports are focused on maximizing opportunities for independence, dignity, and inclusion and helping those with developmental disabilities to live, work, and fully participate in the broader community, in alignment with the Home and Community Based Services (HCBS) settings rules.ⁱ

Annually, OPWDD Medicaid expenditures total over \$8 billion. Similar to the growth our agency has seen in the number of people we serve, we have seen an increase in the amount of Medicaid expenditures over the last five years. Expenditures have grown from approximately \$7 billion in 2016 to \$8 billion in 2021. Likewise, the average amount of funding that goes toward supporting each person has increased from \$62,557 in 2016 to just under \$65,000 in 2021. This data further reflects a change in our expenditures in recent years related to children. We witnessed a \$5,000 increase, prior to COVID-19, in how much our agency spends on average to support a child.ⁱⁱ These growth trends reflect the changing needs of those we serve, including a substantial increase in the number of children seeking and being provided services by OPWDD.ⁱⁱⁱ



People Served by OPWDD 2021

*Medicaid Data



STATE OF OPWDD

Changes and Challenges

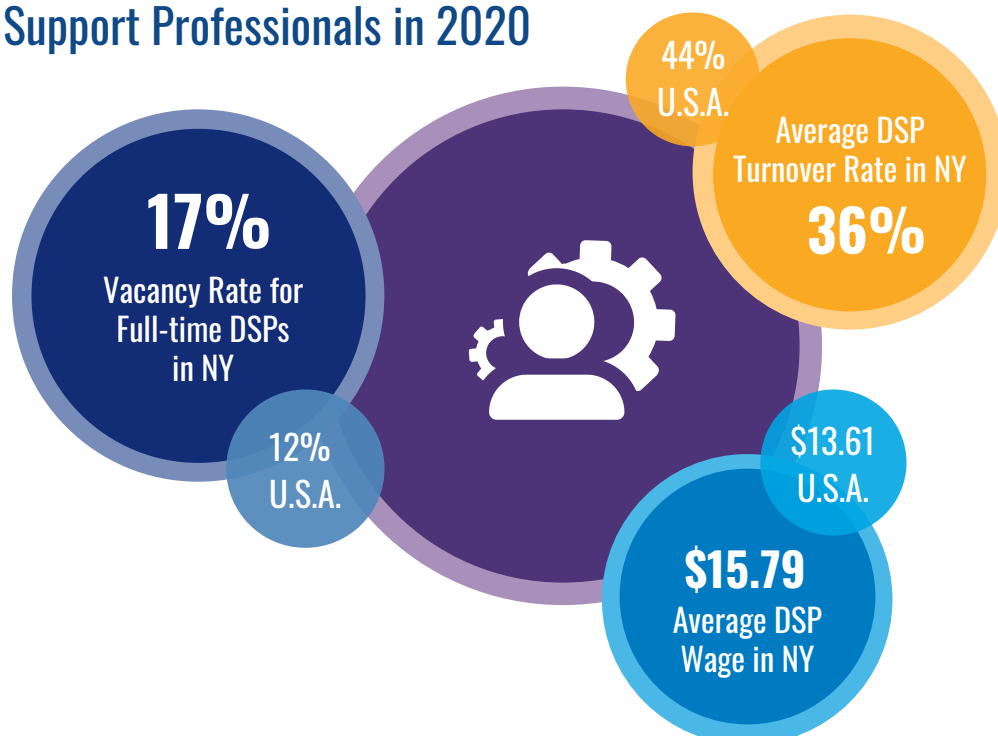
COVID-19 has impacted OPWDD's services in several ways and has ultimately changed the future of our system. We saw a reduction in supports being utilized during 2021, as programs were abruptly suspended due to the public health emergency. Many programs continue to face challenges while trying to reopen. Pre-pandemic, annual expenditures had been increasing at a rate of 4.6% per year, whereas in 2021 the pandemic resulted in a drop in total annual expenditures of 5.7%, or \$480M, and a 7.2% drop in the amount of average funding spent to support people.

In addition, OPWDD and many other human service sectors are facing a workforce shortage that was worsened by COVID-19. The pandemic has had a significant impact on what was an already shrinking field of available direct support workers, nurses, and clinical staff.

According to National Core Indicators (NCI) Staff Stability data for 2020, the New York State (NYS) turnover rate for the voluntary Direct Support Professional (DSP) workforce averaged 36%, and vacancy rates ranged from 17% for full-time positions to 21% for part-time positions in OPWDD's system.^{iv} More recent data trends shared by disability organizations and providers across the state demonstrate an increase in these percentages over the past two years.^v

The current staffing crisis affects OPWDD's ability to provide the necessary and quality services needed to support people and their families.

Direct Support Professionals in 2020



Our system, and others in NYS, have recently seen growth in the number of children and adults who are identifying as dually diagnosed, require additional clinical support, and have more complex behavioral and medical needs.^{vi} Individuals with an intellectual/developmental disability (IDD) who concurrently experience a mental health condition are considered to have a dual diagnosis (IDD/MI). While the exact prevalence of IDD/MI dual diagnoses are unknown, most professionals accept that roughly 35% of people with IDD also experience mental health challenges.^{vii} This has led to an increase in the number of children and families needing to navigate multiple systems to receive necessary supports and services.

Similarly, NYS has seen a shift in the demographics of its population. These trends indicate a growing need to address inequity, structural and systemic racism, and remove longstanding barriers to service access for underserved communities, including those from culturally and ethnically diverse groups.

Additionally, there have been many advancements in technology and data systems that OPWDD has not previously had the opportunity to use. Current systems and technology that provide valuable data and information within the agency are outdated. Without updated systems and a digital transformation, our system will continue to face challenges in serving people in the most equitable, sustainable, and efficient ways possible.

The 2023-2027 Strategic Plan, developed by OPWDD in collaboration with our stakeholder partners, outlines the key goals and objectives that will guide the work of the agency over the next five years to move the system to one that is able to operate more effectively within this changing environment.

Strategic Planning Process

OPWDD is committed to becoming a more person-centered and inclusive system. This is witnessed in the reestablishment of our planning process which, alongside data, incorporates the voices of our various stakeholders.

In the summer of 2021, OPWDD initiated its planning process by engaging stakeholders across the state to gather input on the issues they believe are most important for the agency to address. This began with hosting five regional online forums, holding meetings and collecting input from 33 stakeholder groups representing self-advocates, families, providers, underserved communities, and others, and reviewing written feedback from over 150 stakeholders.

PLANNING PROCESS

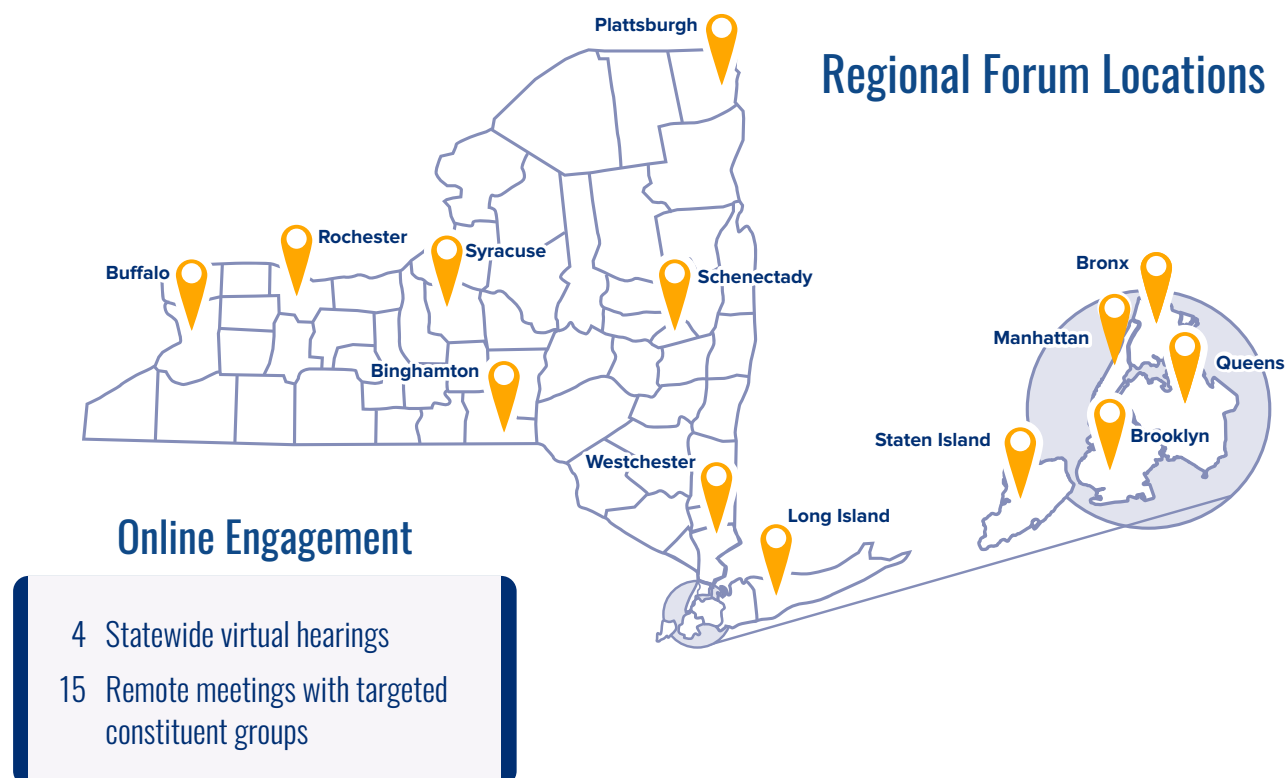
Based on input received, and state and national data, OPWDD developed its 2023-2027 Draft Strategic Plan. The agency then publicly released the draft in the spring of 2022, including a plain-language summary and translated versions, to collect feedback to make sure agency goals and objectives reflect stakeholders' priorities.

The following sections provide an overview of stakeholder engagement activities and input collected on the draft plan.

Stakeholder Engagement and Input

To ensure all voices were heard, following the release of the draft plan, OPWDD invited stakeholders to provide remarks through online hearings, in-person forums, targeted meetings with specific populations and constituent groups, emailed testimony, and the submission of responses to an online feedback survey.

In total, OPWDD held over 30 opportunities for people to share verbal comments, and we received written input and completed surveys from over 500 people. Stakeholders provided feedback in multiple ways, with many sharing their comments several times. This wide-ranging engagement and the valuable input received further confirmed our priorities and direction.



PLANNING PROCESS

Common Themes

Several topics were mentioned consistently in the feedback received from stakeholders. The top priorities identified include addressing the workforce crisis, improving self-direction, better supporting people with complex needs, strengthening our housing services, and recognizing the need for long-term planning as families and caregivers age.

Furthermore, people noted the importance of OPWDD improving access to services for underserved communities. This includes strengthening the cultural and linguistic competency (CLC) of staff, providers, and programs.

Another common theme expressed was the need to use data to measure the agency's success on meeting strategic goals and objectives, as well as being more transparent with data and information.



Data Driven Planning

In combination with stakeholder input, OPWDD reviewed five years of state and county-level Medicaid data to help identify goals, objectives, and activities. We also used NCI Staff Stability data regarding the direct support workforce and NCI's intellectual and developmental disabilities data set which speaks to the performance of IDD service systems and experiences and outcomes of people being served.^{viii} Likewise, we referenced other national disability data, which is shared throughout the plan.

PLANNING PROCESS

Similarly, OPWDD considered county planning information and local governmental unit data and feedback. On an annual basis, OPWDD provides county-level Medicaid utilization data for people with developmental disabilities to Local Governmental Units (LGUs). We then seek their input in our statewide planning, including what they identify as the main challenges facing counties. For the current planning cycle, a COVID-19 specific survey was created, given the impact the pandemic had across the state. The survey collected vital information from the LGUs about the obstacles they faced when trying to provide mental hygiene (mental health, alcohol and substance use, and developmental disability) services during the pandemic. In the survey, the LGUs acknowledged the workforce crisis, insufficiency of housing and emergency response/crisis services, hesitancy around COVID-19 vaccines among DSPs, and limited access to transportation as obstacles. The LGUs also mentioned rises in costs to provide services, increased wait times to access supports, staffing issues, and low reimbursement rates as challenges.

While reviewing data that OPWDD currently has access to, we have also been identifying other data needs and gaps in information as part of our ongoing effort to create benchmarks and metrics for measuring our strategic plan progress in future years. More information about our plans to reinvigorate and improve our technology infrastructure to address these gaps is included in later sections of this document.

OPWDD Data Sharing and Sources

Medicaid Data
NCI Adult Survey
NCI Staff Survey
Residential Information Systems Project (RISP)
State of the States in Developmental Disabilities

Strategic Goals and Objectives

The goals and objectives within the 2023-2027 Strategic Plan provide a roadmap for responding to the challenges the service system is facing in the short-term and lay out important research, evaluation, and innovation activities that will inform ongoing system improvement in the long-term.

These strategic goals, objectives, and associated activities will assist OPWDD and stakeholders to work together to achieve clear and intentional progress toward a more person-centered, sustainable, equitable, inclusive, and coordinated system of supports and services for New Yorkers with developmental disabilities.



Objectives

1

Strengthen Our Workforce, Technology, and Collaboration

Advance the service system's infrastructure by investing in the workforce, updating data technology, and improving decision-making through collaboration.

Direct Support Workforce

Improve the recruitment, retention, and quality of the direct support workforce.

Data Access and Technology

Invest in technology that provides more timely information and increases the availability of data.

Stakeholder Engagement and Collaboration

Promote stakeholder engagement and collaboration to inform decision-making.



Objectives

2

Transform Our System through Innovation and Change

Expand the system's ability to empower people by strengthening supports, simplifying policies, and exploring new approaches to providing services.

Supports and Services

Strengthen the quality, effectiveness, and sustainability of supports and services.

Regulatory and Policy Changes

Change policies to create greater flexibility, increase opportunity for community integration, and incentivize improved personal outcomes.

Research and Innovation

Conduct research, evaluate programs, and test new methods for providing services.



Objectives

3

Enhance Our Person-Centered Supports and Services

Improve services throughout the lifespan by making sure supports are holistic, needs-based, equitable, and person-centered.

Children, Youth, and Young Adults

Ensure children, youth, and young adults receive appropriate and coordinated services.

Complex Needs

Expand supports for people with complex behavioral and medical needs.

Cultural and Ethnically Diverse Communities

Address gaps in services for underserved, culturally, and ethnically diverse communities.

Strategic Plan At-A-Glance

GOAL 1



Strengthen Our Workforce, Technology, and Collaboration

Advance the service system's infrastructure by investing in the workforce, updating data technology, and improving decision-making through collaboration.

OPWDD recognizes the importance of having a high quality, stable workforce and an improved infrastructure that allows for better analysis, planning, implementation, and evaluation of services. To that end, we will continue to prioritize assessment of our current processes and infrastructure to ensure that we improve our responsiveness to stakeholders, most importantly to people with developmental disabilities.

Federal funding through the American Rescue Plan Act (ARPA) is enabling OPWDD to make immediate and significant new investments in the direct support workforce. To support a more sustainable workforce, the agency's ARPA spending plan includes Workforce Longevity and Retention bonuses for DSPs equivalent to 20% of reported payroll spending, and the recent State Budget included additional bonuses for this workforce. Thus far, New York's ARPA plan has allocated \$1.5 billion toward supporting recruitment, improving retention, and increasing wages of DSPs. This funding also includes a supplemental, one-time payment to support current DSPs and Family Care providers who worked during the pandemic and remain

employed in the OPWDD service system, with an additional bonus if the worker is fully vaccinated against COVID-19.

In addition to these short-term investments, OPWDD's ARPA spending plan consists of multiple initiatives to improve recruitment and retention of DSPs, including projects that foster workforce innovation designed to improve the competency and skills of the DSP workforce, as well as promote recruitment and retention by establishing relationships with high schools, Boards of Cooperative Educational Services (BOCES), the NYS Education Department, State University of New York (SUNY) Educational Opportunity Centers (EOCs), SUNY Empire State College, Regional Centers for Workforce Transformation, and the NYS Department of Labor. These collaborations will lead to DSP training and credentialing opportunities, the development of recruitment tracts and career pathways within higher education institutions, a statewide DSP marketing campaign, new innovative hiring and retention practices, and advocacy for a federal Standard Occupational Classification (occupational code) for DSPs.

GOAL 1

The Fiscal Year 2023 State Budget provided over \$450 million to OPWDD's network of non-profit provider agencies through the application of a 5.4% cost-of-living adjustment. The enabling provision of law required that providers first use these resources to address critical operating costs, including recruiting and retaining direct care, clinical, and support staff. The budget also included a significant investment of almost \$170 million in the state workforce for direct salary actions and enhancing pay for overtime hours worked by primary direct care staff.

Additionally, OPWDD is moving forward with plans to transition the agency's technology to more innovative and intuitive programs, consolidate systems as appropriate, streamline workflows, and upgrade capacity and staff skillsets. Enhanced technology will help OPWDD improve its data systems, thereby increasing OPWDD's capacity to respond to data requests and understand data trends. These advances will help OPWDD improve its ability to collect and analyze data, building a sustainable foundation for data that can inform future planning and performance benchmarks, and be used to evaluate outcomes for those being served.

Goal 1 Objectives	Anticipated Outcomes
Direct Care Workforce	<ul style="list-style-type: none">• Increased retention and recruitment• Improved competency and skills• More career pathways for DSPs
Data Access and Technology	<ul style="list-style-type: none">• Updated digital technology• Increased access to data• Simplified processes
Stakeholder Engagement and Collaboration	<ul style="list-style-type: none">• Engagement that is more effective, inclusive and demographically representative.• Increased transparency• Strengthened collaborations across systems

GOAL 2



Transform Our System through Innovation and Change

Expand the system's ability to empower people by strengthening supports, simplifying policies, and exploring new approaches to providing services.

OPWDD is exploring ways to simplify processes and improve the system's ability to offer people with developmental disabilities opportunities for community integration and participation. This work will prioritize supports that facilitate self-determination and improve social determinants of health. We will also seek to provide more access to employment programs, improve housing supports, and increase regulatory flexibility.

OPWDD is examining the potential to incorporate outcome-based payment models into employment services and to incentivize day program providers to deliver a continuum of day service options including prevocational and career planning services. OPWDD will explore rate changes to differentiate between site-based and remote service provision, increase training for day habilitation staff to help people achieve greater independence, and continue to train care managers about employment and vocational services so that they can consider employment as the first option for services for people who wish to work.

OPWDD's administrative reforms are also focused on the continuum of accessible, affordable housing supports and residential services for people with developmental disabilities. These actions include strengthening internal review processes, enhancing supports for people in

crisis, and maximizing certified residential capacity for people with the most complex needs. Similarly, the agency is investigating options that expand choice in housing supports and reform the current residential reimbursement methodology to pay residential habilitation providers based upon the acuity of the people served. Reforms will support alternatives to 24/7 supervised Individualized Residential Alternatives (IRAs), including Supportive IRAs and Family Care. Likewise, OPWDD will evaluate the criteria used to ensure fair access to residential services including for people who have aged out.

To increase regulatory flexibility, OPWDD is restructuring its oversight activities to align with a provider's history of quality and compliance on prior year surveys, providing relief to high performing providers and ensuring that lower performing providers receive the appropriate oversight needed to correct any issues related to non-compliance. In addition, OPWDD has adopted flexibilities for certain services that were tested during the COVID-19 pandemic, including the use of remote technology and the provision of community habilitation services in a certified residence based on the needs and choice of the person. OPWDD will seek to continue these flexibilities and provide others that allow for more innovative and responsive service options through additional Waiver reforms.

GOAL 2

Additionally, OPWDD will conduct several evaluations of some of our most utilized service models like care coordination and self-direction to meet the requests of stakeholders, identify opportunities for improvement, streamline processes, and better understand the long-term sustainability of these models. Lastly, OPWDD plans to identify and leverage resources that will

allow our agency and non-profit providers to pilot new service approaches beyond what our current one-time ARPA funded projects are supporting. This kind of investment in innovation will inform ongoing policy, funding, and waiver decisions, enabling our system to continue to respond to the shifting needs of the people we serve for decades to come.

Goal 2 Objectives	Anticipated Outcomes
Supports and Services	<ul style="list-style-type: none"> Expanded choice and independence Improved Self-Direction model Increased access to meaningful employment and day activities Enhanced continuum of housing supports and residential services
Regulatory and Policy Changes	<ul style="list-style-type: none"> Modified and streamlined processes Increased regulatory flexibility Improved quality management Improved health equity and healthcare access
Research and Innovation	<ul style="list-style-type: none"> Increased learning and knowledge of promising practices and service models Improved individual and systems outcomes Strengthened and more innovative supports

GOAL 3



Enhance Our Person-Centered Supports and Services

Improve services throughout the lifespan by making sure supports are holistic, needs-based, equitable, and person-centered.

OPWDD will continue to address gaps in services and ensure supports are integrated, holistic, person-centered, and focused on individual need.

Recent data shows a growth in the number of children seeking developmental disability and waiver services in NYS. To address this trend, OPWDD's Strategic Plan highlights activities the agency is conducting to examine the types of HCBS waiver services children and youth are using. This includes an assessment to help ensure services are effectively coordinated with other available resources, designed and delivered in a way that meets the needs of youth and families, and accounts for the long-term needs and sustainability of our system. Moreover, OPWDD is working with the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS), the Department of Health (DOH) and local counties to expand the availability of crisis services, specialized multi-disciplinary inpatient units, and transitional programs for children and youth with complex needs.

OPWDD also serves adults with various needs, including those who have complex medical requirements, necessitate more behavioral supports, and who may have a dual diagnosis. People with developmental disabilities, advocates, clinicians, and administrators recognize that we need new and better ways to coordinate care for people with complex and intensive behavioral support needs.

To help address this need, OPWDD is revising its residential habilitation rate-setting methodology. By reforming the current rate methodology to provide for a regional fee, adjusted by the acuity level of the person served, OPWDD will better support nonprofit providers to serve people with complex needs. Likewise, OPWDD State Operations is exploring new ways to serve people who currently receive intensive supports and require intermediate transitional residential supports prior to moving to long-term residential settings. By developing these new models, OPWDD will be better able to meet people's intensive behavioral support needs at state-operated group homes.

Additionally, to address those with complex needs who are experiencing crisis, OPWDD has implemented Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) following the nationally recognized Systemic, Therapeutic, Assessment, Resources and Treatment (START) model. The agency is also developing Technical Support Teams that will assist provider agencies as they serve people with complex needs.

Lastly, OPWDD recognizes that people with disabilities from culturally and linguistically diverse families and communities commonly face additional barriers to accessing supports and services. Therefore, the agency is prioritizing initiatives that will move the system toward more equitable access to services and providing person-centered, linguistically and

GOAL 3

culturally competent supports in the coming five years. To do this OPWDD has established a separate Office of Diversity, Equity and Inclusion (DEI) and has recently recruited a Chief Diversity Officer to drive organizational change through an examination of current OPWDD policies, workforce, and equity practices.

The agency is also continuing activities like participating in the federally funded National Community of Practice (CoP) on Cultural and Linguistic Competence, supporting the Ramirez June Developmental Disabilities Navigator Initiative, and implementing a federally funded,

two-year grant from the Developmental Disabilities Planning Council (DDPC) that focuses on improving equity and access to the service system for Chinese American and Spanish-speaking communities. Similarly, OPWDD will be investing funds for non-profit service providers, local government authorities, and institutions of higher education to advance equity, diversity, and inclusion in the service system. We intend for these program reforms and initiatives to increase access to services for underserved and historically marginalized populations.

Goal 3 Objectives	Anticipated Outcomes
Children, Youth and Young Adults	<ul style="list-style-type: none"> • Increased knowledge of service needs of youth • Improved service coordination and design for children • Expanded childrens crisis services
Complex Needs	<ul style="list-style-type: none"> • Improved capacity to serve people with complex needs • Enhanced Intensive Behavioral Services • Increased access to crisis services
Cultural and Ethnically Diverse Communities	<ul style="list-style-type: none"> • Increased access to OPWDD services for marginalized communities • Improved capacity of OPWDD and provider agencies to support people from diverse backgrounds • More access to information and supports

Improving Transparency

OPWDD will use our planning process to continue to communicate with stakeholders, guide policy decisions, and inform resource allocations. As we implement this strategic plan, we will provide progress updates to stakeholders, including the Developmental Disabilities Advisory Council (DDAC), Governor's Office, and NYS Legislature.

Updates will be provided regularly through external communications (website, stakeholder meetings, etc.), and in a publicly shared annual report. OPWDD will also share information about key activities, projects, and initiatives that are helping the agency to achieve its larger goals and objectives. Additionally, we will evaluate the goals and objectives of this plan annually to make sure they align with the priorities of stakeholders and the needs of the system. We view the plan as a living document which can be amended as priorities shift and new needs arise.

Evaluation and Reporting

OPWDD is committed to using data to measure and improve our system. We will track and regularly evaluate progress on the initiatives and activities included in the agency's 2023-2027 Strategic Plan to determine if goals and objectives are being achieved. For the first few years of the plan, we will use existing data sets (e.g., NCI, Medicaid Utilization, housing and employment trends, and others) to measure progress.

Many projects and initiatives taking place during the strategic plan period include those being administered as part of enhanced funding under ARPA and through other innovation spending. To evaluate the impact of these specific opportunities on our strategic goals, OPWDD contractors will be measuring, and reporting progress on whether the intended grant outcomes and key milestones have been achieved. OPWDD will also ask its contractors to identify barriers to achieving identified goals and promising practices. In some cases, OPWDD will contract with outside evaluators to examine the impact that different projects and programs are having for those being served.

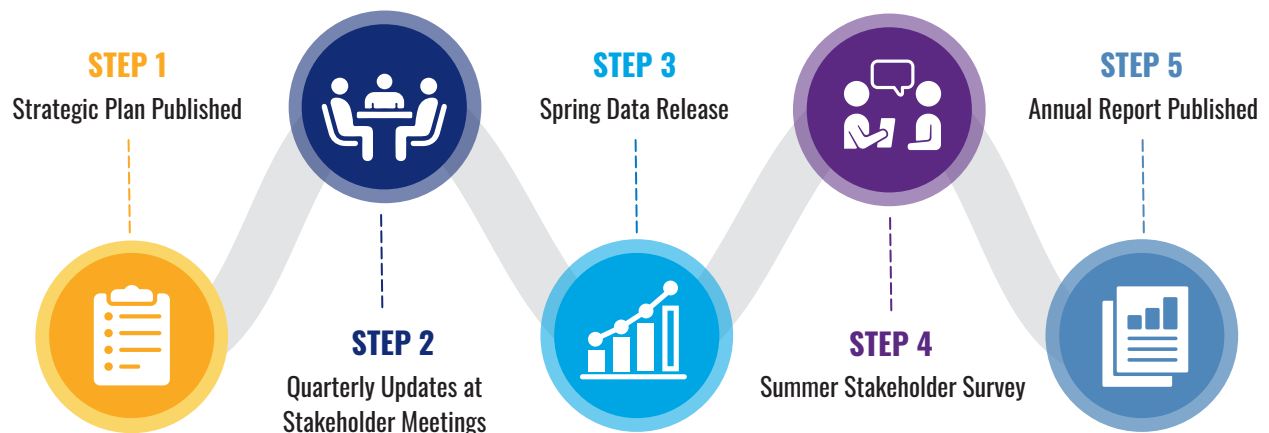
Simultaneously, we will create new tools to identify project-specific impacts, upgrade existing systems, support emerging federal quality expectations, and strengthen our technology infrastructure. This includes expanding our use of NCI data and incorporating the newly released Centers for Medicare and Medicaid Services (CMS) performance measures into our quality management processes by developing an OPWDD Quality Strategy. These investments will allow OPWDD, in later years of the plan, to collect and analyze data related to personal outcomes, social determinants of health, and quality of life measures, and to demonstrate how services can be improved when they are based more accurately on a person's needs.

IMPROVING TRANSPARENCY

Our ultimate goal is to have both quantitative and qualitative data metrics at the user, program, project, and system levels to regularly measure the quality of supports, people's satisfaction with our services, and predict future trends.

In the meantime, OPWDD will continue to use existing Medicaid utilization data, established state and federal data sets, county data, qualitative information collected directly from the people we serve, families, providers and others, and an annual stakeholder survey to provide ongoing feedback on our progress and learn of any needed shifts in our direction.

Evaluation and Reporting



Ongoing Stakeholder Engagement

OPWDD is invested in the ongoing engagement of our stakeholders in our planning process. We want to make sure that the information we are sharing is meaningful and that our agency continues to be thoughtful and intentional when engaging stakeholders in identifying priority data points, successes, and areas where we need to improve. Therefore, OPWDD leadership will continue to facilitate workgroups, host committees that allow stakeholders to inform us on our progress and participate in stakeholder organized conversations.

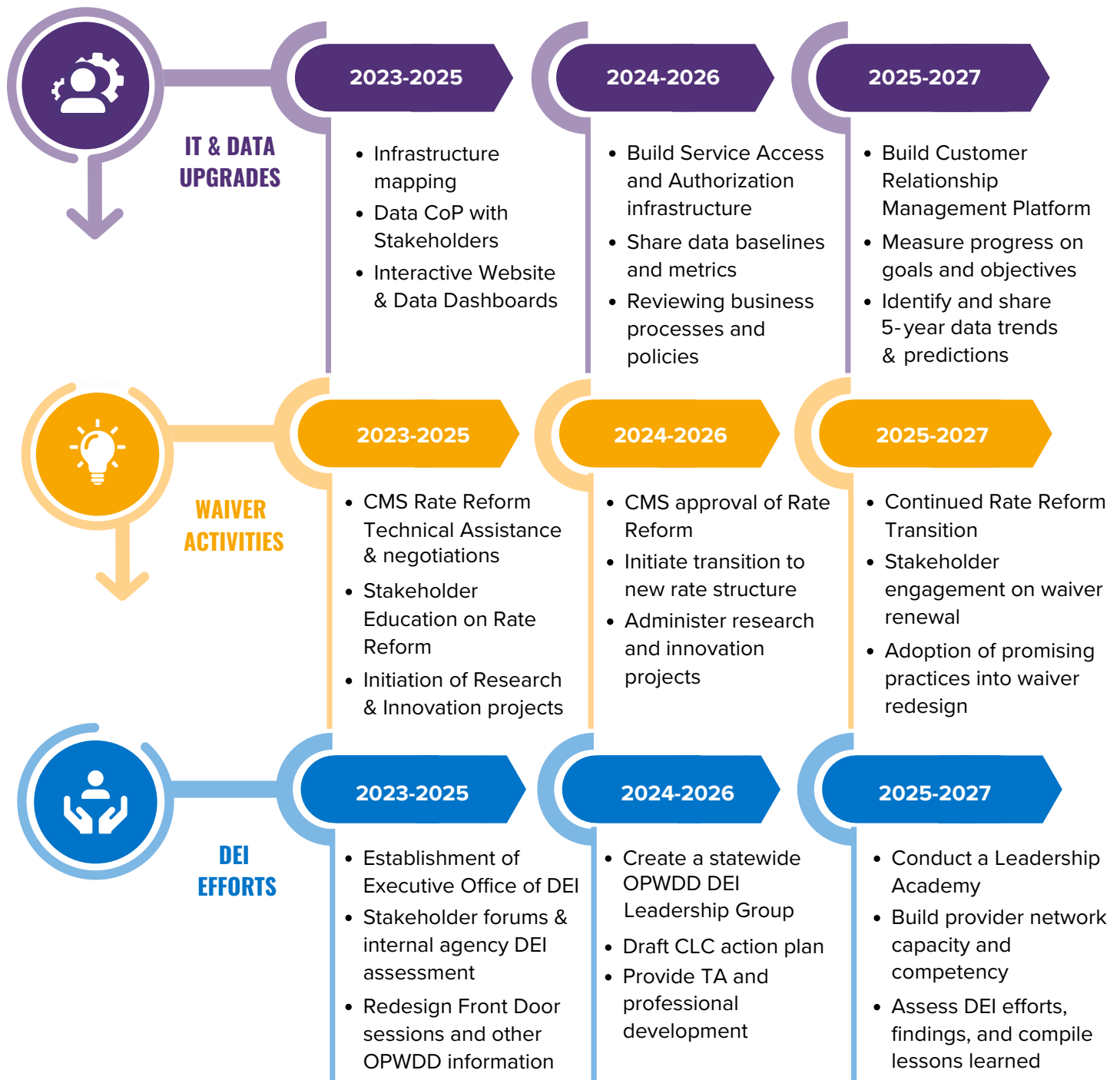




Based on the outlined goals and objectives, OPWDD proposes the following activities and initiatives as part of our Strategic Plan for 2023-2027.

Strategic Plan Roadmap

OPWDD's plan strives to respond to the changing needs of those we serve and improve the experience that people with developmental disabilities and their families have within our system and their lives. To be successful, we are prioritizing strengthening our workforce, technology, and cross-systems collaborations as Goal 1, alongside evaluation and modification of our policies and services in Goal 2. We believe these efforts are central building blocks to our most important goal of transforming our system to make sure supports are holistic, needs-based, equitable, and person-centered in Goal 3.





Strengthen Our Workforce, Technology, and Collaboration

Advance the service system's infrastructure by investing in the workforce, updating data technology, and improving decision-making through collaboration.

To truly meet the mission of helping people lead a richer life, we will strengthen and modernize the service system's workforce, technology, administrative processes, and data infrastructure.

OBJECTIVE

Direct Support Workforce

Improve the recruitment, retention, and quality of the direct support workforce.

Anticipated Outcomes

- Increased retention and recruitment
- Improved competency and skills
- More career pathways for DSPs

The need for direct care workers who provide home and community-based services has reached crisis levels across the nation. In New York, state and voluntary providers continue to face significant staff shortages requiring many to close programs or reduce operations. Data from the NCI Staff Stability Survey showed a 35.6% turnover rate in the voluntary DSP workforce, a vacancy rate of 17.2% for full-time positions, and a vacancy rate of 21.3% for part-time positions in 2020.^{ix} COVID-19 exacerbated this already challenging trend, with service providers reporting a chronic inability to recruit and retain direct support staff. This is consistent with stakeholder feedback, including communications with labor management leaders and employees, which have identified retention of the direct care workforce as the

most critical issue to address to support people with developmental disabilities and their families better.

We acknowledge that direct support and care professionals are the backbone of our service delivery system, and our ability to achieve our 5-year strategic plan goals and objectives depends on a strong workforce. We also know providers need adequate staff to be successful in supporting people, which, in turn, depends upon them having the right level of funding and resources.

Therefore, in collaboration with the Hochul administration and working closely with providers and employee representatives, OPWDD is implementing a multi-pronged effort to build and sustain a robust and diverse workforce. In the short-term, we have made significant new investments to try to stabilize the workforce.^x Over the long-term, we will implement additional strategies to reinforce the recruitment and retention of DSPs in the state and voluntary systems.

Investing in the Direct Support Workforce

OPWDD has dedicated over 76% of our ARPA funds toward stabilizing our workforce, enabling us to make immediate and significant investments of \$1.5 billion in our direct care workforce.

The recent state budget provided approximately \$466 million in Medicaid and State funding to help our voluntary providers address critical

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operating pressures, including recruiting and retaining workers, by providing a 5.4% cost-of-living adjustment (COLA) to increase reimbursement levels of non-profit providers.

Considerable investments have also been made in the state workforce to bolster interest in positions at OPWDD. Since September 2021, the State has invested over \$30 million to increase wages for our direct care workers, nurses, psychologists, and medical doctors, and continues to provide enhanced overtime for critical direct care and clinical staff, which is estimated to be nearly \$140 million.

Workforce funding in the ARPA spending plan also includes a supplemental, one-time payment to support current DSPs and Family Care providers who worked during the pandemic and remain employed in our service system, with an additional bonus if the worker is fully vaccinated against COVID-19. Known as the “Heroes Pay” bonus and vaccine incentive payments, these investments were made available for workers, including Family Care providers, who are directly hired by OPWDD HCBS waiver providers and those who deliver services in our Self-Direction program.

The enacted budget is also funding bonuses of up to \$3,000 for direct support and clinical professionals within our state-operated programs and the voluntary providers through the NYS Health Care and Mental Hygiene Worker Bonus Program.

Creating Recruitment and Retention Solutions

In addition to short-term investments, our ARPA and state spending plans include multiple initiatives to expand recruitment and retention of DSPs in the long-term. The projects are designed to improve the competency and skills

of the DSP workforce and promote recruitment and retention by establishing training and educational programs with high schools, higher education institutes, other state agencies, and regional workforce entities. These collaborations will lead to DSP training and credentialing opportunities, the development of recruitment tracts and career pathways, new marketing campaigns, improved hiring and retention practices, and increased state and federal advocacy.

Workforce Projects and Programs Recruitment and Retention Initiatives

Statewide Recruitment and Marketing Campaign

NADSP Credentialing

High School DSP Training and Certification

SUNY Partnership

Innovation Grants

Evaluation by the University of Minnesota

OPWDD is currently working with high schools, BOCES, the NYS Education Department, and provider organizations across the state to foster a pipeline of potential DSPs at the high school level. School administrators will partner with us and other subject matter experts to develop course content and resources that focus on core competencies and person-centered practices. Once established, eligible BOCES programs and high schools will be able to apply to participate in the implementation of the curriculum in early 2023.

Similarly, with support from Governor Hochul, SUNY and OPWDD are collaborating on several

proposals designed to recruit, strengthen, and develop career pathways for DSPs. One project is devoted to creating a recruitment tract for new DSPs by offering unique DSP training opportunities through the SUNY EOCs. This project will connect students and provider organizations with immediate job placement and professional development opportunities. To further promote careers in direct support, we are also developing programs for DSP education in community colleges.

We are developing and implementing tools and resources to support a statewide initiative that assists provider agencies with recruitment and retention of DSPs. This initiative will include organizational and self-assessments for providers and technical support on how to implement and sustain DSP recruitment and retention initiatives. At the completion of the grant, the Regional Centers for Workforce Transformation (RCWT) will sustain the tools and resources that are developed.

This effort will be partnered with a statewide DSP marketing campaign to bolster recruitment in both OPWDD's state operations and voluntary providers. The campaign will employ market research and proven methods to access candidates and improve overall recruitment.

Another effort underway to professionalize and improve the capacity of the DSP workforce will incentivize service providers statewide to participate in the certification program of the National Alliance for Direct Support Professionals (NADSP). OPWDD is contracting with NADSP to provide over 2,000 DSPs with access to their credential program known as the E-Badge Academy. Those participating in the program will be eligible for tiered bonuses for

each certificate completed. We anticipate that the expansion of the standardized credential will bolster retention rates, the quality of services delivered, and the competency-based skills of the workforce.

Additionally, to attract a robust DSP candidate pool, we will explore other ways to help providers and provider associations to implement data-driven strategies for recruitment. One such opportunity is supporting them to implement innovative strategies that will result in positive, long-term impacts for the workforce.

The overarching goal of these projects is to provide a statewide standard in addition to other professional development opportunities and promote recruitment and retention of DSPs. OPWDD will hire an independent evaluator to track and assess the effectiveness of these initiatives. We will evaluate the success of the programs by measuring student completion ratios, knowledge attainment levels, attitudinal changes, job placement percentages, and recruitment and retention rates, among other data points. The information and data collected through this evaluation will then be used to inform future efforts in the recruitment of a quality workforce.

Ongoing Workforce Development Strategies

In alignment with Governor Hochul's and stakeholders' priorities, we are continuing ongoing efforts and collaborations with SUNY, the NYS Division of Veteran Services (DVS), the NYS Department of Labor (DOL), the RCWT, and others to strengthen the direct support workforce and expand workforce development partnerships that increase the talent pipeline.

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In 2021, we renewed our partnership agreement with SUNY Empire State College to enhance recruitment opportunities, strengthen a career pathway, and promote employee retention. The partnership provides the OPWDD workforce with access to a scholarship and waives the orientation fee. It also provides access to SUNY Empire State College's Prior Learning Assessment program, which awards college credit for past training and experience. Additionally, we are collaborating with SUNY Empire State College to access Professional Learning Evaluation (PLE) credit, based on the completion of state-required workforce trainings and evaluations and other certifications that will be made available to any DSP in NYS.^{xi}

We remain actively involved in a partnership with the RCWT to support strengthening professionalism while developing the capacity of the direct support workforce. Engaging with more than 96% of DSP employers in New York, the RCWT hosted more than 100 events in 2021, free of charge to NYS providers and employees. In that same year, their website visits totaled more than 98,500, with over 1,200 views of RCWT videos. Ongoing projects, as part of this sustained initiative, include statewide workshops, self-advocacy meetings, DSP and Front-Line Supervisor (FLS) conferences, regular trainings, training evaluations through SUNY Albany and provider technical assistance. The success of this model was recognized in 2021, with the RCWT receiving the nationally recognized "Moving Mountains" Award for their successful workforce development initiatives and statewide efforts leading to improved quality of supports for people with developmental disabilities.

OPWDD is also continuing our partnership with the NYS DVS to receive approval of specific training titles such as Direct Support Assistant and Developmental Assistant Trainee for the GI Bill® Veterans Training and Apprenticeship Program. Veterans who join our workforce in one of these titles, and who meet eligibility requirements, can receive a tax-free monthly stipend from the federal government for the duration of their traineeship. Furthermore, OPWDD and the DVS are exploring other titles that could be included in the Hiring Heroes Initiative.

Similarly, we have an ongoing relationship with the DOL and regional One Stop Career Centers to increase the direct support candidate pool. To bolster recruitment, we will further our collaboration with DOL to partner with other human service agencies on the development of a cross-systems, human services recruitment campaign.

Correspondingly, we continue to advocate for a distinct federal Standard Occupational Classification (occupational code) for DSPs by the Federal Bureau of Labor Statistics (BLS), with the guidance and support of DOL, and in collaboration with national and state stakeholders. Implementation of a DSP occupational code would allow for improved data collection, research, and policy decisions related to the direct support workforce.

Strengthening a Sustainable State Workforce

OPWDD is investing considerable effort in strengthening our direct support workforce.^{xii} In addition to the previously noted bonus and salary increases, we are also committing resources to recruitment campaigns, updating technology, and streamlining processes.

Similar to the statewide marketing campaign that will occur, OPWDD is dedicating funds to advertising for State positions through local advertising, expanding our use of digital and social media, and hosting and attending various recruitment events across the state.

Lastly, it is important to recognize that most of our state (and voluntary) workforce comes from demographically diverse communities, with an overwhelming majority being women of color. Our DEI work and three-year initiative with Georgetown University will help to ensure our culturally and linguistically diverse workforce feels supported. Better support for staff will yield better recruitment and retention outcomes. Knowledge gained through our DEI work and investments will allow us to employ new staff, including new Americans as part of Governor Hochul's efforts to recruit and train new and existing immigrant workers into this rewarding line of work and support them to be successful at their jobs.

OPWDD and the Hochul administration intend for these investments and various activities to increase retention of DSPs and decrease the vacancy rate in both the voluntary and state workforce. We will collect outcome data through project specific evaluations, the NCI Staff Stability Survey administered annually to our providers, and additional future data systems to be established, to monitor and determine if these goals are being met. Information collected and progress being made will then be shared in future strategic plan annual reports.

OBJECTIVE

Data Access and Technology

Invest in technology that provides more timely information and increases the availability of data

Anticipated Outcomes

- Updated digital technology
- Increased access to data
- Simplified processes

A major priority for OPWDD over the next five years is meeting the request of our stakeholders to increase our agency's transparency.

To do this, in the first few years of the plan, we are dedicating time and resources toward advancing our technology and improving our data collection methods. These upgrades to our infrastructure will enable us to measure and share agency progress and challenges more accurately.

Integrating Digital Technology

OPWDD also recognizes that nimble technology and data systems are necessary to keep pace with changing business processes and service delivery approaches.

Utilizing both ARPA funds and \$20 million in critical investments by Governor Hochul this fiscal year, we will undertake a digital transformation. A key focus of this initiative will be transitioning from manual and paper-based approaches to more automated systems. As part of this work, we will improve our eligibility and program management IT applications, advance our health information technology infrastructure, refine the systems used for service authorization, and develop

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modernized solutions for our self-direction model. We will also proceed with technology development related to the implementation of the Coordinated Assessment System (CAS) and Child Adolescent Needs and Strengths (CANS) tools and move toward the establishment of self-service portals for people we serve, their families, and providers. Simultaneously, we will update and simplify our internal and external processes and procedures.

To date, we have already made progress toward improving our eligibility determination and capacity management systems. This includes enhancing our data collection and monitoring processes related to the utilization of housing and residential services and vacancy rates. Additionally, we are reviewing our internal business processes related to service authorization as the first step toward updating our service authorization system. We will continue these efforts in the coming years.

Similarly, we have begun foundational activities for a multi-year project related to customer relations management and health information technology systems. OPWDD anticipates working with DOH and New York State Technology Enterprise Connection (NYSTEC) to streamline business processes and workflows. Revisions to these processes would lead to more information being available in one place, with data being updated continuously, and improved experiences for people we serve and their family members. Improved platforms enable people to access real time information, for example viewing their status in the enrollment process, what services they currently have access to, and how much funding they have for self-direction services left in their budgets. These changes would ultimately provide more access to information, simplify and reduce duplicative processes, and increase transparency.



Technology Updates



- Stakeholder Engagement
- Building Base IT Infrastructure



- Reviewing Business Processes
- Building Service Access and Authorization IT Systems



- Updating Business Policies
- Building Customer Relationship Management Platform

Under this strategic plan objective, we are also examining IT solutions for our self-direction service model. We have started outlining and documenting the primary business flows. Next, we will explore potential IT solutions to monitor the self-direction model, more expeditiously approve budgets and budget amendments, manage capacity, and help staff and stakeholders to get better access to services. The results and information collected as part of the ARPA funded self-direction evaluation will further inform these ongoing efforts.

OPWDD is supporting the continued implementation of CAS, including collecting data and integrating it into other data systems. Likewise, we are investing in technology that allows a more user-friendly interface for our public release of Medicaid utilization data.

Expanding and Sharing Existing Data

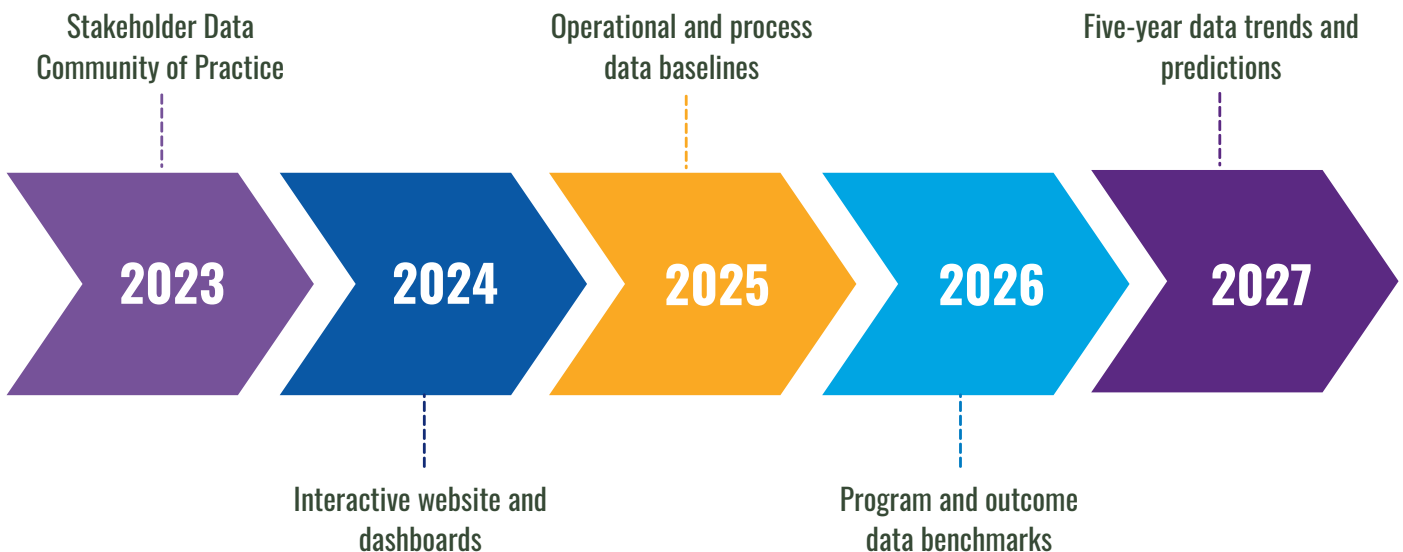
Our agency recently released over five-years of Medicaid data and will continue to make additional data available in coming years. This information includes utilization rates,

demographics for people being served, and Medicaid expenditure data.^{xiii}

State reporting requirements have recently been expanded through executive orders and legislation to encourage agencies to include more demographic information in their data collection efforts. We will share this new data in annual strategic plan updates and annual releases of Medicaid data in future years. The additional data will be informative and helpful with future planning activities.

OPWDD also participates in large national data collection efforts, including the State of the States, the Residential Information Systems Project (RISP), and Community Inclusion surveys. These data sets are publicly available and provide information on different elements of the developmental disabilities service systems nationwide. They share snapshots of state profiles and include information on housing services, personal outcomes, spending and enrollment rates, among other key data points. Our agency also supports the collection of NCI adult and staff stability data for NYS.

Data Infrastructure Timeline



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To ensure that the data we are using and sharing are reliable and meaningful, we will establish a Community of Practice (CoP) on data to gather further stakeholder input on what data points would be most helpful internally, and externally, for planning purposes. OPWDD will also identify additional information to make available to the public as part of our annual planning process in alignment with our goal of greater transparency.

We are committed to creating benchmarks and metrics for our strategic plan and reporting our progress on meeting our goals and objectives publicly. OPWDD will continue to work internally and externally with stakeholders and other state agencies, the Governor's office, and the Legislature, to build a data infrastructure, expand relationships, test innovation, and evaluate our progress.

These extensive systems improvements will require interim solutions. It will take time to develop and implement the needed long-term IT systems. However, once complete, our improved technology will strengthen our ability to collect and analyze data, which will greatly enhance how we use data to inform future planning, create performance benchmarks, and evaluate outcomes for those being served.

OBJECTIVE

Stakeholder Engagement and Collaboration

Promote stakeholder engagement and collaboration to inform decision making.

Anticipated Outcomes

- Engagement that is more effective, inclusive and demographically representative.
- Increased transparency
- Strengthened collaborations across systems

OPWDD recognizes that successful implementation of any system changes will require continued partnership between our agency, people with developmental disabilities, parents, providers, advocates, employees, employee organizations, and other state service systems. Therefore, we are committed to continuing to engage stakeholders and other state agencies (for example, in stakeholder meetings, project specific advisory groups, labor management meetings, agency presentations and forums) throughout the duration of the five-year period represented in this strategic plan.

Engaging with Stakeholders

Currently, our agency facilitates several stakeholder workgroups, committees, and councils. These include regularly scheduled conversations with self-advocates, parents, provider agencies, associations, and Care Coordination Organizations (CCOs).

One of our key stakeholder groups is the DDAC. DDAC was established within the NYS Mental Hygiene Law and is tasked with providing recommendations on statewide priorities, planning, and process evaluations. Their membership includes self-advocates, family members, providers, and several other stakeholder group representatives. OPWDD leaders participate in DDAC meetings quarterly. OPWDD and DDAC are establishing additional opportunities to strengthen the connection and collaboration between the two entities and explore how we can work together to collect and share input from and to our various stakeholders.

OPWDD leaders also meet monthly with people from across the state who are a part of self-advocacy organizations and various family advocacy groups. Similarly, we meet monthly

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with our provider network which includes representatives from our provider associations and individual voluntary organizations. Likewise, we meet regularly with representatives from the Family Support Services (FSS) Statewide Committee, CCO leaders, and employee representatives and labor management organizations.

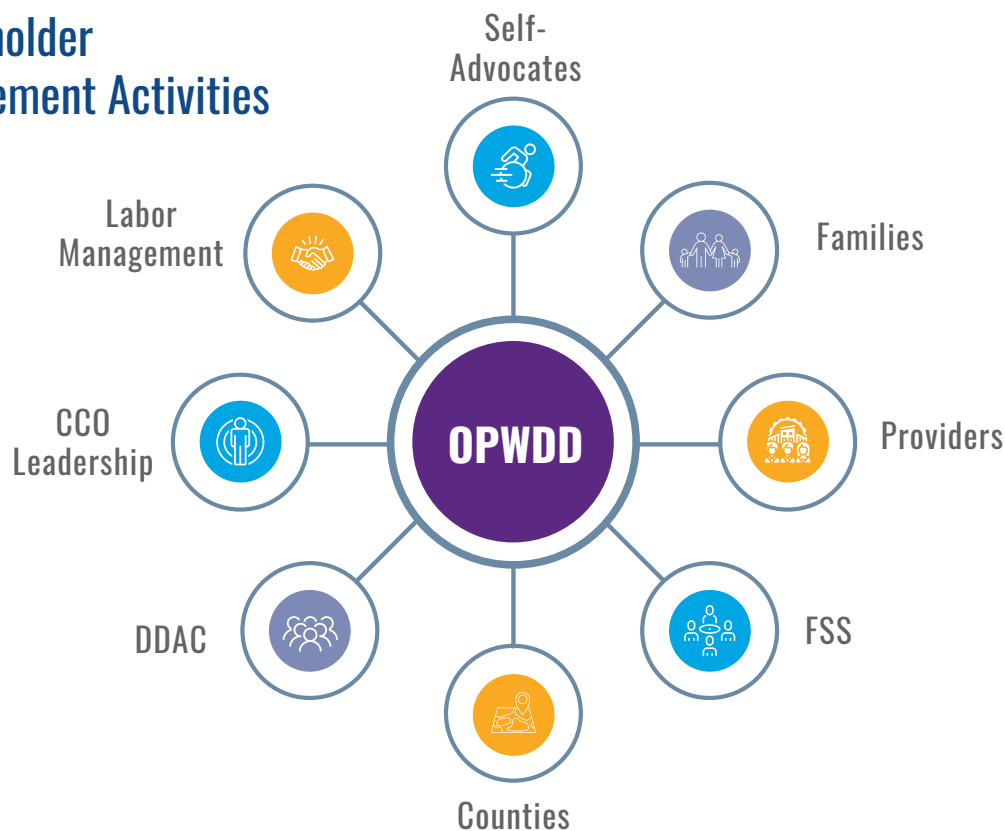
Additionally, we establish new time sensitive and topic specific groups when needed. For example, during the beginning phases of the COVID-19 pandemic we engaged representatives from multiple stakeholder groups and organizations to provide updates on the status of COVID-19 within our service system. At the meetings we shared data on cases, deaths, and vaccination rates for people we serve and staff. We also shared information on policy changes as it became available. This meeting has evolved into a standing multi-

stakeholder meeting which will be held quarterly to inform our long-term planning and strategic initiatives.

Lastly, leadership from our agency is often asked to participate in specific provider events, conferences, and meetings throughout the year. OPWDD leaders participate in many of these events and visit individual sites and programs throughout the year to learn more about new programs and promising practices across the state and to hear from our stakeholders directly.

Our agency will promote additional opportunities throughout this five-year period that increase transparency and access to information. We are currently exploring a variety of different options to organize and establish a more effective, efficient, and inclusive, agencywide stakeholder engagement plan. The plan will identify and outline ways we

Stakeholder Engagement Activities



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will engage with a broader and diverse set of stakeholders. Our goal is to ensure we are hearing from a demographically representative group, including but not limited to more racially, culturally, ethnically, economically, and geographically diverse stakeholders.

Achieving Cross-systems Collaborations

In addition to engaging people with disabilities, families, and providers, OPWDD staff participate in a variety of cross-systems and interagency groups as well. Some of these include the Commissioner's Cross-systems Meetings, the Early Childhood Advisory Council, the Early Intervention Coordinating Council, the Commissioner's Advisory Panel for Special Education, the RiTATs (Regional interagency Technical Assistance Teams), Systems of Care, Community Service Boards, Single Points of Access, NY Connects, the Restraints and Seclusion Workgroup, the People with Complex Needs group, the Most Integrated Setting Coordinating Council, and the Autism Spectrum Disorders Advisory Board.

We also serve on the DDPC, where we provide input and help to shape innovation grants that move our system forward. Similarly, we are in the process of establishing an ongoing opportunity to engage with NYS's developmental disabilities network, which includes the DDPC, NYS's three University Centers for Excellence (UCEDDs), and the state's protection and advocacy group. We are planning to meet on a quarterly basis to share learning and leverage opportunities to collaborate.

OPWDD is excited about collaborating with Governor Hochul's newly established Chief Disability Officer. We have already engaged in several ways, for example by sharing information from stakeholders on barriers they

face and participating in the inaugural DREAM Symposium on employment for people with disabilities. We will continue to explore other formal and informal advocacy and engagement opportunities moving forward.

NYS Mental Hygiene Law requires counties to annually submit local service plans to each state mental hygiene agency (i.e., OPWDD, Office of Addiction Services and Supports (OASAS), and OMH). OPWDD reviews and analyzes the plans to effectively coordinate local and state initiatives and identify areas for cross systems collaboration. As part of the local service planning process, we participate in regular agency days and planning meetings facilitated by the Conference of Local Mental Hygiene Directors (CLMHD). These meetings provide opportunities for us to share, learn, and hear about different needs and priorities across the state and local levels.

Similarly, OPWDD has recently committed to working with OMH and OASAS to reinvigorate the Inter-Office Coordinating Council. The purpose of the council is to ensure that information about planning and systems change efforts are shared across the three agencies to help reduce gaps in supports for those who may access services from multiple sectors and to maximize the success and effectiveness of innovation efforts by leveraging expertise and resources across all three systems.^{xiv}

We will continue to work with our counterparts in other disability networks and state agencies like OMH, OASAS, the OCFS, State Education, and the DOL, to create synergy between systems, share information and data, leverage resources, and provide appropriate services to New Yorkers accessing multiple systems.



Transform Our System through Innovation and Change

Expand the system's ability to empower people by strengthening supports, simplifying policies, and exploring new approaches to providing services.

OPWDD will reevaluate our current service structures and use the information collected from our stakeholders and upgraded IT systems, in combination with the results of internal and external evaluation activities, to promote program reforms, increase flexibility in service delivery, and examine new service approaches that lead to integration and participation of people with disabilities in their communities.

OBJECTIVE

Supports and Services

Strengthen the quality, effectiveness, and sustainability of supports and services.

Anticipated Outcomes

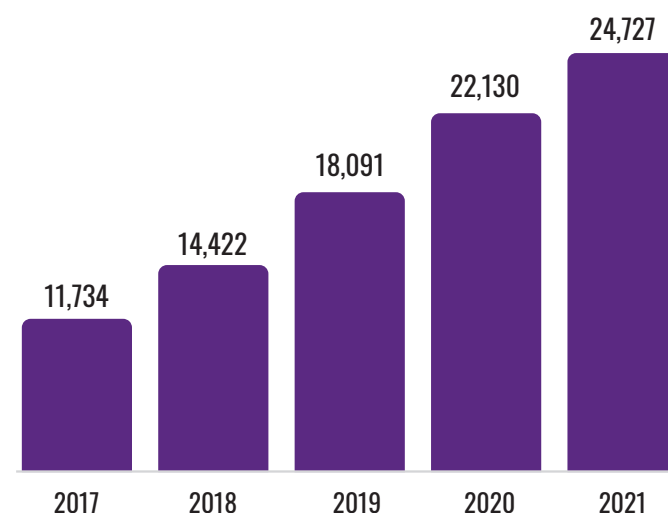
- Expanded choice and independence
- Improved Self-Direction model
- Increased access to meaningful employment and day activities
- Enhanced continuum of housing supports and residential services

In keeping with HCBS principles to prioritize opportunities for people to receive services in their own homes or in the community, OPWDD will strengthen its array of supports by expanding individual choice and maximizing opportunities for independence. The following outlines service areas and activities that we will prioritize as we seek to improve the quality, equity, and effectiveness of our services.

Improving the Self-Direction Model

The option to self-direct services has seen significant growth over the past five years, especially when compared to how many people are choosing to access services traditionally. People who are self-directing have intentionally chosen a flexible service model compared to agency coordinated service delivery. While self-direction affords much flexibility, it is administratively complex for the people we support, their families and providers, which can limit access to the service model and threaten the program's sustainability. OPWDD plans to use a small portion of our ARPA funds to engage a consultant to work collaboratively with us and stakeholders to make recommendations for addressing these impediments and other program concerns raised by stakeholders.

People Self-Directing



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It is also important to note that we continue to take actions to improve our self-direction model in the meantime, based on stakeholder input already received. Some of the activities that are planned or currently underway include:

- Implementing enhanced Support Broker oversight to maintain the flexibility of an independent broker option,
- Reducing Support Broker face-to-face meeting requirements,
- Shifting Support Broker trainings to a web-based format,
- Establishing a Support Broker mentorship program,
- Allowing telehealth type services, including for required Support Broker meetings,
- Increasing housing payment standards,
- Adjusting Fiscal Intermediary (FI) administrative fees,
- Updating policies and Administrative Memoranda (ADMs), and
- Furthering our internal analysis on utilization.

At the same time the work of the self-direction consultant is underway, OPWDD will enhance training for care managers related to self-directed services. We will also explore options to improve access to self-directed services for currently underserved populations by identifying and engaging those groups and developing capacity for Support Brokers and FIs in typically underserved communities. We will provide education and training to FIs and Support Brokers so they can help alleviate administrative tasks for people who are self-directing and their families.

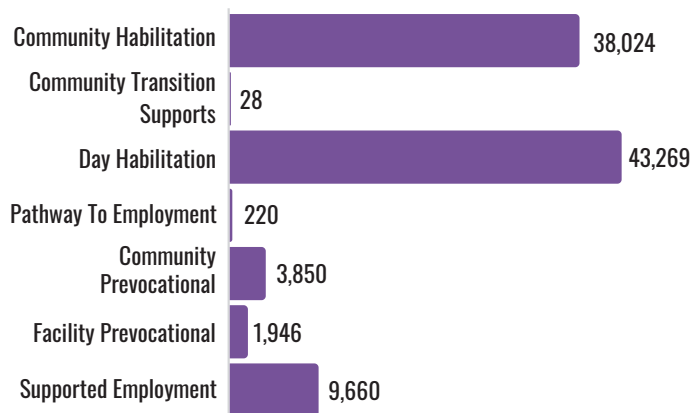
Furthermore, we will continue to work with the consultant and stakeholders to examine potential HCBS waiver reforms that would help to improve the self-direction model, including evaluating the Personal Resource Account (PRA) levels, simplifying the current billing structure for Individual Directed Goods and Services (IDGS), and potentially creating a self-hired, staff-specific service for community-based supports to provide greater ease to access self-directed services.

Lastly, OPWDD will participate in a national learning collaborative focused on self-direction. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Self-Direction Learning Collaborative will share promising practices related to educating people with disabilities and family members about self-direction.

Increasing Employment and Day Program Services

OPWDD data from 2020 shows that close to 50,000 people being served by our agency participated in day habilitation programs and services prior to COVID-19.^{xv} National data from a similar timeframe indicates the rate of employment for people with disabilities was 34.4% for those aged 18-64. People without disabilities in NY had an employment rate of 76.4%.^{xvi} This data speaks to a disparity between those with and without disabilities having gainful employment. This gap and others were further exacerbated by the onset of the COVID-19 pandemic in March of 2020, when our agency had to direct the temporary suspension of site-based day programs, leading to decreases in the use of day programs and employment supports, and in employment rates.

People in Employment and Day Programs



Although many programs have since reopened, ongoing safety precautions, staff shortages and personal choice have kept utilization of site-based day habilitation services below pre-pandemic levels. At the same time, the economic impact of the pandemic has sharply reduced the employment of people with developmental disabilities who receive OPWDD-funded employment supports.

To assist people during the pandemic, OPWDD used remote service delivery options for day, vocational, and employment services. A waiver amendment adopted on July 1, 2021, made these flexibilities permanent for day and prevocational services. During 2021, we also developed and provided training on employment and vocational services for care managers, creating train-the-trainer opportunities for CCOs so that care managers understand the employment service options available to the people they support.

A tenet of HCBS waiver services is the provision of services in the most integrated way possible, including having access to the community. Additionally, revised language of the federal HCBS settings rule highlights the importance of the quality of a participant's experiences and

the personal outcomes achieved. Accordingly, we are investing funds to improve access to innovative, integrated, and person-centered day and employment programs, including dedicating \$10 million annually by 2025, to fund initiatives to empower people with developmental disabilities to achieve their employment goals. Investments will include grant funding for providers to create flexible, community-based day supports, vocational experiences, and receive operational funding and technical assistance to achieve a more person-centered approach to delivering day, vocational, and employment services in the broader community.

These efforts will also improve provider quality and capacity, which is a fundamental step toward OPWDD enhancing vocational, educational, employment and training programs as outlined in Governor Hochul's 2022 State of the State address. As part of the State of the State efforts, our agency is focusing on supporting a culture and business model change, having career-specific vocational training for individuals with developmental disabilities, revising policy and regulations to assist with increasing employment and community engagement, as well as developing DSP trainings. Development of trainings for DSPs, focused on day habilitation, in person-centered services, community engagement and education on OPWDD available services will ensure that staff are able to better assist people to transition to other services to meet their goals. Likewise, having initial policy and regulation revisions target immediate ability for services to be more personalized, combined with leading a culture and business model change will support a shift towards offering a full continuum and array of services to provide the ability for people to explore job development skills and discovery.

GOAL 2

These investments will inform future service design in employment and day services. For example, we will examine the potential to incorporate outcomes-based payment models into our employment services and to incentivize day program providers to provide a full continuum of services including day habilitation that consists of community engagement and job-readiness activities, and prevocational and career planning services that provide multiple vocational experiences. We will also explore rate changes to differentiate between site-based and remote service provision. In the interim, our agency will improve measurement of employment outcomes, ensure that day habilitation providers offer vocational and employment opportunities to people, increase training for day habilitation staff to help people achieve greater independence, and continue to train care managers about employment and vocational services so that people who wish to work can consider employment as their first option for services.

OPWDD will also work to enhance vocational, educational, employment and training programs to increase the employment of people with developmental disabilities in the coming years. We will do this by aligning our efforts with Governor Hochul's initiatives to make available trainings and toolkits that help local governments and businesses become Model Employers of people with disabilities and leveraging the proposed Office of Workforce and Economic Development to better understand the industries hiring in different regions. This includes collaborating with other state agencies to create trainings for NYS employees to be natural supports and mentors for coworkers with disabilities.

Other efforts will include collaborating with the newly created Chief Disability Officer in the mission to reduce barriers to gainful employment for people with disabilities.

We will continue to explore further opportunities for innovation and collaboration with other state partners and stakeholders by creating apprenticeships, increasing distribution of information about and access to higher education (including certifications and micro credentials), and promoting the inclusion of people with disabilities in initiatives targeted toward creating a more inclusive workforce.

Broadening Housing Supports and Residential Services

In 2021 and 2022, OPWDD's administrative and HCBS waiver reforms have focused on enhancing the continuum of accessible, affordable housing supports and residential services for people with developmental disabilities. These actions include strengthening internal review processes to ensure people have access to appropriate housing supports, enhancing supports for people in crisis, maximizing certified residential capacity to support people with the most complex needs, and successfully advocating for an increase in housing subsidies.

OPWDD is exploring waiver options that expand choice in housing supports and reform the current residential reimbursement methodology to pay residential habilitation providers based upon acuity of the people served. Reforms will promote alternatives to 24/7 Supervised IRAs, including greater use of Supportive IRAs and Family Care opportunities. Similarly, we will evaluate the criteria used to ensure fair access to residential services including for people who have aged out.

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Our agency will strengthen both supervised and supportive residential habilitation services through revisions to its comprehensive HCBS waiver. These improvements will make housing supports and residential services for people of all ability levels more sustainable. The redesign of the supportive residential habilitation rates will allow people with a wider range of needs to live in more independent settings with a mixture of in-person and on-call services from provider agencies. A new approach to rate setting will tier payments based on people's need for support and recognize that the provider's costs will include direct staffing and efficient flexible combinations of on-call staffing, smart home technology and use of staffing arrangements like paid neighbors.

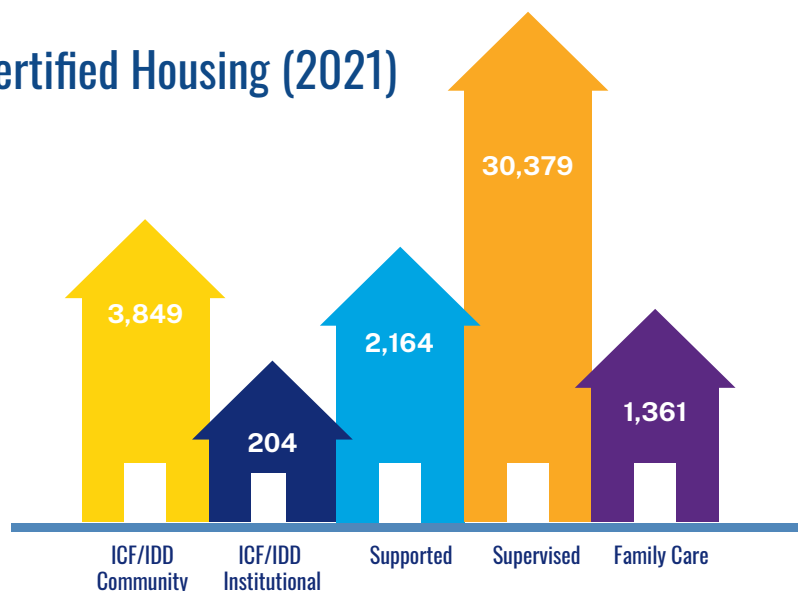
We are also developing transitional and longer-term state operated group homes and crisis support units to meet different needs. These will be an integral part of the system "safety net," which supports people's needs in less restrictive settings with appropriate clinical treatment and monitoring. By developing these residential options, OPWDD will increase its capacity to provide community-based services for people receiving intensive behavior supports

at state-operated group homes, helping those in less appropriate settings such as hospitals or residential schools when they have aged out. This will be accomplished by expanding Intensive Treatment Opportunities (ITOs), creating and operating new 'step-down' model programs that provide short- to medium-term residential treatment for people with unique combinations of needs, and developing targeted residential programs rather than individual 'beds' in pre-existing adult programs for young adults who need to transition from children's residential treatment centers (RTC) or residential treatment facilities (RTFs) and/or residential schools.

These investments will allow portable funding for people who choose to make changes to their residential supports and create a safety net for those with more complex housing needs.

Likewise, we will use funds to encourage additional innovation and flexibility in housing supports. Specifically, OPWDD will assess the effectiveness of housing investments that expand access to affordable, accessible, non-certified housing options for OPWDD waiver participants, including people seeking to

People in Certified Housing (2021)



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transition from certified settings. Funds will support strategies to enhance person-centered service and to incentivize services for people seeking to move from their family home (with a priority for those living with aging caregivers) or from a congregate setting into private housing at prevailing market rates.

Our agency will dedicate additional funds to incentivize providers to increase the use of new technologies and to develop housing options and staffing models that expand supportive housing and Family Care options. These investments will inform future waiver reform, including the development of services to support people transitioning to more integrated settings, consistent with their needs and preferences.

Furthermore, OPWDD successfully advocated to align our housing subsidy standards with the federal Department of Housing and Urban Development (HUD) fair market rent rate. This update in standards will create more affordable housing options for people and help people to live more independently in their communities. Similarly, our agency, with support from Governor Hochul and in collaboration with New York State Homes and Community Renewal, will be able to expand the availability of affordable and integrated housing units for people served by the agency through \$15 million in new capital funding for OPWDD's Integrated Supportive Housing Program.^{xvii} These recent State Budget investments, in combination with other Budget measures (increases in housing subsidy standards and room and board reimbursement), equal nearly \$23 million to develop, access, and maintain housing opportunities for people with developmental disabilities. Moving forward we expect to hold two Integrated Supportive Housing funding rounds each year, one in the late spring which will include a capital

funding option and one in the winter which will offer Letters of Support for Housing Subsidy commitments.

Lastly, OPWDD will explore additional housing innovation centered around the quality of services and improved outcomes. Some areas of innovation being considered include increasing flexibilities to meet the needs of a person as they change throughout his or her lifespan, strengthening the capacity of supportive IRAs to better meet complex needs, and continuing the implementation of the OPWDD Housing Subsidy Program, which supports access to non-certified, community-based and integrated housing by providing a mechanism for providers to create non-certified apartment or apartment style living for people with disabilities.

Strengthening Health Services

OPWDD-funded or licensed health services include those rendered in clinics licensed under Article 16 of the Mental Hygiene Law, as well as rate enhancements provided to Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD). Article 16 clinics are a service resource for people with developmental disabilities provided in an interdisciplinary care model with the goal of improving disabling conditions, disease, or other illnesses using assessment and therapies. Statewide, there are 63 Article 16 Clinic main sites.

Additionally, our agency is working to increase access to services for people with developmental disabilities in other healthcare settings. OPWDD is currently exploring integration of services through increased access to DOH-licensed Article 28 clinics and OMH-licensed Article 31 clinics. As part of this effort, we will review the current number of people

served within Article 16 clinics and determine the types of specialized services they use at the clinics. We will then review findings with DOH and OMH to determine if there is capacity to increase expertise and resources at current Article 28 (diagnostic and acute care) and Article 31 (behavioral health) clinics to help meet the needs of people with developmental disabilities.

OPWDD will explore with DOH and OMH whether integrated licensing options would provide a greater health resource for people with developmental disabilities. This will further help to increase understanding about the capacity of each clinic service system to meet the need for specialized developmental disability services.

OPWDD also recognizes that data and stakeholder input show that people with developmental disabilities face barriers and challenges when trying to access dental services. Therefore, we continue to participate in and facilitate the OPWDD Task Force on Special Dentistry (DTF), which was created in 2002. This task force was created in response to concerns with accessing timely and effective preventive and restorative dental care for people with developmental disabilities. One of the goals of the taskforce is to build a stronger statewide network of skilled dentists and staff, including improving their knowledge of special needs dentistry practices. The DTF has facilitated a variety of training opportunities for dentists and dental hygienists which has expanded the number and availability of dentists to serve people with disabilities. With funding from the DDPC, the DTF has also enhanced and provided education for families and the direct care workforce on best practices in oral health by developing manuals, a workbook, and trainings. OPWDD, in collaboration with DTF, is also updating our ADM and training programs in

the coming year to make necessary adjustments to language and applications to further support people in safely accessing dental care.

Additionally, in 2022 we began participating in a collaboration with the DOH and Special Olympics which focuses on health promotion and chronic disease prevention. As part of the federally funded Centers for Disease Control (CDC) Inclusive Health Needs Assessment project, Special Olympics New York is looking to better understand how health promotion and chronic disease prevention and management services are provided for those with intellectual disabilities, statewide, with the aim of being able to eventually reduce the prevalence of chronic diseases among people with developmental disabilities and improve physical, social, and emotional health. In this collaboration, OPWDD is helping to support a needs assessment and provide information on how health promotion and chronic disease prevention and management services are provided for those with developmental disabilities in NYS.

Our agency will continue to support this work and other efforts around improving health equity. We recognize that national and state data show that people with developmental disabilities historically face additional health disparities, for example, higher rates of several chronic diseases, lower rates of physical activity, and high rates of cardiovascular disease.^{xviii} Therefore, we will examine whether other services and supports could be strengthened through modernization or innovation, including telehealth services, and lead to improved health outcomes for people with developmental disabilities.

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Broadening Access to Technology and Modifications

OPWDD recognizes that assistive technologies can also provide opportunities for people to increase their independence and community inclusion. Assistive, enabling technologies, and remote supports make it possible for some people with disabilities to have equal access to the opportunities and benefits available to all citizens in such areas as education, employment, health and well-being, and independent living. The appropriate use of assistive and remote support technology can also empower people with developmental disabilities while helping the field to more efficiently and effectively deploy DSPs to assist people where and when assistance is needed.

Experiences prior to and during the COVID-19 pandemic suggest that, when used appropriately, remote supports can result in greater satisfaction and reduced costs for some people without compromising individual health and safety. At the same time, the pandemic highlighted the need for additional consideration of how to best encourage the use of assistive and enabling technology through current policies. Therefore, over the coming years we will explore and facilitate access to assistive, enabling technologies, and remote supports that help people to live more independently and increase efficiency of scarce staffing resources.

As a first step to improving access, OPWDD is using a portion of its ARPA funding to streamline and improve the process used to access assistive technology and to modify homes and vehicles. Stakeholders have noted that the process can be lengthy, burdensome, and confusing. Therefore, we are currently evaluating the program's processes. Recommendations from this evaluation will help us simplify and expand the availability of the

service and improve overall user experience and engagement with the program. Additionally, we will fund the creation and implementation of training that outlines key aspects of the program. The training will be targeted toward service providers, CCOs, clinicians, and OPWDD staff.

To fully realize the benefits of assistive enabling technologies and remote supports to the field, OPWDD is also exploring how to best modernize our procurement system infrastructure. Improving our assistive and enabling technology processes and program management will lead to more efficient and timely access to funding, while also enhancing data collection, reporting, and transparency.

Assessing Needs

OPWDD is transitioning to the use of two overarching tools to help assess the needs of both children and adults. CAS is our agency's functional needs assessment for people ages 18 and older. The CAS is a comprehensive assessment tool that aligns with tools used by other state agencies (ex. DOH and OMH). The tool identifies a person's strengths, needs, and interests to help with the person-centered planning for his/her services. We began implementation of CAS in 2016, and to date approximately 90,000 people have participated in completing their assessments. CANS is OPWDD's person-centered, consensus-based functional needs assessment for people ages 17 and younger and their families. The CANS assessment tool is designed to give a profile of the specific current needs and strengths of the child/adolescent and caregiver(s). We began implementation of CANS in 2021, and currently have approximately 3,000 assessments completed.

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As part of our agency's goals to shift toward a more equitable and sustainable system that provides support based on a person's individual needs, we are using ARPA funding to accelerate the completion of initial CANS assessments for approximately 22,500 children/adolescents by August 2023. The information collected through CANS will help support CCO care planning and quality care management for children with developmental disabilities.

We will also be implementing a statewide educational and training campaign related to CAS in early 2023. This training and communication will continue to engage stakeholders in our ongoing transition to CAS, provide more information on the CAS process, and share promising testimonials and data from recent years.

Both CAS and CANS data will be used to ensure equitable access to services and supports by providing information on trends related to service need that can ultimately improve our long-term planning and inform our system's future structure.

Strengthening Front Door Activities

OPWDD's Front Door is the person-centered process of connecting people to services. Once a person contacts our Front Door, the OPWDD Front Door team provides them with information about and support in accessing services. Our Front Door teams, in collaboration with the CCOs, and OPWDD's Regional Offices, assist

people through the entire process, including determining eligibility for services, assessment of their strengths and needs, and identifying and accessing the appropriate supports and services to help them achieve their goals.

The goal of the Front Door process is to provide supports and services that help people with developmental disabilities and their family members in ways that are respectful of their abilities, language, and cultural values and traditions. Over the course of the next year, OPWDD will improve and simplify our Front Door processes.

People going through the Front Door attend a Front Door Information Session to learn about the process and the types of supports and services that may be available to them. Historically, these sessions are given remotely by WebEx about once a week. Attendees register for and attend the session date and time that works best for them, and OPWDD provides special assistance and translation services as needed. In recognition of the diverse needs of our stakeholders, in the coming months, our agency will produce a simplified, streamlined, and plain-language version of the information session materials which will be available on our website and accessible without registration or scheduling.

Additionally, as part of our Ensuring Access Grant through the DDPC, we will review and revise Front Door informational materials to enhance cultural and linguistic competency

To learn more about our **Front Door** visit:
<https://www.opwdd.ny.gov/get-started/front-door>

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while increasing Front Door access and addressing cultural and linguistic barriers for members of Spanish-speaking and Chinese American communities.

Enhancing Supported Decision-Making

In alignment with the continued shift in societal perspective, recent updates to federal policies (e.g., Home & Community Based Services, the Olmstead decision), stakeholder priorities, and the agency's core mission, OPWDD is committed to providing more opportunities for people with developmental disabilities to live, work, and participate in their communities. When a person is at the center of making decisions about his or her services and they are more engaged in their community, they may become more self-determined and experience improved health outcomes and overall well-being, both of which can lead to a higher quality of life.

To ensure that people are afforded the opportunity to make choices for themselves, we are expanding access to and promoting the use of supported decision-making for those who wish to explore it as an alternative to substituted or surrogate decision-making, as well as those who simply feel they may need additional support in decision-making.^{xix} Beginning in 2018, supported decision-making principles were implemented in select OPWDD internal processes. To supplement these initial efforts, our agency is using a portion of the agency's ARPA funding to promote the use of supported decision-making for people with developmental disabilities and to enhance the supported decision-making model already piloted in our state. This project will develop and test a facilitation model that will further support people in making their own decisions, educate

stakeholders on the model, and strengthen supported decision-making principles within the OPWDD service system.

These efforts align with the work that we will be doing to support the implementation of recently passed legislation, Mental Hygiene Law Article 82, that allows supported decision-making agreements to be legally recognized in New York.^{xx} This legislation, once implemented, will enable wide regulatory use of supported decision-making, and benefit thousands of people with developmental disabilities who wish to make their own decisions with the support of their friends and loved ones.

OBJECTIVE

Regulatory and Policy Changes

Change policies to create greater flexibility, increase opportunity for community integration, and incentivize improved personal outcomes.

Anticipated Outcomes

- Modified and streamlined processes
- Increased regulatory flexibility
- Improved quality management
- Improved health equity and healthcare access

OPWDD has begun implementing several initiatives to reform regulations and policies. During our strategic planning process, numerous stakeholders raised concerns about over-regulation in the developmental disabilities service system. For people with developmental disabilities, some policies may lead to barriers in creating a life of their choosing. For DSPs, the job can become challenging as they deal with

both regulatory requirements and providing support. For providers, the additional burden can take staff time away from supporting people with disabilities and delay innovation in services. Our agency has already begun and will continue to evaluate the existing policies and how they are implemented to look for opportunities to modify processes with the goal of improving personal outcomes for the people we support.

Amending the 1115 Waiver

As part of our ongoing partnership with the New York Health Equity Reform 1115 Waiver Amendment Interagency Collaborative, OPWDD and DOH are identifying innovative systems change efforts that can improve health equity and healthcare access to all people receiving Medicaid. These activities represent strategic, evidence-based investments that address socio-economic and regional health disparities, many of which were exacerbated during the COVID-19 pandemic. They will be implemented through several key 1115 Waiver elements.

This collaboration will ensure that the needs of our system are included in statewide and regional planning processes and designs. OPWDD is committed to working with its state agency partners to ensure that providers of services for people with developmental disabilities are included in the Health Equity Regional Organization (HERO) and Social Determinants of Health Network (SDHN) transformation models. We will continue to advocate for people with DD, to benefit from the reforms emerging from the 1115 waiver amendment implementation, including from the improvements in transitional housing services and housing access.

Increasing Regulatory Flexibility

To increase regulatory flexibility, our agency is restructuring oversight activities to align with a provider's history of quality and compliance on prior year surveys, providing relief to high performing providers and ensuring that lower performing providers receive the appropriate oversight needed to correct issues related to non-compliance. This redesigned survey process was implemented with the survey cycle beginning October 1, 2021.

In addition, OPWDD has adopted flexibilities for certain services that were tested during the COVID-19 pandemic, including the use of remote technology and the provision of community habilitation services in a certified residence based on the needs and choice of the person. We will seek to continue these flexibilities that allow for more innovation in housing through additional HCBS waiver reforms.

Our agency also recently implemented a new process for the development and finalization of ADMs and new regulations. OPWDD now introduces all proposed regulatory changes and new ADMs in draft form and distributes them to stakeholders to allow for their input and review before they are finalized. Draft ADMs and regulations are then discussed at a monthly stakeholder meeting, and stakeholders are given an opportunity to submit written comments before the ADM is finalized. We summarize and address these comments and publish this assessment with the final ADM. In addition, at the monthly meetings, we invite stakeholders to suggest areas of regulatory reform and follow up with workgroups where appropriate.

To identify further areas of potential regulatory

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reform, OPWDD will convene a workgroup to include people with developmental disabilities, parents, providers, and advocates. This workgroup will focus on identifying potential flexibilities in staff training to allow for virtual instruction of some classroom curriculum and streamlining some training for greater efficiencies, creating a more efficient method of conducting employee background checks, streamlining training for employment specialists across agencies, revising evaluation documents, using technology and innovative services to support people in less restrictive settings, and reviewing incident management and definitions of abuse and neglect, among other initiatives. We expect preliminary recommendations will be available for consideration as part of next year's annual update to this Strategic Plan.

Improving our Quality Management

The Division of Quality Improvement (DQI) is the administrative unit within OPWDD responsible for monitoring regulatory compliance and the delivery of person-centered quality services. DQI also certifies all state-operated programs and not-for-profit HCBS and care management services. While much of DQI's work focuses on health and safety and compliance activities, DQI also verifies that person-centered services enhance people's quality of life by implementing quality improvement strategies. These activities include continued implementation of our risk stratified oversight review process, complaint evaluations, person-centered reviews, annual visits with DOH to assess our Intermediate Care Facilities, work on the Statewide Transition Plan for HCBS Settings, incident management, collaboration with the NYS Justice Center and Adult Protection Services, and issuing health and safety alerts and guidance.

DQI, through its Continuous Quality Improvement Unit, also works with statewide committees to identify and implement quality improvement strategies where needs are identified. It reviews trends in incidents across the OPWDD system which may result in guidance or training for the field, new or updated policy, and further refinement of incident management guidance and practices.

DQI activities are critical to OPWDD's mission and vision, the health and safety of the people we serve, and to the quality of services for New Yorkers with developmental disabilities. Therefore, DQI will play a major role in the development and implementation of our agency's overall Quality Improvement Strategy, which OPWDD is currently developing, and which will align directly with our 2023-2027 Strategic Plan and the new HCBS quality measure set issued by CMS.

OBJECTIVE

Research and Innovation

Conduct research, evaluate programs, and test new methods for providing services.

Anticipated Outcomes

- Increased learning and knowledge of promising practices and service models
- Improved individual and systems outcomes
- Strengthened and more innovative supports

Over the next few years, OPWDD will expand its research capacity to promote improved outcomes and systems change. Additionally, we will further explore innovative approaches to service delivery to better meet people's needs.

Evaluating and Innovating Our Programs

Our agency will strengthen services by continuing to analyze existing programs, for example, Family Support Services. We will also consider additional future services and use ARPA funds to undertake several independent program evaluations, including examinations of self-direction, care coordination, and managed care. These analyses and evaluations and the improvements that come from them will increase our ability to collect data, analyze trends, and use information to support effective decision-making about supports, services, and future waiver and policy reforms.

Furthermore, OPWDD will develop and implement social and policy research initiatives that explore promising practices across the state, nation, and globally to ensure that services and supports being provided are the most effective in meeting intended goals and outcomes. These efforts will include enhancing collaborations with academic and research institutes, participating in communities of practice and learning collaboratives at the national level, and engaging and learning from other leaders in the field of developmental disabilities.

Examining Family Support Services

OPWDD recognizes the enormous contribution that families and caregivers provide to their family members with disabilities. We also acknowledge that without family and caregiver support our system would be further challenged to meet the needs of New Yorkers with developmental disabilities. Therefore, we will continue to engage families in our long-term planning to understand how our current and future system can best respond to and support

families. This will include assessing Family Support Services (FSS).

FSS are available to families to help enhance their ability to provide in-home support to family members with an intellectual or developmental disability. These services are person-centered, locally driven, and designed to be flexible to meet the needs of the person with a disability and the family members requesting assistance. FSS are state-funded and intended for families to use in order to fill in gaps in services after other community, natural, federal, and state supports and resources are exhausted. Our agency prioritizes FSS to families whose family members are not enrolled in OPWDD's HCBS Waiver.

As part of this strategic plan, OPWDD will be further evaluating FSS to assess the ability of the program to meet the needs of families with a lens of equity, consistency, and non-duplication of waiver services. Additionally, we will strengthen the FSS administrative processes to ensure that resources are equitably distributed. These efforts will occur in collaboration with the Statewide FSS Committee and local FSS councils to ensure fidelity to the tenets of the FSS program, pursuant to Section 41.43 of the NYS Mental Hygiene Law.

To learn more about our **FSS** visit:
<https://www.opwdd.ny.gov/>

Planning for the Aging Population

Over the next five years, as part of our agency's planning process, we will identify actions that we can take to better meet the needs of people with disabilities as they age. Our efforts will focus on person-centered planning processes.

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Currently, there are some providers within our voluntary sector that have work underway to develop residential options specifically focused on supporting people who are aging, have dementia/Alzheimer's, and/or who may have changing ambulatory or medical needs. We will work with these providers to learn about promising practices that may be scalable to other parts of the state and eventually embedded into system-wide policies and programs.

Increasing the Quality and Effectiveness of Care Management

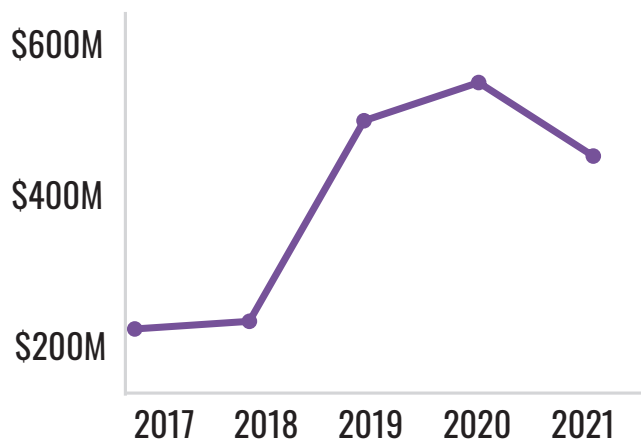
Over the past few years, OPWDD transitioned its care management model from Medicaid Service Coordination (MSC) to DD Health Home care management provided through seven regional CCOs. The goals of this transition were to create a conflict-free care management process and to provide more person-centered care management. It also aimed to integrate Medicaid home and community-based services with health, behavioral health, and wellness to provide more options, greater flexibility, and better outcomes.

While the transition to this model has been successful in many ways, we continue to consider further efforts that our agency can undertake, in collaboration with DOH, CCOs, provider agencies, and stakeholders to strengthen care management.

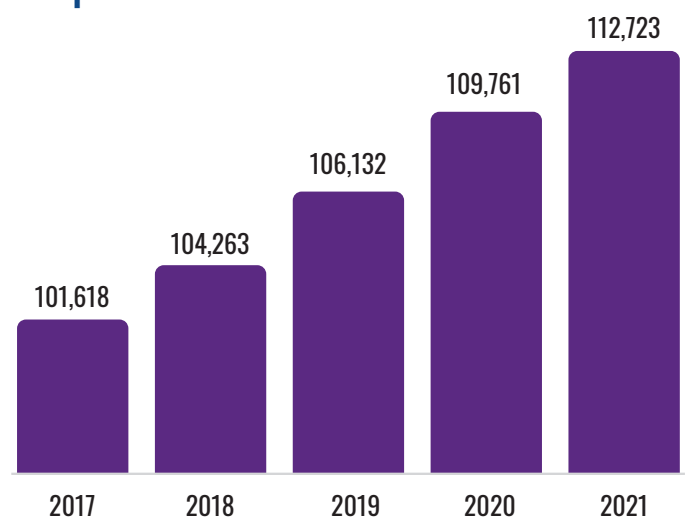
For example, in early 2020, prior to the pandemic, OPWDD initiated a stakeholder work group with CCOs, people with developmental disabilities, family members, provider representatives, and other key stakeholder groups to discuss options to improve the person-centered planning and Life Plan development process. Workgroup members gathered input from their constituencies and provided valuable input on possible program requirements and quality review components that should be considered as OPWDD renewed the certification of CCOs. We have since implemented many of the recommendations and have plans to incorporate others.

One such recommendation currently in process is the development of a statewide continuous quality improvement strategy for care management services. OPWDD is using ARPA funds to engage an external consultant

Care Coordination Cost



People in Care Coordination



to evaluate progress in meeting program goals, objectives, individual outcomes, and recommend changes to include in our improvement strategy.

OPWDD will also be updating trainings, assessing changes to implementation of care management, and compiling baseline measures that can help inform future improvement efforts.

Reviewing OPWDD's Transition to Managed Care

Over the past several years, OPWDD and DOH have explored the possible transition of OPWDD-funded waiver services to managed care through a disability provider-led managed care model.^{xxi} In August 2018, OPWDD and DOH released a draft qualification document for public comment. Based on the feedback received, we revised the draft document, which was released for additional public comment in February 2020.

With the release of each of the draft qualification documents, we received substantial public comment from people with developmental disabilities, families, providers, and advocates. Those who supported the transition to disability provider-led managed care supported the integration of developmental disability services, healthcare, behavioral health, and other social care supports as a mechanism for incentivizing high quality and efficient care. Those who opposed the transition were concerned about

the administrative costs associated with managed care. They questioned whether those costs would require reductions in services and supports and noted the limited success of managed care delivery of developmental disabilities services nationally. They also acknowledged that the CCO model needs more time and opportunity to demonstrate success and evolve further into a more integrated model and urged us to focus on other challenges to the service system, including fiscal and workforce issues.

With this feedback in mind, OPWDD is investing a portion of our ARPA funding to studying and exploring the potential effectiveness and sustainability of our current and other delivery models, like managed care, to determine what model would be most appropriate for our state and the people we support. The goal is to understand the best options for ensuring that people we serve continue to receive appropriate services in the most cost-effective manner, while also assessing the quality, outcomes reached, and satisfaction of people.

In addition, the evaluation will make design recommendations for specialized care options based on managed care experience in New York and in other states, and whether such an approach will improve our ability to achieve our strategic goals.

GOAL 3



Enhance Our Person-Centered Supports and Services

Improve services throughout the lifespan by making sure supports are holistic, needs-based, equitable, and person-centered.

A core value of OPWDD is providing quality services in the most person-centered way. Therefore, we are prioritizing activities that improve access to services and supports for people with developmental disabilities from all communities. Additionally, our goal is to serve people and families in a way that best aligns with their individual needs, choices, and interests. Pursuing the following objectives will help our agency to meet this larger goal over the next five years. These efforts, when combined with our efforts to strengthen our infrastructure and transform our system, will lead to improved supports and services for New Yorkers with developmental disabilities.

OBJECTIVE

Children, Youth, and Young Adults

Ensure children, youth, and young adults receive appropriate and coordinated services.

Anticipated Outcomes

- Increased knowledge of service needs for youth
- Improved service coordination and design for children
- Expanded childrens crisis services

Children under 21 constitute approximately one-third of the people served by OPWDD, and this age segment of our population is growing nearly 40% faster than our service population overall.

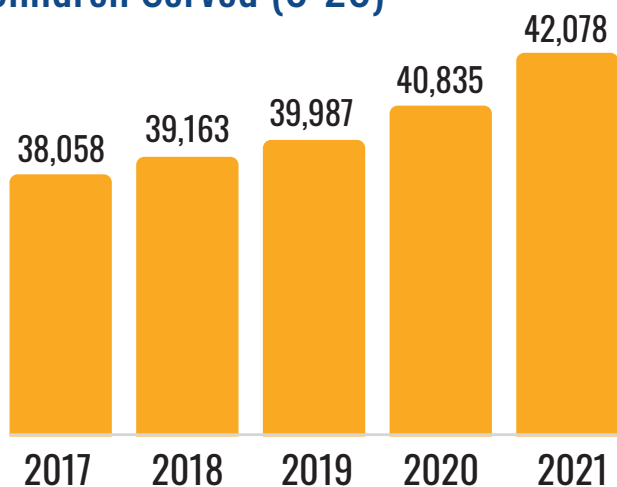
In alignment with national trends, there has been a substantial increase in the expenditure for children receiving OPWDD HCBS waiver services over the past five years, as well. This growth in services and costs has been particularly pronounced in those seeking supports through the self-direction service model. At the same time, there has been an increased need to serve children in crisis who have struggled to access appropriate emergency supports. In the coming years, OPWDD will undertake several initiatives to improve the services available to children, youth, and young adults. These initiatives will include continued implementation of CANS as previously mentioned, expanding capacity for specialized treatment, engaging in more consistent cross-systems dialogues, and working to improve coordination of services between state agencies.

Assessing Waiver Services

Eligible children with disabilities (age 0-20 years) may access a wide range of publicly funded programs and services offered by other agencies and organizations, including Early Intervention services; Head Start; childcare; Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT); school-based educational services; family support; vocational services and OPWDD waiver services. Historically, the OPWDD HCBS waiver has primarily provided adult supports and services once a student with developmental disabilities transitions out of the educational system.

In addition, NYS provides a comprehensive Children’s Waiver which includes community habilitation, day habilitation, caregiver/ family advocacy and support services, prevocational services, supported employment, planned respite and crisis respite, palliative care, environmental modifications, vehicle modifications, adaptive and assistive equipment, and non-medical transportation. NYS also delivers support through the Children and Family Treatment and Support Services (CFTSS) behavioral health Medicaid State Plan services. These services include therapy services, family peer support services, crisis intervention, rehabilitation services, and youth peer support services and training.

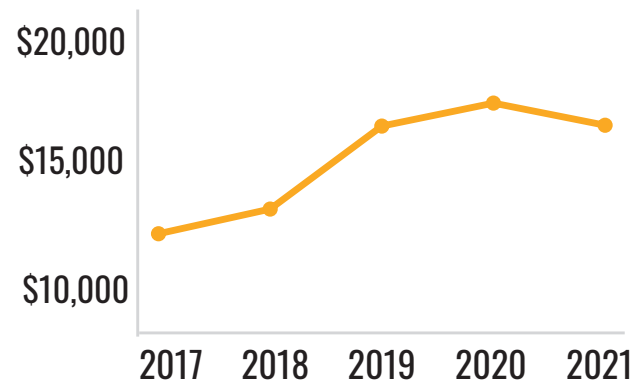
Children Served (0-20)



With the increasing number of young people receiving services within OPWDD’s HCBS waiver and state-funded programs, we will examine the types of services children and youth are accessing to assure these services are effectively coordinated with other available resources. This review will examine whether the services and supports they receive are child-centered, home and community-based, developmentally and age appropriate, and

designed and delivered within the context of the family. We anticipate this review will lead to opportunities for innovation and improvements in service design that may result in future waiver reform.

Average Spend Per Child Served



Improving Care Management for Children

OPWDD will work with its partner state agencies to improve the care management services for children with developmental disabilities. NYS currently operates two health home programs that may serve children the Health Homes Serving Children (HHSC) and the Health Homes Serving People with developmental disabilities, known as Care Coordination Organization/ Health Home (CCO/HH) or CCOs.^{xxii} The vast majority of children with developmental disabilities receive care management services through the CCO/HH program.

As mentioned above, we will assess the strengths of the CCO/HH model as part of an ARPA funded evaluation that will help inform quality improvements and care management for people with developmental disabilities including children. Based on findings reported in the evaluation and ongoing family input, we will work with other state agencies to make needed

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program modifications to assure that children with disabilities receive care management and other services as appropriate.

Expanding Children's Crisis Services

Over the past several years, OPWDD and OMH have partnered to expand the availability of children's crisis services. A specialized children's RTF operated by Our Lady of Victory (OLV) Services opened in Buffalo in August 2018 and expanded to their full capacity of 12 opportunities in November 2019. The OLV Intensive Treatment Program serves children/adolescents who are dually diagnosed with a serious emotional disturbance and a developmental disability and represents a collaboration between OMH (which provides funding and certification of the RTF) and OPWDD (which provides clinical review of all referrals for admission and assists with developing appropriate discharge plans back to community settings once RTF treatment goals are met). There have been numerous successful case outcomes associated with this specialized RTF program, including planned discharges of people back to live with their family or in other community-integrated settings that have been sustained with appropriate home-based supports and services. OPWDD and OMH are exploring how this intensive treatment program might be replicated in other regions of the state.

OPWDD and OMH will also develop a specialized, multi-disciplinary, inpatient psychiatric unit at Upstate Medical Center where children ages five to 21 who are dually diagnosed (with a serious emotional disturbance and a developmental disability, particularly Autism Spectrum Disorder) can receive services

uniquely tailored to address their needs. The program will serve children who are eligible for our services and who exhibit severe emotional dysregulation and recurring safety risks such as aggression, self-injury, or property destruction. The target population includes children at risk of out-of-state treatment as well as those frequenting emergency rooms and psychiatric inpatient units due to their behaviors.

As part of this plan, Upstate Medical Center recently announced they will manage all inpatient mental health care for children currently provided by Hutchings Psychiatric Center and will create a specialized OMH-funded and certified inpatient unit for children ages 12 to 17 who are diagnosed with both developmental disabilities and mental illnesses. This specialized inpatient unit will provide children with a more focused and specialized level of care than is currently available in the state and will also work in collaboration with the OLV Intensive Treatment Program on cases requiring longer term transitional services before returning home. We will work in partnership with OMH, Upstate Medical Center, families and anticipated post-discharge service providers to support and facilitate active engagement in the admission, treatment, and discharge process from the beginning. Families and service providers will receive training, mentoring and support to gain skills in implementing the specific techniques and intervention strategies shown to be helpful during inpatient treatment to facilitate success upon discharge. Additionally, our agency will help to facilitate recommended HCBS waiver and State Plan supports for eligible children as part of the discharge planning process.

Children aged six and older experiencing crisis may also access CSIDD, which is further described in the Crisis Services section of this document. Additionally, OPWDD is exploring other opportunities across the state that would serve children with complex needs, including evaluating a proposal to develop a specialty hospital that would provide capacity to support children with developmental disabilities who have significant medical needs or complex forms of Autism Spectrum Disorder with co-occurring medical conditions.

OBJECTIVE

Complex Needs

Expand supports for people with complex behavioral and medical needs.

Anticipated Outcomes

- Improved capacity to serve people with complex needs
- Enhanced Intensive Behavioral Services
- Increased access to crisis services

OPWDD serves people with various needs, including those who have complex medical needs, require more behavioral supports, and who may have a dual diagnosis.

National research reports, and New York stakeholders confirm, that people with the most complex support needs can often struggle to access appropriate services due to the barriers they face when trying to navigate multiple systems. This is especially pronounced during times of crisis.

To improve access for those with more complex needs, our agency will explore opportunities to collaborate across state service delivery systems. OPWDD will also work with state

counterparts to expand crisis and behavioral support programs such as CSIDD. We intend for these program expansions, in combination with cross-systems collaborations and reforms, to increase access to appropriate health and behavioral services, reduce the need for unnecessary hospitalization and emergency services, and provide focused supports for people with the most complex support needs.

Reforming Long-Term Supports for People with Complex Needs

People with developmental disabilities, advocates, clinicians, and administrators recognize that new options are needed to effectively and appropriately meet the needs of people who have complex and intensive behavior support needs. Many require specialized clinical support in the areas of safety and risk management (e.g., for history of offending behavior, life threatening Pica, self-injurious behavior, dual diagnosis, etc.) and development of effective coping strategies. A continued shift from a culture of supervision to one that also fosters development of skills for greater personal safety and independence is at the core of supporting people more effectively.

To support people with complex needs requiring long-term care, OPWDD is considering reforming its residential habilitation rate-setting methodology. Currently, each provider receives a rate based upon that provider's historical cost of providing services, not based upon the needs of the person served. By reforming the current rate methodology to provide for a regional fee, adjusted by the acuity level of the person served, OPWDD will better support non-profit providers to serve people with complex needs. Likewise, we have worked to identify people with lower acuity needs who are receiving

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state-operated services who might benefit from residential opportunities provided by non-profit agencies and offer them opportunities to transition to a home that may better suit their needs and desires.

OPWDD is also exploring new models for providing services to people who currently receive intensive supports in OPWDD-operated residential settings and who require intermediate transitional residential supports prior to transitioning to long-term residential settings. Developing transitional and/or long-term state-operated group homes as part of the system's "safety net" will help us better consider a person's needs and support those needs in less restrictive settings with appropriate clinical treatment and monitoring. By developing these residential options, we will increase our capacity to provide community-based management of people's intensive behavior support needs at state-operated group homes.

Enhancing Intensive Behavioral Services

OPWDD will make permanent the rate increase for Intensive Behavioral services (IB), provided for in its ARPA plan, making an estimated \$4 million available to expand and enhance this critical service. IB services are a HCBS waiver service designed for people who are currently living independently and are presenting highly challenging behaviors that put them at imminent risk for placement into a more restrictive residential setting. Implemented through an emergency waiver amendment, a permanent rate increase will continue enhanced access to this short-term, outcome-oriented service that focuses on developing effective behavioral strategies to ensure health and safety and/or improve quality of life.

Implementing Crisis Services

For adults and children aged six and older experiencing crisis, our agency has implemented CSIDD following the nationally recognized START model. CSIDD provides high intensity services for people who experience frequent hospitalizations, crisis visits, use of mobile emergency services, and are at risk of losing placement and/or other community services.

Activities to Address Crises

CSIDD

9-8-8

CLMHD Mobile Crises Pilot

Children Crises Pilot

Technical Support Teams

Based upon their clinical needs, people aged 18 and older enrolled in CSIDD may also access a Resource Center, which offers both planned and emergency, site-based, therapeutic support. Resource Centers provide assessment and systemic supports and services with the objective of having the person return successfully to and/or remain in their home. The Resource Center teams work closely with the CSIDD clinical teams, using information provided by evaluations from the CSIDD medical and clinical directors. Our goal is to have a Resource Center located in each region.

Using ARPA funds, OPWDD will soon have a complete network of CSIDD providers across the state. In June 2021, OPWDD released a Request for Applications to implement CSIDD and a Resource Center in Region 2 (Central New York/North Country). The contract start date was October 2021, and services are currently in development. OPWDD also recently released a Request for Applications to transition the existing Region 3 (Capital, Taconic, and Hudson Valley regions) CSIDD state-operated team to a voluntary provider who will also establish a Resource Center in Region 3. These measures will assure that both the CSIDD and Resource Center programs will be available in every region.

In addition to the CSIDD program, OPWDD is participating in a statewide partnership, facilitated by OMH, to ensure access to crisis services for people with developmental disabilities who may contact the newly designated 9-8-8 hotline. Federal legislation established a 9-8-8 mental health and suicide crisis number in July 2022. The 9-8-8 line is intended to refer and connect people who contact the hotline to appropriate crisis supports as available (e.g., connecting someone to county mobile crisis supports). Additional updates on this work will be provided in future annual reports.

Expanding Mobile Crisis Services

We will use a portion of our ARPA funds to collaborate with the NYS CLMHD to explore how mental health mobile crisis response teams and systems support people with developmental disabilities, identify gaps in the current system, and propose solutions to address the gaps. Working with counties, CLMHD will pilot interventions that improve mobile crisis response and children services.

Pilot response activities will encourage the use of remote technology to provide clinical outreach 24/7/365, improve data collection, and create trainings to strengthen the systems. Children service pilot projects will develop and coordinate training to enhance the knowledge of service providers and care managers to better support children with developmental disabilities and their families when crisis occurs. The project will also help to establish partnerships and linkages between service entities (e.g., Health Homes, Children/Family treatment services, and other state service systems). OPWDD will partner with OMH to review the recommendations and outcomes from these pilots and implement appropriate improvements.

Training and Technical Assistance for Providers

OPWDD recognizes that as providers are asked to serve people with more complex and challenging support needs, they must be better able to assess and manage risks and maintain continuity of clinical services. This is especially true when providing services in community settings. Therefore, we will develop Technical Support Teams that will support provider agencies as they serve people with complex needs. The Technical Support Teams will be deployed to work within the community, creating public – private partnerships that can provide continuity of appropriate clinical supports and building capacity through training, mentoring, and monitoring. The Technical Support teams will also link providers within and across systems, collaborate with and educate local crisis resources, and provide trainings and consultations on best practices related to serving those with specialized needs who may have frequently accessed institutional or more restrictive settings.

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During the next five years, OPWDD will continue to examine additional ways to bring innovation and promising practices to New York to further expand and improve services targeted for people with complex support needs, including crisis services, behavioral services and safety-net services to improve social determinants of health and individual outcomes.^{xxiii} Our agency will also consider how to best leverage additional collaborations with various stakeholders including OMH, DOH, county providers, hospitals, and others to ensure improved coordination of services, increased access to information about various supports, and enhanced communication across systems.

OBJECTIVE

Cultural and Ethnically Diverse Communities

Address gaps in services for underserved, culturally, and ethnically diverse communities.

Anticipated Outcomes

- Increased access to OPWDD services for marginalized communities
- Improved capacity of OPWDD and provider agencies to support people from diverse backgrounds
- More access to information and supports

People with disabilities from culturally and linguistically diverse families and communities commonly face additional barriers to accessing supports and services. Existing and historical structural racism can exacerbate health disparities.^{xxiv} OPWDD recognizes these issues and, along with Governor Hochul, is prioritizing equitable access to services and supports for all New Yorkers with developmental disabilities.

We understand that an investment in marginalized communities within the developmental disabilities population benefits all New Yorkers with developmental disabilities, and therefore are establishing a separate Executive Office of DEI. Additionally, we have recently recruited a Chief Diversity Officer to drive organizational change and shape internal and external capacity for greater DEI. The Executive Office of DEI will build upon existing initiatives and partner with community-based organizations, multicultural providers, and people with lived experience to implement culturally responsive interventions to improve DEI in service system operations and improve social justice outcomes for people with developmental disabilities.

Increasing Access for Marginalized Communities

For five years, OPWDD has participated in the federally funded National Community of Practice (CoP) on Cultural and Linguistic Competence, identifying systemic, regional, and local level needs to address equity and inclusion concerns. Initial efforts indicate the need for OPWDD to continue to learn from and partner with community-based organizations and people with developmental disabilities and their families. Through community partnerships, focus groups, research, and grant work, we are working toward social justice outcomes for people with developmental disabilities and their families.

The Chief Diversity Officer will build upon existing initiatives, including the Ramirez June Developmental Disabilities Navigator Initiative, a collaboration between the DDPC, the NYS Office for New Americans (ONA) and OPWDD. The Ramirez June Initiative connects immigrants with developmental disabilities and their families with IDD service providers at ONA centers across the state.

Additionally, in 2021 we launched the Ensuring Access Grant, a federally funded two-year grant through the DDPC to address equity and access to the service system for Chinese-American and Spanish-speaking communities. The grant aims to increase access to information about OPWDD services and supports through a targeted campaign to Spanish-speaking and Chinese-American stakeholders. Specifically, we will engage the expertise of community-based organizations and people with developmental disabilities and their families to redesign Front Door information sessions, produce accessible social media communication, and conduct targeted outreach.

Building on these existing efforts, our agency will invest funds for community-based organizations, non-profit service providers, local government authorities and/or institutions of higher education to advance DEI in the service system for all people with DD and their families.

OPWDD is also entering a three-year partnership with Georgetown University's National Center for Cultural Competence (NCCC). The overall goal of this partnership is to strengthen the capacity of OPWDD to advance and maintain cultural and linguistic competence (CLC) to achieve enhanced DEI within its system of supports and services for people with DD, their families, and the communities in which they live.

As part of this work, the NCCC will convene a series of virtual forums that engage persons with DD and their families to define equity and what it means for them, the communities in which they live, and the DD system. They will also provide consultation to OPWDD to create a statewide leadership group composed of persons with DD and their families across diverse racial, ethnic, cultural, and linguistic groups to inform the work

of DEI, CLC, and system change. And finally, the NCCC will conduct a Leadership Academy pilot for persons with DD that emphasizes their essential role in advancing DEI and CLC change efforts in the DD system.

Investing in Fairer Systems of Governance

Our agency is making a substantial effort to train agency staff in diversity management, equity analysis, and CLC. We will be working with Georgetown University's NCCC to provide technical assistance, consultation, and professional development activities to the field. We will create a CLC action plan with NCCC as they conduct a review of our policies and practices to determine the extent to which they advance CLC and DEI. Additionally, NCCC will assess the professional development interests and needs of OPWDD staff and implement a series of customized professional development activities for our staff that also include the evidence-based practices of coaching and mentoring. Lastly, NCCC's Leadership Academy for Cultural Diversity and CLC will be adapted and administered to designated OPWDD staff. OPWDD will evaluate our progress in meeting our goals and objectives with NCCC and develop standards, benchmarks, and metrics to assist with monitoring.

The NCCC will also work with the DD provider network to build capacity and competency in DEI. The NCCC will engage the DD provider network in a process to differentiate and define DEI, CLC, and what they mean for the DD system of supports and services. They will also offer an instrument and provide technical assistance and consultation to assist the DD Provider network to conduct organizational assessments of CLC and capacity for DEI and help them build action plans to manage organizational change. To

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assist OPWDD with understanding the impact and results of this work, NCCC will draft a report of their assessment findings and lessons learned.

Furthermore, we are developing consistent service authorization criteria to implement a standardized person-centered process to ensure that the authorization of services is consistent and clinically appropriate across the state. The authorization process will apply to all people who are new to OPWDD services and to those seeking changes to existing OPWDD services. We will continue to examine and improve consistent and equitable service authorization processes and guidelines for HCBS waiver services in the coming years.

Additionally, our agency will continuously evaluate our language access policies and processes to make sure we are providing and sharing information in ways that support anyone interested and eligible to access our services.

Through the described investments, community partnerships, and program reforms, OPWDD will increase access to services for underserved and historically marginalized populations. A service delivery system that is designed with

underserved and marginalized communities in mind will be more accessible to all people with developmental disabilities.

Over the next five years, OPWDD will continue to examine additional ways to bring innovation and promising practices to New York to further expand and improve OPWDD services, including services for children, people with complex support needs, and for those from underserved communities. We will leverage additional collaborations with OMH, DOH, OASAS, OCFS, county providers, hospitals, community-based organizations, and others to ensure improved coordination of services, increased access to information about available supports, and enhanced communication across service systems.

Lastly, and most importantly, OPWDD will continue to work in collaboration with our stakeholders to improve the experience that people with developmental disabilities and their families have within our system and their lives. We know it will be important to work together if we are going to transform our system to one that is more equitable, sustainable, and responsive to people’s needs.

OPWDD provides language access services for the top 12 spoken languages in NY

Spanish	Bengali	Arabic
Chinese	Korean	Polish
Russian	Haitian Creole	French
Yiddish	Italian	Urdu

Language Access | Office for People With Developmental Disabilities (ny.gov)



Definitions, Maps, and References.

Appendix A

Services funded through Medicaid

Institutional Services

Developmental Center (DC) & Small Residential Unit (SRU). State-operated treatment programs delivering 24-hour, all-inclusive care (other than hospital and specialty medical services) in a campus setting. Currently, these settings serve people with major behavioral challenges and other highly intensive care needs. Services focus on preparing the person for return to community-based care.

Specialty Hospital. Voluntary-operated intensive treatment program providing 24-hour, all-inclusive care (other than inpatient hospital and certain medical specialties) in a rehabilitation hospital setting. Currently, there is one such facility certified in New York City. It serves children and young adults with intense and on-going medical and nursing care needs.

Certified Residential Services

Intermediate Care Facilities (ICFs). ICFs are group homes primarily for people with more intense behavioral, adaptive, and/or health care needs. ICFs provide nursing, nutritional services, psychology, social work, occupational/physical/speech therapy services to residents as needed. They coordinate medical and day services for their residents. Most ICF residents attend day programming outside of their homes. These homes are generally smaller than institutional settings, but larger than IRAs/CRs (described below).

Individual Residential Alternatives (IRA)/Community Residences (CR). IRAs/CRs offer a smaller, more community-integrated approach to group home services. Most residents needing on-going licensed clinical supports get them through community-based providers and clinics, rather than from staff employed or contracted by the residence. Responsibility for care coordination is shared with third-party CCOs (see below). These homes are capped at no more than 14 residents; most are smaller. IRAs and CRs can be split into two basic “models”:

Supervised IRAs/CRs provide continuous staff support whenever residents are present in the group home.

Supportive IRAs/CRs provide services on an as needed basis for people who can be independent (without formal staff supervision) for periods of time.

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Family Care (FC) Homes. In family care, sponsoring families receive a monthly payment to provide care, support, and supervision to people within their private homes. This allows for a more home-like care experience without the staff shift changes that occur in traditional group homes. OPWDD or a sponsoring non-profit agency assist and oversee family caregivers. Both the home itself and caregivers are certified by OPWDD to ensure health, safety, and quality.

Structured Day Programs

Day Habilitation. Day habilitation services are available to adults generally during weekday mornings and afternoons. Programs are offered to people regardless of where they live (independently, with family, or in certified homes). These programs take place outside of a person's home, usually at a certified site or in the community (i.e., Day Hab Without Walls). Day Habilitation services assist people to acquire, retain or improve their self-help, socialization, and adaptive skills, including communication, travel, and other areas in adult education. Activities and environments are designed to foster the development of skills and appropriate behavior, greater independence, community inclusion, relationship building, self-advocacy and informed choice. When licensed clinical services are needed by day habilitation participants, they are typically accessed through community providers and clinics.

Day Treatment. A center-based day service model which is less flexible and generally offers fewer opportunities for community integration. Licensed clinical services (occupational, physical and speech therapy, social work, etc.) are included in the model and delivered by employed or contracted staff.

Employment Supports

Pathway to Employment. This program is available to people who are interested in competitive employment or self-employment or seeking a career change. Within 12 months, participants have a documented career goal, detailed career plans used to guide their employment supports, and preparation for supported employment services. Participants then move to supported employment to find a competitive job in the community earning at least minimum wage.

Prevocational Services. Prevocational services help people develop the skills to be successful in the workplace. These services address vocational interests and can help people build on their strengths and overcome barriers to employment. These services include support and training related to the ability to obtain and retain employment, but this service does not focus on teaching specific job tasks.

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Supported Employment. Supported employment provides the supports a person needs to find or maintain a competitive job in the community earning at least minimum wage. People may also receive career planning and job development services.

Services Supporting Self-Direction

Self-Direction. Self-direction gives a person the chance to choose their own services so they can live the life they want. When self-directing services, a person has increased flexibility to choose the right supports for themselves, the staff they want to work with, and create a schedule that works best for their needs. People may choose to self-direct community habilitation, respite, and supported employment. The services outlined below support the “budget authority” model of self-direction, which allows people to directly employ staff and spend funds instead of working through a non-profit agency.

Fiscal Intermediary (FI). FIs pay for the approved goods and services identified in a person’s self-direction budget and claim reimbursement from Medicaid. FIs also provide accounting services to make sure spending is on track and administrative services to make sure Medicaid requirements are met. FIs act as the “employer of record” for self-hired staff and ensure labor law requirements are met.

Individual Directed Goods and Services (IDGS). People with a self-direction budget may use part of their funds to directly purchase services, equipment, or supplies that support their goals and independence but are not otherwise available through Medicaid. Examples of IDGS include community classes, non-medical transportation, camp, paid neighbors, staffing support, and health club and community organization memberships.

Live-In Caregiver (LIC). Live-in caregiver service covers the additional rent, utilities, and food costs for an unrelated caregiver to live with the supported person as a roommate. In exchange for free room and board, the unrelated caregiver helps address the physical, social, or emotional needs of the supported person. This allows the person to live safely and successfully in his or her own home or apartment.

Support Broker. Support Brokers help people develop a circle of support and complete a self-direction budget. The broker also trains and assists the person in managing self-directed services. If a participant has chosen self-hired community habilitation or supported employment services, the support broker will complete and update staff action plans for these services.

Health Care Services

Article 16 Clinics. Article 16 clinics provide diagnostic and on-going treatment services to people with developmental disabilities in the licensed clinical disciplines of nutrition, nursing, psychology, social work, rehabilitation counseling, occupational therapy, physical therapy, and speech and language pathology. Some Article 16 clinics also provide limited medical (including psychiatry and physiatry), and a few provide dental services.

Independent Practitioner Services for Individuals with Intellectual and Developmental Disabilities (IPSIDD). IPSIDD provide enhanced Medicaid payments to independent practitioners of psychology, social work, occupational therapy, physical therapy, and speech and language pathology when delivering services to people with developmental disabilities. Services may be delivered in practitioner offices, private homes, and community settings. Practitioners must be experienced in working with people with developmental disabilities.

Intensive Behavioral Services (IB). IB services provide focused, time-limited clinical and behavioral treatment and intervention services to prevent challenging behaviors from reaching a crisis level. IB begins with a Functional Behavioral Assessment (FBA) and an individualized Behavior Support Plan (BSP) created by a licensed psychologist, clinical social worker, or behavior intervention specialist. The service also includes training and support of caregivers (including parents) implementing the BSP, monitoring of the BSP's effectiveness, and necessary modifications or updates.

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). CSIDD provides 24/7 crisis prevention and response services to people who have both developmental disabilities and complex behavioral needs. People who require a more structured setting for evaluation and planning may access the associated Resource Centers, home-like sub-acute settings that can help people to avoid the need for psychiatric hospitalization or use of emergency services. Special supports and training are also delivered to families and caregivers. The goal of CSIDD is to build relationships and supports across service systems to help people remain in their homes and communities and enhance the ability of the community to support them.

Other Supports and Services

Assistive Technology (Adaptive Devices). These are aids, controls, appliances or supplies of either a communication or adaptive type, which are necessary to enable people to increase or maintain their ability to live at home and in the community with independence and safety. Assistive technology includes, but is not limited to, augmentative communication aids and devices, adaptive aids and devices and vehicle modifications not otherwise available as durable medical equipment in the Medicaid State Plan.

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Care Coordination Organizations (CCOs). CCOs use the HH/CCO model and are sometimes referred to as HH/CCOs. CCOs provide coordination of health care, behavioral health and developmental disability services to New Yorkers who qualify for OPWDD services. There are six core health home care management functions: comprehensive care management, care coordination and health promotion, comprehensive transitional care from inpatient to other settings, including appropriate follow-up, individual and family support, referral to community and social services, and the use of Health Information Technology (HIT) to link services.

Community Habilitation. This service helps to promote the skills a person needs to live safely and more independently, meet people, make, and keep friends, take part in community events and be part of their community. Community habilitation is often used as an alternative to care in certified homes or center-based structured day programs. Supports include adaptive skill development, assistance with activities of daily living (hands-on), community inclusion and relationship building, training and support for independence in travel, transportation, adult educational supports, development of social skills, leisure skills, self-advocacy and informed choice skills, and appropriate behavior development to help people access their community.

Community Transition Services (CTS). Community Transition Services is an HCBS waiver service that funds non-recurring set-up expenses for waiver enrollees who are moving from an institutional or certified residential setting to one where they will be responsible for their own living expenses (such as a private apartment). Qualifying reimbursable expenses include furniture, window coverings, rugs and floor coverings, lamps and light bulbs, food preparation items, linens, utility, and security deposits, and moving expenses. There is a similar state paid service which may be available to some people moving into their first apartment from a non-certified setting if they are not eligible for this waiver service.

Environmental Modifications (EMODs). Environmental Modifications (E-Mods) are physical adaptations to the home that can increase or maintain a person's ability to live at home with independence. Environmental modifications include, but are not limited to, ramps, lifts, handrails, and bathroom modifications (such as roll-in showers).

Family Education and Training (FET). FET provides information and resources to families of children (age 18 or below) who are enrolled in OPWDD's HCBS waiver. The service is delivered through individual and group sessions up to two times a year per family.

Respite. Respite provides temporary relief from the demands of care giving, which can help reduce overall family stress. This enables families to better meet the needs of their loved one with a developmental disability. Respite can be provided in the home or out of the home, during the day, evenings or overnight. In addition to providing caregiver relief, respite services often provide people with developmental disabilities opportunities for recreation, socialization, and community inclusion.

Managed Care

Fully Integrated Duals Advantage - Intellectual and Developmental Disabilities (FIDA-IDD). The only managed care product available in NYS that covers developmental disability services is the FIDA-IDD. This plan, a state and federal demonstration pilot, is a voluntary option available to adults with developmental disabilities who have coverage through both Medicare and Medicaid and who reside in New York City or in Nassau, Rockland, Suffolk, and Westchester counties. For those enrolled in the FIDA-IDD, Partners Health Plan manages care and pays for OPWDD services, long-term care services overseen by DOH (e.g., personal care), and health care services. Approximately 90% of the Medicaid premium received by the FIDA-IDD funds OPWDD services. The FIDA-IDD also receives a separate premium from Medicare to fund health, hospital, outpatient, practitioner, and drug costs.

Services funded through State-Only Dollars

OPWDD Housing Subsidy. The OPWDD Housing Subsidy, formerly known as Individual Supports Services or ISS, is a rental subsidy program that can be used to subsidize the housing costs of people who can live independently in the community with other supports, such as community habilitation or environmental modifications. In addition to rental subsidies, program participants can receive assistance with landlord interactions, issues with neighbors, and other items needed to ensure a successful tenancy for the person. Some people may also be eligible for one time transition costs when moving into their first apartment.

Employment Training Program (ETP). The Employment Training Program (ETP) offers adults and students with DD paid internships in businesses that lead to competitive employment in the community where a person earns at least minimum wage. ETP internships are developed based on the person's interests, abilities, and other job match criteria. After the ETP internship, if successful, the business directly hires the person, and they will receive on-going supports through OPWDD SEMP services. ETP is an option for adults participating in prevocational or day habilitation services who have previously participated in community or vocational experiences. ETP also offers traineeships for students with DD in high schools.

Family Support Services (FSS). FSS supports families caring for their loved one with a developmental disability at home. Services available through FSS include non-Medicaid respite, information and referral, family and individual counseling, support groups, sibling services, and transportation.

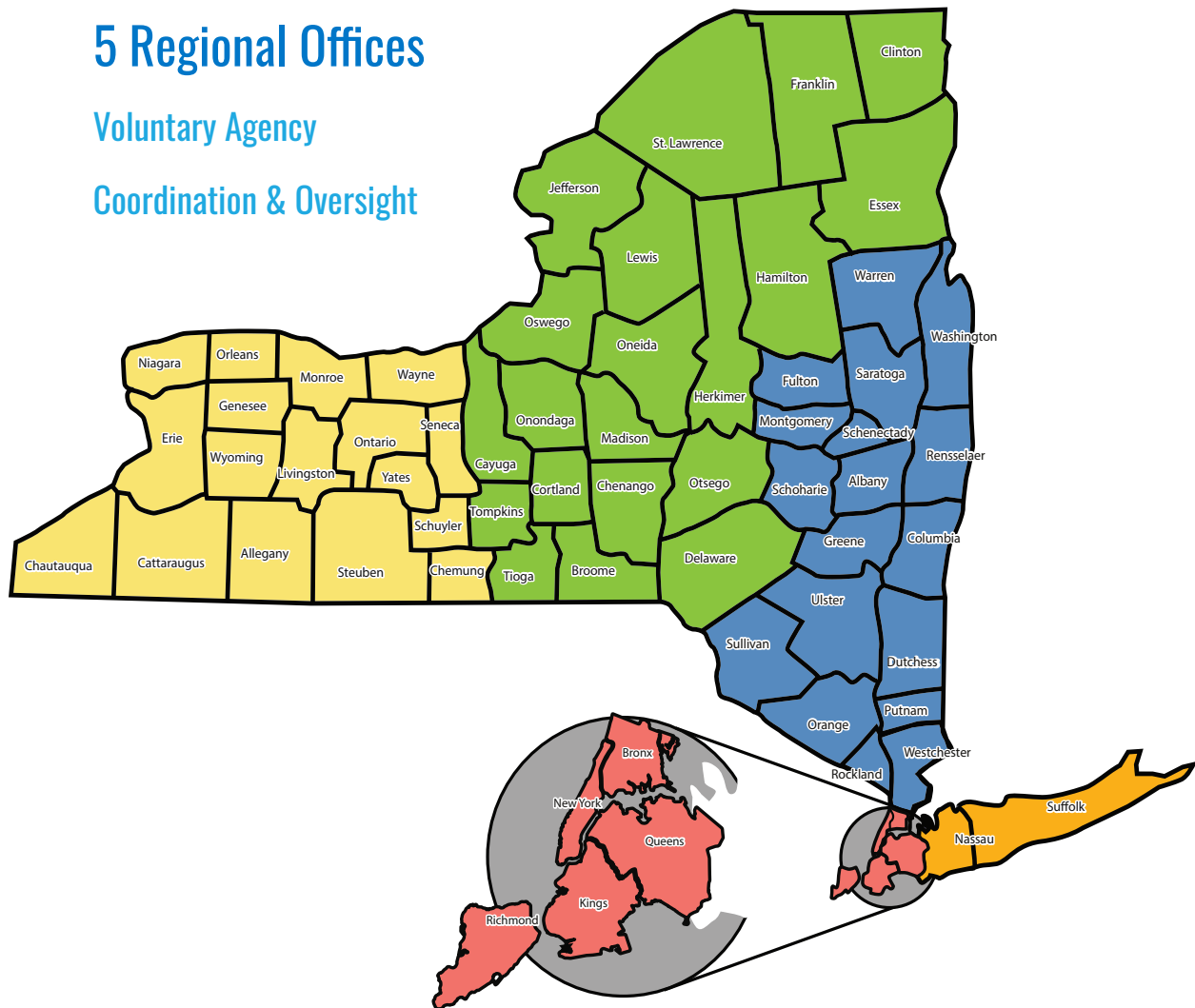
Appendix B

Regional Maps

5 Regional Offices

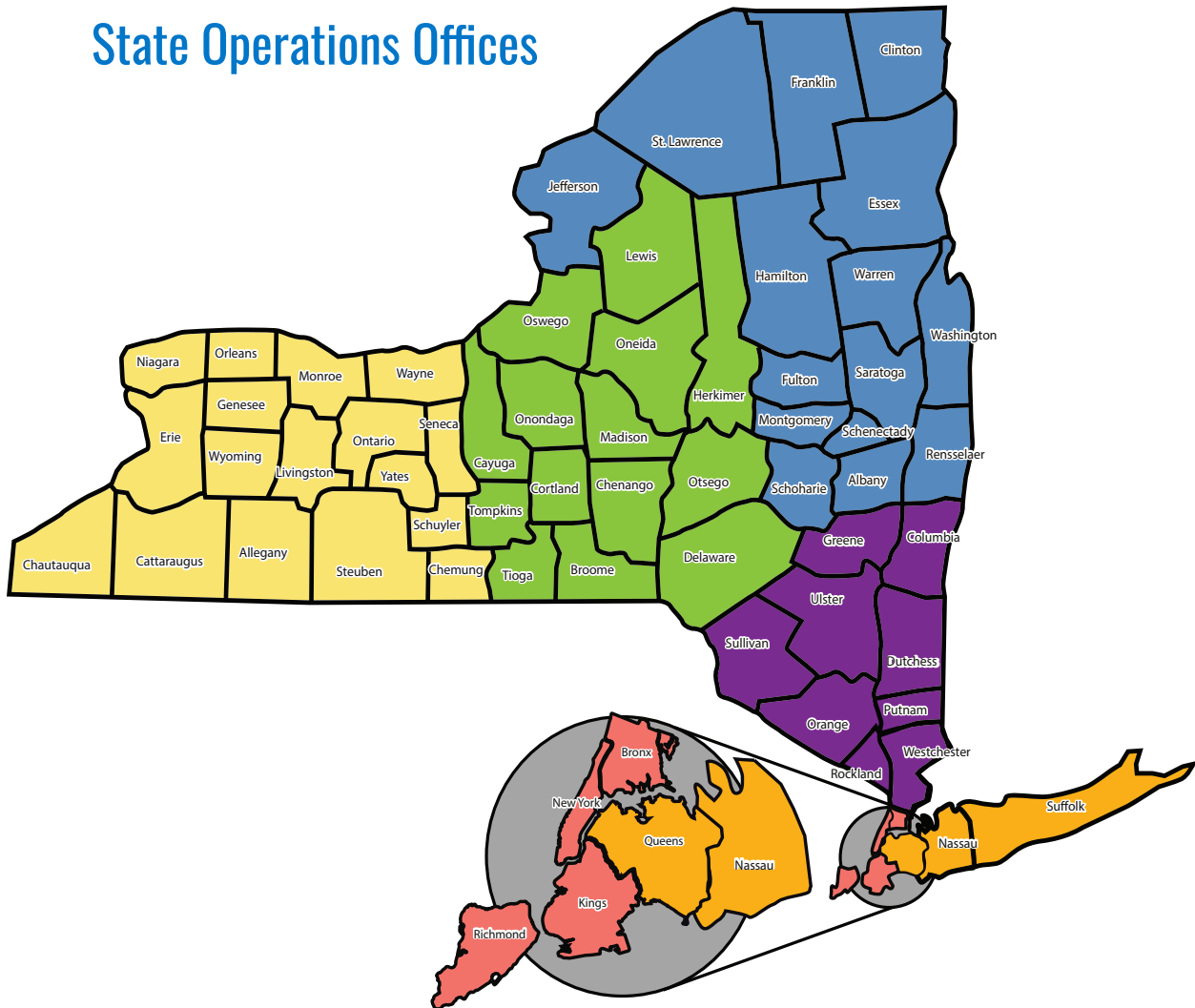
Voluntary Agency

Coordination & Oversight



- ① Western New York & Finger Lakes
- ② Central New York, Broome & Sunmount
- ③ Capital District, Taconic & Hudson Valley
- ④ Metro, Brooklyn, Staten Island & Bernard Fineson
- ⑤ Long Island

State Operations Offices



- 1 Finger Lakes & Western New York
- 2 Broome & Central New York
- 3 Capital District & Sunmount
- 4 Hudson Valley & Taconic
- 5 Brooklyn, Metro New York, & Staten Island
- 6 Bernard M. Fineson & Long Island

Appendix C

Endnotes

- i Home and Community Based Services: <https://www.cms.gov/newsroom/fact-sheets/home-and-community-based-services>
- ii It should be noted that our 2021 data shows a \$4,000 increase. Our data for 2021 is highly impacted by the COVID-19 pandemic and we expect differences in trends in future years.
- iii OPWDD's 2021 Data Children shows an increase of 4,000 children being served by OPWDD from 2017.
- iv <https://www.nationalcoreindicators.org/staff-stability-survey/>
- v https://www.thearcny.org/application/files/1216/2697/6151/NYDA_WorkforceSurvey_Onesheet.pdf
- vi Dual diagnosis refers to the co-occurrence of an intellectual/developmental disability and a mental disorder or substance abuse disorder.
- vii National Association of Dual Diagnoses
- viii <https://idd.nationalcoreindicators.org/>
- ix <https://www.nationalcoreindicators.org/staff-stability-survey/>
- x For additional information on state priorities related to the workforce reference: <https://www.governor.ny.gov/sites/default/files/2022-01/2022StateoftheStateBook.pdf>
- xi Trainings and certifications are made available and required for all DSPs. If they're enrolled in SUNY Empire they can apply for those activities to be recognized for PLE college credits. Professional learning evaluation (PLE) is a college-credit for prior college-level learning gained through work and life experience. They can earn PLEs from Professional licensure, credentials, certifications, seminars, in-service training, and apprenticeships.
- xii More detailed information on OPWDD's state workforce is provided in the the 2022 New York State Workforce Management Report shared by the NYS Department of Civil Service.
- xiii Medicaid data is available on the agency website at: <https://opwdd.ny.gov/data>.
- xiv More information on the IOCC can be viewed here: <https://www.nysenate.gov/legislation/laws/MHY/5.05>

APPENDICES

- xv <https://opwdd.ny.gov/data/services-funded-fee-service-medicaid-2020> , <https://opwdd.ny.gov/services-funded-fida-idd-managed-care-program-2020>
- xvi Erickson, W., Lee, C., von Schrader, S. (2021). Disability Statistics from the 2018 American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org, U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates. <https://data.census.gov>
- xvii In total \$110 million in capital funds has been provided over the past few years to develop safe and accessible housing opportunities for people with developmental disabilities.
- xviii Centers for Disease Control and Prevention. Chronic Disease and Health Promotion. www.cdc.gov/chronicdisease, 2018 BRFSS Brief Disability Status.pdf
- xix For more information about Supported Decision-making in NY, visit: SDMNY – Supported Decision-Making New York
- xx NY LEGIS 481 (2022), 2022 Sess. Law News of N.Y. Ch. 481 (S. 7107-B) (McKinney’s)
- xxi https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/draft_mco_qual_doc.htm
- xxii For more information on care management for children, see: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/index.htm; https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/index.htm
- xxiii For more information on social determinants of health, see the following website: <https://www.cdc.gov/socialdeterminants/index.htm>
- xxiv Compounded Disparities: Health Equity at the Intersection of Disability, Race, and Ethnicity (dredf.org), and NCI Data Brief: Racial Equity (nationalcoreindicators.org)



**Office for People With
Developmental Disabilities**