

Andrew M. Cuomo, Governor

Courtney Burke, Commissioner



Front Door

welcome



Access To Services

Resource Booklet for Individuals and Families





OPWDD MISSION, VISION, VALUES AND PRINCIPLES

OUR MISSION is to help people with developmental disabilities live richer lives.

OUR VISION is that people with developmental disabilities enjoy meaningful relationships with friends, family and others in their lives, experience personal health and growth and live in the home of their choice and fully participate in their communities.

OUR VALUES describe how we as employees of OPWDD interact with the individuals we serve, families, staff, the community and each other:

- ❖ **Compassion** The capacity to appreciate what others think and feel.
- ❖ **Dignity** The recognition of the worth of each person and the treatment of individual rights and preferences with respect, honor and fairness.
- ❖ **Diversity** The celebration, respect and embracing of the differences among us because these differences strengthen and define us.
- ❖ **Excellence** The continual emphasis on innovation, increasing knowledge, and delivering the highest quality supports and services.
- ❖ **Honesty** The foundation on which trust is built and truth is communicated.



OUR PRINCIPLES *frame how OPWDD conducts its business:*

- ❖ **Put the person first** - People with developmental disabilities are at the heart of everything we do, and this person-first ethic is embodied in the way we express ourselves, and in the way we conduct our business.
- ❖ **Maximize opportunities** - OPWDD's vision of productive and creating opportunities and supporting people in ways that allow for as many as possible to access the supports and services they want and need achieve fulfilling lives for people with developmental disabilities.
- ❖ **Promote and reward excellence** - Quality and excellence are highly valued aspects of our services. Competency is a baseline. We find ways to encourage quality, and create ways to recognize and incentivize excellence to improve outcomes throughout our system.
- ❖ **Provide equity of access** - Access to supports and services is fair and equitable; a range of options is available in local communities to ensure this access, regardless of where in NYS one resides.
- ❖ **Nurture partnerships and collaborations** – Meaningful participation by people with developmental disabilities strengthens us. OPWDD staff and stakeholders create mechanisms to foster this participation. The diverse needs of people with developmental disabilities are best met in collaboration with the many local and statewide entities who are partners in planning for and meeting these needs, such as people who have developmental disabilities, families, not for profit providers, communities, local government and social, health and educational systems.
- ❖ **Require accountability and responsibility** – There is a shared accountability and responsibility among and by all stakeholders, including individuals with disabilities, their families, and the public and private sector. OPWDD and all its staff and providers are held to a high degree of accountability in how they carry out their responsibilities. We strive to earn and keep the individual trust of people with developmental disabilities and their families, as well as the public trust. Creating a system of supports that honors the individual's right to be responsible for their own life and accountable for their own decisions is of paramount importance.



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INITIAL CONTACT



INTRODUCTION

To access services the individual must first be determined to have a developmental disability and establish eligibility.

DEFINITION OF DEVELOPMENTAL DISABILITY

A developmental disability is defined by **New York State Mental Hygiene Law 1.03 (22)** as a disability of a person which:

- a. (1) Is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia or autism;
(2) Is attributable to any other condition of a person found to be closely related to mental retardation because such conditions result in similar impairment of general intellectual functioning or adaptive behavior to that of persons with mental retardation or requires treatment and services similar to those required for such persons; or
(3) Is attributable to dyslexia resulting from a disability described in (1) or (2) above;
- b. Originates before such person attains age twenty-two (22);
- c. Has continued or can be expected to continue indefinitely; and
- d. Constitutes a substantial handicap to such person's ability to function normally in society

WHAT IS NOT CONSIDERED A DEVELOPMENTAL DISABILITY?

- ❖ Mental illness, e.g. bi-polar disorder or depression
- ❖ Loss or absence of senses, motor skills or physical abilities
- ❖ If there is no evidence of "substantial handicap," mild forms of conditions such as cerebral palsy, seizure disorder or brain injury may not be eligible for services

ABOUT THE OPWDD SERVICE SYSTEM

OPWDD offers a menu of specialized supports for children and adults with developmental disabilities. It is a system designed to meet the habilitative needs of individuals that are eligible to receive services throughout their lifespan. As such, the system is generally able to meet identified, planned service needs based on resources available. In addition to specialized supports for the eligible child or adult, an array of services can also be offered to their family members to reinforce supports for their loved one.



It is important to understand the limitations of the system:

- ❖ *Services are accessed by eligible individuals based on need and availability of certain services additional criteria may apply. **Services are not entitlements.***
- ❖ *The system is not designed to address emergency situations; there is limited emergency response capacity.*
- ❖ *The system does not offer a comprehensive system of care. Other systems exist to meet additional unmet needs including but not limited to medical, educational, mental health, substance abuse and social services.*
- ❖ *The system is extremely complex. While some services are funded through the county and/or state government, most are funded by the federal government through Medicaid.*



Developmental Disabilities Regional Offices (DDROs) are the starting point to [apply for services](#). With an eye to enhanced oversight and quality improvement, the Office for People With Developmental Disabilities (OPWDD) has established 5 regionally based offices across the state that allow for better coordination of services with the State Office of Mental Health, State Department of Health and other agencies with whom we often partner in providing services.

In order to assist individuals and families to make informed choices about the supports and services best suited to their needs, DDROs work with local voluntary provider agencies to improve access to and coordinate services within a region.

DDROs are responsible for the following activities:

- ❖ Determination of Developmental Disability Eligibility
- ❖ Intake
- ❖ Waiver enrollment (a Federal-State partnership which makes certain types of services available within the home or community so as to avoid placement in an institution)
- ❖ Authorization of services for individuals with developmental disabilities
- ❖ Consistent practices which support accessing supports and services in the most integrated setting and in line with presenting needs
- ❖ Management of resources for crisis intervention
- ❖ Advocacy
- ❖ Shared management of OPWDD statewide applications;
- ❖ Service recruitment and development for the [Family Care](#) program; and
- ❖ Programs, services and supports for [aging individuals with developmental disabilities](#).

Eligibility for services is determined by the Developmental Disabilities Regional Offices (DDROs). Please contact the [Eligibility Coordinator](#) of the Regional Office representing the county in which the individual/family lives.

Lastly, DDROs support DD State Operations Offices with – level of care determinations; clinical delivery and waiver service delivery; Article 16 clinics; quality improvement processes; review of audit reports for trend analysis; emergency preparedness; safety, security and maintenance; and implementation of OPWDD initiatives.



Developmental Disabilities State Operations Offices (DDSOOs) administer and oversee state operations for the Office for People With Developmental Disabilities (OPWDD), including the direct delivery of services and supports to people with developmental disabilities by state employed staff. By focusing on local supports and services, statewide quality and consistency, and enhanced networking to promote best practices, DDSOOs are able to provide a consistent approach and culture, so that individuals and their families can expect continuous quality improvement in all services delivered directly by OPWDD across the state.

DDSOOs are responsible for the following activities:

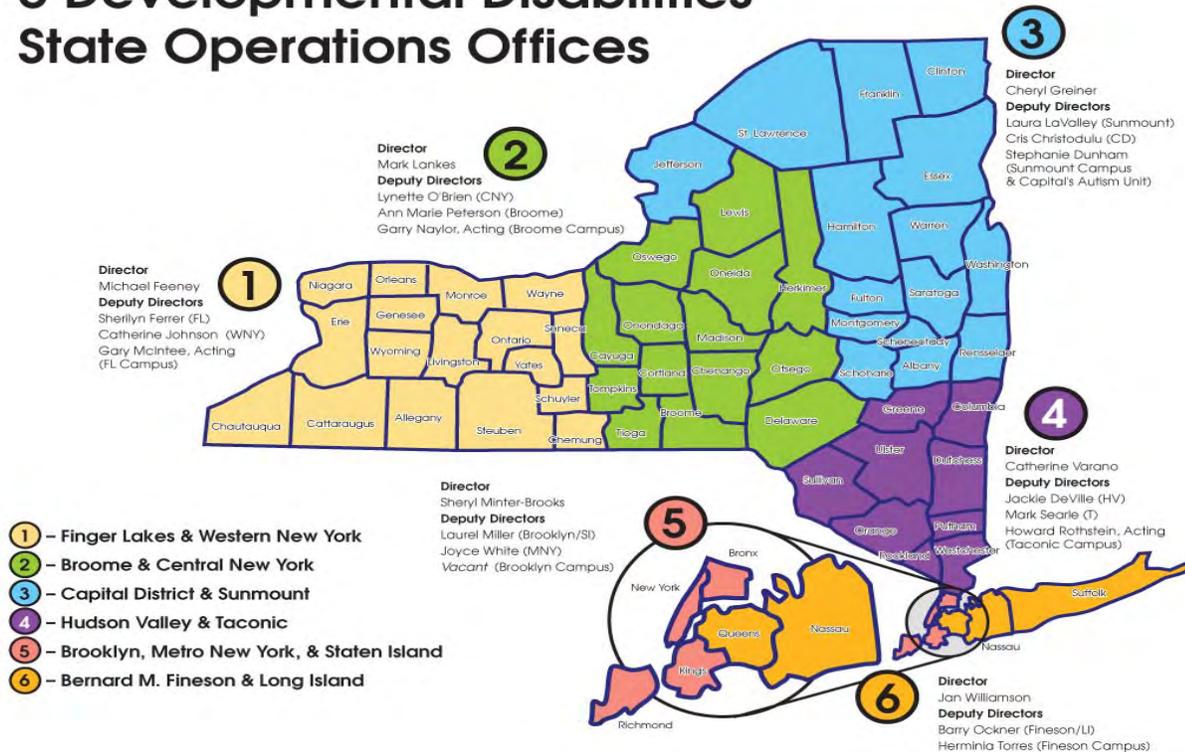
- ❖ Development and monitoring of OPWDD systems improvement (e.g., continuous quality improvement processes, plans of corrective action (POCAs), informed consent and Behavior Management Committees)
- ❖ Offering specialized supports/services and service delivery in the areas of clinical and food services, waiver services and volunteers/senior companions
- ❖ Acting in the capacity of advocate when responding to stakeholder questions and legislative inquiries
- ❖ Oversight of support services (e.g., Medicaid compliance, HIPAA compliance and clinical records review)
- ❖ Oversight of the Statewide Technical Assistance Team, which provides pre-survey and focused technical assistance activities to campus-based ICFs and other state-operated community-based residential programs in which quality improvement issues have been identified; and ensures ongoing compliance with federal requirements and that program certification is maintained;
- ❖ Management, on the local level, a variety of OPWDD statewide electronic billing and recordkeeping systems
- ❖ Oversight of the day-to-day administration of State-operated [Family Care](#); and
- ❖ Oversight and coordination of fire safety initiatives, including development of evacuation plans in state-operated programs, and establishing and maintaining working relationships with local fire departments.

Lastly, DDSOOs act in a supporting role to DD Regional Offices in the areas of service development, local management of individual and community supports and crisis intervention.



DDSOO MAP

6 Developmental Disabilities State Operations Offices



REGION	PHONE NUMBER	FAX NUMBER
1 – Western New York	(716) 517-2000	(716) 674-7488
1 – Finger Lakes	(585) 461-8500	(585) 461-8764
2 – Broome	(607) 770-0211	(607) 770-8037
2 – Central New York	(315) 473-5050	(315) 473-5053
3 – Capital District	(518) 370-7331	(518) 370-7401
3 – Sunmount	(518) 359-3311	(518) 359-4491
4 – Hudson Valley	(845) 947-6100	(845) 947-6004
4 – Taconic	(845) 877-6821	(845) 877-9177
5 – Brooklyn	(718) 642-6000	(718) 642-6282
5 – Metro (Manhattan)	(212) 229-3000	(212) 924-0580
5 – Bronx	(718) 430-0700	(718) 430-0482
5 – Staten Island	(718) 983-5300	(718) 983-9768
6 – Bernard Fineson & Long Island	(631) 493-1704	(631) 493-1865



ELIGIBILITY DETERMINATION



ELIGIBILITY DETERMINATION FACTS SHEET

ELIGIBILITY DETERMINATION PROCESS: OPWDD, through its local Developmental Disabilities Regional Offices (DDROs), determines whether a person has a developmental disability and is eligible for OPWDD-funded services. The “Important Facts” Sheet below explains the Three-Step Eligibility Determination Process and describes the kinds of information OPWDD needs to make a determination of developmental disability and eligibility for services. ***This information can also be found on our website:***

http://www.opwdd.ny.gov/opwdd_services_supports/eligibility/documents/eligibility_important_facts

Please note that even when someone is determined to have a developmental disability, the person may not be eligible for *all* OPWDD-funded services. Some OPWDD-funded services require additional reviews that are not described in this fact sheet.

ELIGIBILITY REQUEST

The ***Transmittal Form for Determination of Developmental Disability*** (<http://www.opwdd.ny.gov/node/1018>) must accompany all requests sent to the DDRO for eligibility determinations. The **Required Documents** described on page 2 of the Important Facts Sheet must also be included as part of the eligibility review request. Eligibility review requests and records are sent to the Eligibility Coordinator of the DDRO for the county where the applicant lives. A list of the **Eligibility Coordinators** at each of the five DDROs can be found at <http://www.opwdd.ny.gov/node/1022>.

THREE-STEP REVIEW PROCESS: The process for determining eligibility may involve multiple reviews and is designed to make sure that every person receives a fair and thorough review.

1st Step Review

At the 1st Step, DDRO staff review the eligibility request and the records sent for the file, to make sure the referral is complete. At the completion of the First Step review, the DDRO notifies the person in writing that:

- (a) Eligibility or Provisional Eligibility has been confirmed (Notice of Determination); or
- (b) The request is incomplete, and/or requires additional documentation by a certain date; or



- (c) The request is being forwarded for a Second Step Review

2nd Step Review

If the Eligibility Request is forwarded for a 2nd Step Review, a committee of DDRO clinicians evaluates the request. They also review any *additional information* that has been provided by the person. The person will be notified in writing if the review committee needs more information, the specific type of information required, and the deadline date for the DDRO to receive the requested information.

When the 2nd Step Review is complete, the DDRO will send the person a written notice of the determination. If the committee determines that the person *does not* have a developmental disability, the person is *ineligible* for OPWDD services. The written notice will give the reason for the decision, and will also offer the person options to:

- (a) Meet with the DDRO staff to discuss the determination and the documentation reviewed; and
- (b) Request a 3rd Step Review; and
- (c) Request a Medicaid Fair Hearing (if Medicaid-funded services had been sought).
The person may choose any or all of these options. If a Fair Hearing is requested, a Third Step Review will happen automatically.

Please note that a Notice of Decision offering a Fair Hearing is sent only if the person has requested specific Medicaid-funded services on the ***Transmittal Form for Determination of Developmental Disability***.

3rd Step Review

An independent Eligibility Review Committee of licensed practitioners not involved in the First or Second Step Reviews does the 3rd Step Reviews. The committee reviews the eligibility request materials and provides recommendations to the DDRO Eligibility Coordinator. The 3rd Step recommendations are considered by the DDRO Director (or designee) and the person is informed of the results, including any changes in the DDRO's determination.

3rd Step Reviews are completed before the Fair Hearing date.



REQUIRED DOCUMENTS FOR ELIGIBILITY DETERMINATION REQUESTS

The DDRO will need this information to determine if a person is eligible for OPWDD services:

- ❖ Psychological reports which include an assessment of intellectual functioning (“IQ test”), and an adaptive behavior assessment. The report should include all summary scores from the assessments (Full Scale, Index, Part and Subtest IQ scores, and standardized domain and composite scores for adaptive assessment results.)
- ❖ For people with IQ scores above 60, an *interpretive report* of a standardized assessment of adaptive behavior, including summary, composite, scale, and domain scores, is required. For people with IQ scores below 60, an adaptive assessment may be based on a qualitative clinical review using information gathered from interviews with caregivers, records review, and direct observations.
- ❖ A recent general medical report; for conditions *other than* Intellectual Disability, a medical or specialty report that includes health status and diagnostic findings will be needed to support the diagnosis.
- ❖ A developmental/social history, psychosocial report, or other report that shows that the person became disabled before age 22. This is required for all eligibility requests.
- ❖ In some cases, the DDRO may require additional information to determine eligibility. The DDRO may request additional information or further evaluation, and may either recommend where additional assessments may be done or arrange for them to be done.

ACCEPTABLE MEASURES OF INTELLECTUAL AND ADAPTIVE BEHAVIOR

Please note: it is expected that current/updated evaluations of intellectual or adaptive functioning are based on the most recent editions of the standardized instrument used.

Please refer to the October 17, 2008 and April 26, 2010 memos on testing http://www.opwdd.ny.gov/opwdd_services_supports/eligibility for more information.



Any of these measures of intellectual functioning are accepted*:

- ❖ The Wechsler series of Intelligence Scales
- ❖ The Stanford-Binet Scales
- ❖ Leiter International Performance Scales
- ❖ The Kaufman series of Intelligence scales
- ❖ The Woodcock-Johnson Tests of Cognitive Abilities

*Other intelligence tests *may* be acceptable if they are comprehensive, structured, standardized, and have up-to-date general population norms.

- ❖ Brief or partial administration of comprehensive intellectual measures may only be used in circumstances where standardized administration is *impossible*
- ❖ Abbreviated measures of intelligence (WASI, K-BIT) are not acceptable as the only measure of intellectual functioning
- ❖ Language-free instruments (Leiter, CTONI), in combination with the Performance items of a comprehensive IQ test, will be considered for individuals who do not speak English, or are deaf, or cannot communicate verbally
- ❖ Intelligence tests standardized in English cannot be administered by translating items into a different language during a testing reviewed for eligibility determinations

Any of these measures of adaptive behavior are accepted for current evaluations:

- ❖ Adaptive Behavior Assessment System
- ❖ Vineland Adaptive Behavior Scales
- ❖ The Motor Skills Domain *only* of the Scales of Independent Behavior
- ❖ Other adaptive behavior measures are acceptable if they are comprehensive, structured, standardized and have up-to-date general population norms. Results from an instrument that is not on this list, but was given prior to the person reaching age 22, can be used to establish a past history of adaptive deficits during the developmental period.

Adaptive behavior task or skill ratings should reflect the person's actual, **typical** behavior, not their best behavior under ideal circumstances, or behaviors they can complete only with assistance. Only professionals trained in the use of these scales, following the standards described in each instrument's manual, should give adaptive behavior measures.

For more information, please review [Guide to Eligibility Assessment Resources in New York State](#).



ELIGIBILITY DETERMINATION CHECKLIST

The DDRO will need this information to determine if a person is eligible for OPWDD services:

- Psychological report(s) identifying intellectual functioning
- Psychosocial report documenting developmental/social history
- Recent general medical report, for individuals thought to have intellectual disability
- For a person with a condition *other* than intellectual disability, a medical specialty report that includes health status and diagnostic findings will be needed to support the diagnosis
- Interpretive report of adaptive behavioral assessment results



MEDICAID AND HCBS WAIVER ENROLLMENT

WHAT IS MEDICAID?

Medicaid is a health insurance program for people with low income. It provides coverage for children; people who are aged (65 or older), blind, and/or disabled; and other people who are eligible to receive medical assistance. In New York State, under an agreement between SSA and the New York State Department of Health (DOH), SSI beneficiaries are also eligible for Medicaid.

Most OPWDD Services are funded through Medicaid, including a special Medicaid Waiver called the Home and Community Based Service (HCBS) Waiver. The waiver allows OPWDD to purchase services in a much more flexible manner than would otherwise be possible under the State Plan. It also allows NYS to purchase Medicaid services for children under the age of 18 without “deeming” or taking into account their parent’s income. Needed waiver services must be authorized following a planning process which reviews available supports in place and the needs of the individual prior to waiver enrollment. Currently, services available include Residential Habilitation, In-Home Residential Habilitation, Day Habilitation, Community Habilitation, Supported Employment, Prevocational Services, Respite, Environmental Modifications (E-Mods), Adaptive Devices, Consolidated Supports and Services, Live-In Caregiver, fiscal Agent, Plan of Care Supports and Services, and Family Education and Training.

THE ENROLLMENT PROCESS

The Medicaid and Home and Community Based Services (HCBS) Waiver enrollment processes involve an interaction between the individual, the individual’s representatives, the service provider, the service coordinator, the local Social Services district office and various OPWDD entities. OPWDD expects full cooperation from all parties as they work together to enroll the individual in Medicaid and/or the HCBS Waiver.

In order to enroll, an individual will need his or her personal records. For example: his or her birth certificate; proof of where he or she lives, such as a rent receipt or utility bill; proof of income, such as a Social Security check; and proof of his or her resources, such as bank records.

For more information about Medicaid and HCBS Waiver Enrollment, please visit our website – http://www.opwdd.ny.gov/opwdd_resources/benefits_information.



DISTRICT RESOURCES FOR DIAGNOSTIC EVALUATIONS

OPWDD is committed to ensuring that eligibility determinations are completed in a timely manner. The most critical component to determining eligibility is the diagnostic evaluation. OPWDD wants to make certain that people know where they can go to obtain the necessary diagnostic evaluations from clinics within their communities.

These clinics primarily accept **Medicaid** as payment for services provided. As Medicaid reimbursed programs they are mandated by the Center for Medicare & Medicaid Services (CMS) to investigate other potential sources of reimbursement, including Third Party Health Insurance coverage and Medicare for persons who are **eligible for Medicaid**. Possible private party liability, including a sliding fee scale, may be assessed for certain individuals who are **ineligible for Medicaid**.

We have included lists of both state and voluntary clinics that provide diagnostic evaluations across the state of New York.

**OPWDD CERTIFIED CLINICS - VOLUNTARY OPERATED**

REGION	COUNTY	CLINIC	AGENCY STREET	CITY	STATE	ZIP
Bernard Fineson	Queens	Professional Service Centers for the Handicapped, Inc. (PSCH)	22-44 119th Street	College Point	NY	11356
Bernard Fineson	Queens	The Shield Institute, Inc.	144-61 Roosevelt Avenue	Flushing	NY	11354
Bernard Fineson	Queens	United Cerebral Palsy of Queens, Inc.	81-15 164th Street	Jamaica	NY	11432
Brooklyn	Kings	Block Institute	376 Bay 44th Street	Brooklyn	NY	11214
Brooklyn	Kings	Harmony Services, Inc.	3820 14th Avenue	Brooklyn	NY	11218
Brooklyn	Kings	HASC Diagnostic & Treatment Center, Inc.	5601 First Avenue	Brooklyn	NY	11220
Brooklyn	Kings	Heartshare Wellness, LTD.	12 Metro Tech Center 29th Floor	Brooklyn	NY	11201
Brooklyn	Kings	Interfaith Medical Center	1545 Atlantic Avenue	Brooklyn	NY	11213
Capital District	Albany	Center for Disability Services, Inc.	314 South Manning Boulevard	Albany	NY	12208
Capital District	Saratoga	Community, Work and Independence, Inc.	37 Everts Avenue	Glens Falls	NY	12801
Capital District	Fulton	Fulton Co. NYS ARC, Inc.	465 North Perry Street	Johnstown	NY	12095
Capital District	Schenectady	Schenectady Co. NYS ARC, Inc.	214 State St. P.O. Box 2236	Schenectady	NY	12305
Central NY	Onondaga	Enable (UCP & Handicapped Children's Assoc. of Syracuse)	1603 Court Street	Syracuse	NY	13208
Central NY	Madison	Madison-Cortland Co. NYS ARC, Inc.	701 Lenox Avenue	Oneida	NY	13421
Central NY	Onondaga	Onondaga Co. NYS ARC, Inc.	600 South Wilbur Avenue	Syracuse	NY	13204
Finger Lakes	Chemung	Chemung Co. NYS ARC, Inc.	711 Sullivan Street	Elmira	NY	14901
Finger Lakes	Seneca	Finger Lakes UCP, Inc. d/b/a Happiness House	731 Pre-Emption Road	Geneva	NY	14456
Finger Lakes	Monroe	Monroe Co. NYS ARC, Inc.	100 Elmwood Avenue	Rochester	NY	14620
Finger Lakes	Monroe	Rochester School of Holy Childhood	100 Groton Parkway	Rochester	NY	14623

**OPWDD CERTIFIED CLINICS - VOLUNTARY OPERATED**

REGION	COUNTY	CLINIC	AGENCY STREET	CITY	STATE	ZIP
Finger Lakes	Seneca	Seneca-Cayuga Co. NYS ARC, Inc.	1083 Waterloo-Geneva Road	Waterloo	NY	131165
Finger Lakes	Monroe	UCPA of the Rochester Area, Inc. d/b/a CP Rochester	3399 Winton Road South	Rochester	NY	14623
Finger Lakes	Wayne	Wayne Co. NYS ARC, Inc.	150 Van Buren Street	Newark	NY	14513
Hudson Valley	Westchester	Ability Beyond Disability ***	120 Kisco Avenue	Mt. Kisco	NY	10549
Hudson Valley	Rockland	ARC Health Resources of Rockland, Inc. ***	25 Hemlock Drive	Congers	NY	10920
Hudson Valley	Rockland	Jawonio, Inc.	260 North Little Tor Road P.O.Box 312	New City	NY	10956
Hudson Valley	Orange	Orange County CPA, Inc. d/b/a Inspire ***	2 Fletcher Street	Goshen	NY	10924
Hudson Valley	Sullivan	Sullivan Co. NYS ARC, Inc. d/b/a Sullivan ARC	162 East Broadway	Monticello	NY	12701
Hudson Valley	Westchester	Westchester Co. NYS ARC, Inc.	121 Westmoreland Avenue	White Plains	NY	10606
Long Island	Nassau	Adults & Children with Learning & Developmental Disabilities, Inc. (ACLD)	807 South Oyster Bay Road	Bethpage	NY	11714
Long Island	Suffolk	Developmental Disabilities Institute, Inc.	99 Hollywood Drive	Smithtown	NY	11787
Long Island	Nassau	Epilepsy Foundation of Long Island	506 Stewart Avenue	Garden City	NY	11530
Long Island	Suffolk	Family Residences and Essential Enterprises, Inc. (FREE)	191 Sweet Hollow Road	Old Bethpage	NY	11804
Long Island	Suffolk	UCPA of Greater Suffolk, Inc.	250 Marcus Boulevard P.O. Box 18085	Hauppauge	NY	11788
Long Island	Nassau	UCPA of Nassau County, Inc.	380 Washington Avenue	Roosevelt	NY	11575
Metro NY	New York	AHRC Health Care, Inc.	83 Maiden Lane, 6th Floor	New York	NY	10038
Metro NY	Bronx	Albert Einstein College of Medicine/Rose F. Kennedy Center	1410 Pelham Parkway South	Bronx	NY	10461
Metro NY	New York	Epilepsy Institute, Inc.	257 Park Ave. South, 3rd Floor	New York	NY	10010

**OPWDD CERTIFIED CLINICS - VOLUNTARY OPERATED**

REGION	COUNTY	CLINIC	AGENCY STREET	CITY	STATE	ZIP
Metro NY	New York	Federation Employment & Guidance Services, Inc	315 Hudson Street	New York	NY	10013
Metro NY	New York	Lifespire, Inc.	Empire State Bldg. - Suite 301 350 Fifth Avenue	New York	NY	10118
Metro NY	New York	NYC Chapter NYS ARC, Inc.	83 Maiden Lane	New York	NY	10038
Metro NY	New York	Premier Health Center, Inc.	460 West 34th Street	New York	NY	10001
Metro NY	New York	Terence Cardinal Cooke Health Care Center	1249 Fifth Avenue	New York	NY	10029
Metro NY	New York	UCPA of New York City	80 Maiden Lane 8th Floor	New York	NY	10038
Metro NY	New York	UCPA of NYS, Inc.	330 West 34th Street, 15th Floor	New York	NY	10001
Metro NY	New York	Young Adult Institute and Workshop, Inc. (YAI)	460 West 34th Street	New York	NY	10001
Staten Island	Richmond	Staten Island Mental Health Society	669 Castleton Avenue	Staten Island	NY	10301
Taconic	Dutchess	Dutchess Co. NYS ARC, Inc.	8 Industry Street	Poughkeepsie	NY	12601
Taconic	Putnam	Hudson Valley CPA	40 Jon Barrett Road	Patterson	NY	12563
Taconic	Putnam	Putnam Co. NYS ARC, Inc.	Terravest Corporate Park 31 International Boulevard	Brewster	NY	10509
Taconic	Ulster	Pecora Center Clinic	139 Cornell Street	Kingston	NY	12401
Western NY	Erie	Aspire of WNY, Inc.	2356 North Forest Road	Getzville	NY	14068
Western NY	Cattaraugus	Cattaraugus Rehabilitation Center, Inc.	1439 Buffalo Street	Olean	NY	14760
Western NY	Chautauqua	Chautauqua Co. NYS ARC, Inc.	880 East Second Street	Jamestown	NY	14701
Western NY	Erie	Elmwood Health Center, Inc.	1219 North Forest Road	Williamsville	NY	14221
Western NY	Erie	Suburban Adult Services, Inc.	960 West Maple Court	Elma	NY	14059

**OPWDD CERTIFIED CLINICS – STATE OPERATED**

REGION	COUNTY	CLINIC	AGENCY STREET	CITY	STATE	ZIP
Broome	Broome	Broome DDSO High Risk Birth Clinic (HRBC)	305 W. Main Street	Binghamton	NY	13905
Broome	Broome	Broome DDSO State Clinic	249 Glenwood Road	Binghamton	NY	13905
Capital District	Saratoga	Capital District DDSO State Clinic-Adirondack Clinic	200 Smith Drive	Corinth	NY	12822
Central NY	Onondaga	Central NY DDSO Developmental Evaluation Center (DEC)	215 Bassett Street	Syracuse	NY	13201
Central NY	Onondaga	Central NY DDSO State Clinic	800 South Wilbur Avenue	Syracuse	NY	13201
Central NY	Oneida	Central NY DDSO State Clinic	801 Cypress Street	Rome	NY	13440
Finger Lakes	Monroe	Finger Lakes DDSO State Clinic	620 Westfall Road	Rochester	NY	14620
Finger Lakes	Wayne	Finger Lakes DDSO State Clinic	703 E. Maple Avenue	Newark	NY	14513
Hudson Valley	Westchester	Hudson Valley DDSO State Clinic	220 White Plains Road	White Plains	NY	10591
Taconic	Dutchess	Taconic DDSO State Clinic	76 Firemens Way	Poughkeepsie	NY	12603
Western NY	Erie	Western NY State Clinic	1200 East and West Road	West Seneca	NY	14224
Western NY	Cattaraugus	Western NY State Clinic	10714 North Road	Perrysburg	NY	14129



DEPARTMENT OF HEALTH (DOH) CERTIFIED CLINICS – VOLUNTARY OPERATED

REGION	COUNTY	CLINIC	AGENCY STREET	CITY	STATE	ZIP
Broome	Tompkins	Franziska Racker Centers	3226 Wilkins Road	Ithaca	NY	14850
Broome	Broome	Handicapped Children's Assoc Southern NY, Inc. (UCP of Southern NY)	18 Broad Street	Johnson City	NY	13790
Capital District	Montgomery	New Dimensions in Health Care (Montgomery ARC)	43 Liberty Drive	Amsterdam	NY	12010
Capital District	Warren	Prospect Child & Family Center (UCP TRI-Counties)	133 Aviation Road	Queensbury	NY	12804
Capital District	Montgomery	UCP Handicapped Persons of Utica Area	1020 Mary Street	Utica	NY	13501
Central NY	Cayuga	E John Gavras Center	182 North Street	Auburn	NY	13021
Finger Lakes	Monroe	Easter Seals Comp Primary D&T Center	103 White Spruce Blvd.	Rochester	NY	14623
Finger Lakes	Chemung	UCP Diagnostic & Treatment Center (UCP Chemung)	1118 Charles Street	Elmira	NY	14904
Hudson Valley	Sullivan	SDTC - The Center for Discovery	Benmosche Road P.O.Box 840	Harris	NY	12742
Hudson Valley	Westchester	WIHD, Inc.	25 Cedarwood Hall	Valhalla	NY	10595
Long Island	Nassau	Advantage Care D&T Center (Nassau AHRC)	189 Wheatley Road	Brookville	NY	11545
Long Island	Suffolk	Just Kids Diagnostic & Treatment Center, Inc.	Longwood Road P.O.Box 12	Middle Island	NY	11953
Metro NY	New York	ICL Healthcare Choices, Inc.	40 Rector Street 8th Floor	New York	NY	10002
Sunmount	Jefferson	Northern NY CP Assoc	714 Washington Avenue	Watertown	NY	13601
Sunmount	St. Lawrence	UCPA of the North County	4 Commerce Lane	Canton	NY	13617
Taconic	Dutchess	Rehabilitation Programs, Inc.	70 Overocker Road	Poughkeepsie	NY	12603
Taconic	Ulster	UCPA of Ulster Co., Inc.	250 Tytenbridge Road	Lake Katrine	NY	12499
Western NY	Erie	Baker Victory Healthcare Center	780 Ridge Road	Lackawanna	NY	14218
Western NY	Niagara	UCP of Niagara (Niagara CP)	9812 Lockport Road	Niagara Falls	NY	14304



ASSESSMENT OF STENGTHS, NEEDS & PREFERENCES



ASSESSMENT FACT SHEET

OPWDD is committed to an assessment process that is person-centered, respectful and responsive to the needs of individuals and their families. This process is designed to learn about and understand your goals, interests, needs and how to best support you. OPWDD staff will use current tools, such as the DDP2, to identify these areas as part of a conversation with you and/or your family. The results of the assessment will be used to inform the care-planning process.

OPWDD is in the process of developing a comprehensive, reliable and validated tool that will be used in the future for the initial assessment and re-assessment purposes.

DEVELOPMENTAL DISABILITIES PROFILE-2 (DDP-2)

The DDP-2 is one of our current assessment tools that is used to provide a description of the challenges that an individual with developmental disabilities may have and are related to his or her service needs. OPWDD staff will discuss the DDP-2 with you and/or your family member during the initial assessment process.

In order to more fully understand the immediate areas of strengths and needs of a person seeking services, the Regional Office Front Door Team will ask questions related to the person's life circumstances that go beyond the information gathered as part of the DDP2 process. The areas of exploration will include the available supports in the person's life, any potential risks that the person or their advocate/family feels they have, and other life circumstances that could affect the immediacy of need to access supports and services for the person.



ASSESSMENT TOOL CHECKLIST

Preparing for the assessment can be helpful. Think about or have the following information available:

- Your strengths
- Goals you want to achieve
- Changes you would like to make in your life
- Areas where you need help or assistance to complete everyday activities
- Cognitive, sensory, motor and communication needs
- Medical history
- How often you see medical/behavioral professionals (e.g. doctor, psychologist, speech therapist)
- Supports you have now (e.g. family, friends)



SUPPORT NEEDS IDENTIFIED & INFORMED DECISION MAKING



OPWDD SUPPORTS AND SERVICES

OPWDD places the individual and family at the center of the planning process – providing more support and service options. We are committed to utilizing a person-centered approach; aligning supports to goals, strengths, and needs in the most integrated community settings. OPWDD maintains a full array of support options to meet the needs of individuals, their families and advocates and moving the system forward toward more individualized service options.

Self Direction:

Whenever possible, individuals and families are encouraged to consider utilizing a self-directed service model for the integration and delivery of supports within the community.

Self-Direction empowers individuals with developmental disabilities to determine a mix of supports and services that work best for their needs. Self-Direction gives individuals and families greater control over the services they receive, how they receive them and who provides them.

Self-Directed services offer:

- ❖ **CONTROL:** allows the individual to decide who provides his or her services, when those services are delivered, and what assistance he or she needs
- ❖ **FLEXIBILITY:** enables the individual to purchase the supports and services they need
- ❖ **INDEPENDENCE:** helps the individual maintain their independence at home and in their communities

Supports and services include those available from natural and community sources; traditional agency services and individualized and self-directed service options. OPWDD services fill the gap between natural and community supports by providing the following supports and services:



A. SERVICE COORDINATION

Service coordination assists persons with developmental disabilities and their families in gaining access to services and supports appropriate to their needs. OPWDD offers two models of service coordination, Plan of Care Support Services (PCSS) and Medicaid Service Coordination (MSC). Both are delivered by qualified service coordinators and utilize a person-centered approach in developing and maintaining an Individualized Service Plan (ISP). The primary difference between the two models is the frequency in which the service is provided. The individual's needs determine the best model. MSC offers a more intensive approach for individuals that have an on-going and comprehensive need. PCSS is for individuals who do not need this level of support for coordination of services.

In order to be considered eligible for PCSS or MSC, the person must:

- ❖ *Be enrolled in Medicaid*
- ❖ *Have a documented diagnosis of a developmental disability as defined by Mental Hygiene Law and OPWDD guidelines*
- ❖ *Not reside in a Medicaid institutional setting that provides case management/service coordination (e.g., ICF)*
- ❖ *Not be enrolled in any other comprehensive long-term care service, which includes case management/service coordination.*
- ❖ *In order to be enrolled in PCSS an individual must be enrolled in the HCBS Waiver*
- ❖ *In order to be enrolled in MSC an individual must demonstrate a need for ongoing and comprehensive service coordination*

In each region of the state there are multiple vendors from which individuals and families may choose. To find out more information about these options, please use the list below to identify and contact your Regional Office MSC Coordinator.



<u>MSC COORDINATORS</u>		
REGIONAL OFFICE 1	<i>Finger Lakes</i>	(585) 241-5859
	<i>Western NY</i>	(716) 517-3456
REGIONAL OFFICE 2	<i>Central NY</i>	(315) 336-2300 x306
	<i>Broome</i>	(607) 771-7784 x154
	<i>Sunmount</i>	(518) 359-2962
		(518) 359-4330
REGIONAL OFFICE 3	<i>Capital District</i>	(518)370-7439
	<i>Hudson Valley</i>	(845) 947-6373
		(845) 947-6334
	<i>Taconic</i>	(845) 382-1899
		(845) 877-6821 x3142
REGIONAL OFFICE 4	<i>Metro (Bronx)</i>	(718) 430-0828
		(718) 430-0780
	<i>Metro (Manhattan)</i>	(212) 229-3134
		(212) 229-3385
	<i>Brooklyn</i>	(718) 642-3816
		(718) 642-8518
	<i>Staten Island</i>	(718)983-5217
	<i>Bernard Fineson</i>	(718) 217-5537
		(718) 217-6016
REGIONAL OFFICE 5	<i>Long Island</i>	(631) 434-6047
		(631) 434-6061
CENTRAL OFFICE	<i>Albany</i>	(518) 474-1274
		(518) 486-9865

B. Consolidated Supports and Services (CSS)



OPWDD Home and Community Based Services waiver self-directed service option, Consolidated Supports and Services (CSS), empowers people with disabilities and their families to design and manage services based on their individual needs and goals. With assistance from a Financial Management Services agency (FMS), CSS participants control their own individualized, portable CSS budgets, and may choose to hire and manage their own staff supports. There are financial limits set within this service delivery option based on an individual's demonstrated need and reasons for resources based on those needs.

Individuals may choose to exercise decision-making authority over some or all of his or her services. By exercising this choice, individuals also accept the responsibility of taking a direct role in managing these services. OPWDD enables individuals to self-direct utilizing both **Employer Authority** and **Budget Authority** options.

EMPLOYER AUTHORITY

Employer Authority allows the individual to assume the decision-making power over hiring the staff that provides their supports and services. The individual is supported by a **Financial Management Services** (FMS) agency to co-manage recruiting, supervising and directing support workers. The individual is the "Managing Employer" and the FMS functions as the "Employer of Record."

As the *Managing Employer*, the individual may assume the role of recruiting, supervising and evaluating staff. These are just some, but not all, of the potential responsibilities.

As the *Employer of Record*, the FMS supports the individual with Employer Authority by providing the primary core functions such as vetting potential employees and compiling and distributing payroll. The FMS may also assist with co-employer functions at the discretion of the individual or their representative.

BUDGET AUTHORITY

Budget Authority allows the individual to take on the responsibility of managing their individualized service budget. This authority enables the individual to make decisions about the purchasing of goods and services authorized by their service plans. In addition, they have an opportunity to manage the dollars included in their approved individualized budget.



As the *Employer of Record*, the FMS supports the individual with Budget Authority by providing the following:

- ❖ Billing and monthly payments for approved self directed goods and services on behalf of participants
- ❖ Fiscal accounting and reporting
- ❖ General administrative supports

BROKERAGE

Brokers may help the individual to access and maintain a CSS plan. **Start-up Brokers** assist in developing an initial CSS plan and budget. **Support Brokers** help to maintain the CSS plan and budget.

CSS LIAISON LISTING

DDRO	CODE	CSS LIAISON	PHONE #	E-MAIL ADDRESS	ADDRESS
Bernard Fineson (Queens) DDRO	265	Regine Petigny	718-217- 5980	Regine.Petigny@opwdd.ny.gov	Bernard Fineson Developmental Center Hillside Complex P.O. Box 280507 Queens Village, NY 11428-0507
Brooklyn DDRO	265	Janet Strauss	718-642-8629	Janet.Strauss@opwdd.ny.gov	888 Fountain Avenue Bldg. 1-2, Suite 122 Brooklyn, NY 11208
Broome DDRO	233	Kathy Creagh	607-771-7784 x133	Kathy.Creagh@opwdd.ny.gov	Broome Developmental Services, 1st Fl. 229-231 State St. Binghamton, NY 13901
Capital District DDRO	260	Nicole Wixted Ron Brown	518-370-8071 518-370-7507	Nicole.Wixted@opwdd.ny.gov Ronald.Brown@opwdd.ny.gov	Community Support Services 500 Balltown Road, BLDG 10 Schenectady, NY 12304
Central NY DDRO	261	Laura Greenfield Michelle Riolo	315-473-6917 315-336-2300 x237	Laura.Greenfield@opwdd.ny.gov Michelle.L.Riolo@opwdd.ny.gov	Office of Community Support 800 S. Wilbur Avenue Syracuse, New York 13204 Office of Community Support 101 W. Liberty St. Rome, NY 13440
Finger Lakes DDRO	261	Angela Czerkas Susan Walls	585-241-5739 607-734-6135 x23	Angela.g.czerkas@opwdd.ny.gov Susan.Walls@opwdd.ny.gov	620 Westfall Road, Suite 108 Rochester NY 14620
Hudson Valley DDRO	262	Michele Altenrath	845-947-6178	Michele.C.Altentrath@opwdd.ny.gov	220 White Plains Road ,6th Fl. Tarrytown, NY 10591
Long Island DDRO	227	Michele Giuliano	631-493-1804	Michelle.Giuliano@opwdd.ny.gov	45 Mall Drive, Commack NY 11725
Metro NY/ Bronx DDRO	265	Marjorie Allen	718-430-0371	Marjorie.A.Allen@opwdd.ny.gov	2400 Halsey Street, Bronx, N.Y. 10461
Metro NY/ Manhattan	265	Alteaha Chase	212-229-3129	Alteaha.chase@opwdd.ny.gov	75 Morton Street, 3rd Floor New York, NY 10014
Staten Island DDRO	265	Jack Lawrence	718-982-1944	John.Lawrence@opwdd.ny.gov	Building 12, Suite A, 1150 Forest Hill Road Staten Island, NY 10314-6316
Sunmount DDRO	225	Kay Pauquette	518-359-2962 518-359-7730	Kay.Pauquette@opwdd.ny.gov	2445 State Route 30, Tupper lake NY 12986
Taconic DDRO	275	Richard Schmidt	845-473-5050 x156	Richard.Schmidt@opwdd.ny.gov	38 Firemen's Way Poughkeepsie, NY 12603
Western NY DDRO	264	Stephanie McLean-Beathley	716-517-3532	Stephanie.E.McLean-Beathley@opwdd.ny.gov	1200 East and West Road, Building 70 West Seneca, NY 14224



C. Assistive Technology and Environmental Modifications

Assistive Technology is a category of services that encompasses both adaptive devices and environmental modifications (E-Mods).

- ❖ Individuals receive access to technology that can support greater independence and learning opportunities to meet their needs.
- ❖ Individual homes or family homes are modified to meet the needs of an individual. Some examples include the addition of a ramp, a fence or other safety features.

D. Clinic Services

OPWDD both operates and certifies Article 16 clinics for the provision of clinical services. Specifically, clinics can provide services including primary medical/dental, occupational therapy, physical therapy, psychology and/or psychiatry, rehabilitation counseling, speech and language pathology and/or audiology and social work. The clinics are established to meet the needs of individuals with developmental disabilities in areas where there is insufficient generic providers or for individuals with more complex needs related to their developmental disability

E. Family Support

Family Support Services are meant to support a natural family environment with needed services. These services can help to meet ongoing needs and can help in times of crisis when a family member or loved one becomes ill, or when things get difficult at home for other reasons. With assistance and support, families can often work these situations out and stay together. Supports and services provided through family support are:

- ❖ Respite: both at family home and in free standing sites
- ❖ Family member training
- ❖ Support groups
- ❖ Parent to parent networking
- ❖ Information and Referral
- ❖ Sibling services
- ❖ After school programs



F. Community Habilitation

Habilitative supports provide individuals receiving services with opportunities to learn and experience community based activities. Learning is often focused in the areas of social skill building, activities of daily living skill development, behavior stabilization, and health education. Habilitative plans are developed based on a person’s valued outcomes and specific goals are set to help the individual meet those valued outcomes.

G. Employment and Day Supports

OPWDD values the abilities and talents each person has to contribute, and we offer a variety of supports and resources, which assist individuals to achieve their goals. We support individuals with developmental disabilities who want to work in integrated community settings, alongside individuals who do not have disabilities.

Employment Services

All individuals with disabilities who want to work should be supported to achieve their goals. Through work, people can earn wages, increase their independence, gain self-confidence and develop relationships in their community. Individuals with developmental disabilities work in all types of community businesses including, but not limited to: banking, education, technology, health care, hospitality, food service, retail, not-for-profit corporations and government.

OPWDD offers several employment programs to assist individuals with varying support needs. All employment services provide employment staff or “job developers and coaches” to assist individuals with the goal of integrated community employment.

Job Developers and Coaches:

- ❖ Use person centered planning to help identify strengths, skills and interests
- ❖ Develop employment opportunities to match the right person with the right job
- ❖ Help with creating a resume and preparing for job interviews
- ❖ Provider travel training assistance
- ❖ Will often accompany applicants to the interview
- ❖ Help with learning the job duties and the work environment
- ❖ Provide ongoing assistance through periodic worksite visits
- ❖ Assist with retraining when job duties change
- ❖ Help with learning workplace appropriate social interactions Can help individuals increase their hours or secure a new job



Employment Training Program (ETP)

ETP offers individuals an opportunity to work in a paid internship that will lead to permanent employment in a community business. During the internship, wages will be paid by through ETP while the individual learns the skills needed for the job. At the end of the internship, participants are hired as an employee of the business. ETP participants also attend job readiness classes that present topics such as conflict resolution and how to dress for work. ETP services include increased job development and job coaching as well as assistance with other employability skills.

Supported Employment (SEMP)

SEMP provides the supports individuals need to obtain and maintain paid competitive jobs in the community. Individuals with developmental disabilities will typically transition to SEMP after they have received intensive supported employment services funded by the NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) and require extended job coaching to successfully maintain their employment.

Prevocational Services

Prevocational services provide the opportunity for individuals to participate in general training activities to build on their strengths and overcome barriers to employment. These services assist individuals who want to work, but who need extra help to develop the skills needed to be successful in the workplace.

For more information about employment opportunities for individuals with developmental disabilities, contact OPWDD's Division for Person Centered Supports at (518) 473-9697. Information is also available through OPWDD's toll free Information Line at (866) 946-9733 voice, or (866) 933-4889 TTY; and [OPWDD's regional DDROs](#).

Day Habilitation

Day Habilitation services can assist individuals to acquire, retain or improve their self-help, socialization and adaptive skills, including communication, travel and other areas in adult education. Activities and environments are designed to foster the development of skills and appropriate behavior, greater independence, community inclusion, relationship building, self-advocacy and informed choice. Activities are provided at either a site-based location or directly in the community (without walls).



H. HOUSING SUPPORTS AND SERVICES

OPWDD offers a continuum of housing supports and services based on an individual's goals and needs. The provision of these services within the integrated community aims to be consistent with the Olmstead decision.

Home of Your Own (HOYO)

OPWDD's Office of Housing Initiatives & Supports assists individuals with developmental disabilities to fully realize their independence and ability to self-direct their lives through its "Home of Your Own (HOYO)" program. The Office of Housing Initiatives and Supports is approved by HUD as a Housing Counseling Program that offers a variety of counseling sessions, educational workshops, projects, and programs that assist people with living independently in the home and community of their choice within typical constraints experienced by the general population. The home one lives in, the neighborhood, nearby amenities, and the proximity to needed services all play a key role in an individual's overall quality of life.

The housing office is staffed by a combination of state workforce and individuals with developmental and other types of disabilities. To find more information, you can visit our website at <http://www.opwdd.ny.gov/node/161> or give us a call (518) 473-1973 or e-mail us at housing.initiatives@OPWDD.ny.gov and learn more about independent housing opportunities at OPWDD. We look forward to hearing from you.

Individual Supports and Services (ISS)

ISS assists adults with developmental disabilities to live independently in non-certified settings by providing funds to pay for rent and utilities. The subsidy is based on the individual's income/benefits and *NYS Division of Home & Community Renewal* (HCR) standards. ***Funding is only available to individuals living independently.***

Certified Community Residential Settings

Overall, OPWDD provides a diverse array of living situations that appropriately match the needs and abilities of individuals in New York State. For individuals whose needs require support 24 hours a day, seven days a week, OPWDD provides several certified residential settings:

Individualized Residential Alternatives (IRA)

An IRA is a certified setting that meets identified health and safety regulatory standards in which support services are delivered using residential habilitative waiver services.



Each person's needs are defined within their individualized service plan (ISP). Based upon *the persons identified needs additional plans* of care are developed to guide responsible staff in the implementation of needed supports and treatment.

IRAs vary significantly in size, location and individuals' needs; there is not one consistent IRA model as the supports provided are dependent on the identified needs of the individuals living there. Both the State and voluntary providers operate IRAs.

Family Care

Family Care offers an option for individuals to live within a family environment and receive supports and services consistent with their defined needs. Family care homes are certified settings with defined environmental and provider requirements. Most typically, family care settings serve one or two individuals. Individuals' needs are defined within plans of care that are implemented by the family care provider.

Community Intermediate Care Facilities (ICF)

Services delivered within the ICF are "bundled", meaning that all individuals must be assessed annually regarding their needs in each of the required clinical domains and plans must be developed to ensure that the individual is provided active treatment to address the identified needs.

Campus-Based Treatment: Developmental Services (ICF/DC)

These settings are for individuals with the most significant need for support. All of the campus settings, operated by OPWDD, provide supports to individuals who have specialized needs in areas such as intensive treatment for risk management and severe behavioral challenges. Efforts are underway to restructure campus facilities to move away from long-term housing and instead provide temporary transitional supports.



SERVICE AUTHORIZATION & IMPLEMENTATION



AUTHORIZATION & IMPLEMENTATION PLAN

This life plan is known as an **Individualized Service Plan (ISP)**. It describes who the person is by depicting the person’s strengths, capacities, needs, and desires (valued outcomes). It also lists the supports and services needed by the person to achieve these outcomes. Through the process of creating this life plan, service coordinators assist people to identify their goals and secure the needed services and supports, including natural supports and community resources, to attain those goals.

The service coordinator’s most fundamental responsibility is to develop, implement and maintain the ISP—this activity is not static but is a continuous and ongoing process. The following is a brief summary of specific MSC responsibilities associated with the ISP.

DEVELOPING THE PERSON’S ISP

The service coordinator:

- ❖ Uses a person-centered planning approach to develop the ISP. The service coordinator works with individuals and their families to identify the desired goals and valued outcomes of the person and the supports and services that person wants and needs to achieve those outcomes,
- ❖ Helps a person with a developmental disability plan by promoting and supporting informed choices and developing a personal network of activities, supports, services, and community resources based on the person’s needs and desires,
- ❖ Documents in the ISP the supports, services, community resources needed and chosen by the person with developmental disabilities and the entities that will supply them,
- ❖ Helps the person with a developmental disability to identify the additional service coordination activities and interventions that the person wants and needs to meet his or her individualized goals and valued outcomes as described in the ISP, and
- ❖ Develops the Preliminary ISP (PISP) (if applicable) for people enrolled in the HCBS Waiver, the preliminary ISP is a —first cut description of the person and what he/she needs to live healthy and safe in the community.



IMPLEMENTING THE PERSON'S ISP

The service coordinator:

- ❖ Uses knowledge of the community and discovery of available resources to support the person with a developmental disability to make informed choices about how to achieve his or her valued outcomes,
- ❖ Coordinates access to and the delivery of supports and services identified in the ISP,
- ❖ Helps to locate and/or create natural supports and community resources,
- ❖ Locates funded services
- ❖ Makes referrals
- ❖ Facilitates visits and interviews with family members, service providers, housing options, etc.
- ❖ Ensures essential information is made available to the person, providers and others, to the extent permitted by federal and state privacy and confidentiality rules (e.g., Mental Hygiene Law Article 33.13 and 45 Code of Federal Regulations Part 164, HIPAA), and assists the individual or other authorized parties in signing consents for disclosure of information where required.



FREQUENTLY ASKED QUESTIONS

Who is eligible for Medicaid?

Individuals with disabilities age 18 years or older are eligible for Medicaid if their income and resources (bank accounts, life insurance, etc.), are below a certain amount. Programs like the Medicaid Buy-In Program for Working People with Disabilities can help working adults keep more of their income and still get Medicaid.

Children with developmental disabilities under age 18 who live at home with their families may be eligible for the Medicaid HCBS Waiver based on their own income and resources. Their family income and resources are not looked at when applying for the Medicaid HCBS Waiver.

If an individual has too much income or resources, he or she can spend that money on medical expenses to qualify for Medicaid. This is called a **spenddown**. In most cases, any money spent out of pocket on medical needs can be used to meet a spenddown. There are also other ways to keep an individual's resources, such as setting up a Medicaid qualifying trust. This is a specific type of trust that must be set up by a lawyer.

What other benefits does Medicaid provide?

In addition to covering many OPWDD services, Medicaid provides health insurance that will pay for medical care and also for specialized medical care that is not covered by other types of insurance. For example, Medicaid can pay for home health aides and transportation to medical services. An individual can have other insurance coverage and still apply for Medicaid.

How to apply for Medicaid?

Individuals or families can apply for Medicaid online. In the event that you need assistance with completing your application, the individual can choose to work with the agency they want services from when applying for Medicaid. The agency can help with the application and explain what documents will be needed. The agency can connect individuals or families with a "service coordinator", or "intake coordinator" who can assist with the application process. If the individual applies for and is awarded Social Security Insurance (SSI) they will receive Medicaid.

How to find out what type of Medicaid to apply for?

Individuals or families should talk to the agency they want services from to get help with applying for the right Medicaid coverage. The agency will know what type of Medicaid coverage is needed.



What if an individual or family decides not to apply for Medicaid?

If an individual or family does not apply for coverage or does not complete the application process then payment must be made for the full cost of the service. The agency the individual wants services from will tell him or her how much will have to be paid for the services. However, if an individual is not eligible for Medicaid because of a reason other than income or resource level, then that person or their family should ask the agency for assistance.

What if Medicaid finds that an individual is not eligible?

If Medicaid finds that an individual is not eligible for coverage, Medicaid will send a letter stating that Medicaid coverage has been denied. If an individual or family receives a denial letter, the letter must be saved and shown to the agency the individual wants services from to see if he or she should appeal the decision. The agency can help with the appeals process.

If an individual is not eligible due to income or resources, the individual may have to pay a spenddown to get Medicaid to pay for the desired services. If the individual or family does not take steps to pay the spenddown or to put the resources in a Medicaid qualifying trust, then they will have to pay the full cost of services.

What if an individual already gets Medicaid or HCBS Waiver-funded services?

If an individual is getting services right now and is not enrolled in the correct Medicaid coverage for those services, he or she must apply for the correct Medicaid coverage that will pay for those services.

What if an individual wants a new Medicaid or HCBS Waiver-funded service?

If an individual wants a new service, the person or their family should talk to the agency they want the service from. The agency will tell you if they can provide the service to the individual and will also explain if the individual has the right Medicaid coverage to pay for the service. If the individual does not have the right Medicaid coverage, he or she must enroll in the right coverage before new services will be provided.

If the individual or family does not apply for the Medicaid coverage needed, the agency can deny the request for service. However, in cases where the person's health or safety would be in danger without the service, the agency may choose to provide the service before the individual has enrolled in Medicaid.



I still need help! What do I do?

If you have more questions, our Revenue Support Field Offices can help. There are nine Revenue Support Field Offices (RSFOs) located throughout New York State. RSFO staff share their expertise with voluntary provider agencies, individuals with disabilities, their families, advocates, and other representatives. For more information, please review the [Revenue Support Field Office Contact List](#).

Where can I find assessment services?

The Office for People with Developmental Disabilities (OPWDD) is pleased to provide you with this diagnostic evaluation resource guide. This guide was developed to help individuals, families, service providers, and other interested parties to locate testing and assessment services available in their local communities. In many cases, the agencies listed offer other services in addition to diagnostic assessments. This guide is intended as a directory of assessment services. This is not an exclusive list of testing and assessment services nor does inclusion on the list indicate OPWDD approval or endorsement of the provider. For more information, please review [Guide to Eligibility Assessment Resources in New York State](#).



GLOSSARY

Adult Career and Continuing Education Services-Vocation (ACCES-VR): offers access to a full range of services that may be needed by persons with disabilities. ACCES-VR coordinates policy and services relating to special education, transition services, vocational rehabilitation.

Adaptive Equipment: include communication aids, such as Personal Emergency Response Systems (PERS), speech amplifiers and motion-activated devices, and adaptive aids and devices, including feeding, dining and meal preparation aids/devices/appliances, motorized wheelchairs, guide dogs and computer hardware/software that can improve communication and/or adaptive skills.

Agency Managed Services: works with you to determine your needs and identifies staff to meet those needs.

Circle of Support (COS): is a group of people consisting of family, friends, community members and support staff who have come together to assist a person to visualize, express and accomplish his/her life interests and goals resulting in a more self-directed life. A circle of support is the key decision making group and members of the circle of support are freely chosen by the individual to help him/her achieve his/her valued outcomes/goals.

Consolidated Supports and Services (CSS): is a Home and Community Based Services (HCBS) waiver service option that has been approved by the federal Centers for Medicaid/Medicare Services (CMS). In New York State, it is one of the major components for implementation of Self Determination. All people who are eligible to receive OPWDD services are eligible for Self Determination (See Eligible Person). Federal Medicaid pays for 50 percent of the cost of CSS services for persons who are Medicaid/HCBS waiver eligible. People who are not Medicaid/HCBS eligible will have all costs paid for by the state and receive identical "Mirror-like" CSS services. The same rules apply for all participants.

Community Habilitation Services: is similar in scope to residential habilitation supports and day habilitation supports, however, the focus of this new service is directed towards service delivery occurring largely in the community (non-certified) settings to facilitate and promote independence and community integration.

Day Habilitation (Day Hab): are activities that consist of a combination of diagnostic, therapeutic, training, and prevocational services to people with developmental disabilities. Services may vary in the staffing arrangements, locations, and supports they offer based on individual needs, interests, and preferences.



Developmental Disability Regional Office (DDRO): OPWDD operates through 5 regional offices that are responsible for: heightening the agency’s focus on service delivery and quality improvement; providing for enhanced oversight of the existing network of nonprofit providers; and helping to ensure accountability statewide.

Developmental Disability State Operations Office (DDSOO): OPWDD also operates 6 state operations offices, which are designed to realign the agency’s back-office functions such as Business Office, Information Technology, Safety Services, and Workforce and Talent Management. These functions are necessary to the operation of any organization but we anticipate that individuals, families, and providers will have minimal, if any, contact with state operation office staff.

Developmental Disabilities Profile 2 (DDP2): is a survey tool used to provide a thorough description of the skills and challenges of a person with developmental disabilities that are related to their service needs.

Division of Quality Improvement (DQI): works to make sure that persons with developmental disabilities are safe and healthy and receive the services and supports they need and choose, in order to live the most fulfilled and independent life possible, in accord with all statutory and regulatory requirements.

Employer of Record: is the Fiscal Management Service agent (FMS) who is recognized as the CSS provider of record by the Medicaid program. As such, the FMS is responsible for ensuring that appropriate documentation is maintained to substantiate claims made to Medicaid and OPWDD.

Environmental Modifications (E-Mod): are used for persons with physical disabilities or limited communication who need specialized equipment or changes to their living environment or personal vehicle (i.e. wheelchair ramps, lifts, handrails, communication boards) that enable them to lead more independent lives.

Employment Training Program (ETP): offers individuals an opportunity to work in an internship that will lead to permanent employment in a community business. During the internship, wages will be paid by through ETP while the individual learns the skills needed for the job. ETP participants also attend job readiness classes that present topics such as conflict resolution and how to dress for work. ETP services include increased job development and job coaching as well as assistance with other employability skills.



Faith-Based Initiative: explores new avenues and expands opportunities for individuals with developmental disabilities to express their beliefs, support their right to belong to a faith community, and assist them to become a valued member in their chosen house of faith.

Fiscal Management Service (FMS): sets up an individual financial account for each individual based on the approved CSS Plan and Budget.

Family Support Services (FSS): can help in times of crisis when a family member or loved one becomes ill, or when things get difficult at home for other reasons. With assistance and support, families can often work these situations out and stay together.

Habilitation Services: are supports and services that assist people to live successfully in their home, work at their jobs and participate in the community.

Home and Community Based Services Waiver (HCBS Waiver): to be eligible for waiver services, a person must otherwise need Intermediate Care Facilities' (ICF) level services. The waiver allows OPWDD to purchase services in a much more flexible manner than would otherwise be possible under the State Plan. It also allows NYS to purchase Medicaid services for children under the age of 18 without "deeming" or taking into account their parent's income. Currently, services available include Residential Habilitation, In-Home Residential Habilitation, Day Habilitation, Supported Employment, Prevocational Services, Respite, Environmental Modifications (E-Mods), Adaptive Devices, Consolidated Supports and Services, Live-In Caregiver, fiscal Agent, Plan of Care Supports and Services, and Family Education and Training.

Individual and Community Supports (ICS): is a platform designed to provide more flexibility and authority for individuals and families in choosing the supports and services that best meet their needs.

Individualized Education Program (IEP): is the tool to document how one student's special needs relates to his/her disability will be met within the context of the educational environment.

Intermediate Care Facilities (ICF): are designed for those individuals whose disabilities limit them from living independently. Services may be provided in an institutional or a community setting. For the most part, ICFs serve individuals who are unable to care for their own basic needs, require heightened supervision and the structure, support and resources that define this program type. ICFs provide 24-hour staffing supports for individuals with specific adaptive, medical and/or behavioral needs and includes intensive



clinical and direct-care services, professionally developed and supervised activities (day services) and a variety of therapies (e.g., physical, occupational or speech) as required by the individual's needs.

Integrated Settings: individuals should live, work & recreate in settings that are not segregated to serve only individuals with developmental disabilities.

Individualized Service Plan (ISP): is a written personal plan, or blueprint, for a person with developmental disabilities that summarizes the help he or she wants and needs to achieve his or her own aspirations in life. The document is required of the HCBS Waiver and must be created, reviewed, and updated at least twice annually by the Medicaid Service Coordinator (MSC).

Individualized Supports and Services (ISS): assist adults with developmental disabilities who wish to live independently by providing funds to pay for housing costs.

Job Coach: is a person who provides training and related staff supports on a one-to-one basis to an individual who needs these supports in order to learn or maintain skills related to the job. The training may include teaching job skills (such as job tasks, appropriate behaviors, how to work with co-workers and supervisors, how to travel to work, etc.), teaching the employer or co-workers strategies of working with the consumer, advocating with the employer on behalf of the consumer, developing natural supports, etc. Job coaches have multiple, diverse responsibilities in assisting people with disabilities to be successful workers.

Lead Care Coordinator: is responsible for the oversight and coordination of the entire Care Coordination team and the person's services and ensuring that the plan of care is properly implemented and that the individual's needs are met.

Medicaid (MA): is a Federal-State program to purchase health care and long-term care for people who meet eligibility criteria and otherwise cannot afford to pay for the services they need. In New York State the federal government pays 50 percent of the costs, State and Local government pays the other 50 percent for people living in non-certified OPWDD residences.

Managing Employer: a CSS plan operates on a co-management model; the FMS is the "Employer of Record" and the participant is considered the "managing employer." This means the individual can take on the responsibility of recruiting and selecting, hiring and firing, and supervising of self-hired staff, as well as scheduling, creating job descriptions, and evaluating staff performance. The individual may hire a broker to assist him/her with these responsibilities or may request assistance from the FMS.



Medicaid Service Coordination (MSC): is a Medicaid State Plan service provided by OPWDD, which assists persons with developmental disabilities in gaining access to necessary services and supports appropriate to the needs of the individual. MSC is provided by qualified service coordinators and uses a person centered planning process in developing, implementing, and maintaining an Individualized Service Plan (ISP) with and for a person with developmental disabilities. MSC promotes the concepts of choice, individualized services and supports, and consumer satisfaction.

Natural/Community Supports: Natural Supports are friends, family members, coworkers, community members and other non-paid and naturally occurring relationships that support and assist an individual in an integrated and community based setting.

New York State Education Department (NYSED): works with individual and family gain access to supports and services based on the individual's needs. NYSED also promotes a full range of lifelong services for persons with disabilities.

Olmstead Decision: In 1999, the U.S. Supreme Court ruled that states, in accordance with the Americans with Disabilities Act (ADA), have an obligation to provide services to individuals with disabilities in the most integrated setting appropriate to their needs.

Options for People Through Services (OPTS): a program designed to afford individuals receiving services as well as the public and nonprofit providers who care for them with a wide array of affordable options that promote inclusion and personal choice and offer flexibility and opportunity for efficient and effective use of the resources we have available to us.

Person-Centered Plan (PCP): is a process that focuses on the capabilities and strengths of an individual in order to create a vision for a desirable future. It focuses on each person's gifts, talents, and skills, not on deficits and deficiencies. It is an ongoing process of social change wherein the service coordinator works with the individual with disabilities and people who pledge their support to that person to identify the individual's vision of their best life and to pursue that vision in their community. All OPWDD supported MSCs are expected to employ person centered planning practices for individuals receiving MSC.

Plan of Care Support Services (PCSS): is an alternative form of service coordination. PCSS providers assist individuals to review and update their Individualized Service Plan. A qualified Medicaid Service Coordinator delivers PCSS.

Personal Resource Account (PRA): is the annual target amount of individual funding provided by OPWDD for Consolidated Supports and Services and/or Room and Board



supplements. It is determined by the person's level of ability as measured by the Developmental Disabilities Profile (DDP). These funds are administered by a FEA/FMS. Once a CSS plan is approved, these funds are only to be used for the habilitation supports and services detailed in the CSS Plan as well as any approved Room and Board supplements. For persons who are Medicaid/HCBS eligible, there is a Medicaid component (with federal matching funds) that pays for CSS services and a non-Medicaid component (without federal matching funds) that pays for Room and Board supplements. For persons who are not Medicaid/HCBS eligible, both CSS "Mirror-like" and Room and Board supplements are paid with 100% State funds.

Respite: is the provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. Respite programs provide planned short-term and time limited breaks for families and other unpaid care givers of children with a developmental retardation and adults with an intellectual disability in order to support and maintain the primary care giving relationship. If an individual receives Community Supports and Services (CSS), they will not receive respite funding.

Self-Advocacy (SA): the right to speak up for one's self; expressing one's needs, wants and goals.

Self Determination (SD): promotes the concept that people served have a free choice of services, supports and method of service delivery, that they may design their own service plan and manage their own CSS budget. Choice is enhanced because in many cases service is no longer restricted to only Medicaid providers. There are five primary principles of the Self Determination philosophy, which are freedom, authority or control, support, responsibility, and self-advocacy.

Self-Direction: gives individuals and families greater control over the services they receive, how they receive them and who provides them. At the same time, people who self-direct must be willing to take on the responsibility of co-managing their services.

Supported Employment (SEMP): provides the supports individuals need to obtain and maintain paid, competitive jobs in the community. Individuals with developmental disabilities will typically transition to SEMP after they have received supported employment services funded by the NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) and require limited job coaching to successfully maintain their employment. Individuals also come to supported employment from programs that offer intensive training such as ESEMP and ETP.



Start Up Broker (SUB): an individual freely chosen and hired by an individual to assist in the development of a complete and approvable CSS plan and budget. This assistance may include helping potential participants to develop a Circle of Support, facilitate a Person-Centered Planning process, create an Individualized Budget, and write the CSS Plan. The funds for this service count against the individual's PRA and are incorporated on top of the individual's budget.

Support Broker (SB): an independent professional person, hired by an individual with a physical or cognitive challenge, who provides advice, information, and technical assistance to the individual. He/she and his/her family request support to identify ways to achieve personal goals or negotiate individualized funding to purchase desired community based supports and services. The funds for this service count against the individual's PRA and are incorporated within the individual's budget.

