

**Addressing the Service and Support Needs of  
New Yorkers with Disabilities: Report of the Most Integrated  
Setting Coordinating Council**

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## Preface

The following report, *Addressing the Service and Support Needs of New Yorkers with Disabilities*, was unanimously adopted by the New York State Most Integrated Setting Coordinating Council (MISCC) on November 20, 2006. The report presents a framework to enhance our capacity to provide all New Yorkers with disabilities, regardless of age or disabling condition, the services and supports they need to live in the most integrated setting. Within this framework, each state agency participating in MISCC will be called upon to demonstrate accountability for moving our state toward these goals. The MISCC will continue to meet quarterly to review this progress.

The creation of a framework for achieving most integrated setting goals was no easy undertaking - the needs and desires of persons with disabilities are as diverse as those who are not currently disabled and ever changing factors beyond the state's control, such as the national economy and its ripple effects, are realities that cannot be ignored.

However, one principle guided the framework's preparation: New Yorkers, with or without disabilities, expect and deserve to be treated as individuals in control of their situation should services or supports be needed.

Preparing a framework for government action that is both faithful to that fundamental principle and cognizant of the diversity of needs and external factors was made possible through the help of many, too numerous to thank individually.

First are the countless number of service recipients, advocates, program providers and public officials who helped make the MISCC legislation a reality, who testified at MISCC forums and attended MISCC meetings and the meetings of its various subcommittees.

I am also grateful to my fellow state agency Commissioners and Directors who were represented on the Council, and their staff who provided data, resource information and untold hours of professional support.

Special thanks, however, go to the nine individuals who were named as Public Members of the Council, as well as to those dedicated individuals who were subsequently invited to serve on the ad hoc committee of the Council. As people with disabilities and experts in the field of disabilities, these men and women brought informed and unique perspectives to the MISCC deliberations, and helped shape recommendations for government action.

I am confident that the hard work of all who had a hand in crafting this report will serve New Yorkers well as we work to achieve the promise of the MISCC legislation.

Thomas A. Maul, Chair  
Most Integrated Setting Coordinating Council

## **Most Integrated Setting Coordinating Council Members**

Commissioners or Directors of the New York State:

Commission on Quality of Care and Advocacy for Persons with Disabilities  
Department of Education  
Department of Health  
Department of Transportation  
Division of Housing and Community Renewal  
Office of Alcoholism and Substance Abuse Services  
Office of Children and Family Services  
Office of Mental Health  
Office of Mental Retardation and Developmental Disabilities  
Office for the Aging

Members of the Public Appointed by the Governor, Senate or Assembly:

Kathy Bunnell  
Patricia L. Fratangelo  
Kimberly T. Hill  
Constance Laymon  
Karen Oates  
Michael Parker  
Carol Raphael  
Harvey Rosenthal  
Henry M. Sloma

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## Introduction

The enactment of Chapter 551 of the Laws of 2002 further advanced the legacy of quality services for individuals with disabilities by creating the Most Integrated Setting Coordinating Council (MISCC or Council), to assist in ensuring that persons of all ages with disabilities receive services and supports in the most integrated setting which is appropriate to their needs and enables them to interact with their families, friends, peers and colleagues.

The Council is comprised of 20 members: the Commissioners/Directors of 11 state agencies; and nine members of the public appointed by the Governor, Senate and Assembly.<sup>1</sup> It was charged with developing and overseeing the implementation of a comprehensive plan for the provision of services for persons with disabilities in the most integrated setting; a plan which would address, among other things, mechanisms for assessing individuals in need of services to ensure they receive such in the most appropriate setting, evaluations of the needs and capacities of existing service systems to serve individuals in the most integrated setting, and strategies to ensure and improve the quality of services delivered.

This report, *Addressing the Service and Support Needs of New Yorkers with Disabilities*, presents the Council's plan to ensure that New Yorkers with disabilities receive services in the most integrated settings appropriate to their needs.

In developing the plan, the Council, chaired by Thomas Maul, Commissioner of the Office of Mental Retardation and Developmental Disabilities, held public forums in New York City, Albany, Syracuse and Buffalo. Each state agency Council member invited constituency groups to participate in the forums. Advocacy groups spread the word about the hearings as well. Forum participants were invited to focus their comments on:

- Best practices – examples of services currently in place worthy of replication elsewhere;
- Building community - examples of ongoing collaborative efforts to address the needs of people with disabilities in the most integrated setting;
- Improving quality - practical ideas and suggestions to enhance the quality of life for persons with disabilities; and
- Looking to the future - visions of what New York State could look like through collaborative and interactive approaches to service delivery to persons with disabilities.

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<sup>1</sup> The 11 state agencies represented on the Council are: the Department of Education, Department of Health, Department of Transportation, Division of Housing and Community Renewal, Office of Alcoholism and Substance Abuse Services, Office of Children and Family Services, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, State Office for the Aging, and the Commission on Quality of Care for the Mentally Disabled and the Office of the Advocate for Persons with Disabilities. (The latter two agencies were subsequently consolidated to become a single agency: the Commission on Quality of Care and Advocacy for Persons with Disabilities.)

Public members of the Council include three consumers of disability-related services, three individuals with expertise in the field of community services and three individuals with specific expertise in services for senior citizens with disabilities.

Through the forums, MISCC members and staff had the opportunity to hear from more than 150 people with disabilities, family members, advocates and service providers. What the MISCC heard in the course of the forums had a profound impact on subsequent deliberations of the MISCC.

Many speakers addressed systemic issues. The New York State Independent Living Council and many others spoke of the need to expand options for accessible and affordable housing as central to realizing the vision of Olmstead<sup>2</sup>. Others talked about the problems they encounter when attempting to use accessible public transportation where such services were available, and the loneliness and isolation which people face in rural areas in which no public transportation, accessible or not, is available. They told the MISCC how much the availability of peer support services improved the quality of their life. Throughout, the Self-Advocacy Association reminded participants of the importance of “Person Centered Priorities.”

The testimony that most affected the MISCC members came from the men and women who came on their own, sometimes at great effort, to tell their own story in their own words. They heard from a woman with cerebral palsy, hearing loss and visual impairments who, after breaking her leg, was struggling to stay in her own home so that she could continue to contribute to the community. They heard from a senior citizen who was doing everything she could to hold on to the community-based services that were keeping her out of a nursing home. They learned about a man who had been institutionalized for forty years, whose caregiver feared he would die before support services which could allow him to live in the community became available. The MISCC also heard good news; like how the availability of individualized, community-based services in Central New York supported a family in their primary caregiver role, and restored and strengthened family bonds.

Each person who testified painted a picture. Some offered sweeping murals; others, miniature portraits. Together, they gave the MISCC a context within which to develop the general principles and guidelines which are intended to provide general guidance to state agencies in meeting the needs of persons with disabilities.

The Council also created five working committees which met regularly in open session and sought the input of audience members and specially invited experts.

The five working committees were:

- **Assessment**, which reviewed assessment processes utilized by various agencies to identify individuals with disabilities who could benefit from services in the most integrated of settings;

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<sup>2</sup> In Olmstead v. L.C., 527 U.S. 581 (1999), the United States Supreme Court held that unjustified institutionalization of persons with disabilities violates the Americans with Disabilities Act, and further held that states are required to provide community based treatment for persons with mental disabilities when the state’s treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with similar disabilities.

- **Community Services**, which examined community-based services and their funding streams, as well as ways to improve the system to ensure that it is comprehensive and accessible, including public information and outreach considerations;
- **Data**, which endeavored to identify the numbers of individuals within each service system in need of service within the most integrated setting and ways to improve data collection efforts.
- **Quality Assurance and Improvement**, which examined processes for the evaluation of services to ensure that the provision of such occurs in the most integrated setting; and
- **Transportation**, which explored means to promote local human service agency cooperation relating to an all important need for individuals served in a most integrated setting: transportation services.

In addition to the public forums and the work of its committees, the Council, which met regularly on at least a quarterly basis, held special briefings and discussions regarding housing issues.

The first five chapters of the report present a synopsis of the issues, concerns and recommendations expressed by advocates and heard by the Council in its meetings, public forums and committee work, as well as general principles and guidelines for future work in the areas of

- Assessment;
- Community Services;
- Data Collection;
- Quality Assurance/Improvement; and
- Transportation.

In the final chapter, the Council offers an operational plan for state agencies and the Council. All New Yorkers with disabilities should receive services and supports in the most integrated setting appropriate to their needs and that take into account their preferences. Highlights of, the “MISCC Operational Plan” are:

- Each state agency which operates, certifies, licenses or funds programs, services or supports for persons with disabilities will adopt the general principles and guidelines set forth in the report.
- Each stage agency will review its services against the general principles and guidelines and make changes in agency policies and operations as warranted. Each state agency will also review the recommendations in this report and implement those that are feasible and appropriate.
- Using a format to be developed by the Council, each state agency will prepare and annually update a Most Integrated Setting Implementation Plan which details the

actions taken over the preceding year and those to be taken in the upcoming year. The plan will include measurable standards by which the agency can demonstrate its accountability to MISCC general principles and guidelines.

- Each state agency will establish or identify an existing stakeholder group, with strong representation of consumers and advocates, to assist the agency as it develops and implements its Most Integrated Setting Implementation Plan.
- The Council will establish a standard format for the Most Integrated Setting Implementation Plans to be submitted by the state agencies as well as a timetable for submission of the plans to the Council. The plan will address the state agency's plans to address recommendations set forth in this report.
- The Council will continue to meet at least quarterly to review the state agency Most Integrated Setting Implementation Plans, to assess progress made by the state agencies and to advise the Governor and Legislature regarding the state's progress in providing services in the most integrated community-based setting. These meetings will be open to the public and will be held in a space large enough to accommodate this requirement.

To begin the process of state agency accountability, the Council's Chairman has asked each state agency member to identify concrete steps taken to address issues identified by the Council's committees on Assessment; Community Services; Data Collection; Quality Assurance/Improvement; and Transportation.

Key information obtained, generated and/or reviewed by the MISCC committees is presented in the appendices to the report. Appendix A presents an inventory of current client assessment procedures. Appendix B provides an inventory of existing New York State community services and program types (by licensing/funding agency). Appendix C offers data on institutional care and community services intended to avoid institutionalization in the state. Finally, Appendix D presents sample letters from Commissioner Maul to state agency heads requesting plans to address issues identified by the Council's committees, and a summary of agency excerpts.

## Assessment

***“People should be able to create their own set of supports...we believe that when we all sit at a table and talk together that we can see our common goals and dreams as people.”***  
(S.A., New York City Forum)

***“Another issue that must be addressed is who determines whether a person’s health and safety can be assured in the community. Many people have been relegated to institutions because a professional such as a physician or a nurse has determined that their safety cannot be assured in the community”*** (M.T., New York City Forum)

The Assessment Committee reviewed assessment processes currently used in the state, evaluated their strengths and weaknesses, and developed specific recommendations to ensure that assessment processes promote “most integrated setting outcomes.” Following are: issues and concerns expressed by constituents, general principles and guidelines recommended for adoption by state agencies and the programs they oversee, and specific recommendations to state agencies in the area of assessment.

### Issues and Concerns Expressed by People with Disabilities, Advocates and Other Citizens

- Assessments often focus on a person’s eligibility for a particular program or service without considering a person’s self-stated preferences and needs.
- Often assessments do not focus on identification of the supports and services a person needs to remain in their current home and community.
- Assessments are often based on a person’s deficits rather than his/her strengths.
- Assessments are typically not individualized. The service provider is in the driver’s seat and thus the person does not have the opportunity to explore options and plan his/her own life.
- Assessments do not emphasize that the individual served must assume “personal responsibility” for his/her own life and assessments often do not address issues of risk and safety and the “dignity of risk.”
- Assessments do not always take into account “natural supports” or assistance that family, friends and neighbors are willing to provide.
- Since assessments are typically service-specific, an individual needs to know the particular service available to meet his/her needs. That is, individuals must know a complex and often daunting bureaucracy to get their needs met.

### General Principles and Guidelines

- Assessments should
  - permit the person to easily articulate his or her preferences and ideas for successfully living in the community.
  - take into account a person’s preferences and needs rather than solely assessing a person’s eligibility for a specific program or service.

- identify both a person's community support needs and the person's preference for how these needs are met.
- emphasize personal responsibility.
- take into account available "natural supports" or assistance, that family, friends and neighbors can provide.
- not require a specialized knowledge of the bureaucracy, services or funding streams, but instead tease out the person's daily needs and match these needs to community resources.
- include creative use of services and resources.
- examine issues of risk and personal safety with a commitment to the "dignity of risk", including assessing what effective safeguards can be put in place which address safety concerns but which respect a person's personal autonomy and responsibility.
- address community supports and services needs in all areas of a person's life, e.g., medical and psychological needs, health and safety, housing, personal assistance, transportation, relationships, social outlets, and employment.
- consider cost effectiveness.
- look at skills and competencies that the person and his support "team" already have in place. These competencies must be recognized, worked with and incorporated as future services/supports are developed.

#### Recommendations to State Agencies

- A review of assessment policies, practices and instruments used by other states should be undertaken to identify best practices for the population served by the state agency.
- Institutionalized individuals should be assessed to determine who could appropriately benefit from services and supports in a more integrated setting.
- Assessment processes should be developed to ensure that, for individuals who are appropriate for community-based services (excluding those committed in accordance with appropriate provisions of law), all such services and supports are first exhausted before an institutional placement is implemented.
- As part of the State's Point of Entry initiative, coordinated by the New York State Office for the Aging (NYSOFA) and Department of Health (DOH), an entity in each county should be identified to conduct assessments of individuals' service needs and to provide information on and referral to local community-based services and supports as an alternative to institutionalization.
- Once NYSOFA/DOH implement a Point of Entry system, training should be provided to stakeholders such as hospitals, nursing homes, home care agencies, consumer groups and other interested parties.

- Each county's Point of Entry system should integrate the principles and guidelines specified above into their assessment process.
- All of the "General Principles and Guidelines" specified above should be incorporated into each state agency's program specific assessment processes.

## Community Services

***“Because the system wasn’t set up to respond to a crisis like the one I was having, I had to go into a nursing home for more than two years. I would have rather stayed in the community during this time. Please fix the system so people like me don’t have to go through this.”*** (S.S-D., Syracuse Forum)

***“The lack of affordable housing and accompanying support services often causes adults with psychiatric disabilities to bounce back and forth between jails, institutions, shelters and the streets.”*** (D.R., Albany Forum)

The Community Services Committee examined New York’s community-based services and their funding streams. The committee addressed ways to improve services to ensure that they are comprehensive and accessible and promote “most integrated setting outcomes.” Housing issues were addressed in this committee, since without adequate housing resources, life in the community is not possible. Following are issues and concerns expressed by constituents, general principles and guidelines to be adopted by state agencies and the programs they oversee, and specific recommendations to state agencies and government generally in the area of community services.

### Issues and Concerns Expressed by People with Disabilities, Advocates and Other Citizens

- Though New York offers many community-based services and supports, the state may need “better or different services” to more appropriately serve citizens with disabilities in the most integrated setting. The creation of additional/new funding streams may be necessary.
- People often seek information about options in times of crisis and thus may not get the information they need to remain at home.
- Information about community services is complicated, fragmented and sometimes simply not available.
- Information on social and infrastructure supports is often lacking.
- Many advocates stated that there is a lack of affordable and accessible housing in New York State.
- Housing is a critical need; without it, other community services cannot be initiated.
- The lack of affordable, accessible and integrated housing can result in people residing in less integrated settings.
- People with disabilities are faced with transportation and employment issues which affect their ability to remain at home.
- The lack of coordination in the provision of supports and services is also a critical concern. Fragmented services can result in institutionalization.
- There are language and ability barriers which stand in the way of people gaining access to the supports and services needed to remain at home.

- Information about supports and services available on the internet are useless to people who do not have access to a computer.
- Presenters noted that discharge planners are sometimes biased in the way they present options to people with disabilities. For example, a nursing home may be presented as the only option. Additionally, discharge planners do not always have adequate knowledge of community supports and services.
- Many presenters stated that there is an institutional bias in New York State's Medicaid funded long-term care system.
- In some cases, the ability to receive authorization for community-based services varies from county to county, creating barriers to securing needed community supports.
- Many presenters stated that there is a shortage of direct care and home care workers and believe this is due to low wages and a lack of benefits offered to these workers.
- Difficulties in finding and retaining appropriate direct care and home care workers negatively affect the availability of services and the promotion of stable helping relationships.
- New York State home care regulations do not always allow consumer choice and "the dignity of risk" on the part of the individual to be served.
- Service systems often lack adequate community supports such as in-home personal assistance and short-term housekeeping services.
- There are still too many people with disabilities living in congregate settings who want to live more independently.

#### General Principles and Guidelines

- Best practices that can serve as catalysts for systems change should be identified, supported and publicized.
- Agencies/programs should develop systems which support self-determination, are person-centered, and promote personal responsibility.
- Services should meet consumer needs and take into account their preferences, promote a reasonable quality of life, and be provided in a way which is respectful of cultural differences.
- Service systems should focus on providing quality outcomes with the consumer's wishes taken into account.
- An appropriate balance is needed between medical and non-medical services to enable people to live in the most integrated setting.
- Budget realities must be considered. Some recommendations may save money, some will simply move existing funds to more appropriate service models and some will ultimately require more/new funding. An appropriate balance between resources and principles must be developed.
- State (and other) agency programs should incorporate and reflect accepted guidelines, principles, and best practices into an action plan. Services must demonstrate efficiency and affordability.
- Consumers and those involved in long-term care management should have easy access to comprehensive, unbiased and well-organized information on

services/programs in their community, as well as necessary assistance in accessing those services/programs.

- State agencies should also evaluate existing services and when necessary reshape, reform or replace them to better serve New Yorkers with disabilities.

### Recommendations to State Agencies

- Community services should emphasize “self-determination,” with personal choice and the dignity of risk considered throughout the service system.
- There should be regular and ongoing evaluation of the service system with evaluation results used to make ongoing systems’ changes.
- An evaluation should be performed to assess the extent to which services promote “most integrated setting” outcomes. The need for funding improvements, service reconfigurations, and necessary enhancements should be assessed. The extent to which “money follows the person” in service funding and delivery should be examined.
- Each service type should be evaluated against the following criteria:
  - Accessibility and appeal to consumers
  - Appropriateness to consumer needs and preferences
  - Person-centeredness
  - Cultural sensitivity in the delivery of services
  - Empowerment afforded the consumers served
  - The extent to which the dignity of risk is recognized
  - The extent to which each service promotes independent living, employment, socialization and education
  - The cost effectiveness of the service
  - The availability of the service in all of the state’s counties
- There should be an evaluation of the extent to which consumers, providers, advocates and localities are engaged in identifying needs and service planning.
- The availability of information on services and supports should be assessed with a determination made as to whether information is provided in a variety of culturally diverse and accessible formats.
- The extent to which service information is available to discharge planners, service coordinators and others with placement responsibility should be assessed and training should be undertaken, if necessary, to increase and promote the education of discharge planners.
- Recommendations made by the Department of Health and the State Office for the Aging Discharge Planning Workgroup should be formally presented to the MISCC.
- Services should be provided to individuals in need based on local availability and individual preferences as appropriate. When individuals request services which are determined appropriate, an action plan should be developed to help the person achieve the most integrated setting.
- Each agency should demonstrate that people are being transitioned into most integrated settings.

- There should be local point of entry systems that provide outreach, education and referrals so that individuals and their families can easily access and navigate the service system.
- Each affected state agency should evaluate the availability of direct care and home care workers and develop policies to address this issue.
- Investigation should be made into removing impediments to expanding the Department of Health’s consumer-directed home care program to every county.
- Each state agency should explore the use of Federal Medicaid Waivers including 1915(c) waivers, to fund:
  - Case management provided up to 180 days prior to discharge from institutions, nursing homes and intermediate care facilities
  - Start-up and transition costs when an individual leaves these settings
  - “Personal assistance retainer” payments which allow individuals to “hold” an attendant for up to 30 days while the person is hospitalized
- New York State personal care regulations should be reviewed and amendments considered to take advantage of federal provisions which allow certain relatives to be paid as personal assistants and aides.
- The service system should be reviewed to identify and address institutional biases in service delivery.
- The service system should be reviewed to identify the need for less-intensive but critical community supports such as respite, and vehicle adaptations.
- The service system should be examined to determine whether it promotes a “medical model” rather than a system which focuses on rehabilitation, consumer empowerment and employment.
- The entire disabilities’ service system should be reviewed for bias toward congregate and institutional living models with plans developed to give people other more integrated and community-based options.
- Initiatives should be designed and undertaken to aid people with disabilities to overcome obstacles that have limited access to the same housing, employment opportunities and transportation as others in their community.
- New opportunities should be explored for financing accessible housing and establishing increased availability for housing support services, rental subsidies, and home modifications.
- Meeting the needs of people with disabilities should continue to be a priority in state-funded housing initiatives.
- The state should continue to support local housing authorities in their applications for funding, as well as pursue any such funding that may become available to augment State public housing and State-administered Section 8.
- State agencies should continue compliance and training efforts related to applicable requirements of federal disability rights and housing laws/regulations, which require non-discrimination and accessibility in new construction/ renovation.
- In the area of housing, where appropriate, state agencies should work with state and federal representatives to strengthen existing laws to facilitate enforcement capabilities.
- Funding should be identified to support the ongoing administration of a statewide Affordable/Accessible Housing Registry.

- Laws, codes and regulations should be reviewed to incorporate visitability standards in housing, as appropriate.
- Providing assistance with the cost of adapting homes enables persons with disabilities to safely and comfortably continue to live in their residences and avoid institutional care, as well as assists others in transitioning from institutional care. Funding should be identified to support the ongoing administration of the Division of Housing and Community Renewal's (DHCR) *Access to Home* Program, which provides financial assistance to property owners to make dwelling units accessible for low- and moderate income persons with disabilities.
- As applicable and as required by federal law, state agencies should ensure that entities carrying out state-funded residential projects have received information and education on compliance with Section 504 of the Federal Rehabilitation Act of 1973. Further, state agencies should, as appropriate, respond to all compliance issues identified in programs they fund.
- In the transportation area, state tax policy makers should consider providing tax incentives to make private vehicles accessible.
- Funding for expanded transportation services by not-for-profits, including the State Education Department's Independent Living Center network, should be explored. This funding should be directed to activities associated with daily life (e.g. shopping, leisure time activities) in addition to transportation provided to and from government-funded programs.

## Data

*“There is currently no formal mechanism in place to identify and assess institutionalized individuals who want to live in the community.”* (C.P., New York City Forum)

The Data Committee endeavored to identify the numbers of individuals within each service system in need of service and supports to achieve “most integrated setting outcomes.” The committee found areas where data needed for this mission was inadequate and recommended ways to improve data collection efforts across state agencies. Following are issues and concerns expressed by constituents, general principles and guidelines to be adopted by state agencies and the programs they oversee, and specific recommendations to state agencies in the area of data collection needed to move the state forward in achieving a “most integrated setting” for all citizens with disabilities.

### Issues and Concerns Expressed by People with Disabilities, Advocates and Other Citizens

- There are great disparities in the ability of state agencies to gather the data required by the MISCC statute. State agencies often lack information on the number of people who are institutionalized and who are eligible for services in community-based settings.

### General Principles and Guidelines

- Individuals living in institutions should be regularly assessed to explore opportunities that meet their service needs in the most integrated setting.
- To appropriately plan for a community-based service system, it is important to maintain data on the service needs of individuals, service usage patterns and movement of people.
- People should be able to access needed services at a reasonable pace and data should be collected to demonstrate that this outcome is achieved.
- There should be ongoing reviews of data collected to ensure that there is adequate information to achieve “most integrated setting outcomes” for people with all disabilities of all ages.

## Recommendations to State Agencies

- Individuals residing in institutions (excluding those committed in accordance with appropriate provisions of law) who are eligible for community services should be identified and counted.
- Each state agency should establish and maintain data needed for service planning that provides information about individuals in institutions and those supported in the community.
- Data should be available to assess each state agency's success in assuring that individuals receive appropriate community-based services at a reasonable pace.
- State agencies should address the relevant areas of a person's life – for example, residential, social, employment and education-related community supports and services as derived from individualized assessments, preferences and goals and in accordance with the principles, guidelines and recommendations included in the Assessment Section of this report.
- Each state agency's data should have information on the current state agency operated, licensed or funded residential, social, employment and education-related settings of those served and, the length of time they have spent at current settings and dated goal statements determining preferred settings.
- Data should also track each state agency's success at demonstrating that people are being transitioned into the most integrated setting.
- All of the "General Principles and Guidelines" specified above should be incorporated into the state agencies' data collection.

## Quality Assurance

***“In the nursing home I had to wake up at the same time as everyone else and I’d have to go to bed at 9:00 pm every night. There wasn’t much choice for meals. They were at the same time every day and you had to choose from 2 or 3 things, unless they ran out – then you were stuck with whatever was left. Now I have choices about everything in my life.”***  
(B.P., Presented by J.H., New York City Forum)

***“Families are the constant in the child’s life and must be equal partners in the planning, implementation and evaluation of services for their child.”*** (P.M., Albany Forum)

The Quality Assurance and Improvement Committee examined processes used by state agencies in evaluating the quality of services they oversee. The committee also focused on the feedback loop which must be in place to assure that quality measurements are used to improve service quality. Quality assurance and quality improvement are key activities in achieving most integrated setting goals for people with disabilities. Following are issues and concerns expressed by constituents, general principles and guidelines to be adopted by state agencies and the programs they oversee, and specific recommendations to state agencies in the area of Quality Assurance and Quality Improvement.

### Issues and Concerns Expressed by People with Disabilities, Advocates and Other Citizens

- Providers of community services don’t always take into account the rights, values, and the personal goals and preferences of the people served.
- Community services don’t always promote independence.
- Evaluations of community services often focus on the quality of a particular program or service rather than seeking to understand impacts on the person’s quality of life and the life choices available to the individual.
- Quality assurance often does not include mechanisms for identifying deficiencies and quick resolution of an individual’s specific problems or concerns.
- Quality assurance systems often don’t have a feedback loop which would allow for continuous service improvement. In many cases, quantitative data and quality information gathered are not used to make changes.
- Quality assurance systems often don’t consider issues of personal choice and control and do not focus on the degree of community integration and inclusion afforded the individuals served.
- Most typically the people served don’t participate in the development of service evaluation instruments.
- In many cases, evaluation instruments are not designed to accommodate individuals with different disabilities and cultural backgrounds.
- Often the people served are not asked to suggest ways to improve services.
- The administration of evaluation instruments is not always carried out in a comfortable manner with a communication style appropriate to the individuals

served. Evaluations sometimes don't occur at times that are convenient for the people served.

- Evaluation processes do not make it clear that no retaliation will take place as a result of negative responses by the people served.
- Evaluation processes do not always sensitively handle the role of family members and "other proxies." Sometimes family members are inappropriately called upon to assess service delivery satisfaction rather than asking the person served to make the evaluation.
- Evaluation processes often don't allow the people served "to make spontaneous complaints or report problems in care as the problems arise."
- Often the people served do not know that they have a right to receive a quality service and do not know what constitutes abuse and neglect on the part of a service provider.
- People served almost never play a role in quality assurance review teams and thus the unique perspective of the people served is not reflected in the reviews.

### General Principles and Guidelines

- Quality assurance is a continuous improvement process. A quality assurance system should be established by each state agency to assess the personal satisfaction and quality of ongoing service delivery. This process must be applied to identify concerns and provide opportunities to enable improvement.
- Part of quality assurance is consideration and respect of people's rights, values and preferences. Services to individuals with disabilities should promote independence consistent with an individual's capacity and his or her preferences for care.
- Quality assurance requires a commitment from all service providers to provide high quality services that meet each person's individual needs and which achieve positive outcomes for each individual served.
- Quality assurance should include an ongoing evaluation process that collects data on levels of consumer satisfaction.
- Regular, systematic and objective methods are recommended to monitor service recipients' well-being, health status, and the effectiveness of services in enabling each individual to achieve personal goals in the most integrated setting.
- Quality evaluation instruments used in quality assurance should:
  - Emphasize consumer-based, outcome-oriented indicators.
  - Address access to integrated community based care, safety issues, the competency of the service provider, personal respect and dignity, personal choice and control, the impact of services, community integration and inclusion, and the cost of services.
  - As appropriate, involve all stakeholders, including consumers, caregivers and service providers/agencies, as equal partners in the development of evaluation instruments.
  - Be user-friendly, valid and reliable.
  - Accommodate individuals with different types of disabilities or different cultural backgrounds.
  - Provide opportunities for consumers to report care deficiencies, consumer rights' violations, and for consumers to suggest ways to improve services.

- The administration of quality evaluation instruments should:
  - Ensure a friendly, non-threatening and comfortable environment for the individual served with a communication style that is most understandable to the individual.
  - Entail clear and specific instructions on how the instrument is to be used to ensure consistency.
  - Occur regularly within a standardized time frame to allow for tracking changes over time.
  - Ensure that consumers' confidentiality and rights are protected.
  - Consider proper timing and preference in the evaluation process. (Each evaluation must be completed within the specified timeframe and must show respect for the individual's daily routine and must be conducted in a manner that is the least onerous to the person being interviewed.)
  - Assure that policies exist to protect individuals served from retaliation in their care as a result of their response.
  - Be sensitive about including family members and other proxies. Quality input must be received from the person who is receiving the services or by an individual that the person has freely chosen to serve as his or her representative.
  - Provide opportunities for consumers to make spontaneous complaints or report problems in care as the problems arise, not just during the evaluation.
  - Assure that appropriate actions will be taken to address problems or concerns expressed during the evaluation.

### Recommendations to State Agencies

- Evaluation results should be analyzed at least annually and used to develop quality improvement strategies.
- Standards and benchmarks used to assess services should incorporate the values of self-advocates.
- Evaluation results, standards, and benchmarks and quality improvement initiatives should be reported back to the MISCC annually. Affected state agencies should seek advice from the MISCC in identifying best practices in quality assurance for replication.
- Formal processes should be developed which address the complaints (if appropriate) of individuals served and which require corrective action where care deficiencies are identified from evaluation results. These "fixes" must be timely. Establishment of an ombudsman should be considered as a possible way to meet this recommendation.
- There should be a continuous improvement process in service delivery which uses quantitative data and quality information obtained from evaluations.
- Information and/or training should be made available to the people served to assist them in understanding their right to quality services, along with information and/or training on how to identify abuse and neglect.
- Clear service provider standards should be developed which address the rights of people served and which include fully developed appeals and grievance procedures.

- Self-advocates should play a role in monitoring the effectiveness of programs and services.
- The role of local government in quality assurance should be addressed.
- All of the “General Principles and Guidelines” specified above should be incorporated into the state agencies’ quality assurance system.

## Transportation

*“What good is it when a person finally gets into his or her house, if he or she can’t get transportation to community activities and services?”* (B.B., Buffalo Forum)

*“People have missed medical appointments, lost jobs, all because of inadequate para-transit. As more and more people are moved from institutional settings and incorporated into the community, this situation, if ignored, will become worse...It is intolerable to trap people in their homes because of inadequate transportation.”* (D.S., Albany Forum)

The Transportation Committee explored means to promote local human service agency cooperation in sharing transportation resources. It also focused on current barriers in transportation which affect the daily lives of the state’s citizens with disabilities. Following are issues and concerns expressed by constituents, general principles and guidelines, and finally, specific recommendations in the area of transportation.

### Issues and Concerns Expressed by People with Disabilities, Advocates and Other Citizens

- People with disabilities in rural areas face daunting transportation problems since there typically is limited public transportation or even accessible taxi service.
- The lack of transportation in some areas of the state prohibits attendance at social adult day services.
- Para-transit systems don’t go everywhere.
- For people with disabilities, the lack of transportation is a significant barrier to an independent lifestyle.
- Para-transit systems are disjointed and this creates transportation problems.
- Home care aides and other health care professionals do not have access to transportation and can not take the people they serve to doctors’ appointments and other destinations in the community.
- The application process used in the New York State Department of Transportation (NYS DOT) 5310 grant program is complex (this program provides buses to not-for-profit agencies).
- More and more seniors with disabilities are in need of transportation.
- In some locations, fixed route buses have broken lifts and drivers are unwilling to fasten down wheelchairs when people get on the buses.
- While publicly-funded transportation is available to medical appointments and Medicaid programs, transportation to shopping, leisure time activities, and other community locations is not available.
- Some human service systems in the state have fairly rich transportation resources while others are lacking even the basics.
- Due to the lack of coordination, some not-for-profit agency vehicles remain on parking lots and, when used, are not filled to capacity.

## General Principles and Guidelines

- Coordination of transportation resources is essential.
- The state should foster sharing of transportation resources among publicly funded providers.
- Transportation and housing resources need to be coordinated.

## Recommendations to the New York State Department of Transportation and other State Agencies

- In administering the federal 5310 program which provides buses to not-for-profit agencies, the NYS DOT should review its rating formula to encourage coordination of local human service providers' transportation resources. Additional points should be awarded to 5310 applications which show such coordination.
- NYS DOT should review state rules and regulations, including those associated with federal transportation funding streams, to identify and overcome existing barriers to coordinated transportation between and among state agencies. To achieve this end, the following approaches should be considered:
  - Encourage pilots which pool public and para-transit, taxi and not-for-profit van resources. The pilots should be implemented in various regions of the state and should be based on existing best practices.
  - Collect data on the pilots to assess the extent to which they demonstrate an increased number of people served, expanded hours of service, and availability of transportation to additional destinations.
  - Use the success of the pilots to promote coordination for entities receiving public monies.
  - Enhance efforts in applying for the U.S. Department of Transportation Grant Programs including "United We Ride" funding.
  - Review ways to encourage faster response times by para-transit providers to trip requests.
  - Review the state's policy regarding accessible hotel shuttles and transportation to airports and train stations.
  - Encourage the participation of people with disabilities on boards of regional transportation authorities.
  - Encourage disability sensitivity training for transportation authorities.
  - Encourage the availability of accessible taxicabs throughout the state.
  - Where federal and/or state laws govern, the NYSDOT should advocate for enforcement organizations to implement appropriate enforcement procedures.
- Examine use of "ambulettes" and "medicabs" in Medicaid-funded transportation. Use of accessible taxis, where appropriate, should reduce costs.
- Consider use of accessible ramps instead of lifts in fixed-route and para-transit buses when appropriate.
- Review the maximum weight for transporting people in wheelchairs. To avoid discrimination against "people of size," consider increasing the load weight capacity of an access ramp or a lift to one thousand pounds as vehicles are purchased.

- Encourage the transition of people who are able from para-transit service to less costly fixed route service, utilizing both incentives (e.g. reduced fare) and public education.
- Encourage joint planning between the transportation policy makers and those from the NYS Division of Housing and Community Renewal (DHCR). This will allow coordination of accessible transportation and low cost housing resources. Promote this kind of cooperation at the local level as well.
- To heighten awareness of transportation barriers, give consideration to the appointment of people with disabilities to regional transportation boards.



**MOST INTEGRATED SETTING COORDINATING COUNCIL (MISCC)  
OPERATIONAL PLAN**

1. The MISCC should endorse the general principles and guidelines specified in the MISCC report.
2. Each state agency which operates, licenses or funds programs, services, and supports for people with disabilities will adopt the general principles and guidelines endorsed by the MISCC. The state agencies involved are: the Department of Health (DOH), the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), the State Education Department (SED), the State Office for the Aging (NYSOFA), the Office of Children and Family Services (OCFS), the Department of Transportation (DOT), the Division of Housing & Community Renewal (DHCR), and the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD).
3. Each state agency adopting the MISCC general principles and guidelines will:
  - a) review agency programs, services, and supports against the MISCC general principles and guidelines and identify such revisions in agency policies and operations as warranted;
  - b) review the specific recommendations set forth in the Report of the Most Integrated Setting Coordinating Council and expressed by advocates which are relevant to the state agency and make plans to implement those recommendations which are feasible and appropriate;
  - c) prepare and annually update a Most Integrated Setting Implementation Plan which details the actions the agency has taken over the preceding year and will take in the upcoming year, both independently and in collaboration with other affected agencies and local government divisions. The plan will demonstrate the state agency's commitment to most integrated setting outcomes. Further, the plan will include measurable standards by which the state agency can demonstrate its accountability to MISCC general principles and guidelines.
4. The MISCC will establish: a) a standard format for the Most Integrated Setting Implementation Plans which are to be submitted by the state agencies, and b) a timetable for submission of the state agency plans to the MISCC. The standard format will include, but not be limited to, the state agency's plans to implement measurable objectives related to the recommendations set forth in the Report of the Most Integrated Setting Coordinating Council or an explanation as to why recommendations included in the above-mentioned report are not feasible for the agency.
5. The MISCC will continue to meet at least quarterly to receive, review and advise the respective agencies, the Governor and the State Legislature regarding the agency Most Integrated Setting Implementation Plans developed pursuant to 3 above. These meetings will be open to the public and allow for a public comment/question period at each meeting, and will be held in a location large enough to accommodate this requirement.
6. Each state agency adopting the MISCC general principles and guidelines will establish or identify an existing stakeholder group, which must include strong representation from consumers and advocates. This stakeholder group should advise the state agency as it develops, implements and annually updates its Most Integrated Setting Implementation Plan.

## **MISCC Actions by State Agencies**

As the MISCC progressed, Chairperson Thomas A. Maul asked state agencies represented on the council to report on “Most Integrated Setting” actions undertaken since the MISCC’s inception. Highlights of these state agency actions follow with complete inventories of state agency actions included in Attachment D.

Implementing three federal Real Choice Systems Change Grants for Community Living. The first focused on Information, Assistance and Advocacy models for long term care services; the second focused on Quality Assurance/Quality Improvement for Home and Community Based Services; and, the third on Respite for Adults (DOH);

Establishing a state-wide, but locally-based, Point-of-Entry (POE) System for long term care which will begin by providing information, initial screening and assistance to all those interested in exploring the available options for long term care in New York State or who are already receiving medical or other supportive services through NYSOFA programs, Medicaid or private pay providers (NYSOFA with DOH);

Rebalancing all the elements of the State’s long-term care system, including the creation of a new comprehensive 1115 Medicaid waiver intended to develop more home and community based services for disabled persons of all ages and to change the design, delivery and eligibility requirements of Medicaid and other State funded programs (NYSOFA and DOH);

Establishing a new Nursing Home Transition and Diversion Medicaid Waiver to enhance the opportunity for individuals eighteen years of age and older, who would otherwise be cared for in a nursing facility, to receive needed services in their community. The new waiver program will be operational once federal approval and management contracts are in place;

Providing annual support for the Traumatic Brain Injury Waiver (TBI) to develop and coordinate statewide community-based services for people with TBI and their families. The program allows people with TBI to live in their community rather than in nursing homes, and successfully brought over 400 New York State residents home from out-of-state nursing facilities. In addition, the Department has recently been awarded a grant to support collaborative efforts with the federal Defense and Veterans Brain Injury Center to improve the TBI care of military personnel (DOH);

Establishing a voluntary Rightsizing of Nursing Home Demonstration Program designed to promote the development of alternative levels of care. In September 2005, the Department solicited applications from nursing homes to temporarily decertify beds or to permanently convert beds to alternative levels of long term care. Awards to applicants selected to participate in the demonstration program will be announced soon (DOH);

Developing and making available training, technical assistance and evaluation programs to help discharge planners and local service providers incorporate new best practices and consumer-centered values into the discharge planning process (NYSOFA with DOH);

Building on the initial success of the Self-Determination project, OMRDD has reached its original target for people served and is planning a further expansion. The project allows individuals to self-direct their services through a portable individualized budget which they manage through a Fiscal Intermediary (OMRDD);

Expanding use of person-centered planning and self-determination to identify needs and personal goals. This includes a special OMRDD Commissioner project with the Self-Advocacy Association of New York State (SANYS) in which self-advocates meet with Developmental Center residents to provide information on community living options (OMRDD);

Reaching out to individuals with developmental disabilities residing in nursing homes to provide them with options for community living and assistance in the transition, as appropriate (OMRDD);

Developing individualized housing options under the New York State Options for People Through Services (NYS-OPTS) initiative, including non-certified residential opportunities with individualized supports and services (OMRDD);

Implementing an Automated Child Welfare Information System to capture specific child needs and abilities and track assessments and planning to meet those needs (OCFS);

Improving supports for kin, generally grandparents, who are raising children temporarily unable to live in their own homes through the NYS Kinship Caregiver Program (OCFS);

Implementing and expanding the “Access to Home” program to provide local program administrators with grants of up to \$200,000 to make environmental renovations to the homes of persons with physical disabilities and sensory impairments. To date, \$15 million in program resources have been made available (DHCR);

Implementing New York/New York III, the \$1 billion supported housing initiative announced in November 2005 which builds on the success of prior housing initiatives. Over ten years this initiative will provide 9,000 units of supportive housing for individuals and families with special needs who are chronically homeless or at risk of homelessness; of those, 5,550 will be for individuals and families with serious mental illness. This will bring OMH to 36,700 housing beds in the community (OMH);

Implementing Child & Family Clinic Plus which transforms the local mental health clinic to a program that actively reaches out to intervene earlier in a child’s

developmental trajectory and will provide emotional disturbance screening for nearly 400,000 children each year. Clinic-Plus brings improved access, in-home services and treatments that have been shown through science to work. Expanded clinic services will more than double admissions to children's mental health clinic treatment, providing treatment to 36,000 additional children and their families – with 22,400 of those children receiving in-home services (OMH);

Implementing the Home and Community Based Waiver Program (a \$62 million annual investment (provided in SFY 2006-07 State Budget) for this initiative represents the largest, one-year investment in children's mental health services in State history) which enables seriously emotionally disturbed children at risk for institutional placement, to remain at home and in school while receiving a comprehensive and well-coordinated array of services appropriate to individual need. New York State is one of only five states in the nation to participate in the program, which has grown to provide services to more than 2,000 children and families each year (OMH);

Implementing the closure of Middletown Psychiatric Center which occurred on April 1, 2006. The full annual operating savings of \$7 million realized by the closure is being reinvested to expand State-operated services in Middletown's previous catchment area of Orange and Sullivan Counties (OMH);

Implementing Personalized Recovery Oriented Services (PROS), a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing (OMH);

Enhancing the effectiveness of assessments and placements by expanding person-centered-planning initiatives in the Single-Point-of-Access (SPOA) program (OMH);

Surveying the satisfaction of all consumers with disabilities served by the State Education Department's Independent Living Center network (SED);

Enhancing the vocational rehabilitation process through the use of peer mentors and supports aimed at improving employment outcomes (SED);

Working with Independent Living Centers, implementing a new model for training staff that work directly with individuals who are at imminent risk of nursing home placement. The training teaches staff to use community resources to keep people at home (SED);

Establishing a specialized chemical dependency inpatient treatment program for persons with an alcohol/substance abuse diagnosis and co-existing traumatic brain injury (OASAS); and

Fostering inter-agency use of accessible vehicles by awarding bonus credits to vehicle grant applicants who agree to coordinate vehicle usage with other not-for-profit agencies that are not grant recipients (DOT).



## Appendices

Appendix A: Inventory of Current Assessment Procedures

Appendix B: Inventory of Current Community Services and Program Types by  
Licensing/Funding Agency

Appendix C: Data on Institutional Care and Community Services Intended to Avoid  
Institutionalization

Appendix D: Sample Letters from Commissioner Maul and Excerpts from the October,  
2005 Responses from: State Agencies

## **Appendix A**

### **Inventory of Current Assessment Procedures**

State agencies currently employ a multitude of assessment procedures and tools to identify individuals of all ages with disabilities who could benefit from services provided in a more integrated setting. In addition to current procedures and tools, there are new initiatives that seek to promote services provided in the “most integrated setting.” The list that follows highlights key examples:

- The Department of Health (DOH) administers three Medicaid waivers that offer community services in lieu of nursing home placement. For these waivers, the assessments determine whether the individual would otherwise be eligible for nursing home care. The waivers are: “Care at Home,” “Long-Term Home Health Care” and “Traumatic Brain Injury.”
- Working with the State Education Department’s network of Independent Living Centers, the State Office for the Aging (NYSOFA) the Developmental Disabilities Planning Council (DDPC) and the DOH are engaged in the Nursing Home Transition Initiative. In this project, Federal monies are being used to assess people for transition out of nursing homes. The DDPC is a key player in this project and is gaining valuable experience in assessment techniques and design of community services and supports for people returning to the community.
- Since 2004 DOH and NYSOFA have been co-chairs of a Discharge Planning Workgroup which has created tools for both providers and consumers to reach informed decisions on appropriate placement alternatives.
- The Nursing Facility Transition and Diversion law (enacted 10/11/04) authorizes DOH to seek a new federal waiver under the Medicaid program to provide home and community-based services to individuals who may otherwise be cared for in a skilled nursing facility. It will provide funding to reimburse many services in the community setting that are not presently included in the traditional Medicaid program.
- NYSOFA is also collaborating with DOH on design of a Long-Term Care Point of Entry (POE) System. A POE system would offer information on community services and assessments to identify a person’s specific day-to-day needs for life in their community. The assessments performed by the POE will be conducted from a “strength-based perspective.”
- The Office of Mental Retardation and Developmental Disabilities (OMRDD) operates a very large Home and Community-Based Services (HCBS) Waiver and three small Care-at-Home Waivers for children. For each of the waivers, assessments determine whether the individual would otherwise be eligible for an Intermediate Care Facility (ICF). If ICF eligibility is substantiated, the person can be enrolled in a waiver. Throughout an individual’s tenure in a waiver, a person-centered approach is used in assessing community services and support needs.

- In collaboration with the Self-Advocacy Association of NYS, OMRDD is providing information on residential alternatives to residents of large ICFs in two areas of the state. By offering information and assessment, OMRDD is promoting “most integrated setting.”
- OASAS employs “Level of Care” assessments throughout its service system. These assessments assure that a person in need of chemical dependent services is placed in the most integrated setting which affords clinically appropriate care.
- OCFS promotes a set of core principles in assessment that reinforce “most integrated setting goals.” These principles include the provision of services and supports in family and community settings and the use of “strength-based approaches” which focus on child and family strengths as opposed to problems and pathology.
- OMH service assessments focus on rehabilitation and individualized community-based service planning.
- OMH’s “Coalition to Promote Community-Based Care” assessments focus on community supports and services needed by people who have been long-stay inpatients in state psychiatric centers.
- OMH’s Single Point of Access (SPOA) process involves centralized intake, assessment and referral for local community-based services including housing and case management.
- OMH has local programs throughout the state which promote coordinated service delivery and assessment for community-based services. Individualized service planning, recipient empowerment and choice are hallmarks of these programs. Examples of these local initiatives are the Staten Island Behavioral Network involving six community-based providers and the Western New York Care Coordination Program, which is a collaboration of Chautauqua, Erie, Genesee, Monroe, Onondaga, and Wyoming Counties.

**Appendix B**

**Inventory of Current Community Services and Program Types by  
Licensing/Funding Agency**

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE DEPARTMENT OF HEALTH</b>								
AIDS Institute Direct Services Contracts	Contracts for direct services (e.g. Case Management, Outreach, Treatment Adherence, Nutrition/Meals, Supportive Housing)	Persons infected, affected or at risk for HIV.	Persons infected, affected or at risk for HIV.	No – Service area varies by grant.	Capped – Grant funds	Number varies by grant.  8,500	State, CDC, HRSA, MHRA	\$84m
Alzheimer’s Disease Assistance Centers Program	Early detection, care management, provider education.	People with suspected or diagnosed dementia, providers.	People with suspected or diagnosed dementia, providers.	No – Regionally in 9 locations	Capped	3,600 consumers 3,700 family members	SLA/Tax Check Off	\$540,000
Alzheimer’s Disease Community Service Program	Caregiver training, public education, coordinate respite.	People with suspected or diagnosed dementia, providers, families, and caregivers.	People with suspected or diagnosed dementia, providers, families, and caregivers.	No – Regionally in 14 locations	Capped	19,300 family members	CPP/Tax Check Off	\$532,000
Arthritis Self-Help Course (ASHC), People with Arthritis can Exercise (PACE)	Typically a two-hour session for six to eight weeks to help people with arthritis to improve their quality of life through improved nutrition, physical activity, and communication with health care providers.	Adults with arthritis or related diseases and their caregivers	Adults with arthritis or related diseases and their caregivers	No – Based on source of funding and location of contractors.	Capped	200 (est)	CDC Program for Arthritis	\$20,000
Assisted Living Program (ALP)	Long term residential care and home health services in a less medically intensive setting than a nursing home. Operators are dually licensed as adult care facility and home care services provider.	Nursing home eligible	Adults	Regional distribution with limit of 4,200 beds	Dependent on payer source  Entitlement under Medicaid	3,300 (MA) (FFY 02)	Residential Component – Private pay or SSI  Home Care Component – Private pay or Medicaid	\$46m (MA)

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Care at Home Waivers I and II	Medicaid Home and Community Based Services Waiver for children with physical disabilities providing Medicaid services as well as “waiver” services such as case management, respite, home and vehicle modifications	Ineligible for Medicaid – Requiring skilled nursing services and been hospitalized 30 days.	Children	Not restricted	Waiver slots are approved by the federal government.	1,000 slots 589 enrolled	Medicaid Private pay Private insurance	\$2m – Waiver services  \$35m – State Plan services
Certified Home Health Agencies	Part-time, intermittent nursing and home health aide services; Provide or arrange for other professional services e.g. therapies, medical supplies/equipment, nutrition	Dependent on payer source	Adults & children	Not restricted	Dependent on payer source  Entitlement under Medicaid	95,000 (MA) (FFY 02)	Private pay Private insurance Medicare Medicaid	\$690m (MA) (FFY 02)
Child & Adult Care Food Program (Adults)	Cash reimbursement to day care programs that provide healthy meals, snacks	Programs must provide structured, comprehensive services to functionally impaired, non-resident adults.	Adult day care facilities	Not restricted	Entitlement	76,000 (FFY 02)	USDA	\$3.9m
Children with Special Health Care Needs (CSHCN) Program	Information and referral services in health and related areas for families of CSHCN	Any child who has or is suspected of having a serious or chronic physical, developmental, behavioral or emotional condition and who also requires health and related services of a type or amount beyond that required by children generally.	Children birth to 21 years	Beginning Oct. 1, 2004 program will be available statewide	Not an entitlement; No caps	5,200 (FFY 02)	Maternal and Child Health Block Grant	\$1.7m

### COMMUNITY SERVICES

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Community Coalitions for Diabetes Prevention	Public and provider ed., patient ed., quality improvement.	Public, people with or at risk for diabetes, providers	Public, people with or at risk for diabetes, providers	No – Regionally in 13 locations	Capped	8,900 encounters	SLA/PPP/PBG	\$675,000 (SYF 01-04)
Consumer Directed Personal Assistance Program (CDPAP)	Self-directed model for nursing, home health, and personal care services.	Medicaid eligible	Adults and children	Not restricted	Entitlement under Medicaid	4,600 (FFY 02)	Medicaid	\$112m (FFY 02)
Cystic Fibrosis Assistance Program (Adults)	Reimbursement for insurance premiums and other CF related health costs.	Adults (over 21) with a diagnosis of CF, enrolled in a health insurance plan, not eligible for Medicaid, who have been State residents for the 12 months prior to applying.	Adults (over 21) with a diagnosis of CF, enrolled in a health insurance plan, not eligible for Medicaid.	Yes	Entitlement	110	SLA/client contribution	\$621,000
Day Health Care	Medical model of services & activities (e.g. nursing, therapies, case management) at licensed residential health care facilities or extension sites.	Nursing home eligible	Adults and children	Not restricted	Dependent on payer source  Entitlement under Medicaid	15,500 (MA) (FFY 02)	Private pay  Private insurance  Medicaid	\$252m (MA) (FFY 02)

### COMMUNITY SERVICES

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Early Intervention Program (EIP)	An array of therapeutic and supportive services including evaluations, service coordination, special instruction, occupational therapy, physical therapy, psychological services, and nursing services in accordance with the Individualized Family Service Plan (IFSP) developed for eligible children and their families.	A delay in one or more areas of development consistent with state definition of developmental delay, or a diagnosed condition that has a high probability of resulting in a developmental delay.	Infants and toddlers (ages birth to two years of age) with disabilities and their families.	Yes	Entitlement	67,000 Program Year 01-02	Medicaid, Third Party Insurance and State, local funds	Program Year 2001-02 – \$572m (Most recent year for which data are available)
Living Well with a Disability	Two-hour session for eight weeks to help people with disabilities to improve their quality of life through improved nutrition, physical activity and communication with health care providers	Adults with physical disabilities without cognitive impairment	People with disabilities (i.e. developmental disabilities, spinal cord injuries and other physical disabilities).	No – Based on source of funding and location of contractors.	Entitlement and capped by availability of funding.	75	CDC Program Grant, “State Implementation Projects for Preventing Secondary Conditions and Promoting the Health of People with Disabilities”	\$36,000 Total for each of the eight programs funded
Long Term Home Health Care Program	Coordinated plan of medical, nursing, rehabilitative and support services e.g. respite, social day care, home modifications provided by certified providers. Under Medicaid, it is a Home and Community Based Services Waiver.	Nursing home eligible	Adults and children	No – Waiver not in operation in Chenango, Essex, Hamilton, Lewis, Livingston, Schoharie, Schuyler, & Wyoming counties	Annual waiver slots are approved by the federal government.	28,000 (MA) (FFY 02)	Private pay Medicaid	\$501m (MA) (waiver and home care services only)  (FFY 02)

### COMMUNITY SERVICES

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Managed Long Term Care Program	Capitated managed care organizations designed to serve individuals with chronic illness or physical disabilities. Services offered vary but include case management, long term care, and other ancillary services.	Nursing home eligible	Adults	10 counties plus NYC	Dependent on payer source  Entitlement under Medicaid	9,500 (FFY 02)	Medicaid  Private pay  Private insurance  Medicare	\$314m (MA) (FFY 02)
Personal Care Services	Nutritional & environmental support and personal care functions such as meal preparation, housekeeping, grooming	Dependent on payer source	Adults and children	Not restricted	Dependent on payer source  Entitlement under Medicaid	88,600 (MA) (some also receive CDPAP) (FFY 02)	Private pay  Private insurance  Medicaid	\$1.7b (MA) (FFY 02)
Private Duty Nursing	Services of RNs & LPNs when CHHA services are not available or needed beyond CHHA's scope	Dependent on payer source	Adults and children	Not restricted	Dependent on payer source  Entitlement under Medicaid	11,700 (MA) (FFY 02)	Private pay  Private insurance  Medicaid	\$158m (MA) (FFY 02)
Traumatic Brain Injury (TBI) Waiver	Medicaid Home and Community Based Services Waiver providing 11 "waiver services" (e.g. independent living skills training) and other Medicaid services; housing supports and rent subsidies also provided.	Nursing home eligible	Adults (18+) traumatic or acquired brain injury	Not restricted	Annual waiver slots are approved by the federal government.	1,100 (FFY 02)	Medicaid (federal/state/local) for services  Housing supports/rent subsidies use separate state appropriation	\$47m (FFY 02)

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES</b>								
Article 16 Clinics	Certified clinic providing habilitative clinical services and some medical/dental services.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with the Mental Hygiene Law.	Yes	Entitlement	40,000	Mostly Medicaid – some Medicare	\$87m
Care at Home Waivers III, IV and V	Medicaid HCBS Waiver for medically frail children living at home. Services include case management, respite, e-mods, and assistive technology in addition to non-waiver Medicaid services.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for CAH waivers.	Medically frail children 18 years old and under with a developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by federal government.	500	Medicaid	\$3.5m
Community Intermediate Care Facility (ICF)	Residential program with 24-hour staffing operated in accordance with federal Medicaid regulations which require “active treatment”.	Developmental disability diagnosis in accordance with Mental Hygiene Law and ICF Level-of-Care Determination.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Entitlement	7,800	Medicaid	\$881.9m
Community Residence (CR)/HCBS Waiver Residential Habilitation	Certified residential setting offering habilitation services and supports with a community focus. Some have 24-hour staffing	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by federal government.	1,800	Mostly Medicaid with SSI and State funds	\$59m
Day Training	Day program offering services and activities.	Developmental disability diagnosis in accordance with Mental Hygiene Law	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law	Yes	State appropriation	1,050	State funds	\$4m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Day Treatment (DTx)	Day program offering a planned combination of diagnostic, treatment, and rehabilitative services.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Entitlement	15,100	Medicaid	\$324.5m
Family Care/HCBS Waiver Residential Habilitation	Living arrangement which places an individual with a family. Individualized habilitation services and supports and community experiences are provided.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by federal government.	3,800	Mostly Medicaid with SSI and State funds	\$53.6m
Family Support Services (FSS)	Variety of services (e.g. respite, recreation, crisis intervention, information and referral, etc.) that enhance a family's capacity to keep a family member with developmental disabilities at home.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	State appropriation	\$51,000	State funds	\$56.2m
HCBS Waiver Day Habilitation, Supported Employment and Pre-Vocational Services	Individualized habilitation services and supports which emphasize integrated community experiences. Also, services which prepare people for the world of work and help them succeed at a job.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	34,200	Mostly Medicaid and State funds	\$457.4m
HCBS Waiver Environmental Modifications (E-Mods) and Adaptive Technologies	"E-Mods" funds necessary changes to a person's home environment. Adaptive technology provides devices, aids, controls, and appliances to enhance independence.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots are approved by the federal government.	760	Medicaid	\$5.4m

**COMMUNITY SERVICES**

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HCBS Waiver Family Education and Training	Training given to families of HCBS Waiver enrolled children <18 years of age. Training includes: information on developmental disabilities and service options.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	325	Medicaid	\$18,000
HCBS Waiver Hourly Respite	Hourly temporary substitute care of the family member with a developmental disability provided for primary caregivers.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	2,000	Mostly Medicaid	\$4.2m
HCBS Waiver In-Home Residential	Individualized habilitation supports and services provided in the person's home.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	7,300	Mostly Medicaid	\$81.3m
HCBS Waiver Plan of Care Support Services	Services needed to review and maintain a current Individualized Service Plan (ISP) and document the consumer's level-of-care eligibility as required for HCBS Waiver enrollment.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver and not receiving Medicaid Service Coordination.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	160	Medicaid	\$58,000
HCBS Waiver Residential Respite	Temporary substitute care provided for primary caregivers, can include overnight stays outside the family home for the family member with a developmental disability.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	1,570	Mostly Medicaid	\$6.9m

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Individual Residential Alternative (IRA)/HCBS Waiver Residential Habilitation	A small-sized certified residential setting offering individualized habilitation services and supports with a community focus. Some have 24-hour staffing.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	20,900	Medicaid with SSI and State funds	\$1.3b
Individual Support Services (ISS)	Supports (e.g. rental subsidies, case management) to enable people to live independently in the community.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	State appropriation	1,300	State funds	\$8.9m
Medicaid Service Coordination (MSC)	Assistance to persons in accessing services and supports, provided by qualified service coordinators using a person-centered planning process.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Entitlement	57,800	Mostly Medicaid	\$130.3m
Self-Determination Pilot Project: HCBS Waiver Consolidated Supports and Services	Self-directed services under the HCBS Waiver. The individual controls a personal resource account and, through a fiscal intermediary, purchases supports and services based on an approved plan.	Developmental disability diagnosis in accordance with Mental Hygiene Law; individual eligibility for HCBS Waiver.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	Waiver slots approved by the federal government.	Services began in SFY 2003-2004 State Budget	Medicaid with SSI and State funds	Not funded until SFY 2003-2004
Sheltered Workshop(s)	Programs offering non-competitive work opportunities.	Developmental disability diagnosis in accordance with Mental Hygiene Law.	Individuals with developmental disability diagnosis in accordance with Mental Hygiene Law.	Yes	State/local appropriation	12,500	State/local	\$143.4m

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<b>NEW YORK STATE OFFICE FOR THE AGING</b>								
Caregivers Assistance Program – Caregiver Resource Centers	17 Caregiver Resource Centers across the State, which assist informal caregivers through training programs, support groups, counseling and technical assistance, and linkage to community-based services and programs.	Caregiver to individuals 60+	Caregivers to individuals 60+	No – In the following counties; Broome, Cattaraugus, Clinton, Cortland, Fulton, Genesee, Madison, Monroe, Nassau, Onondaga, Orange, Putnam, Rockland, Steuben, Sullivan, Tompkins & Westchester	Capped State appropriation	Over 9,300 individuals, on-going oversight to 39 support groups, and counseling services to over 3,800 individuals	State funds	\$360,000
Community Services for the Elderly Program (CSE)	Non-medical supportive services to frail, elderly including: case management, personal care, home-delivered meals, information and assistance, referral, social adult day care, transportation, respite, telephone reassurance and friendly visiting, health promotion and wellness activities, senior centers and other congregate programs, personal emergency response systems, minor residential repairs, escort services,	Must be 60+	All individuals 60+ that need assistance to maintain themselves at home.	Yes	Capped State appropriation	91,215 (35,859 low-income elderly; frail or with disabilities; 42,835 aged 75+ and 42,088 who live alone	State funds	\$16,573,215

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	and others.							
Congregate Services Initiative (CSI)	Services in senior centers and other congregate settings. Services include: information and assistance, referral, transportation, nutrition, socialization activities, education, counseling, volunteer opportunities for older people, health promotion and wellness activities, and caregiver support services for the families of older people.	Must be 60+	Individuals 60+	Yes	Capped State appropriation	18,000 – 37% were low-income, 47% were 75+, 36% were frail or disabled, and 45% who live alone)	State funds	\$980,000
Expanded In-Home Services for the Elderly Program (EISEP)	Case managed non-medical, supportive services including: case management, homemaking/personal care and housekeeping/chore, non-institutional respite services, and ancillary services.	Individuals 60+ who are functionally impaired in at least one ADL, two IADLs, continent and not eligible to receive same or similar services under titles XVIII, XIX or XX, any other governmental program; or services provided to residents in adult residential facilities to be maintained safely at home.	Individuals 60+	Yes	Capped State appropriation	33,500 received case management services (51% were low-income and 27% were minorities) and 11,800 clients received in-home services	State funds	\$25,500,030
Foster Grandparent Program (FGP)	Mentors, tutors and caregivers for children and youth with special needs. Foster grandparents receive modest, tax-free stipends	Low income 60+	Low income individuals 60+ and children with special needs.	No – In the following counties; Broome, Bronx, Chautauqua,	Capped State funds	Not applicable	State funds	\$300,000

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	and reimbursement for the costs of transportation, meals, annual physical examinations and accident liability insurance			Erie, Livingston, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Rensselaer, Rockland, St. Lawrence, Suffolk, Wayne & Westchester				
Health Insurance Information, Counseling and Assistance Program (HIICAP)	Oversee training of HIICAP counselors and coordinators community-based programs providing information, assistance and counseling to older people and their families on health insurance, long-term care insurance, consumers' rights; and assistance available under the Medicaid/Medicare programs.	All in need	All in need	Yes	Capped Federal funds	12,024	Federal funds	\$507,660
Home Energy Assistance – Weatherization Referral and Packaging Program (WRAP)	Outreach and referral services; assessment of homes for energy-efficiency needs; and identification of links to applicable public and private resources to enhance a home's energy efficiency, e.g installing high-efficiency heating systems, and insulation, repairing doors, caulking windows; repairing roofs and ramp installations.	Low income individuals 60+	Low income individuals 60+	Yes	Capped Federal funds	5,123 low-income households served (including 1,205 households with members with disabilities and 69 with children under the age of eight).	Federal funds In 2002, 29 Area Agencies on Aging leveraged \$3.4 million in public funds and \$667,000 in private money to augment federal WRAP funding	\$4,286,818

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Long Term Care Ombudsman Program (LTCOP)	The State Ombudsman together with 51 Ombudsman Coordinators support and train over 1,000 community-based, certified, volunteer Ombudsmen. While investigating complaints, they, by law, have 24-hour access to their assigned long-term care facilities. The Program integrates citizen volunteers, advocacy groups, residents, families, voluntary and public agencies, health and social welfare professionals, and facility staff into effective relationships, which serve to improve the quality of life for residents.	Must be a resident of Level I or II ADC or RHCF	All residents of ADCs and RHCFs	Statewide	Capped Federal and State funds	@ 150,000 residents in 687 nursing homes and 1,300 Adult Care Facilities. (Annually, over 12,000 complaints investigated/resolved and over 20,000 consultations with individuals regarding long-term care issues in facilities).	State and Federal funds	\$804,365 in State funds and \$2,183,939 in Federal funds
National Family Caregiver Support Program (Older Americans Act, Title III-E)	Services include: information about available services, assistance in gaining access to services, counseling, support groups, training related to the caregiver role, respite care to provide temporary relief from caregiving responsibilities, transportation, and emergency response systems.	Caregivers of persons aged 60+ and grandparents or other relatives who are aged 60+ and who are raising their grandchildren or other family members' children who are under age 18.	Informal caregivers	Yes	Capped Federal funds	83,786	Federal funds	\$9,510,102

**COMMUNITY SERVICES**

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Naturally Occurring Retirement Community Supportive Services Program (NORC-SSP)	Community-based service agencies provide a range of supportive services to the elderly tenants living in the multi-family housing developments. Services include: congregate meals, socialization activities, information and assistance, transportation, housekeeping, educational programs, personal care, case management, linkage to other services from the wider community, and others. Also, provides assistance to housing managers by assuming responsibility for addressing aging tenants' personal and health needs.	None	Individuals typically 60+	No – In the following counties; Bronx, Brooklyn, Manhattan, Monroe, Queens, Rensselaer & Saratoga	Capped State funds	3,846	State funds	\$1,200,000
Nutrition Services Congregate Meals Program (Older Americans Act, Title III-C-1)	Hot meals, meeting federal and state nutrition standards, nutrition education and counseling services, and social activities in community-based congregate settings	Must be 60+	Individuals 60+	Yes	Capped Federal funds	Cumulative total of 403,433 were served under sub-parts B, C1, C2 and D of the Title III program.	Federal funds	\$28,957,435
Nutrition Services Home-Delivered Meals Program	Hot meals, meeting federal and state nutrition standards, and nutrition education and counseling services. Participants are home-bound and	Must be 60+ and homebound	Homebound individuals 60+, their spouses and disabled dependents of any age	Yes	Capped Federal funds	A cumulative total of 403,433 were served under sub-	Federal funds	\$12,069,879

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
(Older Americans Act, Title III-C-2)	incapacitated due to accident, illness, or frailty; lack of informal supports; and unable to prepare meals; shop and cook for themselves; or lack the necessary knowledge and skills to prepare meals.					parts B, C1, C2 and D of the Title III program.		
Nutrition Services Incentive Program (NSIP)	Cash or food for community-based providers of nutrition services to supplement provision of meals under the SNAP and Title III C1 & C2 programs.	Community based nutrition service provider	Individuals 60+	Yes	Capped Federal funds	Number is reflected among the number of seniors served for the SNAP and Title III C1 & C2 programs	Federal funds	\$14,299,393
Preventive Health Services Program (Older Americans Act, Title III-D)	Programs and activities that increase their quality of life and reduce their need for expensive medical treatment. Services include: medication management education; health promotion; home injury control and falls prevention services; nutrition counseling and nutrition education programs; routine health screening; and disease prevention and physical fitness programs.	Must be 60+	Individuals 60+ and their families	Yes	Capped Federal funds	Cumulative total of 403,433 served under sub-parts B, C1, C2 and D of the Title III program.	Federal funds	\$1,461,956

**COMMUNITY SERVICES**

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Respite Care Program	Temporary in-home or facility-based care, social adult day care, supervision and case management for elderly clients and counseling and referral services for the caregiver. A portion provides substitute supervision and care for elderly persons as a means of providing short-term relief for their informal caregivers.	Must be 60+	Individuals 60+ and their informal caregivers	No - In the following counties; Albany, Allegany, Chautauqua, Cattaraugus, Erie, Fulton, Genesee, Kings, Madison, Montgomery, Nassau, Niagara, Onondaga, Queens, Rensselaer, Saratoga, Schenectady, Suffolk & Wyoming Counties	Capped State funds	17,112	State funds and Federal Corporation for National Service	\$1,024,000
Retired and Senior Volunteer Program (RSVP)	Recruits, trains and places senior volunteers over the age of 55 in a host of human services agencies.	Must be 55+	Seniors in the community	No – All counties except the following counties: Allegany, Delaware, Fulton, Hamilton, Jefferson, Lewis, Livingston, Montgomery, Orleans, Otsego, Rensselaer, St. Lawrence, Schoharie,	Capped State funds	38 programs with 33,000 volunteers. Volunteers provided @ 5.5 million hours of service estimated at \$80m, and received only out-of-pocket expenses, e.g. carfare, mileage, lunch.	State funds	\$500,000

**COMMUNITY SERVICES**

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				Tioga & Wyoming				
Senior Community Services Employment Program (Older Americans Act, Title V)	Training and employment opportunities in public and private non-profit organizations.	Individuals 55+, unemployed, low income	Individuals 55+, unemployed, low income	Yes	Capped Federal funds	2,255	Federal funds	\$5,858,010
Social Adult Day Care Program	18 social adult day programs, which are community-based sites that provide a variety of non-residential assistance and services to elderly persons who are functionally impaired due to physical and/or cognitive impairments and who need long-term care. Services include: supervision and monitoring; personal care; socialization and nutrition; special programming; caregiver support and respite.	Individuals must be functionally impaired and deemed to benefit from participation.	Impaired individuals 55+ who are determined to benefit from participation.	No – In the following counties: Albany, Bronx, Chautauqua, Kings, Nassau, New York, Niagara, Oneida, Onondaga, Putnam, Queens, Rensselaer, Suffolk & Ulster	Capped State funds	512	State funds	\$946,276
Supplemental Nutrition Assistance Program (SNAP)	Provides home-delivered meals to people at high risk of malnutrition and other chronic health conditions because they are incapacitated due to accident, illness, or frailty and are unable to prepare their meals. Includes informal “checking” done by those who deliver the meals.	Must be 60+ - In addition, program is targeted to those who live alone, are aged 75+ and poor.	Individuals 60+	Yes	Capped State funds	38,082	State funds	\$17,209,000

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Supportive Services Program (Older Americans Act, Title III-B)	Comprehensive planning, coordination, and provision of community-based, social support services. Services include: transportation, information and assistance, adult day services, case management, escort, in-home personal care, and chore, outreach, in-home contact, health promotion, personal emergency response, caregiver services, Long Term Care Ombudsman services, and legal services.	Must be 60+	Individuals 60+	Yes	Capped Federal funds	Cumulative total of 403,433 were served under sub-parts B, C1, C2 and D of the Title III program.	Federal funds	\$24,365,231

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE COMMISSION ON QUALITY OF CARE FOR THE MENTALLY DISABLED</b>								
Client Assistance Program	Advocacy, including assistance in pursuing administrative and judicial remedies to protect rights and secure access to vocational rehabilitation and other employment services	Individuals with disabilities	Individuals with disabilities, (usually working with VESID or CBVH)	Yes	Limited by Federal funds	8,154	U.S. Rehabilitation Services Admin.	\$689,000
Protection and Advocacy of Individual Rights Program	Advocacy, including assistance in pursuing administrative and judicial remedies to protect rights and secure appropriate programs and services	Individuals with severe disabilities who are ineligible for, or whose request for services cannot be addressed by other Protection and Advocacy or Client Assistance programs	Individuals with severe disabilities who are ineligible for, or whose request for services cannot be addressed by other Protection and Advocacy or Client Assistance programs	Yes	Limited by Federal funds	2,970	U.S. Rehabilitation Services Admin.	\$980,000
Protection and Advocacy for Assistive Technology	Advocacy, including assistance in pursuing administrative and judicial remedies to protect rights and secure access to assistive technology devices and services	Individuals with disabilities who require assistive technology to live independently and productively	Individuals with disabilities who require assistive technology to live independently and productively	Yes	Limited by Federal funds	(First year program)	U.S. Dept. of Education	\$259,000
Protection and Advocacy for Beneficiaries of Social Security	Advocacy, including assistance in pursuing administrative and judicial remedies, to eligible individuals with disabilities to protect rights and secure access to gainful employment	Individuals with disabilities who receive SSDI or SSI	Individuals with disabilities who receive SSDI or SSI	Yes	Limited by Federal funds	1,789	U.S. Social Security Admin.	\$326,822
Protection and Advocacy for	Advocacy, including assistance in pursuing administrative and	Individuals with developmental disabilities	Individuals with developmental disabilities	Yes	Limited by Federal funds	33,000	U.S. Dept. of Health & Human	\$2,027,000

**COMMUNITY SERVICES**

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Individuals w/Developmental Disabilities	judicial remedies, to protect rights and secure access to programs and services, including special/integrated educational services						Services, Admin. for Children & Families	
Protection and Advocacy for Individuals with Mental Illness	Advocacy, including assistance in pursuing administrative and judicial remedies to protect rights and secure access to programs and services and assure effective investigation of allegations of abuse and neglect	Individuals with a mental illness	Individuals with a mental illness	Yes	Limited by Federal funds	43,245	U.S. Dept. of Health & Human Services, Substance Abuse & Mental Health Services Admin.	\$1,668,000
Protection and Advocacy for Individuals with Traumatic Brain Injury	Advocacy, including assistance in pursuing administrative and judicial remedies, to eligible individuals with disabilities to protect rights and secure access to appropriate programs and services	Individuals who have experienced traumatic brain injuries	Individuals who have experienced traumatic brain injuries	Yes	Limited by Federal funds	(First year program)	U.S. Dept. of Health & Human Services, Health Resources & Services Admin.	\$83,000
Protection and Advocacy for Voting Access	Advocacy, including assistance in pursuing administrative and judicial remedies to protect rights and secure access to the electoral process	Individuals with disabilities	Individuals with disabilities	Yes	Limited by Federal funds	(First year program)	U.S. Dept. of Health & Human Services, Admin. for Children & Families	\$226,144
Surrogate Decision-Making Committee Program (SDMC)	An alternative to the court system for obtaining consent for major medical treatment for persons with mental disabilities who lack capacity to make their own decisions and have no willing or	Available to persons who: lack capacity to make their own medical decisions; have no authorized willing and available decision maker;	Persons diagnosed with mental retardation, developmental disabilities or mental illness.	Yes	SDMC is open to all persons and facilities who meet eligibility criteria, but the number	1,482	Internal operations are funded through the CQC State Operations Budget. Local Assistance	\$418,000 – Local Assistance

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	authorized surrogate to act on their behalf. Cases are heard by volunteer panelists.	and reside in a facility or program, licensed, operated or funded by OMRDD or OMH.			of cases that can be processed each year is limited by the Local Assistance funding available to support the program.		funds contract agencies who administer SDMC regionally.	

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<b>NEW YORK STATE EDUCATION DEPARTMENT, OFFICE OF VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES</b>								
New York State School for the Blind	Operated by VESID, provides education to visually impaired children who have multiple disabilities.	Proof of legal blindness, additional disability such as mental retardation, hearing or orthopedic impairment.	5-21 years old, NYS resident	Accepts all children from NYS	Capped enrollment	82	School district, county of residence, and SED	\$7.5m
New York State School for the Blind ICF/MR Program	Operated by VESID, provides residential services to certain visually impaired children who attend Batavia School for the Blind.	Operated by VESID, provides residential services to certain visually impaired children who attend Batavia School for the Blind.	Attendance at Batavia School for the Blind, age 10-21	Accepts children from all of NYS	Capped enrollment	17	SED	\$2.6m
New York State School for the Deaf	Operated by VESID, provides education to children with significant hearing loss.	Hearing loss of at least 80Db in the better ear.	NYS resident, 3-21 years old	Accepts children from all of NYS	Capped enrollment	90	School district, county of residence and SED	\$7.4m
Preschool Special Education Programs	VESID approves preschool special education programs and oversees a statewide preschool special education program with school districts, municipalities, approved providers and parents.	Evaluations and specially planned individual or group instructional services or programs are provided to eligible children who have a disability that affects their learning.	A child with a disability that affects his or her learning.	Location of all preschool special education programs can be accessed at <a href="http://www.vesid.ny.gov/spece/d/">www.vesid.ny.gov/spece/d/</a> .	Entitlement	?	Municipality and State funding	\$573.9m
Private Schools for Students with Disabilities	Specific information regarding each school can be found at <a href="http://www.vesid.nysed.gov/specialized/privateschools/home">www.vesid.nysed.gov/specialized/privateschools/home</a> .	Specific information regarding each school can be found at <a href="http://www.vesid.nysed">www.vesid.nysed</a> .	Specific information regarding each school can be found at <a href="http://www.vesid.nysed">www.vesid.nysed</a> .	Specific information regarding each school can be found at <a href="http://www.vesid.ny">www.vesid.ny</a>	Specific information regarding each school can be found at	Day placements (949) and residential school placements	School district and county of residence	?

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
		<a href="http://gov/specialed/privateschools/home">gov/specialed/privateschools/home</a>	<a href="http://gov/specialed/privateschools/home">gov/specialed/privateschools/home</a>	<a href="http://sed.gov/specialed/privateschools/home">sed.gov/specialed/privateschools/home</a>	<a href="http://www.vesid.nysed.gov/specialed/privateschools/home">www.vesid.nysed.gov/specialed/privateschools/home</a>	(220)		
Service Centers for Independent Living	Community based, consumer controlled, nonresidential, not-for-profit organizations serving all people with disabilities of all ages and the community with a range of independent living services aimed to enhance integration, independence and self-reliance of people with disabilities.	People with disabilities; family members and significant others; and nondisabled personnel from businesses and agencies	People receive direct independent living services if they identify as a person with a disability or meet disability criteria defined under the Americans with Disabilities Act.	No – There are 43 entities located in communities throughout New York State that provide independent living services. Specific locations can be found at <a href="http://www.vesid.nysed.gov/">www.vesid.nysed.gov/</a> .	N/A	Served 71,200 people with and without disabilities in 2002-03. Served 38,200 people with disabilities, 9,300 family and significant others and 23,100 nondisabled individuals from businesses and agencies.	New York State Aid to Localities. The program providers receive direct funding from numerous sources not administered by VESID.	SFY 2002-2003 - \$10.7m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE DIVISION OF HOUSING AND COMMUNITY RENEWAL</b>								
Emergency Home Repair Program for the Elderly (RESTORE)	Funds the cost of emergency repairs to eliminate hazardous conditions in homes owned by the elderly when the homeowners cannot afford to make the repairs in a timely fashion.	Not-for-profit corporations and municipalities. Work undertaken cannot exceed \$5,000 per building and must be used for low-income elderly owner households in one-to four-unit owner-occupied dwellings.	Homeowners must be 60+ and have a household income that does not exceed 80% of the area median income.	Yes	State appropriation	HTF, LIHC, HOME and RESTORE programs created 9,566 housing opportunities for low-income New Yorkers	Legislative appropriation	SFY 2002-2003 \$400,000
Low Income Housing Credit Program (LIHC)	A dollar-for-dollar reduction in federal income tax liability for project owners who develop, rehabilitate and acquire rental housing that serves low-income households. Project owners use credit allocations as "gap fillers" in their development and/or operating budgets. The credit is turned into equity to fill the project "gaps" through the sale of the project to a syndicated pool of investors	For-profit developers, individuals, limited partnerships, limited liability corporations; and corporations. The amount of credit available to project owners is in direct relation to the number of low-income household units that they develop and is available only on units that are occupied by low-income households.	Low-income households earning up to 60% of area median income	Yes	State appropriation	HTF, LIHC, HOME and RESTORE programs created 9,566 housing opportunities for low-income New Yorkers.	Through a tax incentive for corporations and individuals to invest in low-income housing	State receives a per capita allotment of low-income housing credit of \$34m.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Low Income Housing Trust Fund Program	Helps meet the critical need for decent, affordable housing opportunities for people with low-income. (a) Funding to construct low-income housing to rehabilitate vacant or under-utilized residential property (or portions of a property) or to convert vacant non-residential property to residential use for occupancy by low-income homesteaders, tenants, tenant cooperators, or condominium owners. (b) Seed funding to eligible not-for-profit applicants who need financial assistance in developing a full HTF application.	Not-for-profit corporations or charitable organizations in existence for one year, whose primary purpose is low-income housing, wholly-owned subsidiaries of not-for-profits or charitable organizations; Housing Development Fund Companies, partnerships, private developers, municipalities and housing authorities, when assisting properties owned after 7/1/86	Low-income persons up to 80% of area median income in New York City and low-income persons up to 90% of area median income in the portion of the State outside of New York City	Yes	State appropriation	HTF, LIHC, HOME and RESTORE programs created 9,566 housing opportunities for low-income New Yorkers.	Legislative appropriation	Approximately \$29 million per SFY

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
New York State HOME Program (HOME)	A variety of activities through partnerships with counties, towns, cities, villages, private developers and community-based not-for-profit housing organizations. Funds may be used to acquire, rehabilitate, or construct housing, or to provide assistance to low-income homebuyers and rentals.	For-profit and not-for-profit corporations, including community housing development organizations (CHDO), public benefit corporations, partnerships, units of local governments that are not participating jurisdictions and housing authorities. Funds must be distributed in accordance with needs and priorities identified in the State's Consolidated Plan.	All HOME funds must benefit households at or below 80% of area median incomes; 90% of all rental units (including rental assistance) must benefit households with incomes at or below 60% of area median income.	Yes – Statewide program with a minimum of 80% of funds available (after a 15% set aside for CHDOs) to projects located in non-participating jurisdictions	State appropriation	HTF, LIHC, HOME and RESTORE programs created a total of 9,566 housing opportunities for low-income New Yorkers.	Federal HOME Investment Partnership Program Funds	FFY 2003 – State's allocation was approximately \$35m.
Neighborhood and Rural Preservation Program	Not-for-profit corporations which are the primary providers under the NYS housing programs and are responsible for providing housing services and the physical development of affordable housing in the State.	Not-for-profit corporations or unincorporated organized groups which have performed significant housing preservation and community renewal activities for at least one full year	Majority of housing services provided must be provided to low-income persons at or below 90% of the area median income.	Yes	State appropriation	SFY 2002-2003, approximately 25,000 households	Legislative appropriation	DHCR provides administrative funds up to \$65,000 annually to a network of 160 Neighborhood Preservation and 72 Rural Preservation Companies.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES</b>								
Adaptive Living Program 2 (ALP 2) – CBVH	Contracts with private agencies to provide rehabilitation services and assist individuals to achieve a greater level of safety and confidence in their living environments	Individuals must be legally blind, age 55+, legal residents of NYS, and not residing in a nursing home. The individual must have significant responsibility caring for him/herself or their living environment.	Same as eligibility criteria	Yes	Capped	1,970	Federal/State	\$1,525,000
Adaptive Living Program 2E (ALP 2E) – CBVH	Contracts with private agencies to provide rehabilitation services (beyond the typical level of ALP 2 services).	Individuals must be legally blind, age 55+, legal residents of NYS, and not residing in a nursing home. The individual must have significant responsibility caring for him/herself or their living environment.	Same as eligibility criteria	Yes	Capped	680	Federal/State	\$455,000

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Adoption Support Services	<p><u>Component A: PRIOR TO LEGAL ADOPTION:</u> Services include: Assisting a child to secure an adoptive home when legal guardian(s) unwilling or unable to care for a child, including: legal procedures; recruitment, study, training &amp; evaluation of prospective adoptive parents; training for evaluation of placement need, pre-placement planning, selection and placement.</p> <p><u>Component B:</u> FOLLOWING LEGAL ADOPTION: Services include: counseling services for children and adoptive parents, information &amp; referral, respite, crisis response and other ancillary services needed to support permanence.</p>	<p><u>Component A:</u> All individuals without regard to income.</p> <p><u>Component B:</u> For services that exceed the level of service currently required by regulation, social services districts may opt for any of the following categories of eligible individuals – TANF, SNA, and Income Eligibles</p>	Same as eligibility criteria	<p>Component A: Yes</p> <p>Component B: optional for the provision of post-adoption services that exceed the level of service currently required by regulation</p>	Entitlement (component A): uncapped state funds	75,000	Federal, state, local	\$14.84m
Aftercare Services	An array of services to assist children, youth and families to reduce the likelihood that those children/youth return to a child welfare or juvenile justice placement; reduce lengths of stay in out-of-home settings; reduce replacement following returns home from out-of-home placement, and	<p>Mandated Services: Title IV-E eligible SSI (Title IV-E related) All individuals without regard to income for State-funded care.</p> <p>Optional Services: For services exceeding the level of service currently</p>	Same as eligibility criteria	Yes	Uncapped State funds; entitlement for families meeting eligibility criteria	13,000	Federal, state, local	\$1m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	increase long-term positive outcomes.	required by law or regulation, districts may opt for any of the following eligibility categories: TANF, SNA, Income Eligibles.						
Child Care Services	Care of a child for less than 24 hours per day when such care is provided by an eligible caregiver operating in compliance with State laws and regulations for child care.	<p>Services may only be provided to children under 13 except:</p> <ul style="list-style-type: none"> <li>- Children with special needs may receive care up to 18</li> <li>- Children under court supervision may receive care until 18</li> <li>- Children who attain the maximum age of 12 during the school year may continue services, if otherwise eligible, through the end of the school year</li> <li>- Children up to 19 if a full-time student in a secondary school or an equivalent level of vocational or technical training and may reasonably be expected to complete training before 19</li> </ul>	Same as Eligibility Criteria	Yes	Entitlement for families meeting eligibility criteria; others served up to federal and State appropriations	28,000	Federal, state, local	\$54.90m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Educational Services	Educational counseling & training for an educational service not generally available by a local public school district. May include: health education, safety related education, literacy education programs, General Equivalency Diploma (GED) programs.	TANF, Safety Net, SSI, Income Eligibles	Same as Eligibility Criteria	Yes	Not an entitlement	0	0	
Employment Services	A – Exploring interests and potential for self-support, individual counseling necessary to deal with barrier(s) which prevent or limit individuals in the use of training/employment opportunities. Referral to and use of public and voluntary agencies in the field of health, education and employment. Arranging for vocational services including diagnosis, education and training for those with the necessary talents, aptitudes and skills. B- Diagnostic assessment to determine the employability of an applicant for or recipient of TANF or Safety Net financial assistance. C – Arranging for other services to support/gain/retain the	TANF, Safety Net, SSI, Income Eligibles	Same as Eligibility Criteria	Subject to eligibility	Not an entitlement	0	0	

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	employment including counseling and legal services.							
Family Type Homes for Adults	Protective living arrangement for at risk adults. Individuals live in a families home and receive individualized 24 hour personal care services. Support and socialization experiences are provided. Homes are certified by OCFS.	Any vulnerable, frail, elderly or at risk adult individual in need of 24 hour care and supervision who has limited medical needs.	Any vulnerable, frail, elderly or at risk adult individual in need of 24 hour care and supervision who has limited medical needs.	Yes, it is coordinated by the Local County DSS.	Not an entitlement. (Specific information for operators and residents on FTTHA DVD or Video from OCFS)	967	Residents are mostly private pay, However, up to one third of the homes operators accept SSI recipients	0
Foster Care Services for Children	Placement of and services to individuals in a foster home or group care facility. Services include: recruitment/study of foster care homes/facilities; casework, therapeutic and other appropriate services for the child; special services provided due to child's health condition or emotional or behavioral problem; termination of parental rights when legally indicated and in the child's best interest and the development of alternate plans of care in an adoptive home; services to assist youth in preparing for independent living, money management and vocational preparation; discharge services which may include after-care		Individuals under age 18 (under 21 for children in foster care prior to age 18) for whom there has been either a judicial determination to the effect that continuation of care in a child's own home would be contrary to the safety or welfare of such child, or at the request of the parent or legal guardian.	Yes	Title IV-E eligible (determined by the AFDC standards of July 16, 1996) SSI (Title IV-E related) All individuals without regard to income for State-funded care.	39,500	Federal, state, local	

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	services and shall include supervision services; and arranging for other supportive services (e.g. legal, educational, health related).							
Homemaker Services	Personal care, home management and incidental household tasks through the services of a trained homemaker.	TANF, Safety Net, SSI, Income Eligibles Components A and B are optional. Component C is mandated for those eligible for SSI but optional for others.	<u>Component A</u> - Children with illness, incapacity or absence of caretaker relative; <u>Component B</u> - Individuals, families, caretaker relatives and/or children needing to achieve adequate household and family management; <u>Component C</u> - Individuals with illness/incapacity.	Yes	Subject to eligibility	16,200	Federal, state, local	\$46.25m
Home Management Services	Formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing and health maintenance. May include evaluation of the need for protective and vendor payments and related services.	TANF, Safety Net, Income Eligibles Mandated for SSI	Same as Eligibility Criteria	Subject to eligibility	Entitlement for families meeting eligibility criteria	Included in Homemaker Services	See above	Included in Homemaker Services

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Housing Improvement Services	<p><u>Component A:</u> Helping individuals/families obtain necessary repairs, be protected from abuse or exploitation by landlords or other tenants, identify and correct substandard rental conditions or code violations, find suitable/adequate alternative housing, and obtain assistance or relief from public agencies that regulate housing, including arrangement for legal services, if necessary.</p> <p><u>Component B:</u> Helping functionally impaired/frail older adults to maintain community residency, arranging for placement in appropriate small group living arrangements, and/or locating, contracting for, and preparing suitable housing, including minor installations.</p>	<p>TANF, Safety Net, SSI, Income Eligibles</p> <p>Component A is mandated for SSI recipients.</p> <p>Component B is optional and provided on the basis of group eligibility to selected older adults (65+) who are residing in community-based small group living arrangements.</p>	Same as Eligibility Criteria	Yes	Entitlement for families meeting eligibility criteria	Included in Homemaker Services	See above	
Housekeeper Services	Light work or household tasks which families and individuals are unable to perform because of illness, incapacity or absence of a caretaker relative, and which do not require the services of a trained homemaker.	TANF, Safety Net, Income Eligibles Mandated for SSI	Same as Eligibility Criteria	Yes	Entitlement for families meeting eligibility criteria	Included in Homemaker Services	See above	Included in Homemaker Services

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Information and Referral Services	Information about services under the Comprehensive Annual Social Services Program Plan and other human service programs; brief assessment (but not diagnosis/evaluation) to facilitate referral to and follow-up with community resources	All individuals without regard to income	Same as Eligibility Criteria	Yes	Entitlement	300,500	Federal Title XX	\$30.11m
Preventive Services for Adults	Supportive and rehabilitative services including:  (1) Group and/or family counseling ; (2) Arranging for other services, including legal services; (3) Services that foster optimum functioning and prevent or delay unnecessary long-term institutional placement.  Optional Components are: <u>Component A:</u> Homemaker, housekeeper/chore, housing improvement, health related or home management services when offered as an integral part of preventive services <u>Component B:</u> Day services. <u>Component C:</u>	TANF, Safety Net, SSI, Income Eligibles  Persons age 18 or older who are single adults or families without minor children	Same as Eligibility Criteria	Yes	Not an entitlement	10,000	Federal Title XX	\$3.4m

**COMMUNITY SERVICES**

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
	<p>Preparation and delivery of one or two home meals a day</p> <p><u>Component D:</u> Infrequent &amp; temporary residential care or supervision of frail adults or adults with disabilities on behalf of or in the absence of the primary caregiver.</p>							
Preventive Services for Children	<p><u>Component A:</u> Supportive and rehabilitative services to avert an impairment or disruption of a family which will or could result in foster care placement; enable a child in foster care to return to his/her family at an earlier time than would otherwise be possible; or reduce the likelihood that a child discharged from foster care would return to such care. Services may include: Case Management/Planning, Day Care, Homemaker, Housekeeper/Chore, Family Planning, Home Management; Clinical Services, Parent Aide Services, Day Services, Parent Training, Transportation, Emergency Cash/Goods, Shelter, Preventive Housing, Family Preservation Services,</p>	<p>Preventive services must be provided to a child/youth and his/her family whom the district is required to serve pursuant to regulations and law. <u>Component B:</u> Optional preventive services provided to a child and his/her family whom the district may serve pursuant to law. Optional services may be targeted to specific communities or populations that exhibit characteristics that may result in family impairment or disruption and some future risk of foster care.</p>	Children and their families	Yes	Entitlement for families meeting eligibility criteria (Component A)	154,460	Federal, state, local	\$220.18m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	Outreach and Respite. <u>Component B</u> : Optional services targeted to specific communities or populations at risk for family impairment or foster care.							
Protective Services for Adults	Services include: identifying adults needing assistance; prompt response/investigation; assessment of the individual's situation and service needs; counseling to identified adults, families and other responsible parties; arrangements for appropriate alternative living arrangements; assistance in locating services; arranging for protective placements; providing advocacy and assistance in arranging legal services to assure receipt of rights and entitlements; functioning as a guardian or payee; providing homemaker and housekeeper services.	See next column	Individuals 18 years or older who, because of mental or physical impairments: (1) are unable to meet essential needs for food, shelter, clothing or medical care, secure entitlements or protect themselves from physical, sexual or emotional abuse, active, passive or self neglect, or financial exploitation  (2) are in need of protection from actual or threatened harm due to physical, sexual or emotional abuse, or active, passive or self neglect, or financial	Yes	Entitlement	41,000	Federal, state, local	\$64.55m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
			<p>exploitation or by hazardous conditions caused by the action or inaction of either themselves or others; and</p> <p>(3) have no one available willing and able to assist them responsibly</p>					
Vocational Rehabilitation Services – CBVH	Contracts with private agencies for the blind to provide a variety of services needed by the individual in order to achieve an employment goal.	Individuals must have a disability, defined as any individual who has a physical or mental impairment (which must include legal blindness) that results in a substantial impediment to employment; and who can benefit in terms of an employment outcome from vocational rehabilitation services. The individual must also require vocational rehabilitation services to prepare for, secure, retain or regain employment.	Same as eligibility criteria	Yes	Capped	2,700	Federal/State	\$8,716,800

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)</b>								
<b>PREVENTION SERVICES</b>								
Community-based Prevention Programs	Services that support science-tested strategies that address risk and protective factors across multiple domains, including: community education & intervention, workplace intervention/EAP, criminal justice intervention/DWI, drug abuse prevention councils, etc. Appropriate strategies are delivered in several settings including, schools, communities and workplaces.  <u>Note:</u> The description applies to both community and school-based prevention programs.	N/A	Youth, family and significant others	Yes	Capped by annual state appropriations	N/A	State and Federal funds  Other revenue (e.g., local tax levy, donations, etc.), outside of OASAS' appropriations, support services.	\$40.3m
School-based Prevention Programs	Please refer to description above for Community-based Prevention Programs	N/A	Youth and families/significant others	Yes	Capped by annual appropriations	N/A	State and Federal Funds  Other revenue (e.g., local tax levy, donations, etc.), outside of OASAS' appropriations, support services	\$35.1m

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)</b>								
<b>TREATMENT SERVICES</b>								
Crisis Services	Chemical dependence crisis services manage the treatment of alcohol and/or substance withdrawal, as well as acute disorders associated with alcohol and/or substance use, resulting in a referral to continued care.	Primary diagnosis of alcoholism or substance abuse, and level of care protocol approved by OASAS.	Anyone who requires this level of care and meets eligibility criteria.	Yes	Capped by annual State appropriations  Revenue outside OASAS appropriations (e.g. Medicaid), - Entitlement	55,762	State General Funds, and Federal Funds  Other revenue (e.g., Medicaid and private insurance) outside of OASAS' appropriations, support services	\$17.4m
Inpatient Services	Intensive management of chemical dependence symptoms, medical management, and monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients.	Refer to criteria for crisis services	Anyone who requires this level of care and meets eligibility criteria. There are also a number of specialized programs (e.g., for youth up to age 18 and for women).	Yes – In addition, there are 13 state-operated inpatient programs serving patients statewide.	Capped by annual appropriations  Revenue outside OASAS appropriations (e.g. Medicaid) – Entitlement	36,824	State and Federal Funds  Other revenue, outside of OASAS' appropriations, support services	\$40.1m
Methadone Treatment Services	Administration of methadone by prescription, in conjunction with rehabilitative assistance, to control the physical problems associated with heroin dependence and provide patients the opportunity to make life-style changes over time.	Verification of dependence on opium, morphine, heroin, or any derivative	Individuals aged sixteen and older	Primarily in the New York City metropolitan area, smaller number of programs throughout upstate New York.	Capped by annual appropriations  Revenue, outside OASAS' appropriations (e.g. Medicaid) – entitlement.	46,396	State and Federal funds  Other revenue, outside of OASAS' appropriations, support services	\$39.4m

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Outpatient Services	Three chemical dependence outpatient service categories: medically supervised; outpatient rehabilitation; non-medically supervised. Length of stay and intensity of services as measured by frequency and duration of visits varies by category and intensity will vary during the course of treatment within category.	Individuals who suffer from chemical abuse or dependence and their family and/or significant others.	Anyone who requires this level of care, meets eligibility criteria.	Yes	Capped by annual appropriations.  Revenue, outside OASAS appropriations (e.g. Medicaid) – Entitlement	157,642	State and Federal funds  Other revenue, outside of OASAS appropriations, support services	\$86.7m
Residential Services	Community residential, intensive residential, long-term residential for youth, and residential supportive living services. There are discrete services for pregnant women and women with dependent children (i.e., under 5 years of age).	Refer to criteria for crisis services	Refer to the description above for inpatient services	Yes	Capped by annual appropriations  Revenue, outside OASAS appropriations (e.g. Public Assistance) – Entitlement	24,059	State and Federal Funds  Other revenue, outside of OASAS appropriations, support services	\$99.6m

**Approx. Number Served SFY 2002-03 – Numbers of “unique” individuals served within each service category. Please note that these figures do not reflect the total number of admissions within each service category, as individuals may be admitted more than once in a given calendar year within a specific service category. It should also be noted that the OASAS service delivery system is a continuum of care model. Therefore, individuals may be admitted to more than one service modality during a calendar year.**

**Funding Sources(s) – The dollar amounts above reflects OASAS funding supporting the operation of prevention and treatment programs. The amounts do not include Capital Projects appropriations that may be approved for design, acquisition, construction, renovation of community-based crisis, outpatient, residential and/or methadone treatment services, the State operated inpatient rehabilitation services at the 13 addiction treatment centers and for prevention programs. In addition, while OASAS receives annual appropriations for bond debt service of Capital Projects, these amounts are not included in the table above.**

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>NEW YORK STATE OFFICE OF MENTAL HEALTH</b>								
<b>EMERGENCY SERVICES</b>	See individual service descriptions below for each service type.	See individual eligibility for each service type below.	See population served by each individual service type below.	See service provider locations for each service type below	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	See number of individuals served by service type below.	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	\$210,208,690.00

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Crisis Residence	A residential (24 hours/day) stabilization program, which provides services for acute symptom reduction and the restoration of patients to pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization (generally up to 30 days). Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adults or Children	Access is unrestricted statewide. Service providers located in Broome, Dutchess, Erie, Kings, Monroe, New York, Oneida, Queens, Richmond, Rockland, Suffolk, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1863	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Extended Observation Beds	Beds operated by the Comprehensive Psychiatric Emergency Program which are located in or adjacent to the emergency room of a CPEP and are available 24 hours per day, seven days per week to provide extended assessment and evaluation as well as a safe and humane environment for up to 72 hours for those presenting to the CPEP. This program is one of four program components which, when provided together, form the OMH licensed Comprehensive Psychiatric Emergency Program (CPEP). The other program components of the CPEP are: Crisis Intervention (3130), Crisis Outreach (1680) and Crisis Residence (0910).	Designated mental illness and / or level of impairment related to a mental illness.	Adults or Children	Service providers located in Erie, Kings, Monroe, New York, Queens	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	3033	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Emergency Unit Clinic Treatment	Clinic treatment provided in an emergency unit or by emergency unit staff.	Designated mental illness and / or level of impairment related to a mental illness.	Adults or Children	Service providers located in Bronx, Broome, Cayuga, Cortland, Erie, Kings, Montgomery, Nassau, New York, Niagara, Onondaga, Ontario, Queens, Rensselear, Steuben, Suffolk, Ulster, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	43511	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Pre-Admission Screening	Activities aimed at determining the need for services; identifying the major functional deficits and abilities of those in need of service; and establishing service relationships between a patient and the provider of services. The initial face-to-face process of contacting and determining the appropriateness of persons for inclusion in the system of service. Screening which takes place after admission should not be shown here but should be counted as part of the appropriate program (e.g., clinic treatment, day treatment, etc.)	Suspected mental illness and / or level of impairment related to a mental illness.	Adults or Children	Service providers located in Allegany, Broome, Chenango, Clinton, Dutchess, Erie, Herkimer, Kings, Lewis, Livingston, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Rensselaer, Schoharie, Seneca, Suffolk, Sullivan, Tioga, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	7835	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Alternative Crisis Support	To offer crisis prevention, early crisis intervention, de-escalation, and resolution in a non-medical, minimally intrusive manner. Program components may include peer-staffed crisis hotlines, in-home peer crisis counselors (24-hour capacity), peer operated safe houses, alternative dispute resolution services, proactive crisis planning services/advance directives, and peer advocates or counselors accessible to emergency room staff and police.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Albany, Essex, Franklin, New York, Orange, Otsego, Saratoga, Schoharie, Sullivan, Tompkins, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	145	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Mobile Treatment Team/Crisis Outreach	A visit by staff of a specified discrete organizational entity. The visit includes the provision of services similar in nature to those of a clinic treatment program. The services take place outside the outpatient unit premises, usually at the patient's residence or other natural setting. Only those services provided directly to a patient should be counted. Contacts with significant others should be considered collateral contacts.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Dutchess, Kings, Nassau, New York, Orange, Queens, Suffolk, Tompkins, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	6189	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Outreach	Case finding activities designed to establish face-to-face contact with individuals potentially in need of mental health services. 1. Such services may be delivered through the use of mobile outreach teams and should include but not be limited to assessment and referral services. Outreach teams should provide services to individuals within their environment. 2. Such services may be delivered through the use of drop-in centers which should be generally located in areas that promote use by homeless individuals and other disaffiliated mentally ill persons. Services should include but not be limited to socialization, recreation, light meals, information about mental health and social services and outreach, assessment and referral services.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Chautauqua, Clinton, Dutchess, Erie, Essex, Franklin, Kings, Livingston, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Seneca, Suffolk, Tompkins, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	27170	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Non-Inpatient Crisis Services	Any activities in a non-inpatient setting, including the residence of the client, that address acute emotional distress when the client's condition requires immediate attention.	Designated mental illness and / or level of impairment related to a mental illness.	Adults or Children	Service providers located in Albany, Allegany, Bronx, Chemung, Clinton, Erie, Genesee, Kings, Monroe, Onondaga, Putnam, Schenectady, Schoharie, Wayne, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	6681	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Crisis Outreach	A mobile crisis intervention program which offers emergency services such as crisis intervention and/or assessment services in natural (e.g. homes), structured (e.g., residential programs), or controlled (e.g., instructional) environments.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Cayuga, Clinton, Delaware, Fulton, Greene, Kings, Lewis, Monroe, Nassau, New York, Niagara, Oneida, Oswego, Queens, St. Lawrence, Suffolk, Tompkins, Washington, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	4260	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Home Based Crisis Intervention	The Home-Based Crisis Intervention Program assists families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI Program is families with a child or adolescent ages 5 to 17 years of age, who are experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services.	Designated mental illness and / or level of impairment related to a mental illness.	Children and Families	Service providers located in Bronx, Dutchess, Erie, Herkimer, Kings, Livingston, Monroe, Nassau, New York, Niagara, Queens, Richmond, Suffolk, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1090	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Crisis Intervention	This hospital based emergency room program has the primary objective of reducing acute symptoms and restoring patients to pre-crisis levels of functioning to the extent possible. Services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Bronx, Kings, Monroe, New York, Oneida, Otsego, Putnam	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	7882	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Emergency Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>OUTPATIENT SERVICES</b>	See individual service descriptions below for each service type.	See individual eligibility for each service type below.	See population served by each individual service type below.	See service provider locations for each service type below	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	See number of individuals served by service type below.	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	\$966,224,210.00

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Day Treatment Children, incl. Classroom Education	Day treatment services for children and adolescents provide intensive, non-residential services. The programs are characterized by a blend of mental health and special education services provided in a fully integrated program. Typically, these programs include special education in small classes with an emphasis on individualized instruction, individual and group counseling, family services such as family counseling, crisis intervention, interpersonal skill development and behavior modification. Children and adolescents receiving day treatment services live at home or in the community but are identified by their school district as seriously emotionally disturbed and cannot be maintained in regular classrooms.	Designated mental illness and / or level of impairment related to a mental illness.	Children	Service providers located in Albany, Bronx, Broome, Cayuga, Chautauqua, Chemung, Cortland, Dutchess, Erie, Franklin, Fulton, Jefferson, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	5251	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Outpatient Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Clinic Treatment – Mental Health	A clinic treatment program shall provide treatment designed to reduce symptoms, to improve patient functioning and to provide ongoing support. A clinic treatment program shall provide the following services: assessment and treatment planning, health screening and referral, discharge planning, verbal therapy, medication therapy, medication education, symptom management and psychiatric rehabilitation readiness determination. The following additional services may also be provided: case management, crisis intervention services and clinical support services. A clinic treatment program serving children with a diagnosis of serious emotional disturbance shall provide treatment designed to reduce symptoms, to improve patient functioning while maintaining children in their natural environments, supporting family integrity and	Designated mental illness and / or level of impairment related to a mental illness.	Children	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren Washington, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	369526	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Outpatient Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	<p>functioning and providing ongoing support to the patient and relevant collaterals during treatment. A clinic treatment program for children shall provide the following services: assessment and treatment planning, verbal therapy, symptom management, health screening and referral, medication therapy, medication education, clinical support services and discharge planning. The following additional services may also be provided: case management and crisis intervention services.</p>							

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Partial Hospitalization	A partial hospitalization program shall provide active treatment designed to stabilize and ameliorate acute symptoms, to serve as an alternative to inpatient hospitalization, or to reduce the length of a hospital stay within a medically supervised program. A partial hospitalization program shall provide the following services: assessment and treatment planning, health screening and referral, symptom management, medication therapy, medication education, verbal therapy, case management, psychiatric rehabilitation readiness determination and referral, crisis intervention services, activity therapy, discharge planning and clinical support services.	Designated mental illness and / or level of impairment related to a mental illness.	Adult	Service providers located in Bronx, Dutchess, Erie, Kings, Monroe, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Saratoga, Suffolk, Ulster, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	8029	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Outpatient Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Intensive Psychiatric Rehabilitation (IPRT)	An intensive psychiatric rehabilitation treatment program is time-limited, with active psychiatric rehabilitation designed to assist a patient in forming and achieving mutually agreed upon goals in living, learning, working and social environments; to intervene with psychiatric rehabilitation technologies, to overcome functional disabilities and to improve environmental supports. An intensive psychiatric rehabilitation treatment program shall provide the following services: psychiatric rehabilitation readiness determination, psychiatric rehabilitation goal setting, psychiatric rehabilitation functional and resource assessment, psychiatric rehabilitation service planning, psychiatric rehabilitation skills and resource development and discharge planning.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Allegany, Bronx, Broome, Cayuga, Clinton, Columbia, Dutchess, Erie, Kings, Monroe, Montgomery, Nassau, New York, Niagara, Onondaga, Ontario, Orange, Putnam, Queens, Rensselaer, Rockland, Schenectady, Schuyler, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	2241	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Outpatient Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Continuing Day Treatment	A continuing day treatment program shall provide active treatment and rehabilitation designed to maintain or enhance current levels of functioning and skills, to maintain community living and to develop self-awareness and self-esteem through the exploration and development of patient strengths and interests. A continuing day treatment program shall provide the following services: assessment and treatment planning, discharge planning, medication therapy, medication education, case management, health screening and referral, psychiatric rehabilitation readiness development, psychiatric rehabilitation readiness determination and referral and symptom management. The following additional services may also be provided: supportive skills training, activity therapy, verbal therapy, crisis intervention services and clinical support services.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Allegany, Bronx, Broome, Cayuga, Clinton, Columbia, Dutchess, Erie, Kings, Monroe, Montgomery, Nassau, New York, Niagara, Onondaga, Ontario, Orange, Putnam, Queens, Rensselaer, Rockland, Schenectady, Schuyler, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	28649	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the Outpatient Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>CSP RESIDENTIAL SERVICES</b>	See individual service descriptions below for each service type.	See individual eligibility for each service type below.	See population served by each individual service type below.	See service provider locations for each service type below	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	See number of individuals served by service type below.	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	\$390,381,128.00

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Family Care	The Family Care program provides a 24-hour supervised setting, clinical services as needed and care management services to maximize linkages with community support services to persons who no longer require inpatient care, who cannot yet function in an independent living arrangement and who have demonstrated a functional level appropriate for living in a natural family environment. The Family Care program can also provide supervision and supportive community living services to mentally ill youths who no longer require inpatient care and who function best in small, family-type settings.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Chemung, Dutchess, Erie, Fulton, Kings, Monroe, Montgomery, Nassau, New York, Oneida, Onondaga, Orange, Oswego, Queens, Richmond, Rockland, St. Lawrence, Suffolk, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1726	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above. Funding amount is included in the CSP Residential Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Family Based Treatment	<p>The Family-Based Treatment Program (FBTP) treats children and adolescents who are seriously emotionally disturbed within a home environment that is caring, nurturing and therapeutic. The program employs professional parents who are extensively trained and supervised. Parents function within a well structured system that provides respite and other types of support; additionally, they are well paid in recognition of the high levels of responsibility and expectations placed on them by the model. Under the current FBTP initiative, a single provider agency contracts with OMH to provide up to 30 homes, each of which is headed by professional parents. One family specialist is provided for each for each five professional parent couples and a respite couple to provide training, support, advocacy and supervision. The grouping of one respite couple and five</p>	Designated mental illness and level of impairment related to a mental illness.	Children	Service providers located in Albany, Bronx, Cayuga, Clinton, Delaware, Dutchess, Erie, Fulton, Kings, Monroe, New York, Queens, Richmond, Steuben, Suffolk, Ulster, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	264	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	<p>professional families with one professional staff person forms the "cluster" which is the primary arena for providing professional parent supports, sharing child care data and experiences, and training. Children served in the FBT Program are between the ages of five and 18, with the target population under 12 years of age. The children exhibit a variety of serious emotional problems. Children are referred directly to the program by a variety of sources that include psychiatric inpatient programs, Residential Treatment Facilities (RTF's), community agencies and parents.</p>							

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Supported/ Single Room Occupancy (SRO)	The Office of Mental Health has developed two levels of residential care targeted specifically to the homeless mentally ill. Both levels of care are designed specifically to place the homeless mentally ill in Single Room Occupancy (SRO) units on a long-term basis. Within the SRO, residents have the option of receiving some mental health services, but are not required to do so. Additional mental health services are available to SRO residents within the community on an as-needed basis. The Supported-SRO will be a non-licensed program. Their programs will be operated by not-for-profit organizations. There may also be a housing development/management corporation involved in larger SRO programs.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Bronx, Chautauqua, Kings, Monroe, New York, Oneida, Rensselaer, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1541	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Community Residence, Children & Youth	C&Y Community residences provide a therapeutic residential program in a community setting for seriously emotionally disturbed youth. Each program will determine individual admission criteria, but will serve children between the ages of five and 18. Each program includes structured daily living activities, problem-solving skills training, a behavior management system and caring, consistent adult relationships. Each community residence will be linked with one or more day treatment and/or special education programs. Treatment goals within the community residence will usually relate to social skills teaching, modeling pro-social behaviors and modifying maladaptive behaviors, and daily living skills. Children will be placed either by their parents or the local social services district, depending on custody. In rare instances, a child may be an emancipated minor.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Children to Young Adults 5-18 Years Old	Service providers located in Albany, Bronx, Chemung, Erie, Jefferson, Kings, Montgomery, Nassau, Niagara, Onondaga, Orange, Otsego, Queens, Rensselaer, Steuben, Suffolk, Ulster, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	154	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Community Residence, Single Room Occupancy (SRO)	The Office of Mental Health has developed two levels of residential care targeted specifically to the homeless mentally ill. Both levels of care are designed specifically to place the homeless mentally ill in Single Room Occupancy (SRO) units on a long term basis. Within the SRO, residents have the option of receiving some mental health services, but are not required to do so. Additional mental health services are available to SRO residents within the community on an as needed basis. The CR-SRO program will be licensed by OMH and be operated according to regulations issued by OMH. These programs will be operated by not-for-profit organizations. There may also be a housing development/managemen t corporation involved in larger SRO programs.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Bronx, Erie, Kings, Monroe, New York, Onondaga, Queens	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	846	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Treatment / Congregate	A group-living designed residential program which focuses on interventions necessary to address the specific functional and behavioral deficits which prevent residents from accessing generic housing. These interventions are goal-oriented, intensive, and usually of limited duration. Staff is on-site 24 hours/day.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Westchester, Wayne, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	5159	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Support / Congregate	A single-site residential program which provides support designed to improve or maintain an individual's ability to live as independently as possible and eventually access generic housing. Interventions are provided consistent with the resident's desire, tolerance and capacity to participate in services. Staff is on-site 24 hours/day.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Bronx, Broome, Columbia, Dutchess, Erie, Kings, Oneida, Richmond, Rockland, Ulster	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	5434	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Treatment / Apartment	An apartment-based residential program which focuses on interventions necessary to address the specific functional and behavioral deficits which prevent residents from accessing generic housing. These interventions are goal-oriented, intensive, and usually of limited duration. Resident/staff contacts occur on a flexible schedule, as appropriate to the needs and desires of the resident.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Albany, Bronx, Broome, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Franklin, Fulton, Genesee, Herkimer, Jefferson, Kings, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	4478	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Support / Apartment	An apartment-based residential program which provides support designed to improve or maintain an individual's ability to live as independently as possible, and eventually access generic housing. Interventions are provided consistent with the resident's desire, tolerance, and capacity to participate in services. Resident/staff contacts occur on a flexible schedule, as appropriate to the needs and desires of the resident.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Kings, Queens, Rockland	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	450	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Respite Care, Free Standing	Temporary services provided by trained staff in the client's place of residence or other temporary housing arrangement. Includes custodial care for a disabled person in order that primary care givers (family or legal guardian) may have relief from care responsibilities. Maximum Respite Care services per client per year is 14 days.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkin, Ulster, Warren, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1254	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Permanent Housing (PHP)	A federally-funded program of housing assistance specifically targeted to the homeless mentally ill. Funds may be used for: the acquisition and/or rehabilitation of a program site; operating expenses; support services; and administrative expenses. These funds flow to OMH from the federal Department of Housing and Urban Development. OMH will then advance these funds to the not-for-profit provider agency via the existing general fund contract. OMH requires that any not-for-profit agency in receipt of these funds must report the funds in a separate program column with programs indexed if necessary. Permanent Housing Grants are made for five years at a time.	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Chautauqua, New York, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	26	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Transient Housing	Housing and Urban Development (HUD) funds – Several federally funded programs contribute housing assistance specifically targeted to the homeless mentally ill. When funds do not flow through OMH, but are sent directly to the provider, the funds are reported under this program code and funding code 090 (non-funded) on the DMH-3. Federal Programs which fall into this category are Transitional Housing Program (THP), Supported Housing Demonstration Program (SHDP), and some Shelter Plus Care grants. Funds may be used for: the acquisition and/or rehabilitation of a program site; operating expenses; support services; and administrative expenses. These funds flow directly to the not-for-profit provider agencies from the federal Department of Housing and Urban Development. Nonetheless, OMH requires that any not-for-profit agency in receipt of these funds report the	Designated mental illness (MI) and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in New York, Onondaga	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	59	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	funds in a separate program column with the program code indexed if necessary. Temporary Housing Grants are made for five years at a time.							

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Shelter Plus Care Housing	A federally-funded program of housing assistance specifically targeted to the homeless mentally ill. Funds may be used for the payment of rent stipends up to the federally-established Fair Market rent, and associated administrative expenses. OMH requires any not-for-profit agency in receipt of these funds to report the funds in a separate program column. Shelter Plus Care Grants are made for five or ten years at a time. This program code is used in cases where the federal funds flow through OMH. In cases where the funds do not flow through OMH, see program code 2070.	Designated mental illness (MI) with a history of homelessness and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Chemung, Dutchess, Erie, Orange, Suffolk, Tompkin, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	562	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Supported Housing	Rental assistance is provided to residents of supported housing programs through the means of a voluntary agency-administered rent stipend mechanism. Residents are expected to contribute 30% of their income toward the cost of rent and utilities in decent, moderately priced housing in the community; the difference between the residents' contribution and the actual cost of the housing is paid directly to the landlord on behalf of the program residents.	Designated mental illness (MI) with a history of homelessness and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Suffolk, Sullivan, Tioga, Tompkin, Ulster, Warren, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	13004	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Transitional Care	This program is to fund young adults placed as children in residential care facilities, who have become adults while at the children's residential care facility. Transitional Care pays for room, board, medication, incidental medical and/or behavioral modification therapies.	Designated mental illness (MI) with a history of homelessness and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Young Adults	Service providers located in Erie, Kings, New York, Queens	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	199	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
<b>CSP NON-RESIDENTIAL SERVICES</b>	See individual service descriptions below for each service type.	See individual eligibility for each service type below.	See population served by each individual service type below.	See service provider locations for each service type below	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	See number of individuals served by service type below.	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	\$486,557,351.00

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
On-Site Rehabilitation	The objective is to assist individuals disabled by mental illness who live in adult congregate care settings, supervised or supported living arrangements to achieve their treatment and community living rehabilitation goals. Services include one or a combination of: (1) consumer self-help and support interventions; (2) community living; (3) academic and/or social leisure time rehabilitation training and support services. These services are typically provided either at the residential location of the resident or in the natural or provider-operated community settings which are integral to the life of the residents. These on-site rehabilitation services are provided by a team that is either located at the residential site or which functions as a mobile rehabilitation team traveling from site to site.	Designated mental illness (MI) with a history of homelessness and one of the following: SSI or SSDI due to designated MI; extended impairment or functioning due to MI; or reliance on psychiatric treatment, rehabilitation and supports.	Adult	Service providers located in Albany, Bronx, Chautauqua, Dutchess, Erie, Kings, Monroe, New York, Queens, Rensselaer, Steuben	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	5312	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Sheltered Workshop / Satellite Sheltered Workshop	The objective is to provide vocational assessment, training, and paid work in a protective and non-integrated work environment for individuals disabled by mental illness. Services are provided according to wage and hour requirements specified in the Fair Labor Standards Act administered by the Department of Labor.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Allegany, Cattaraugus, Chemung, Columbia, Cortland, Dutchess, Erie, Fulton, Greene, Herkimer, Lewis, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Putnam, Queens, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Seneca, St. Lawrence, Suffolk, Sullivan, Tompkin, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	4684	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Transitional Employment	The objective is to strengthen the individual's work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above the minimum wage paid by the competitive sector employer. TEP's provide time-limited employment and on-the-job training in one or more integrated employment settings as an integral part of the individual's vocational rehabilitation growth.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Kings, Monroe, Montgomery, New York, Onondaga, Orange, Putnam, Queens, Saratoga, Suffolk, Tompkin, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1150	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Vocational Services – Children & Family (C & F)	The Vocational Program for Adolescents was designed to provide work training and clinical support services for those older adolescents with poor academic performance and social adjustment in regular day treatment programs. The program identifies 5 goals on which to focus: Goal 1: Help youths identify problem areas and learn ongoing coping skills (i.e., involvement in support groups, recognizing need for relaxation and medication management); Goal 2: Provide Vocational Assessment and on-the-job training and experience; Goal 3: Improve Social Skills; Goal 4: Improve Educational Functions; Goal 5: Provide Family Education and Support.	Designated mental illness and level of impairment related to a mental illness.	Adolescents	Service providers located in Albany, Bronx, Erie, Kings, Monroe, New York, Queens, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	572	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Enclave in Industry	The objective is to provide vocational assessment, training, and transitional or long term paid work for individuals with severe disabilities in an integrated employment environment. An enclave consists of a small group of approximately five to eight individuals who work in an industrial or other economic enterprise either as individuals or as a crew. Individuals in enclaves are provided with training, supervision and ongoing support by a job coach/supervisor assigned to the work site by the rehabilitation service agency.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Bronx, Kings, New York, Onondaga, Queens	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	311	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Assisted Competitive Employment	The objective is to assist individuals in choosing, finding, and maintaining satisfying jobs in the competitive employment market at minimum wage or higher. When appropriate, ACE provides these individuals with job related skills training as well as long-term supervision and support services, both at the work site and off-site.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Cattaraugus, Chautauqua, Chemung, Clinton, Columbia, Cortland, Dutchess, Erie, Essex, Greene, Herkimer, Kings, Livingston, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Queens, Richmond, Rockland, Saratoga, Suffolk, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	2649	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Affirmative Business/ Industry	The objective is to provide vocational assessment, training, transitional or long-term paid employment, and support services for persons disabled by mental illness in a less restrictive/more integrated employment setting than sheltered workshops. Affirmative programs may include mobile contract services, small retail or wholesale outlets, and manufacturing and service oriented businesses.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Chenango, Clinton, Columbia, Delaware, Dutchess, Franklin, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Otsego, Queens, Schenectady, Schoharie, Suffolk, Sullivan, Tioga, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1281	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Client Worker	The objective is to provide vocational assessment, training and transitional or long-term paid work in institutional or community job sites for individuals disabled by mental illness. Paid by the vocational services provider.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Bronx, Cortland, Delaware, Dutchess, Erie, Monroe, Nassau, New York, Oneida, Orange, Saratoga, Suffolk, Ulster, Wayne, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	596	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Ongoing Integrated Supported Employment Services	These funds are intended for ongoing job maintenance services including job coaching, employer consultation, and other relevant supports needed to assist an individual in maintaining a job placement. These services are intended to complement VESID time-limited supported employment services.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Cayuga, Chautauqua, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Genesee, Herkimer, Kings, Madison, Monroe, Montgomery, Nassau, New York, Oneida, Onondaga, Ontario, Orange, Orleans, Otsego, Putnam, Queens, Rensellaer, Rockland, Saratoga, Schenectady, Schoharie, Seneca, Stueben, Suffolk, Sullivan, Tioga, Ulster, Warren, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	3108	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Supported Education	The objective of this program is to provide mental health and rehabilitation services to individuals with a serious mental illness to assist them to develop and achieve academic goals in natural and community based educational settings. The emerging program models for delivering this service include freestanding career-development and exploration programs housed on college campuses, ongoing counseling and support by a mental health provider to enrolled students, and collaborative relationships between mental health and on-campus services to students with disabilities. Funding is to cover mental health staff and related costs.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Columbia, Dutchess, Essex, Greene, Livingston, Niagara, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	374	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
School Based Initiative	A program providing mental health services, i.e., brief interventions with a student or group of students, linkage with families, assessments, screening, crisis intervention, referrals, linkage with community based programs, consultation and technical assistance with education staff (teachers, principals, etc.) to seriously emotionally disturbed children and adolescents, and those children and adolescents at risk of such disturbances within a school setting.	Designated mental illness and level of impairment related to a mental illness.	Children	Service providers located in Albany, Bronx, Erie, Fulton, Kings, Madison, Nassau, New York, Onondaga, Oswego, Queens, Schenectady, Schuyler, Suffolk, Tioga, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	3131	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Family Support Services – Children & Youth	The Family Support Services program provides family support groups, advocacy, respite, and after school, summer, family recreation and residential camp programs to families in which there is a seriously emotionally disturbed child or adolescent.	Designated mental illness and level of impairment related to a mental illness.	Children	Service providers located in Albany, Bronx, Cattaraugus, Cayuga, Chautauqua, Clinton, Columbia, Cortland, Erie, Franklin, Genesee, Greene, Herkimer, Kings, Lewis, Livingston, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Steuben, Suffolk, Sullivan, Tompkin, Warren, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	6583	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

## COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Coordinated Children's Service Initiative	The Coordinated Children's Services Initiative (CCSI) has two major goals: providing coordinated community-based services and supports to children with serious emotional disturbances and their families; and preventing unnecessary residential placements of these children. CCSI is an interagency initiative that is actively supported by OMH, OMRDD, Office of Children and Family Services, State Education Department, Division of Probation and Correctional Alternatives, Office of Alcoholism and Substance Abuse Services, and the Council on Children and Families. It is expected that CCSI will result in: (1) greater utilization and development of family-oriented, community-based services; (2) a reduction in placement rates; and (3) establishment of permanent local interagency structures that promote community-based programs and services.	Designated mental illness and level of impairment related to a mental illness.	Children	Service providers located in Albany, Allegany, Cayuga, Chautauqua, Chenango, Columbia, Dutchess, Erie, Livingston, Monroe, Oneida, Onondaga, Oswego, Putnam, Rensselaer, Rockland, Schoharie, Sullivan, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	619	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Home & Community Based Waiver (HCBS Waiver)		Designated mental illness and level of impairment related to a mental illness. Must be eligible for waiver services.	Children	Service providers located in Albany, Bronx, Broome, Cattaraugus, Clinton, Dutchess, Erie, Essex, Franklin, Kings, Livingston, Monroe, Nassau, New York, Onondaga, Orange, Queens, Richmond, Rockland, St. Lawrence, Steuben, Suffolk, Ulster, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	733	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Assertive Community Treatment (ACT)	ACT Teams provide intensive treatment and support to people with psychiatric disabilities. The focus is on the improvement of an individual's quality of life in the community and reducing the need for inpatient care, by providing intense community-based treatment services by an interdisciplinary team of mental health professionals. Building on the successful components of the Intensive Case Management (ICM) program, the ACT program has low staff-outpatient ratios; 24-hour-a-day, seven-day-per-week availability; enrollment of recipients, and flexible service dollars.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Chautauqua, Chemung, Erie, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Oswego, Queens, Richmond, Rockland, Schenectady, St. Lawrence, Suffolk, Ulster, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1387	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Neighborhood Care Team	<p>NYC teams are a community-based treatment approach which coordinates services across agencies and focuses these services at the neighborhood level to better meet the needs of individuals requiring mental health services in an ethnically diverse setting such as New York City. These teams are a joint New York City/State effort which include both professional staff and individuals indigenous to the community of the same ethnic background as the population serviced. The NCT teams are designed to carry out the concept of culturally appropriate care and coordinated accessible interagency services in some of the neediest, most underserved communities in New York City.</p>	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Kings	<p>Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.</p>	69	<p>Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants</p>	<p>Funding amount is included in the CSP Non-Residential Services total above.</p>

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Case Management	Activities aimed at linking the client to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of case management in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy.	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Genesee, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tompkin, Ulster, Washington, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	19681	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Intensive Case Management	In addition to the program description for Case Management (Code 0810), ICM services are services which are operated under a fidelity structure defined in 18 NYCRR, Section 505 and a memorandum of understanding between OMH and the NYS Department of Health. Federal Individuals with Disabilities Education Act Funds	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkin, Ulster, Warren, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	12618	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Intensive Case Management (ICM), Non-Emergency Service Dollars	Services consistent with a patient's treatment plan, designed to be flexible and responsible to current individual needs. These services may include emergency services (when not immediate) and also may include furnishings, utilities, tuition, job related costs, job coaching, education, vocational services, leisure time services and others. This program does not include agency administration.	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service associated with providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkin, Ulster, Warren, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	52	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Intensive Case Management (ICM), Emergency Service Dollars	Individual services aimed at meeting the immediate basic needs of the patient to include transportation, medical/dental care, shelter/respice/hotel, food/meals, clothing, escort, and others. This program does not include agency administration.	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service associated with providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkin, Ulster, Warren, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	73	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Supportive Case Management (SCM)	In addition to the program description for Case Management (Code 0810), SCM services are services which are operated under a fidelity structure defined in 18 NYCRR, Section 505 and a memorandum of understanding between OMH and the NYS Department of Health.	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service providers located in Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Renesselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Suffolk, Sullivan, Tompkin, Ulster, Warren, Washington, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	12055	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Supportive Case Management (SCM) Services	Individual services aimed at meeting the basic needs of the client. These services may include emergency services as well as job coaching, education, leisure-time services and others. This program's expenses will be used in the ratio value calculation of the allocation of agency administration costs to OMH, however, the resulting administrative charges for this program will be allocated to other OMH programs (for budget and claiming purposes only).	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Services providers located in Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Greene, Jefferson, Kings, Livingston, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Rensselaer, Rockland, St. Lawrence, Schenectady, Schoharie, Schuyler, Steuben, Suffolk, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	314	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Bridger Program	Bridger programs are targeted primarily to individuals in State psychiatric center inpatient programs who are being discharged to the community. The program provides supports to link appropriate community services to people living in inpatient units and is designed to ease their transition from inpatient programming to community living environments and thereby decrease the potential for re-hospitalization. Transition Management Services (discharge planning) programs provide support supports for improved community service linkages and timely filing of Medicaid applications for individuals with SPMI being released from local correctional facilities. The TM focus will be in obtaining post-release services for these individuals. TM can only be used with funding source code 170.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service is available at specific state operated Psychiatric Centers and their catchment areas.	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1668	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Social Adult Day Care	A structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Allegany, Erie, Kings, Suffolk	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	93	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
MICA Network	The proposed network must define a service area, a target population and ensure that MICA clients have access to housing, treatment, peer support/self-help and alcohol/substance abuse services and case management. A MICA Network would include, but not be limited to: residential capacity, case management, psycho-social capacity, enhancement of treatment capacity, self-help, peer leadership/peer specialist/peer case management, linkages with drug and alcohol providers.	Designated mental illness and level of impairment related to a mental illness. Additionally must have co-occurring substance abuse disorder.	Adult	Service providers located in Bronx, Broome, Chautauqua, Delaware, Erie, Lewis, Monroe, Montgomery, New York, Oneida, Orange, Queens, Rensselaer, Saratoga, Sullivan, Washington, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	847	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Recreation	A program of social, recreational, and leisure activities that are intellectually and interpersonally stimulating but which are not necessarily part of a goal-based program plan. Agencies which provide no other types of programs report this service in the recreation category. Recreation activities which are part of other programs are not be reported as part of recreation programs.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Columbia, Livingston, Monroe, New York, Oneida, Orange, Queens, Richmond, Schoharie, Sullivan	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	920	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Homemaker / Housekeeping Services	Services provided by a trained homemaker in the patient's place of residence. Includes helping the patient with or teaching him/her home management skills, household tasks, and personal care services, such as assistance with bathing and other personal care tasks related to the patient and members of the household. Services provided include but are not limited to: dusting, cleaning, clothes washing and drying, window washing, floor mopping, bed making, and similar domestic services. These are provided for a client with a physical condition or temporary adjustment problem which prevents the client from performing such activities.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	256	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Psychosocial Club	The objective is to assist individuals disabled by mental illness to develop or reestablish a sense of self-esteem and group affiliation, and to promote their recovery from mental illness and their reintegration into a meaningful role in community life through the provision of two or more of the following: (1) consumer self-help and empowerment interventions; (2) community living; (3) academic; (4) vocational and/or (5) social-leisure time rehabilitation, training and support services.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Delaware, Dutchess, Erie, Franklin, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	20530	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Drop In Centers	The objective of a Drop In Center program is to identify and engage persons who may choose not to participate in more structured programs or who might not otherwise avail themselves of mental health services, and to provide services and supports in a manner which these individuals would accept. These programs are low demand, flexible and relatively unstructured, and responsive to individual need and circumstance.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Cattaraugus, Cayuga, Erie, Kings, Monroe, New York, Niagara, Onondaga, Ontario, Putnam, Renesselaer, Richmond, Rockland, Suffolk, Warren, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	4658	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Advocacy Services	Advocacy services may provide individual advocacy, systems advocacy, or a combination of both types. Individual advocacy assists recipients in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. An advocate represents the interests and desire of an individual recipient who voluntarily requests his or her services. Systems advocacy represents the concerns of a class of recipients by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than an individual basis.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Bronx, Broome, Cattaraugus, Chautauqua, Chemung, Columbia, Cortland, Dutchess, Erie, Franklin, Genesee, Herkimer, Kings, Lewis, Livingston, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Renesselaer, Richmond, Rockland, Saratoga, Seneca, Suffolk, Sullivan, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	24510	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Peer Advocacy	Peer Advocacy Services are, by definition, provided by current or former service recipients who have been trained in such areas as negotiation and mediation skills, recipient's rights, mental hygiene law, and access to entitlements and local resources. Peer advocacy programs may provide individual advocacy, systems advocacy or a combination of both types. Individual advocacy assists recipients in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. An advocate represents the interests and desire of an individual recipient who voluntarily requests his or her services. Systems advocacy represents the concerns of a class of recipients by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems in a systemic,	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Albany, Allegany, Bronx, Cattaraugus, Chautauqua, Erie, Kings, Lewis, Monroe, New York, Niagara, Onondaga, Queens, Richmond, Rockland, Saratoga, Schenectady, Washington, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	3413	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
	rather than an individual basis.							

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Self-Help Programs	To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.	Designated mental illness and level of impairment related to a mental illness.	Adult	Service providers located in Bronx, Chautauqua, Columbia, Dutchess, Erie, Essex, Franklin, Greene, Kings, Lewis, New York, Oneida, Orange, Oswego, Putnam, Queens, Saratoga, Schoharie, Washington	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1786	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Compulsive Gambling Treatment	To provide outpatient treatment to compulsive gamblers designed to reduce symptoms, improve functioning and provide ongoing support. A compulsive gambling treatment program shall provide assessment and treatment planning specific to compulsive gambling, screening and referral for other problems, financial management planning, connection to self help groups for compulsive gamblers, individual, group and family therapy specific to this diagnosis and crisis intervention.	Compulsive gambling and level of impairment related to gambling.	Adult	Service providers located in Albany, Monroe, Niagara, Oneida, Suffolk	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	242	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

### COMMUNITY SERVICES

Program Name	Description	Eligibility Criteria	Who is Served?	Is Service Available Statewide?*	Entitlement or Capped?	Approx. Number Served SFY 2002-03	Funding Source(s)	Funding Amount
Multi-Cultural Initiative	Funds will support activities related to the development of minority-run programs. Efforts by service providers to evaluate the cultural and linguistic competence of their programs, management and staff will be encouraged, with a view toward reducing barriers to client access to care, minimizing erroneous diagnosis and faulty treatment intervention. Funds will be distributed to providers to make adaptations identified as a result of these evaluations.	Designated mental illness and level of impairment related to a mental illness. Other criteria vary by project, funding sources and local involvement.	Adults or Children	Service providers located in Chautauqua, Erie, Franklin, Westchester	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	90	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Special Demo/Other	The Office of Mental Health anticipates that counties may want to develop new innovative programs not otherwise included in the attached list of existing programs. Accordingly, where a county intends to use funds to support such new programs, the county should provide the following minimum information under the "OTHER" code: Program Name; Program Description; Expected Outcomes; Annual Enrollments; Average Daily Census; Target Population; and Funding Stream.	Designated mental illness and level of impairment related to a mental illness. Other criteria vary by project, funding sources and local involvement.	Adults or Children	Service providers located in Albany, Broome, Chautauqua, Clinton, Dutchess, Erie, Herkimer, Kings, Monroe, New York, Niagara, Onondaga, Orange, Oswego, Queens, Rockland, Suffolk, Ulster, Warren, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	1651	Mix of funding including: Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.

**COMMUNITY SERVICES**

<b>Program Name</b>	<b>Description</b>	<b>Eligibility Criteria</b>	<b>Who is Served?</b>	<b>Is Service Available Statewide?*</b>	<b>Entitlement or Capped?</b>	<b>Approx. Number Served SFY 2002-03</b>	<b>Funding Source(s)</b>	<b>Funding Amount</b>
Blended Case Management	This program will facilitate a team approach to case management services by combining the caseloads of multiple Intensive Case Managers (ICMs) and/or Supportive Case Managers (SCMs).	Designated mental illness and level of impairment related to a mental illness.	Adults or Children	Service providers located in Bronx, Cayuga, Erie, Kings, Madison, Monroe, Nassau, New York, Orange, Putnam, Queens, Richmond, Saratoga, Suffolk, Sullivan, Westchester, Wyoming	Given that OMH serves individuals via a variety of funding sources, the notion of entitlement by service type is meaningless. Entitlement for certain services by funding source is possible i.e. an individual with Medicaid receiving a Medicaid eligible service.	486	Mix of funding including: Medicaid, Medicare, Private Insurance, Private Pay, State Revenue and other Grants	Funding amount is included in the CSP Non-Residential Services total above.
								2,053,371,379. 00

## Appendix C

### Data on Institutional Care and Community Services Intended to Avoid Institutionalization

One of the major objectives of the MISCC Data Committee was to compile data on institutional care and services to avoid institutionalization that could be useful in identifying and understanding trends. To aid in evaluation, the Committee recommended that institutional data be provided yearly since 1995. Each State agency was tasked with providing the information. The response to this request is summarized below by agency.

#### **Number of Individuals in Institutions:**

Each state agency defines institutions in different ways depending on the nature of services offered, length of stay, statutory, funding, and other requirements. This section displays each agency's response to the MISCC data elements related to individuals in institutions.

#### **Department of Health (DOH)**

The average daily census in nursing homes located in New York State during the third quarter of 2003 is approximately 113,300. As noted below, there are a substantial estimated number of individuals receiving short-term rehabilitation services. Therefore, a more appropriate response for the purposes of the MISCC is that the average daily census is approximately 108,500 (Source: New York State Nursing Home Annual Cost Report).

The size of the resident population in nursing homes located in New York State has been significantly impacted by the increased percentage of residents receiving short-term rehabilitation services. The table below shows the actual average daily census and the average daily census, adjusted for short-term rehabilitation residents, by year. These numbers reflect an increased use of nursing homes for short-term rehabilitation services since 1997.

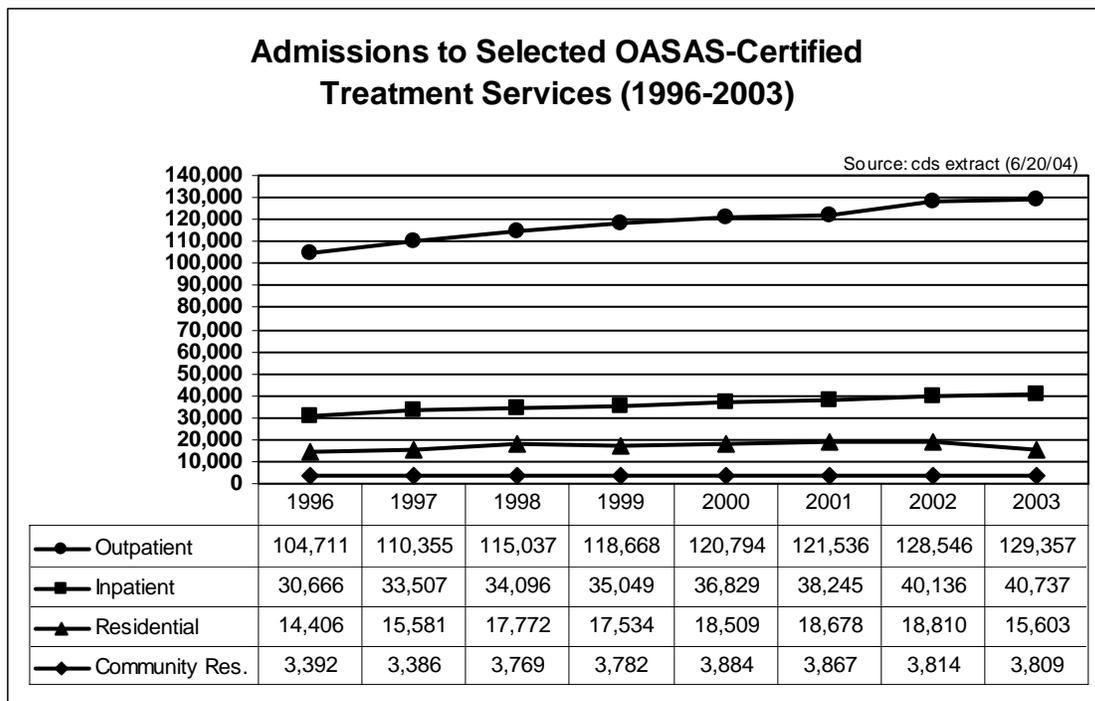
<b>Year</b>	<b>Census</b>	<b>Adjusted Census</b>
1995	107,351	N/A
1996	111,217	N/A
1997	111,217	110,246
1998	112,568	110,767
1999	113,413	111,209
2000	114,436	111,927
2001	112,962	110,124
2002	113,862	108,817
2003	113,293	108,538

(Source: New York State Nursing Home Annual Cost Report. 2003 numbers are estimated. )  
Adjusted Census removes rehabilitation service residents with lengths of stay of 30 days or less.

In the year ending June 2003, approximately 6,300 residents of nursing homes located in New York State indicated, in at least one Long Term Care Resident Assessment Instrument (RAI) Minimum Data Set (MDS) post-admission assessment, that they would like to return to the community. The Department did not use MDS initial assessment data because many resident admissions are short-term and individuals plan to and do return home in less than 30 days.

**Office of Alcohol and Substance Abuse Services (OASAS)**

The following graph shows the number of admissions for selected OASAS-certified treatment services from 1996 – 2003. The services included in the graphs are: outpatient; inpatient; intensive residential; and community residences. In addition to those shown, OASAS offers crisis/detoxification, methadone services, and supportive living. Given the acute nature of inpatient services, these would not be considered institutional.

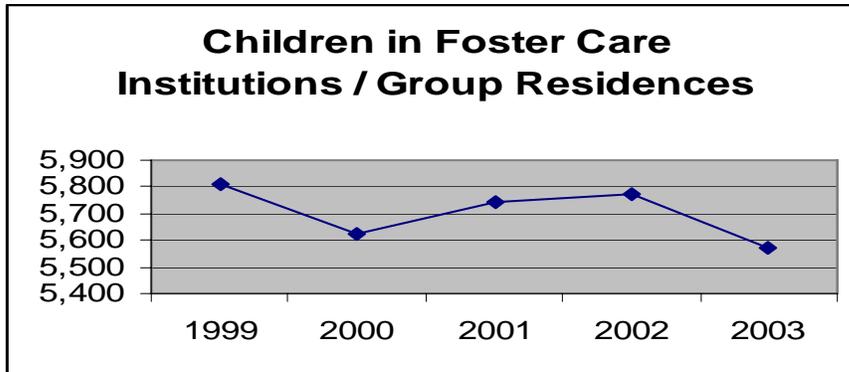


The data indicates an increase of 23.5% in the number of admissions to outpatient programs over the eight-year period. Outpatient services are community-based and represent an opportunity for individuals to receive services in a fully integrated setting. Admissions to intensive residential programs have been increasing steadily from 1996 – 2002.

In summary, the large majority of consumers in the OASAS service delivery system receive services in outpatient settings, with the total number served growing dramatically.

### Office of Children and Family Services (OCFS)

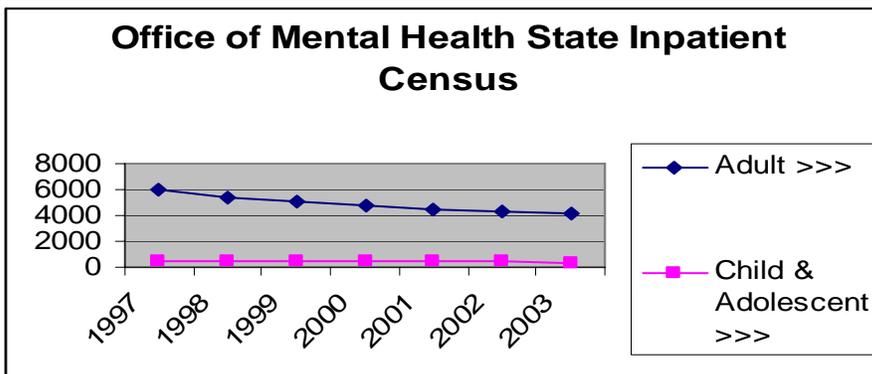
The Office of Children and Family Services had 5,538 children in foster care/institution/group residences at the end of the third quarter of 2003. The number of children in institutions since 1999 has decreased as indicated in the chart below.



### Office of Mental Health (OMH)

The Office of Mental Health has steadily reduced the number of individuals in institutions while promoting the expanding community-based service availability. The chart below shows a decrease in the inpatient census for adults from 6030 in 1997 to 4223 in 2003. In 2003, over 697,000 individuals were served by the Office of Mental Health in a variety of community based and outpatient services.

The number of individuals of all ages with disabilities who are currently institutionalized in OMH facilities is: 649 Forensics; 4209 Non-forensic adults; and 367 Children.



OMH is not currently able to calculate the number of individuals who are institutionalized and who are eligible for services in community based settings. However, there are 185 individuals on alternative levels of care which is a funding designation. Many of these individuals are under court order and therefore not able to be served in the community without a change of court order. Some of these individuals have behavior or other histories that make community service options due to risk and liability concerns not possible. Some of these individuals have had recent medication adjustments. These types of adjustments make their current movement from the facility

not clinically advisable until the medication is stabilized. Almost all individuals eligible for services in the community are currently engaged in transition/discharge planning.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)**

OMRDD facilities categorized as “Institutions” are: Publicly operated developmental centers and publicly operated residential facilities located on the grounds of these centers. It should be noted that it is OMRDD’s expectation that all individuals currently residing in these facilities will have the opportunity to live in a community setting. Many residents have needs requiring short-term high intensity active treatment. As these needs are met, the individuals are returned to the community.

<b>Most Integrated Setting Coordinating Council (MISCC)</b> <b>Trends in OMRDD Service Utilization</b> <b>December 31, 1991 – September 30, 2003</b>			
<b>Service Settings</b>	<b>Utilization: 12/31/1991</b>	<b>Utilization: 9/30/2003</b>	<b>Percent Change</b>
<b>“Institutions”*</b>	6,964	1,630	-76.6%
<b>Community Services for People to Avoid Institutionalization**</b>	69,069	133,370	+93.1%
<b>**“Institutions” include: Developmental Centers (DCs), DC Special Population Units and State-Operated Small Residential Units (small residences on DC grounds). It is OMRDD’s expectation that <u>all</u> residents of these facilities will be placed in the community. For many residents, these facilities provide short-term, high intensity active treatment required for a return to the community.</b>			
<b>** Community Services include: Article 16 Clinics, Care-at Home (CAH) Waivers, Community Intermediate Care Facilities (ICFs), Community Residences (CRs), Day Training, Day Treatment, Family Care, Family Support Services, Day Supports (Day Habilitation, Supported Employment, Pre-Vocational Services), Environmental Modifications/Adaptive Technology, Family Education and Training, Hourly Respite, In-Home Residential Habilitation, Plan-of-Care Support Services, Residential Respite, Individualized Residential Alternatives (IRA), Individualized Support Services (ISS), Medicaid Service Coordination (MSC), Self-Determination, Sheltered Workshop. The Utilization figures reflect an “unduplicated count” of the people served.</b>			

### **Number of Individuals Dependent on Community Services**

In this section, agency data is presented on the number of individuals' dependent on community services to avoid institutional care. Some of the agencies do not have institutional settings, yet provide services that individuals are dependent on to avoid institutionalization so they do not appear in the previous section.

### **Office of Children and Family Services**

The Office of Children and Family Services provides a variety of community based services on which individuals are dependant to avoid institutionalization. In addition to the estimated 30,000 people receiving Adult Protective Services, others are outlined on the charts below.

The Adaptive Living Program is a program that contracts with private agencies for the blind to provide rehabilitation services to older individuals who are legally blind to assist them to achieve a greater level of safety and confidence in their living environments.

Adaptive Living Programs (ALP) (Number of Individuals Successfully Served)				
	ALP 2	ALP 2E	ALP 3	Total
2002	1,960	682	1,171	3,813
2003	1,942	759	1,116	3,817

Child Welfare Programs Families with children receiving preventive services (point in time caseload):	
1999	52,428
2000	52,616
2001	54,843
2002	55,858
2003	54,174

### **Office of Mental Health**

The Office of Mental Health is not currently able to precisely calculate the number of individuals residing in the community who are dependent on the assistance of community-based services to avoid institutionalization: There are 109,659 individuals who receive emergency or crisis services, 8029 individuals receive Partial Hospitalization, and 35,156 receive Community Support Programs Residential services. Some percentage of individuals may be in need of priority access to services in order to avoid institutionalization with their service needs being addressed through the Single Point of Access (SPOA). A total of 138,502 individuals receive other community support programs which are non-residential.

**Office of Mental Retardation and Developmental Disabilities**

The Office of Mental Retardation and Developmental Disabilities serves 133,370 individuals who receive supports and services that help maintain them in the community. The service array includes: Article 16 Clinics; Care-at-Home (CAH) Waivers; Community Intermediate Care Facilities (ICFs); Community Residences (CRs); Day Training; Day Treatment; Family Care; Family Support Services; Day Supports (Day Habilitation; Supported Employment; Pre-Vocational Services); Environmental Modifications/Adaptive Technology; Family Education and Training; Hourly Respite; In-Home Residential Habilitation; Plan-of-Care Support Services; Residential Respite; Individualized Residential Alternatives (IRA); Individualized Support Services (ISS); Medicaid Service Coordination (MSC); Self-Determination; and Sheltered Workshops.

**Office for the Aging Services**

In 2002-03 “Expanded In-Home Services for the Elderly” served approximately 34,000 older people. These individuals had at least one ADL or two IADL impairments. All received case management and about 12,000 of these clients also received home care. Studies done in the past have shown that a significant portion of these clients would have DMS-1 scores high enough for nursing home placement.

**Appendix D**

**Sample Letters from Commissioner Maul  
And Excerpts from the October, 2005 Responses from:**

**Department of Health  
State Office for the Aging  
Office of Mental Retardation and Developmental Disabilities  
Office of Mental Health  
Office of Alcoholism and Substance Abuse Services  
Office of Children and Family Services  
State Education Department  
Division of Housing and Community Renewal  
Department of Transportation**

# SAMPLE

September 16, 2005

The Honorable Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza  
Tower Building, 14<sup>th</sup> Floor  
Albany, New York 12237

Dear Dr. Novello:

I am writing in my capacity as Chairperson of the Most Integrated Setting Coordinating Council (MISCC). Your agency's designee on the council is Kathryn Kuhmerker.

As we implement the MISCC statute, I am asking each participating state agency to identify and undertake concrete steps to achieve one goal in each of the following MISCC areas: Quality Assurance, Assessment, Community Services, and Data Collection. The actions your agency carries out must be based on discussions of the MISCC and must have a significant impact on New York State's ability to achieve a "most integrated setting" outcome for our citizens with disabilities of all ages.

For further details on this request, Kathryn Kuhmerker should contact Susan Peerless of the Department of Health. Ms. Peerless coordinates council activities. She can be reached at 518-474-7980 or at slp07@health.state.ny.us.

The identification of the actions you will carry out along with a plan for implementation **must be submitted to Susan Peerless by October 13, 2005**. The actions must be underway by November 30, 2005.

Thank you for your cooperation in this extremely important effort.

Sincerely,

Thomas A. Maul  
Commissioner

September 16, 2005

The Honorable Thomas J. Madison, Jr.  
Acting Commissioner  
New York State  
Department of Transportation  
50 Wolf Road – Sixth Floor  
Albany, New York 12232

Dear Commissioner Madison:

I am writing in my capacity as Chairperson of the Most Integrated Setting Coordinating Council (MISCC). Your agency's designee on the council is Steven Lewis of your Passenger Transportation Division.

As we implement the MISCC statute, I am asking each state agency to identify and immediately undertake concrete steps to achieve goals in a variety of areas discussed by the MISCC. I ask your department to work on a transportation issue that will have a significant impact on New York State's ability to achieve a "most integrated setting" outcome for our citizens with disabilities of all ages.

For further details on this request, Steven Lewis should contact Susan Peerless of the Department of Health. Ms. Peerless coordinates council activities. She can be reached at 518-474-7980 or at slp07@health.state.ny.us.

The identification of the action you will carry out, along with a plan for its implementation **must be submitted to Susan Peerless by October 13, 2005**. The action must be underway by November 30, 2005.

Thank you for your cooperation in this extremely important effort.

Sincerely,

Thomas A. Maul  
Commissioner

September 16, 2005

The Honorable Judith A. Calogero  
Commissioner  
New York State  
Division of Housing & Community Renewal  
Hampton Plaza – 38-40 State Street  
Albany, New York 12207

Dear Commissioner Calogero:

I am writing in my capacity as Chairperson of the Most Integrated Setting Coordinating Council (MISCC). Your agency's designee on the council is Lorrie Pizzola.

As we implement the MISCC statute, I am asking each state agency to identify and immediately undertake concrete steps to achieve goals in a variety of areas discussed by the MISCC. The action I ask your agency to work on must have a significant impact on New York State's ability to achieve a "most integrated setting" housing outcome for our citizens with disabilities of all ages.

For further details on this request, Lorrie Pizzola should contact Susan Peerless of the Department of Health. Ms. Peerless coordinates council activities. She can be reached at 518-474-7980 or at [slp07@health.state.ny.us](mailto:slp07@health.state.ny.us).

The identification of the action you will carry out, along with a plan for its implementation, must be submitted to Susan Peerless by October 13, 2005. The action must be underway by November 30, 2005.

Thank you for your cooperation in this extremely important effort.

Sincerely,

Thomas A. Maul  
Commissioner

Excerpts from Responses to Commissioner Maul's Request  
to Undertake Concrete Steps to Achieve One Goal in the Areas of  
Quality Assurance, Assessment, Community Services, and Data  
or in the Areas of Housing and Transportation

## Department of Health

### Quality Assurance

Review and amend quality assurance instruments and processes to comply with principles and guidelines established by the MISCC in a time frame consistent with the broader system changes mentioned herein. Where applicable, all new instruments will incorporate the amended guidelines and principles.

New York State Rightsizing of Nursing Home Demonstration Program: Section 2801-e of the PHL enacted in December 2004 authorizes the Commissioner of Health to establish a voluntary residential health care facility rightsizing program. The demonstration program is designed to promote the development of alternative levels of care. In September 2005, the Department solicited applications from nursing homes to temporarily decertify beds or to permanently convert beds to alternative levels of long term care. Facilities could apply to:

- temporarily decertify beds for up to five years
- permanently convert beds to less restrictive long term care beds, units or slots on a one to one ratio. Available options for such conversions may include assisted living program beds, adult day health care programs, and/or long term home health care program slots.

Applicants were to identify the demonstration options the operator was applying for with an illustration of the local and facility factors supporting the option chosen. There were 21 applications for this demonstration program and awards are expected to be announced soon.

As part of the development of the Nursing Home Transition and Diversion Waiver (see Community Services below), the federal government's Quality Assurance Framework for Home and Community Based Services Waivers (HCBS) was an integral part of the application to the Centers for Medicare and Medicaid Services (CMS). That Framework has provided states with national guidelines for quality assurance activities regarding participant health and welfare.

One of the Department's Real Choice Systems Grant for Quality Assurance/Quality Improvement in HCBS waivers with CMS (recently extended to 9/29/2007) includes expanded efforts for quality assurance under the Long Term Home Health Care Program Waiver. Grant funding has allowed the Department to pursue a Participant Satisfaction Survey using the nationally recognized Medstat survey for HCBS waivers. An independent contractor has been selected to administer the survey to a sample of LTHHCP participants in their homes so that results can be analyzed and used to enhance the waivers quality assurance program. The Grant also includes funding for a series of Regional Forums under the Traumatic Brain Injury (TBI) Waiver to gather key stakeholders' feedback for continuous improvement under that waiver and a contractor

has been selected to host the Forums. Finally, a complaint hotline for TBI waiver participants was put in place using grant funding (to track and resolve complaints) and is currently operated by the Brain Injury Association of NYS.

### **Assessment**

Evaluate and consider the need to develop a screening tool and a process for its use that identifies desired and appropriate services and community supports for the customer in connection with the overall restructuring of the State's long term care system.

### **Community Services**

The Department is in the final phase of its CMS Real Choice Systems Choice Systems Change Grant for Information, Assistance and Advocacy. Under this Grant, five contractors were awarded funding by the State to develop local, innovative models to help the public access long term care services. Various models were pursued by the Adirondack Choices, the Center for Disability Rights, Fulton County, Eldersource in Monroe County and Broome County.

Consistent with the MISCC recommendation of providing outreach, education and referrals to help individuals more easily access services, the Department of Health (DOH) and the New York State Office for the Aging (NYSOFA) are working to establish a Point of Entry (POE) system. Implemented statewide, yet locally-based, POE functions will begin by providing information, initial screening and assistance to all those interested in exploring the available options for long term care in NYS or who are already receiving medical or other supportive services through NYSOFA programs, Medicaid or private pay providers.

The program will be supported by two contract levels: one to establish and operate administrative systems (information technology, program monitoring, quality assurance, and POE staff training); and individual contracts to operate the POE in each county, or consortium of counties across the State. It is expected that these contracts will be in place by Fall 2006.

As an important step toward the long range system change, DOH applied in December 2005 to the federal Centers for Medicare and Medicaid Services (CMS) for approval of a new Nursing Home Transition and Diversion Medicaid waiver. The program will enhance the opportunity for individuals eighteen years of age and older, who would otherwise be cared for in a nursing facility, to receive needed services in their home or community. A Request for Applications, released in February 2006, will identify contractors to operate the Regional Resource Development Centers through which the waiver will be administered. The new waiver program will be operational once these processes are complete.

The overall goal is to rebalance the State's long-term care system, including the creation of a new comprehensive Medicaid waiver intended to develop more home and

community-based services and change the design, delivery and eligibility requirements of State and Medicaid funded programs. The Department is actively engaging local government officials, services providers and consumer advocates in the planning efforts through informational meetings, working advisory groups, and the issuance of a Request for Information in early Summer 2006 to gather input from all stakeholders.

To examine the challenges and complexities experienced by consumers, discharge planners and the members of interdisciplinary teams in securing a discharge for patients to the most appropriate setting, DOH and NYSOFA brought together a workgroup of providers across the continuum of care, consumer advocacy groups and State staff. As a result, the group developed tools reflecting their expertise and “best practices” that will be widely distributed and made available on agencies’ websites.

Ongoing support is provided for the Traumatic Brain Injury Program (TBI) initiated in 1994 to develop and coordinate statewide community based services for people with TBI and their families, and stem the flow of New York State residents to out-of-state nursing facilities. In 1995, a HCBS/TBI waiver was authorized to allow people with TBI to live in community based settings rather than in nursing homes. Each year in this State, approximately 17,000 individuals sustain a traumatic brain injury; approximately 2,000 people currently receive services through the waiver program.

Additionally, in early 2006, New York State was awarded \$300,000 to improve community based TBI services for war veterans—urgently needed due to the nature of engagement in Iraq and Afghanistan that can result in head injuries. The new funds will support collaborative efforts between DOH and the federal Defense and Veterans Brain Injury Center to expand the availability of referral services and training activities to enhance the skills and knowledge of service professionals to assure that military personnel receive appropriate TBI services when they return home.

Under a separate CMS Real Choice Systems Change Grant, the Department has contracted with an independent consulting firm to analyze the feasibility of developing a respite model for adults under New York State Medicaid.

The Department, in collaboration with NYSOFA, has been meeting with consumer advocates, county social service staff, hospital, nursing home, home care agencies and adult home providers and their trade associations, as well as the Office of Children and Family Services and county Adult Protective Services staff to develop tools for safe and effective discharge planning centered on the needs of the individual. The dissemination of these tools has occurred at various conferences, and is also located on both agencies’ websites. Plans are underway for a statewide Discharge Planning Conference in Fall 2006.

## **Data**

Develop cross-agency data collection tools and methodologies for the collection of data on institutionalized individuals who could be appropriately served in community-based settings to support the State's overall long-term care restructuring efforts. This is completed.

## **State Office for the Aging**

### **Quality Assurance**

New York State Office of the Aging (NYSOFA) recognizes that fundamental to quality assurance is respect for the rights, values and preferences of all consumers and their caregivers. To achieve the goals cited in the MISCC Quality Assurance/Improvement Committee's report, NYSOFA in collaboration with the Department of Health will direct each county's Point of Entry (POE) system to integrate the quality assurance principles and guidelines identified by the Committee into ongoing POE operations. Regular, systematic and objective methods will be used to monitor the individual's well-being, health status, and the effectiveness of services in enabling the individual to achieve his or her personal goals in the most integrated setting. Each POE will have an ongoing evaluation process that collects data on consumer satisfaction or lack of satisfaction as well as the individual's experiences and quality of service delivered. This will be done in an effort to ensure that POE services to individuals with disabilities are focused on promoting independence consistent with the consumer's capacity and preferences for care.

### **Assessment**

To achieve the goals set forth by the MISCC Assessment Committee, the New York State Office of the Aging (NYSOFA) is working in collaboration with the Department of Health (DOH) on the implementation of a Point of Entry (POE) System for long term care. There will be a community-based POE system within each county serving individuals of all ages with disabilities. The POE will be independent of the service delivery system to avoid conflicts of interest. The POE will develop strong linkages with community resources and will have extensive knowledge of community resources available to support people in the "most integrated setting" including information on home care, housing, transportation, and employment services and personalized services/supports. The POE will begin by providing easy access to information, assistance and screening for consumers, caregivers and providers. The goal is to establish a fully-functional statewide, yet locally-based, POE system that includes needs assessment to identify a person's specific day-to-day needs for life in their community. The POE System will have the capacity to carrying out assessment procedures to identify individuals who could benefit from services in a more integrated setting. The assessments performed by the POE will be conducted from a "strength-based perspective." NYSOFA in collaboration with DOH will provide technical support focused on assisting the POE to train local discharge planners, community service providers and the appropriate local oversight bodies to integrate the new POE assessment processes and tools into their regular practice.

## **Community Services**

To achieve the goals of the MISCC Community Services Committee, the New York State Office of the Aging (NYSOFA) is working in collaboration with the Department of Health (DOH) to develop and make available training, technical assistance and evaluation programs aimed at helping discharge planners and local service providers incorporate new best practices and consumer-centered values into the discharge planning process. The Discharge Planning Workgroup consists of consumer advocates, county aging and social services staff, provider trade association representatives, hospital and nursing home staff as well as staff from NYSOFA and DOH. Through the development of additional training, technical assistance and evaluation programs, NYSOFA in collaboration with DOH, will explore ways to expand the Discharge Planning Workgroup's scope further to ensure that people with disabilities receive the services they need in the most integrated setting appropriate to their needs.

## **Data**

NYSOFA has been in the process of computerizing Area Agency Aging (AAA) data gathering and client based information. To achieve the goals for data collection set forth in the MISCC legislation, NYSOFA will continue to improve its current data collection processes and systems. NYSOFA's Point of Entry (POE) initiative will engage new technology to provide a comprehensive infrastructure for data collection, sharing and management.

To inform the MISCC Data Committee efforts relating to information regarding waiting lists, NYSOFA reported that typical services for which an AAA may maintain waiting lists are home care services, home delivered meals, social adult day services, personal emergency response systems, case management and/or transportation services. Most decisions about waiting lists are made at the local level. Therefore each AAA is different in terms of which services they maintain a waiting list for. Decisions on whether or not to maintain a waiting list are based on a variety of factors including the services they provide, the needs in the community and the available resources to address the need.

NYSOFA requires AAAs to maintain a waiting list for Expanded In-Home Services for the Elderly Program (EISEP). Each AAA must maintain a waiting list anytime demand/need for services exceed availability. The AAA must have written procedures to govern the EISEP waiting list that address the following: criteria for placing individuals on the waiting list; how the decision will be made; by whom; and how the waiting list will be maintained. NYSOFA will continue to ensure that waiting lists for the EISEP program are established when needed; accurately maintained; and that consumers come off the waiting list at a reasonable pace.

Each AAA makes its own decision regarding how to monitor its waiting lists. Monitoring is likely to vary from service to service. For waiting lists covering EISEP services, AAAs are required to periodically follow-up with individuals to determine if there has been a change in their situation that would impact their placement on the waiting list. The frequency and the method are determined by the AAA.

## **Office of Mental Retardation and Developmental Disabilities**

### **Quality Assurance**

OMRDD is working to fully operationalize consumer and family satisfaction surveys in all our major initiatives. A consumer/family satisfaction survey is now a permanent part of OMRDD's NYS-CARES, an initiative to address OMRDD's community residential wait list. This survey process explores the recipient's level of choice in service selection and satisfaction with what was provided.

OMRDD is also planning to fully implement consumer satisfaction surveys in the Family Support Services' program. Currently, surveys are employed in overnight respite programs to gauge the degree to which the family served was able to exercise choice in service arrangements and to determine the family's overall level of service satisfaction.

An OMRDD system-wide consumer satisfaction survey is being designed for all NYS-OPTS project participants. (OPTS is an initiative which allows innovative, individualized service provision and consumer satisfaction measures are essential features of the projects). In addition to the OMRDD survey, each not-for-profit OPTS provider is required to conduct a program evaluation that includes a consumer satisfaction survey specific to their project.

OMRDD is laying the groundwork to establish an OMRDD "800 number" as a resource for information on services and supports and a place for individuals with developmental disabilities, their families, and advocates to raise concerns and issues.

### **Assessment**

OMRDD is expanding use of person-centered planning and self-determination to identify needs and personal goals. To this end, OMRDD is expanding service coordinator training which emphasizes use of person-centered planning principles in developing Individualized Service Plans. This training teaches service coordinators to create a plan which is driven by a person's capacities, interests, and life goals and which mobilizes the person's natural support system.

In another application of self-determination principles to assessments, OMRDD is carrying out a special project with the Self-Advocacy Association of NYS (SANYS).

Under this Commissioner initiated project, self-advocates meet with Developmental Center residents to provide information on alternative community living options.

### **Community Services**

OMRDD is creating additional individualized housing options under the NYS-OPTS initiative. This expansion includes development of supported apartments where individuals live on their own with staff providing intermittent supports to meet individual needs. Also, under OPTS, OMRDD is developing non-certified residential options with needed supports and services.

For each OPTS project proposal considered, OMRDD is requiring the service provider to include the families and people to be served as full participants in planning the project.

OMRDD is building upon the initial success of the Self-Determination project by allowing additional people to self-direct their waiver services through a portable individualized budget which they manage through a Fiscal Intermediary. Access to this new program is being enhanced through the New Options Institute, which trains brokers to assist people through the application process and plan implementation.

OMRDD is continuing to expand access to “day services without walls”. This approach offers day supports to people which take place fully in community settings rather than at center-based locations. Volunteer opportunities and pre-employment services offered under this model allow people to participate in a variety of community activities side-by-side with non-disabled community members.

OMRDD is expanding the “Everyday Heroes” initiative which recognizes outstanding direct support staff. The initiative uses a specially developed training curriculum for direct support staff which promotes the values of full inclusion for the people we serve. The curriculum underscores the need to help people attain the skills needed to make community participation and acceptance a reality.

### **Data**

OMRDD is reaching out to any person with developmental disabilities who is identified in OMRDD’s consumer tracking system as residing in nursing home. Options for community living are presented and OMRDD staff are assisting in the transition to community living.

## Office of Mental Health

The New York State Office of Mental Health continues to transform New York State's public mental health system, placing individuals and families at its core, fostering resiliency and recovery, and through culturally and linguistically effective treatment and supports, enabling individuals with mental illness to live, work, learn and participate fully in their communities. The significant efforts outlined below demonstrate OMH's commitment to the Olmstead decision and the Most Integrated Setting Coordinating Council's goals and objectives. More detailed explanations of these initiatives can be found throughout the OMH website [www.omh.state.ny.us/](http://www.omh.state.ny.us/), and in the 2005-2009 and 2006-2010 Statewide Comprehensive Plans for Mental Health Services, <http://www.omh.state.ny.us/omhweb/resources/#publications/>.

### Providing Access to Safe and Affordable Housing

New York State is a national leader in the development of community housing for individuals with mental illness. When all beds are operational, including beds associated with the NY/NY III agreement, OMH will support 36,700 beds in the community. New York/New York III, the \$1 billion supported housing initiative announced in November 2005, builds on the success of prior housing initiatives, and over ten years will provide 9,000 units of supportive housing for individuals and families with special needs who are chronically homeless or at risk of homelessness; of those, 5,550 will be for individuals and families with serious mental illness.

### Achieving the Promise for New York's Children and Families

A \$62 million annual investment (provided in 06-07 Budget) for this initiative represents the largest, one-year investment in children's mental health services in State history. A detailed description of the program can be found at [www.omh.state.ny.us/omhweb/budget/2006-2007/children.htm](http://www.omh.state.ny.us/omhweb/budget/2006-2007/children.htm). The initiative includes four elements:

- ***Child & Family Clinic Plus*** transforms the local mental health clinic to a program that actively reaches out to intervene earlier in a child's developmental trajectory and will provide emotional disturbance screening for nearly 400,000 children each year. Clinic-Plus brings improved access, in-home services and treatments that have been shown through science to work. Expanded clinic services will more than double admissions to children's mental health clinic treatment, providing treatment to 36,000 additional children and their families – with 22,400 of those children receiving in-home services.
- An ***Evidence Based Treatment Dissemination Center*** will support the organizational changes necessary to transform the way in which mental health services are delivered, and ensure that scientifically proven treatment approaches are available to front line clinicians on a statewide basis.
- The ***Home and Community Based Waiver Program*** enables seriously emotionally disturbed children at risk for institutional placement, to remain at home and in school

while receiving a comprehensive and well-coordinated array of services appropriate to individual need. New York State is one of only five states in the nation to participate in the program, which has grown to provide services to more than 2,000 children and families each year.

- **Telepsychiatry** will become a reality for New York's rural health areas, and provide children and their families with the reassurance of expert consultation on critical issues such as diagnosis and medication use.

### **Reinvesting Savings into Community-Based Programs**

A cumulative \$1.8 billion has been redirected from unneeded bed capacity in State-operated psychiatric centers and redirected in high quality, recovery-based community mental health services.

- As a part of these efforts, the closure of Middletown Psychiatric Center occurred on April 1, 2006. The full annual operating savings of \$7 million realized by the closure is being reinvested to expand State-operated services in Middletown's previous catchment area of Orange and Sullivan Counties.

### **Improving Individual Outcomes with Kendra's Law & Enhanced Community Services**

Kendra's Law and the Enhanced Community Services program have more than doubled case management resources and integrated scientifically-proven practices to advance the highest quality of care.

- Kendra's Law, which was enacted in 1999 and extended in 2005, has been documented to result in improved access to mental health services, coordination of service planning, accountability and collaboration between the mental health and court systems, and a reduction in hospitalizations and incarcerations. An AOT Quality Improvement Panel reviews participation and performance data to ensure that quality gaps are recognized and appropriately addressed. For more information, visit [www.omh.state.ny.us/omhweb/Kendra\\_web/KHome.htm](http://www.omh.state.ny.us/omhweb/Kendra_web/KHome.htm)
- The Enhanced Community Services program, also announced in 1999, expanded high intensity case management and housing services to support community integration for adults and children with psychiatric disabilities; developed clinical coordination infrastructures to identify and address individual service needs and manage access and utilization; and increased the availability of self-help, peer support and advocacy, rehabilitation and other services that enhance community participation and improve the satisfaction and quality of life for individuals with mental illness. The State Operations component of this initiative provides for the continued support of five new state-operated transitional residences in NYC, four new mobile mental health teams to serve juvenile offenders in OCFS facilities, and enhanced oversight and evaluation of community programs.

## **Improving the Lives of Adult Home Residents**

Assessments of mentally ill residents living in select NYC impacted adult homes were completed in 2003. OMH implemented and continues to expand case management and peer support services for this population. These services support resident rehabilitation and recovery goals through the provision services that utilize wellness self-management approaches, and assist adult home residents with enhanced community integration while building on reforms to strengthen the oversight of adult homes.

## **Using Assertive Community Treatment (Act) to Promote Recovery**

OMH has licensed the ACT model and has implemented it statewide, using it as a platform for the delivery of treatments and supports shown by research to be effective. There are currently 74 ACT teams operating across the State, with the capacity to provide services to more than 4,800 individuals. ACT Teams provide mobile intensive treatment and support to people with psychiatric disabilities. The focus is on the improvement of an individual's quality of life in the community and reducing the need for inpatient care by providing intense community-based treatment services by an interdisciplinary team of mental health professionals.

## **Improving Service Coordination with Single Points of Access**

OMH implemented the Single Point of Access (SPOA) process, which helps Local Governmental Units achieve community-based mental health systems that are cohesive and well coordinated in order to serve those individuals most in need of services. There are three types of SPOAs - Childrens, Adult Case Management and Adult Housing. This process helps to enhance the effectiveness of assessments and placements by expanding person-centered-planning initiatives in the Single-Point-of-Access (SPOA) program.

## **Integrating Multiple Programs into One Comprehensive Service**

The Office of Mental Health is implementing *Personalized Recovery Oriented Services* (PROS), a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. For more information, visit [www.omh.state.ny.us/omhweb/pros/](http://www.omh.state.ny.us/omhweb/pros/)

## **Promoting Public Mental Health by Reducing Risk of Suicide**

OMH efforts in the area of suicide prevention have positioned New York State as a national leader in the field:

- The *SPEAK* campaign, which began in 2004 provides a public health approach to suicide prevention. Informational kits include the most current scientific

knowledge available about suicide, suicide prevention, risk factors, warning signs, and resources about how to seek help. In less than two years OMH has addressed three different cultural populations, with SPEAK kits available in English, Spanish and Chinese. All materials are available on line at [www.omh.state.ny.us/omhweb/speak/index.htm](http://www.omh.state.ny.us/omhweb/speak/index.htm)

- ***Saving Lives in New York: Suicide Prevention and Public Health***, a comprehensive, data-driven report on suicide, its risks and prevention methods, was released by the Office of Mental Health in May 2005. There are three volumes that together comprise the full ***Saving Lives*** report: Volume One looks at the challenge of suicide prevention, strategy and policy recommendations; Volume Two looks at approaches to suicide prevention and special populations; and Volume Three is a data book of Statewide and county-specific information and statistics. All three volumes of the report are available at [www.omh.state.ny.us/omhweb/savinglives/](http://www.omh.state.ny.us/omhweb/savinglives/)

### **Monitoring OMH's Quality, Progress and Outcomes**

The OMH Balanced Scorecard allows anyone to view and assess the agency's progress toward achieving its strategic goals. The Scorecard uses up-to-date quantitative data to compare actual performance against specific measurable targets. Content areas include outcomes experienced by individuals served in the NYS public mental health system, results of public mental health efforts undertaken by OMH, and critical indicators of organizational performance. It is available online at [www.omh.state.ny.us/omhweb/statistics/](http://www.omh.state.ny.us/omhweb/statistics/)

### **Meeting the Mental Health Needs of Older New Yorkers**

Signed in 2005, the ***Geriatric Mental Health Act*** creates a demonstration program that will promote improved quality of treatment and improved integration of mental health services with other service systems through grants to providers of care to older adults with mental disabilities. The bill also creates a 15-member Interagency Geriatric Mental Health Planning Council, which held its first meeting on May 18, 2006 to collaboratively address the mental health needs of aging New Yorkers. The first interagency planning effort of its kind in the nation, the Council includes representatives from nine State agencies and is co-chaired by Sharon E. Carpinello, RN, PhD, Commissioner of the Office of Mental Health (OMH) and Neal E. Lane, Director of the Office for the Aging (OFA).

### **Achieving Quality through Improved Clinician Access To Patient Medical Information**

By improving clinician access to patient medical information and relevant clinical practice guidelines, OMH can increase quality of care, improve patient outcomes, and can better enable recovery from psychiatric disabilities. An innovative team of OMH staff developed the Pharmacy Service and Clinical Knowledge Enhancement System, or

PSYCKES, a state of the art, web-based tool that supports the decision making and information needs of physicians. PSYCKES pulls together years of a patient's history, giving the clinician access to data on admissions and locations of service, length of service, diagnoses, types of medications received, duration and the adequacy of the dose prescribed. To the best of our knowledge, it is the first example of an integrated, guideline-driven, clinical and fiscal decision support system for psychiatry.

### **Using Mental Health Courts to Address Treatment Needs**

Mental health courts use judicially-monitored mental-health treatment as an alternative to incarceration in low-level felony cases. The Courts work with defendants who have serious mental illnesses, such as schizophrenia and bipolar disorder, but are not believed to be incompetent or not responsible by reason of mental disease or defect. The goal is to use the authority of the court to link offenders with mental illness to treatment, stabilize their illness and prevent their return to the criminal justice system.

### **Building the Knowledge Base through Psychiatric Research**

Research is essential to reducing the burden of mental illness by improving access to effective care and achieving urgently needed knowledge about the brain, mind and behavior. OMH's Research Division performs basic, clinical and services research primarily at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, and the New York State Psychiatric Institute in New York City. Evaluation research focusing on service system improvement is conducted by staff at OMH Central Office in Albany, and some research activities are also carried out at other OMH facilities.

### **Improving Quality by Reducing Risk**

OMH has developed and implemented a user-friendly, web based clinical risk management system. The New York State Incident Management and Reporting System (NIMRS) is an innovative tool designed by OMH for use by both state operated and OMH licensed programs. NIMRS uses cutting edge technology to bring added efficiency to adverse event management, and greatly enhances flexibility in retrieving data. Using an advanced security system, NIMRS also allows state operated and licensed programs to electronically transmit adverse event information to OMH and CQC. For more information, visit [www.omh.state.ny.us/omhweb/nimrs/index.htm](http://www.omh.state.ny.us/omhweb/nimrs/index.htm)

### **Enhancing Oversight through a Strengthened Licensing Process**

The OMH licensing process was greatly strengthened by moving to an unannounced survey format which ensures survey findings accurately reflect the true conditions and quality that recipients experience with a program. Moving to an unannounced survey format brought the OMH survey process into alignment with other state agencies, the federal survey process and national accreditation programs. It also serves to reinforce ongoing survey readiness in providers rather than last minute survey preparation. As a

correlate, access to this licensing information is for the first time readily available to the public via the OMH website at [www.omh.state.ny.us/omhweb/licensing/](http://www.omh.state.ny.us/omhweb/licensing/).

## **Office of Alcoholism and Substance Abuse Services**

### **Quality Assurance**

OASAS has a comprehensive quality assurance structure in place, with clearly defined standards for providers, standards for patient (consumer) rights, with an appeals and grievance procedure for addressing alleged rights violations and service delivery deficiencies. The quality assurance structure includes an ongoing evaluation process that collects data on the delivery of services and maintains an outcome-based evaluation process that measures provider performance. With the exception of the state-operated Addiction Treatment Centers, there are no patient (consumer) satisfaction surveys. OASAS supports principles and guidelines recommended by the Committee, and will implement all those that are applicable to our service delivery system and to our target population.

### **Assessment**

Unidentified and/or untreated co-existing alcohol/substance abuse may significantly reduce the likelihood for an individual with a disability to successfully function in a community-based setting. Therefore, the services offered by the OASAS-certified provider system are a valuable component of a comprehensive plan for maintaining persons with disabilities in the most integrated setting. Screening for a potential problem is the critical first step toward identification and referral to services. OASAS recommends that screening for alcohol/substance abuse be included in the single point of entry process to be implemented by the Council. The state-operated Manhattan Addiction Treatment Center conducts a culturally and linguistically appropriate inpatient program for monolingual Spanish-speaking patients, and would be pleased to share its Spanish language screening and assessment materials. In addition, the following evidence-based screening protocols are available for assisting chemical dependence treatment and prevention services providers in identifying co-occurring disabilities:

Modified Mini Screen (MMS) – This tool yields a score that a program and a counselor can use to determine if the person needs further assessment of his/her mental health. OASAS encourages the use of this instrument by its certified providers; and

HELPS – a brief screening tool for the purpose of identifying a patient (consumer) with a co-occurring traumatic brain injury.

### **Community Services**

OASAS operates thirteen Addiction Treatment Centers (ATCs), certified as inpatient treatment programs, and serving patients with acute care needs. These state operated programs function as "centers of excellence" testing new models of treatment and developing best practices for dissemination and adoption by the field. For example, OASAS operates a specialized chemical dependency treatment program for persons who are deaf and/or hard of hearing at the JL Norris

ATC in Rochester, and a specialized chemical dependency treatment program for persons with co-occurring psychiatric disabilities at the McPike ATC in Utica.

In accordance with the “centers of excellence” approach, a specialized chemical dependence inpatient treatment program for persons with an alcoholism/substance abuse diagnosis and a co-existing brain injury (TBI) was established in January, 2006 at the state-operated Blaisdell Addiction Treatment Center. The model will identify and demonstrate best practices for this dually disabled population. Following the period of identification and demonstration, the best practices will be disseminated for adoption by the field at all levels of care, including community-based outpatient settings, in order to facilitate the delivery of services in the most integrated setting.

### **Data**

OASAS agrees with the overall findings and recommendations of the Data Committee and collects patient (consumer) level data on all admissions in our treatment system. Our system does not maintain institutional settings. Consequently, this agency does not maintain waiting lists of persons in institutional settings waiting for community-based placement. Although the OASAS service delivery system does include "residential" components, the services are a time-limited modality in a continuum of care and do not represent a long-term solution to community living needs. The large majority of patients in the OASAS service delivery system receive services in community-based outpatient settings. Based upon the discussion above, it is our determination that the recommendations of the Data Committee do not pertain to OASAS.

## **Office of Children and Family Services**

### **Quality Assurance**

Goal: Identify ways to continuously improve community-based options for legally blind individuals. In addition to conducting on-going customer satisfaction surveying of individuals receiving Adaptive Living Program Services, New York State's Commission for the Blind and Visually Handicapped has developed and will test an enhanced system of services to elderly, legally blind individuals living in the community. The program is designed to result in greater likelihood that the individual will successfully live independently and experience quality of life. It will involve an intensive initial assessment and an initial term of comprehensive services, followed by monthly check-in services for the individual's lifetime. Outcomes will be measured using standardized testing tools requiring client feedback.

Action: Contract is in place. Term of project is four years.

### **Assessment**

Goal: Identify unmet needs of legally blind individuals in New York State. New York State's Commission for the Blind and Visually handicapped will conduct, in collaboration with the State Rehabilitation Council, a comprehensive needs assessment to identify unserved and underserved and their needs. CBVH data will be analyzed to identify demographic characteristics of persons that are most often unserved or underserved. An assessment will be conducted to identify

individual CBVH offices and counselor competencies that are associated with a higher degree of successful outcomes and customer satisfaction for the underserved.

Action: Research is getting underway. Preliminary meetings have been held with held with the University researchers.

### **Community Services**

Goal: Improve supports for kin, generally grandparents, who are raising children who are temporarily unable to live in their own homes when their parents are unable to care for them. Kinship families are very important resources for our children. Identify ways to provide critical support and assistance to relatives who already have family bonds with children in need of temporary or permanent placements.

Action: New York State Office of Children and Family (OCFS) Commissioner John A. Johnson recently announced nine grants totaling \$1.4 million awarded to support caregivers in successfully raising their kin when the biological parents are temporarily or permanently unable to provide care. These awards were given to community-based non-profit organizations through the New York State Kinship Caregiver Program.

The grants are being awarded to nine organizations that will provide counseling, support groups, legal assistance, case management, and other activities that promote permanency for children living with caregiver relatives. The care-taking arrangements, to be based on best practices in the field, will help children to be placed with relatives.

The Kinship Caregiver Program provides a variety of services across the state that address the multiple needs of grandparents or other relatives and the children they are caring for.

### **Data**

Goal: Identify and record child needs and track child and family assessment and service plan activity in response to identified child and family strengths and needs. Make this data available to state and local level planners and policy makers. Within the child welfare and juvenile systems, significant numbers of children, at risk of or in out-of-home placement, have multiple needs in the areas of health, mental health, developmental disabilities and substance abuse. Such needs are identified in the course of casework and health screenings/assessments, and documented in the health record and in casework files. However, current statewide computer information systems do not track or offer the opportunity to analyze these needs in the aggregate for program and fiscal planning purposes.

Action: New York State's Automated Child Welfare Information System, CONNECTIONS, is partially implemented. Once fully implemented, the system will capture both specific child needs and abilities and will tack assessments and planning for meeting these needs. Roll out of this component of the CONNECTIONS system is scheduled for 2007. Design work is underway.

## **State Education Department**

### **Quality Assurance**

Action: The Office of Vocational and Education Services for Individuals with Disabilities (VESID) and the New York State Independent Living Council (NYSILC) will jointly develop and conduct a quality and customer satisfaction survey of all consumers with disabilities served by the ILC network.

Implementation Plan: The 2005 – 2007 Federal Title VII State Plan for Independent living requires that VESID, the Commission for the Blind and Visually Handicapped (CBVH) and NYSILC assess customer satisfaction with ILC programs and services. To this end, the NYSILC established a subcommittee on customer satisfaction that will make recommendations to improve on prior statewide assessments and a revised instrument and assessment will be conducted no later than January 2007. In addition to meeting Federal program requirements, VESID will tie customer satisfaction survey results directly to ILC contract performance by requiring an 80 percent or greater rating in all measurement criteria.

### **Assessment**

Action: VESID, the Office for Aging's (OFA) Volunteer Long Term Care Ombudsman Program (LCOP) and the Developmental Disabilities Planning Council (DDPC) will collaborate to provide cross-training for ILC and LCOP staff to improve communication and coordination of supports and services leading to improved identification and assessment of individuals seeking assistance to leave skilled nursing facilities.

Implementation Plan: A request for applications has been developed and disseminated and DDPC is in the final stages of selecting a training vendor for six regional sites. The vendor selected will enhance state agency collaboration to facilitate nursing home diversion and transition to the community.

Action: VESID's vocational rehabilitation program will develop a mechanism to streamline identification, assessment and eligibility of consumers residing in skilled nursing facilities interested in seeking competitive employment.

Implementation Plan: Through a multi-step process of needs assessment, VESID began examining gaps in service needs of underserved and unserved populations. The analysis of results from a request for information related to Unified Contracted Services (UCS) is now under way. Based on the findings from the needs assessment survey, VESID will consider ways to address gaps in services. A second request for information for services outside the UCS process is scheduled for 2006. VESID will begin designing new service models based on survey findings and design a "fast track" mechanism for identifying, assessing and determining eligibility of individuals residing in nontraditional settings including skilled nursing facilities.

### **Community Services**

Action: VESID will enhance the vocational rehabilitation process through the use of peer mentors

and supports aimed at improving employment outcomes. The major focus of these projects is to foster engagement in the vocational rehabilitation process leading to successful competitive placement in community settings.

Implementation Plan: VESID, the Commission for the Blind and Visually Handicapped (CBVH), the DDPC and the Department of Labor (DOL) designed a proposal using DDPC funds to demonstrate the use of peer mentoring and supports in the employment process. An RFA led to a selection of five pilot projects that will each run for a two year period. Mechanisms to evaluate qualitative and quantitative project effectiveness will be reported over time.

## **Data**

Action: VESID has developed a cost benefit tracking model that identifies the number of individuals prevented from living in institutional settings or assisted to leave an institutional setting for an integrated, community based setting of their choice. The NYS ILC network will collect cost benefit information for consumers served related to diversion and transition for skilled nursing home residents and other residents of segregated settings on an annual basis. The data collected will include efforts related to ILC funded Department of Health (DOH) Real Choice grants; DDPC funded ILC Nursing Home Diversion and Transition Demonstration Project, and any other direct service efforts of the ILC network.

Implementation Plan: Data collection will be coordinated with DOH, DDPC and voluntary ILC reporters and result in an annual cost benefit report based on the VESID model by March 31 of each calendar year.

Action: VESID's root cause analysis of the underlying factors leading to out-of-district and out-of-state placement of students with disabilities identified the need for improved real time knowledge of available openings in in-state public and private special education programs.

Implementation Plan: VESID is exploring mechanisms to link committees on Special Education (CSE), parents and State agencies through the establishment of a statewide online database of public and private special education program openings from early childhood through the secondary level. The proposal for the design of the online database will be prepared for review by the New York State Board of Regents.

## **Division of Housing and Community Renewal**

### **Access to Home**

As part of Governor Pataki's 2005 State of the State Address he announced Access to Home, a \$10 million program to provide Local Program Administrators with grants of up to \$200,000 to make environmental modifications to the homes of persons with physical disabilities and sensory impairments. A Request for Proposals was issued in March, 2005 with applications due in May, 2005. As anticipated the demand for this program was great, DHCR received applications totaling

nearly \$14 million in requested funding statewide. DHCR has issued another round of Access to Home, making \$5 million available in program year 2006.

### **Affordable/Accessible Housing Registry**

DHCR has worked closely with the Developmental Disabilities Planning Council (DDPC) and the Center for Independent Living of New York (CIDNY) to assume the terms of a contract for the ongoing administration of an Affordable/Accessible Housing Registry. CIDNY was under contract with DDPC to develop a New York State Accessible Housing Registry. That contract expired in October, 2005.

DHCR has worked with CIDNY and DDPC to develop a contract to support ongoing operation of the Registry beyond its October, 2005 completion. Funding in support of the Registry would serve to maintain and enhance procedures and practices related to the timely and accurate entry and review of accessible housing listings, increase private and public sector links, allow the Registry to continue to serve as an information and resource repository for people seeking accessible housing and ensure ongoing relevancy of processes for assessing Registry user satisfaction and evaluating performance. Funding will be used to operate and maintain the site, conduct research, review and implement ongoing marketing strategies and encourage the provision of information to the Registry, as well as to ensure quality assurance. It is intended that the New York State Accessible Housing Registry would be linked to DHCR's Affordable Housing Directory.

### **New York State Affordable Housing Directory**

In January, 2001, DHCR launched the New York State Affordable Housing Directory (AHD) an online tool found at [www.dhcr.state.ny.us](http://www.dhcr.state.ny.us) (click the AHD logo on the right) designed to assist users with locating affordable rental housing throughout the State. Approximately \$400K has been invested in the Affordable Housing Directory to date. In addition to the completed projects contained in the Directory, users may also view a list of new affordable housing projects currently accepting rental applications.

The AHD provides users with a simple way to locate affordable rental apartments throughout the State by searching for developments funded by five of DHCR's largest programs, as well as produce maps pinpointing these apartments. The site also offers proximity of necessary facilities such as schools, hospitals, and stores. Most recently, the AHD has been updated to include information on buildings that are in a project that contains accessible/adaptable units.

As part of DHCR's efforts to improve access to units currently available or being developed for persons with disabilities a new feature has been added to the AHD, allowing a search for a specific project to identify whether the project is subject to Section 504 of the Rehabilitation Act of 1973. If a project receives federal HOME financing it is subject to Section 504, which imposes on project owners the obligation to make their buildings and facilities "readily accessible" to persons with disabilities and, additionally, requires the owner to bear the financial cost of physical modifications until at least 5% of all units in a newly constructed building are accessible to persons with physical disabilities and at least 2% are accessible to the sensory impaired. A letter was mailed to all project

managers impacted by the new feature, notifying them of the change and reminding them of their obligations.

### **HOME 5/2% Requirement**

DHCR has implemented programmatic changes that would extend the requirements of Section 504 of the Rehabilitation Act of 1973 to certain State financed housing projects. In the 2005 Unified Funding Round for the State funded Low Income Housing Trust Fund (HTF) program it was required that a minimum of 5% of the total units in a new construction multi-family project (five units or more), or one unit whichever is greater, would be made accessible for and marketed to persons with mobility impairments and that an additional 2% of the total project's units or one unit, whichever is greater, would be made accessible for and marketed to persons with visual or hearing impairments. The project owner will be responsible for the reasonable costs of any alterations necessary to accommodate an eligible tenant.

### **Department of Transportation**

Beginning with the current federal 5310 grant cycle for vehicles, the Department of Transportation (DOT) will include bonus credit to applicants taking specific action to coordinate usage with other private, non-profit organizations. In this way, DOT hopes to achieve greater access to rides for those affiliated with organizations that are not grant recipients.

This criteria was proposed by the ad-hoc committee and will now be part of DOT's rating process.

**Appendix E**

**Letter from the Ad Hoc Committee to  
Commissioner Maul**

November 20, 2006

Thomas A. Maul  
Commissioner  
New York State Office of Mental Retardation and Developmental Disabilities  
44 Holland Avenue  
Albany, New York 12229

Dear Commissioner Maul:

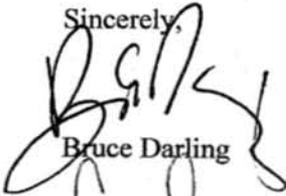
We write this letter as members of the Most Integrated Setting Coordinating Council (MISCC) Ad Hoc Committee that you approved back in October of 2004 for a few reasons. First of all, we would like to congratulate you on your upcoming retirement and convey our appreciation for your commitment and dedication to the MISCC. Your devotion to this group has not gone unnoticed. Second, we would like to express, with some hesitation and reservation, support for the issuance of the first report of the MISCC to the Governor and the Legislature that lies before us today.

As you are aware, the MISCC was charged with developing and overseeing the implementation of a comprehensive statewide plan for providing services to individuals of all ages with disabilities in the most integrated setting, which was to be detailed in the report that we are set to adopt today. However, while we applaud your efforts, those of all of the agency representatives and each of the appointees to the Council, we feel that it is our obligation to point out that this report does not quite meet the requirements of the law that established the MISCC. Furthermore, we also feel that this report falls short of the hopes and expectations of the thousands of New Yorkers with disabilities who are currently in need of services being provided in a more integrated setting.

That said, we do feel that the report before us today is a blueprint that, at minimum, sets the floor for Governor-Elect Spitzer and his staff to build upon, rather than having to start from scratch. It does add several provisions that just jumpstart activity and it creates consumer advisory groups in each state agency to push for strong, measurable action. Additionally, it does require the MISCC to continue to meet, at least quarterly, where we can continually raise the bar.

Therefore, we support the issuance of this report and the comparatively broad recommendations therein as a preliminary first step towards meeting the full intention and full compliance with the MISCC legislation that defines our efforts. We pledge to work energetically with Governor-Elect Spitzer and his Administration, along with the state agencies, in the hope that, together, we can use this report to develop comprehensive, meaningful and measurable community integration policies that will provide historic advances for New Yorkers with disabilities and make all New Yorkers proud.

Sincerely,



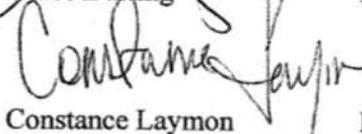
Bruce Darling



Pat Fratangelo

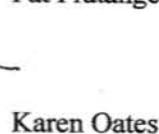


Kim Hill

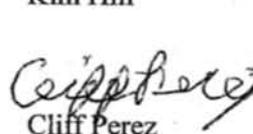


Constance Laymon

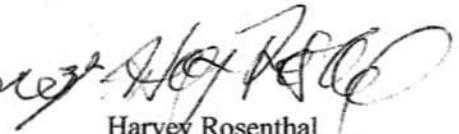
MISCC Ad Hoc Members



Karen Oates



Cliff Perez



Harvey Rosenthal