

OPWDD's FRONT DOOR Procedure Manual

APPENDICES

12/18/2014

NYS Office for People with Developmental Disabilities



Front Door

welcome

OPWDD Regional Office
Front Door Procedure Manual Appendices

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State and Federal Mandates and Agreements

THE TRANSFORMATION AGREEMENT

New York State and the Centers for Medicare & Medicaid Services (CMS) have identified a series of shared goals that will improve opportunities for individuals with developmental disabilities in the areas of employment, integrated living, and self-direction of services. These goals are captured in a transformation agreement. They include:

- Developing new service options to better meet the needs of individuals and families in a truly person-centered way, including allowing for more self-direction of services;
- Creating a specialized managed care system that recognizes the unique needs of people with disabilities, and is focused on a habilitative model of services and supports;
- Ensuring that people live in the most integrated community settings;
- Increasing the number of individuals who are competitively employed;
- Focusing on a quality system that values personal outcome goals for people, such as an improved life or access to meaningful activities; and
- Working to make funding in the system sustainable and transparent.

To support the transformation agreement, OPWDD will have access to additional funding and technical assistance through the federal government's Balancing Incentives Program. This program provides funding to states that make structural reforms to increase access to non-institutional long-term supports and services. OPWDD will also begin participating in New York's Money Follows the Person demonstration, which lends federal financial support for individuals who wish transition from institutional settings into community settings.

OPWDD continues to work closely with CMS to develop reform initiatives that meet federal objectives and ensure the effectiveness and sustainability of its system of services and supports. As these goals are identified and accomplished, updates will be posted in this section of our website.

<http://www.opwdd.ny.gov/transformation-agreement/home>

GOALS OF OPWDD'S SYSTEM TRANSFORMATION

OPWDD's initial goals outlined five specific areas of system reform:

1. Making the system more person-centered
2. Restructuring to provide better integrated, holistic support
3. Establishing transparent and sustainable funding
4. Measuring the quality of the system based on the outcomes of individuals
5. Serving people in the most integrated settings possible

All of these reform goals support a system transformation that results in:

- More accurately targeting and tailoring services to people's needs; which will lead to
- Greater effectiveness in supporting them;
- Greater success in their lives; and by better targeting resources to needs;
- Improved fiscal sustainability of the service system for future generations.

Person-Centered Services

OPWDD has outlined system reforms that help to make individuals the center of attention, from the moment they approach OPWDD for support, to when they help plan and direct the services they need, to when they receive their supports and services, and even to when providers and OPWDD reflect back on how well the services are helping an individual achieve his or her goals. Key initiatives have begun—and will continue—to improve the system from start to finish by:

- Establishing a consistent, valid needs assessment
- Redesigning the OPWDD Front Door
- Establishing care coordination based on comprehensive, person-centered planning
- Enhancing the menu of services so individuals can receive the right level of support

Each of these initiatives has tremendous influence on how well the service system identifies and responds to each individual's unique need for support and his or her ability. The new Front Door will ensure that each individual understands the many options available for community supports, while an enhanced menu of services will mean improved support for things like competitive employment, thoughtful and intentional planning for students leaving school, expanded opportunities for self-direction of supports and services, effective family supports, and a broader range of integrated, supportive housing opportunities.

Coordinated, Integrated Care

OPWDD has outlined a plan for transitioning its entire service system from a fee-for-service structure to a system of managed care in which new organizations known as developmental disabilities individual support and care coordination organizations (DISCOs) provide holistic, person-centered care planning and delivery of coordinated, comprehensive supports and services to meet the full range of an individual's needs for support and services. The transition will occur in phases, with establishment of pilot DISCOs to provide long-term supports and services only to those who voluntarily enroll, followed by mandatory enrollment of individuals into permanent, comprehensive care DISCOs or other managed care arrangements that appropriately meet their unique needs.

This system transformation will allow OPWDD and its many stakeholders to create a specialized system of managed care for individuals with developmental disabilities, one that draws on the knowledge gained through OPWDD's 30+

year history of serving individuals with developmental disabilities, and ensures continued support for the kinds of specialized, lifelong supports that these individuals often need. At the same time, New York State's initiative to move all Medicaid programs into a managed care infrastructure will bring additional opportunities for integrated care for individuals with developmental disabilities. In addition to DISCOs and other managed care organizations, individuals with developmental disabilities who receive both Medicare and Medicaid services will be able to enroll in specialized Fully Integrated Duals Advantage (FIDA) plans. Both DISCOs and FIDAs will provide person-centered planning and coordination of comprehensive supports and services, eliminating the need for individuals to navigate multiple, confusing and often conflicting service systems to plan and access a package of supports sufficient to meet all of their needs (physical health, mental health, and disability-related needs).

Sustainable, Transparent Funding

Building service menus and a service delivery structure on an appropriate, rational fiscal platform that is aligned with policy objectives of providing person-centered, holistic supports in the least restrictive environments is a pillar of the OPWDD system transformation. Making the system more person-centered means the funding that provides for an individual's identified needs must be tied to that person's uniquely developed supports and services, not to a generic service type and its budget allocation that allows for a certain number of slots within that service type. This is a fundamental shift in the foundation of the service system, and one central to accomplishing the person-focus that is at the heart of the transformation. Moving from a fee-for-service system to managed care will provide the mechanism to accomplish a more person-focused, holistic, and transparent approach to funding services. It will also facilitate more efficient fiscal management by establishing a system based on an actuarially sound calculation of payment rates that will allow DISCOs to meet the needs of people in an individual-specific way, supporting those with high levels of need and those with lower levels of need, as well as the inevitable changes in needs that occur in each individual's life.

OPWDD has also committed to reforming fiscal structures and processes that have favored higher cost services and, through repeated, historical adjustments made on an agency-by-agency basis, resulted in an inequitable rate structure that did not align with the agency's important person-focused policy objectives. With agreement from the federal government, New York State had created a funding system that was designed to help people move out of developmental centers and into community-based settings. That funding formula, which was increased over time, allowed the state to keep some portion of the funds, which were distributed to a variety of services within the state Department of Mental Hygiene. New York State and CMS have agreed that this funding system is no longer viable and that a new funding method was needed going forward, one that would show exactly how funds are spent on services and accurately reflect the cost for services in community settings.

Today, working with CMS, New York is developing a new reimbursement rate for state provided services for individuals with developmental disabilities. It is also developing a new rate structure for reimbursing nonprofit provider agencies (in fee-for-service and managed care) for services, with reimbursement rates that are calculated in a consistent manner for services throughout the state. The new rates will be calculated to reflect the level of direct care staff support needed to meet individuals' needs and additional factors to account for administrative functions, program support, geographic differences, and other considerations.

OPWDD is making these system reforms to realign the fiscal platform with programmatic and policy priorities to ensure that the system is designed to meet each individual's unique needs with person-centered supports and services that are delivered in the most integrated setting possible.

Ongoing and Meaningful Quality Improvement

OPWDD's quality oversight has traditionally focused on meeting the required assurances in the waiver agreement with CMS by monitoring compliance of state and provider operations with established regulatory processes, procedures, and deadlines. While these activities are valid and necessary, they fail to gauge how well the services and supports the OPWDD service system provides actually meet individuals' needs and help them live the lives they want. OPWDD has recognized that the best measure of quality in the system is the progress individuals

achieve toward their goals and their quality of life, which will reflect the unique abilities, preferences, and needs of each individual. To move beyond measures of regulatory compliance, OPWDD will transform its quality oversight mechanisms and practices to look deeper at how well services are meeting needs for individuals, and as a statewide system. OPWDD will develop and implement valid processes for collecting needed data from throughout the system, and use that data to continuously check and report to its stakeholders how well the agency is performing, and to identify needed system improvements.

Most Integrated Settings

Although OPWDD has helped nearly 30,000 people move out of institutional settings and into community-based settings over the past several decades, New York is seeking to complete this transformation by helping the majority of its remaining campus-based institutional population move out of those institutions, as well. This policy priority reflects New York's commitment to fulfilling the mandate of the US Supreme Court's *Olmstead v L.C.* decision and aligns with Governor Cuomo's creation of an Olmstead Cabinet to craft an Olmstead Plan for New York State. Ensuring that individuals with developmental disabilities are supported in the most integrated settings possible will be a pillar of OPWDD's system transformation. In addition, the Most Integrated Setting Coordinating Council will continue to meet and serve as a vehicle to provide additional feedback on development and implementation of the Olmstead Plan and OPWDD's fulfillment of this transformation goal.

To successfully assist individuals who are still receiving services in institutional settings in transitioning to community settings, OPWDD must develop new processes for planning for and supporting those individuals in community settings. New processes will guide the identification and development of appropriate residential settings and wrap-around services to ensure individuals' safety and that needs are being met effectively. In addition, as the *Olmstead* ruling has at its heart the intention that all individuals should receive services in the most integrated/least restrictive setting possible, it is not enough to simply have people served in the community if they continue to be restricted in their engagement in that community. Therefore, OPWDD will also develop new practices to ensure that individuals already living and being supported in community settings are experiencing and engaging in their communities to the fullest extent.

<http://www.opwdd.ny.gov/transformation-agreement/home>

THE OLMSTEAD MANDATE

The Olmstead decision addressed the rights of two women who had been confined in a Georgia state psychiatric hospital for five and seven years beyond the time at which they had been determined ready for community discharge. The United States Supreme Court held that the failure to provide community placement for these people constituted discrimination under the Americans with Disabilities Act. The court also held that states are required to provide community-based services to people with disabilities when: (a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving disability services from the state.¹

The Olmstead case itself concerned people in a psychiatric hospital. Subsequent cases have addressed developmental centers, board and care homes, and people at-risk of institutional care. Most recently, the Olmstead mandate has been extended to segregated employment services for people with disabilities. Given the breadth and continuing evolution of the Olmstead mandate, in order to develop its specific recommendations, the Olmstead Cabinet sought the views of a broad set of stakeholders regarding the areas in which the cabinet should focus its attention. Through this stakeholder engagement, four areas of focus emerged:

1. The need for strategies to address specific populations in unnecessarily segregated settings, including:
 - a. People with intellectual and developmental disabilities in developmental centers, intermediate care facilities (ICFs), and sheltered workshops;
 - b. People with serious mental illness in psychiatric centers, nursing homes, adult homes, and sheltered workshops; and
 - c. People in nursing homes.
2. The need to increase opportunities for people with disabilities to live integrated lives in the community;
3. The need to develop consistent cross-systems assessments and outcomes measurements regarding how New York meets the needs and choices of people with disabilities in the most integrated setting;
4. The need for strong Olmstead accountability measures.

This report and recommendations, developed by the Olmstead Cabinet, provide the framework for New York to serve people with disabilities in the most integrated setting appropriate to their needs and desires. Through implementation of these recommendations, New York will:

- Assist in transitioning people with disabilities into the community from developmental centers, ICFs, sheltered workshops, psychiatric centers, adult homes, and nursing homes;
- Reform the assessment of the needs and choices of people with disabilities;
- Adopt new Olmstead outcome measures for people with disabilities;
- Enhance integrated housing, employment, and transportation services available to people

with disabilities;

- **Improve services to children, seniors, and people with disabilities involved with the criminal justice system;**
- **Remove legal barriers to community integration; and**
- **Assure continuing accountability for serving people with disabilities in the most integrated setting.**

The effective implementation of these recommendations will safeguard the fundamental civil rights of New Yorkers with disabilities to lead integrated lives.

<http://www.opwdd.ny.gov/transformation-agreement/home>



BULLETIN #: 14-018
TO: All OPWDD Employees
FROM: Office of Diversity Management
SUBJECT: Language Access Policy and Procedures
DATE: March 7, 2014

FOR FURTHER INFORMATION CONTACT: Office of Diversity Management

OPWDD is fully compliant with Executive Order No. 26 and provides free language access services to any person, family member, and/or designee who speaks a language other than English – including anyone seeking services or who is already receiving supports. We also provide these services to individuals, family members, and/or designees who are deaf and/or hard-of-hearing. Employees do not require special and/or additional approval to access available OPWDD interpretation and translation resources. The OPWDD Language Access Policy and Language Access Procedures are available on the OPWDD Intranet web page at:

<http://omrnet.omr.state.ny.us/content.aspx?id=47356>

Please take the time to review these and familiarize yourself with the information on how to access oral interpretation services and written translation services for the people and families we support at OPWDD. If you have any questions about the agency's Language Access Policy and Procedures, please contact your Language Access Liaison for your region:

<http://omrnet.omr.state.ny.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=47480>

You may also contact OPWDD's Language Access Coordinator Elatisha Kirnon by email at Elatisha.D.Kirnonblair@opwdd.ny.gov or by phone at (518) 408-2146.



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New York State Language Identification Tool

ages.



English Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.



Albanian **Shqip** Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi do të merret falas për ju.



Arabic **عربي** أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.



Bengali **বাংলা** আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে। দোভাষী আপনি নিখরচায় পাবেন।



Bosnian **Bosanski** Pokažite svoj jezik. Prevodilac će biti pozvan. Prevodilac je obezbijeden bez troškova za vas.

Burmese သင့်ဘာသာစကားကို ဝိုင်းပြပါ။ စကားပြန် ဝေါဟာရပေးပါ။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမည်။

China 請指認您的語言，以便為您提供免費的口譯服務。 請指認您的語言，以便為您提供免費的口譯服務。

Cantonese 廣東話 广东话

Chaochow 潮州話 潮州话

Fukienese 福建話 福建话

Mandarin 國語 普通话

Shanghai 上海話 上海话

Taiwanese 台灣話 台湾话

Toishanese 台山話 台山话

Farsi **فارسي** به زبان مور دنظر اشاره كنيد. ما برای شما مترجم می آوریم. این کار هیچ هزینه ای برای شما نخواهد داشت.

French **Français** Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.

Haitian Creole **Kreyòl** Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

Hebrew **תִּירָבַע** הצבע על שפתך. אנו ניצור קשר עם מתרגם. המתרגם ניתן לות מצדך.

Hindi **हिंदी** अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।

Italian **Italiano** Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Karen **ကရင်စကား** ဒုးနိဉ်ဆူနိဉ်တက့ါ. တါကကိးနိဉ်နုာ်ပုာ်တဲက့ါတဲါ. ပုာ်တဲက့ါတဲါဆဲါတလဲာ်နဲါဆပုာ်တဲါ.

Korean **한국어** 귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

Nepali **नेपाली** आफ्नो भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको बिना कुनै खर्चका, एकजना दोभाषे उपलब्ध गराइनेछ।

Pashto **پښتو** خپل ژبې ته اشاره وكړئ. يو ژباړونكې به را و بللي ش تاشو ته ژباړونكې وپړيا برابر ولي شي.

Polish **Polski** Proszę wskazać swój język i wezwijemy tłumacza. Tłumacza zapewnimy bezpłatnie.

Portuguese **Português** Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

Russian **Русский** Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Somali **Afsoomaali** Farta ku fiiq luqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

Spanish **Español** Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

Swahili **Kiswahili** Onyesha lugha yako. Ataitishwa mkalimani. Utapewa mkalimani bila ya gharama yoyote kwako.

Tagalog **Tagalog** Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

Thai **ไทย** ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน การใช้สามไม่ต้องเสียค่าใช้จ่าย

Ukrainian **Українська** Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

Urdu **اردو** اپنی زبان پر اشاره کریں اور ایک ترجمان بلایا جائیگا. ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جاتا ہے.

Yiddish **אידיש** ייט אן אויף אייער שפראך און מ'וועט רופן א דאלמעטשער. דער אלמעטשער ווערט צוגעשטעלט אומקוסט, עס וועט איך ארגניש קאסטן.

Vietnamese **Tiếng Việt** Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.



GENEVAWORLDWIDE

Instructions for using Geneva Worldwide Telephonic Services

If you would like to request an interpreter for immediate interpreting needs over the phone, please follow the directions below:

1. Dial **1.800.664.1171**
2. When the operator answers, tell them:
 - a. Your customer code is: **OPWDD44**
 - b. Your name
 - c. Your street name and city
 - d. Your location type (acceptable answers: DDSOO, DDRO, home location)
 - e. The language that you need
 - f. Please let the operator know if you would like to connect to multiple parties (call a patient/client at home for example).
3. The operator will connect you with an interpreter promptly.

Recommendations for Effectively Using the Services of an Over-the-Phone Interpreter

For Outbound Calls:

- If you need to call a Limited English Proficient (LEP) party at home or need a third-party dial-out to include an additional party, please *first* inform the Customer Service Representative (CSR) *before* the interpreter is connected.
- Once the interpreter is connected, you may tell the interpreter who to ask for (the LEP's name).
- At this time, you may also tell the interpreter how to proceed if the call goes to an answering machine and what message to leave if desired.

For Inbound Calls:

- Explain to the LEP that all information is confidential, and encourage questions.
- Speak clearly.
- Smile and be kind; this helps the LEP feel more comfortable.
- If face-to-face and multiple people are in the room, speak one at a time.
- Short sentences are easiest to interpret.
- Speak freely; all interpreters are sworn to confidentiality and the Interpreter's Code of Ethics.
- Encourage the interpreter to clarify terms with you if necessary.



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NEW YORK STATE WAIVER OF RIGHT TO FREE ORAL INTERPRETATION SERVICES

NAME OF LIMITED ENGLISH PROFICIENT (LEP) CLIENT / RECIPIENT / REPRESENTATIVE

I have been told that I have a right to free interpretation from
AGENCY/ORGANIZATION

I understand that I can have an interpreter at no cost to me or my family members

I understand that I am allowed to change my mind at any time and ACCEPT a free interpreter

I choose NOT to use a free interpreter at this time, and will instead utilize (unless this is an emergency situation, my interpreter is at least 18 years of age):

INSERT A PLAN FOR INTERPRETATION SERVICES

SIGNATURE*

LEP CLIENT / RECIPIENT / REPRESENTATIVE

DATE

NAME OF EMPLOYEE (PLEASE PRINT)

DATE

EMPLOYEE SIGNATURE

DATE

DIVISION/BUREAU

E-MAIL ADDRESS

(AREA CODE) PHONE NUMBER

Whenever applicable: The interpreter named below has read this form to the LEP person in his or her primary language.

NAME OF THE INTERPRETER

DATE

RELATIONSHIP TO CONSUMER

SIGNATURE OF INTERPRETER

DATE

***A signature is only needed if the contact with the LEP person or representative is in-person.**

Note: LEP persons are individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

APPENDIX: B

OPWDD Front Door Information Session for Individuals and Families

Please Note

Presentation Undergoing Revisions

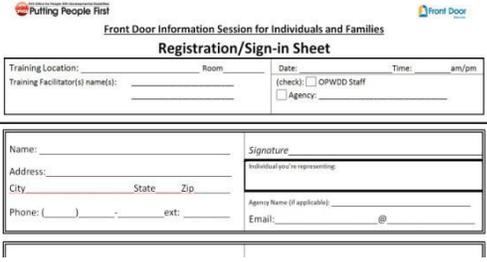
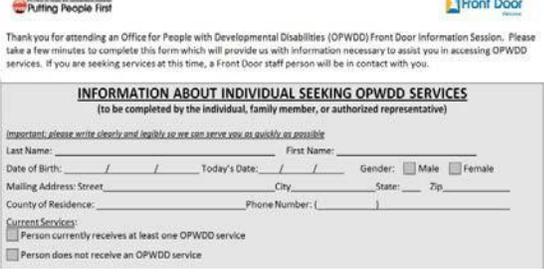


Front Door Information Session

Registration/Sign-In and Individual Data Forms

Instructions for Session Facilitators

Due to CMS requirements and internal OPWDD processes, it is imperative that we track attendance at the Front Door Information Sessions. Information Session facilitators must use 2 registration forms at each session to capture necessary information. Please see instructions below.

<p>Registration Sign In Sheet</p>	<p><u>Instructions</u></p> <ol style="list-style-type: none"> 1. A staff person/facilitator should directly monitor the registration/sign-in process. 2. The staff person/facilitator should ensure that all attending the session sign in. That person will be able to answer questions related to the sign in form. 3. All family members/advocates attending on behalf of an individual should sign in. 4. Any agency representative (e.g. Service Coordinator) should sign in. 5. The staff/facilitator supervising the sign in process should ensure that the handwriting on the form is clear/legible and all fields are completed. <i>Note: this is VERY important.</i> 	 <p><i>Note: for OPWDD-lead Information Sessions, OPWDD staff may obtain a system-generated Y0109 roster from Workforce Talent and Development in advance of the training.</i></p>
<p>Individual Data Sheet</p>	<p><u>Instructions</u></p> <ol style="list-style-type: none"> 1. At the beginning of the Information Session (prior to starting the video), the training facilitator must distribute the Individual Data Sheet form. 2. The following script should be used to present the form: “This form can be completed by the individual, a family member, or authorized representative and it provides us with information important information which will assist you in accessing OPWDD services. Please take the time to complete the form in its entirety and insure it’s legible. Before you leave today, please you’re your form to (indicate who’s collecting the form). Thank you.” 3. The facilitator should indicate that at the end of the session there will be staff on hand who will assist anyone who needs assistance or has questions about the form. 4. As the staff assisting or facilitator collects the forms at the end of the session, he/she should look at each form as they are handed in to ensure that they are completed <u>legibly</u> and <u>completely</u>. <i>Note: this is VERY important. Please assist the individual in completing the form and politely ask for clarifications, making corrections when necessary.</i> 	 <p><i>Note: although completing these forms are optional, facilitators should strongly encourage individuals/families to complete the data sheet. It should be emphasized that information gathered in this form will help to begin the Front Door process and facilitate the individual’s access to services.</i></p>
<p>Collecting the Forms</p>	<p><u>Instructions:</u> given the sensitive nature of the information contained in the registration forms, it is very important that facilitators take responsibility for collecting the forms and delivering them to the appropriate Regional Office staff person. Please follow instructions below:</p> <ol style="list-style-type: none"> 1. At the end of each Information Session, the facilitator must ensure that all the <u>registration/sign-in forms</u> and <u>individual data sheets</u> are collected and placed in a sealed full size envelope (please don’t fold). 2. For OPWDD-lead Information Sessions: Regional Office staff should ensure that the envelope is delivered to the appropriate intake staff for processing. 3. For provider partner-lead Information Sessions: On the outside of the envelope the facilitator should write “Front Door Information Session Sign-In Documents” along with the name and phone numbers of the facilitator(s). The envelope must then be hand delivered or mailed within 2 business days to the Regional Office Front Door intake coordinator. <p style="text-align: right;">THANK YOU</p>	

Front Door Information Session for Individuals and Families

Registration/Sign-in Sheet

Training Location: _____ Room _____ Training Facilitator(s) name(s): _____ _____	Date: _____ Time: _____ am/pm (check): <input type="checkbox"/> OPWDD Staff <input type="checkbox"/> Agency: _____
--	--

Name: _____ Address: _____ City _____ State _____ Zip _____ Phone: (____) _____ - _____ ext: _____	<i>Signature</i> _____ Individual you're representing: _____ Agency Name (if applicable): _____ Email: _____ @ _____
---	---

Name: _____ Address: _____ City _____ State _____ Zip _____ Phone: (____) _____ - _____ ext: _____	<i>Signature</i> _____ Individual you're representing: _____ Agency Name (if applicable): _____ Email: _____ @ _____
---	---

Name: _____ Address: _____ City _____ State _____ Zip _____ Phone: (____) _____ - _____ ext: _____	<i>Signature</i> _____ Individual you're representing: _____ Agency Name (if applicable): _____ Email: _____ @ _____
---	---

Name: _____ Address: _____ City _____ State _____ Zip _____ Phone: (____) _____ - _____ ext: _____	<i>Signature</i> _____ Individual you're representing: _____ Agency Name (if applicable): _____ Email: _____ @ _____
---	---

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____ ext: _____

Signature _____

Individual you're representing: _____

Agency Name (if applicable): _____

Email: _____ @ _____

Thank you for attending an Office for People with Developmental Disabilities (OPWDD) Front Door Information Session. Please take a few minutes to complete this form which will provide us with information necessary to assist you in accessing OPWDD services. If you are seeking services at this time, a Front Door staff person will be in contact with you.

INFORMATION ABOUT INDIVIDUAL SEEKING OPWDD SERVICES

(to be completed by the individual, family member, or authorized representative)

Important: please write clearly and legibly so we can serve you as quickly as possible

Last Name: _____ First Name: _____ Date of

Birth: _____ / _____ / _____ Today's Date: _____ / _____ / _____ Gender: Male Female

Mailing Address: Street _____ City _____ State: _____ Zip _____

County of Residence: _____ Phone Number: (_____) _____

Current Services:

Person currently receives at least one OPWDD service

Person does not receive an OPWDD service

Reason for attending the Information Session Today: (please check all that apply)

Information only (individual does not intend to seek services at this time)

Seeking OPWDD eligibility

Seeking services through OPWDD

Other (please indicate): _____

INFORMATION ABOUT PERSON FILLING OUT THIS FORM

ON BEHALF OF THE INDIVIDUAL

If you are representing the individual or filling this form out on their behalf, please complete the following section:

Your Last Name: _____ Your First Name: _____

Your relationship to the individual seeking services: (please check one)

Parent Sibling Grandparent Advocate Other: (please indicate): _____

Are you the primary contact for the individual? Yes No

Please only complete the following if your contact information is different from the individual seeking services listed in the above section

Your Contact Info: _____ Street _____

City _____ State _____ Zip _____

Phone Number (_____) _____

E-Mail _____ @ _____

Have you spoken with someone from the Regional Office? No Yes (If so, whom?) _____

Other information you may wish to share: _____



Certificate of Participation

This certificate confirms that

First and Last Name

Participated in the Front Door Information Session

Front Door Moderator

DATE

APPENDIX: C

Front Door Processes and Service Authorization

Front Door Contact Guidelines

Contact Protocol

- All calls should be directed to the “Front Door” telephone number listed on the agency Front Door Contact internet page and are either answered by a Regional Office staff or the caller may leave a voice mail where they’ll receive a scripted message (below).
- Front Door staff should follow their region’s procedures for logging phone call information, including the date the individual 1st called, when the return phone call was made, and other pertinent information. Ultimately the information must be recorded in the Eligibility, Assessment, and Authorization (EAA) Database. *Recommended Best Practice*: A new EAA record should be initiated immediately when it’s clear the individual is seeking services.
- If the individual calls and leaves a message, it is the expectation that they get a return call **within two business days**.

Front Door Phone Message Script

“Hello, you have reached the Front Door Access Team at the Office for People with Developmental Disabilities, <insert name of your region/district here>. Front Door staff are currently away from their desk or assisting others. Your call is important to us. Please leave a confidential message giving your name and phone number, including area code, and a Front Door staff member will return your call as quickly as possible. We look forward to speaking with you further about your needs. If you would like to request a language interpreter for immediate interpreting needs and it is during business hours, please indicate this. Interpretation is available in the following languages: Albanian, Arabic, Chinese, French, German, Haitian Creole, Hindi, Italian, Japanese, Korean, Polish, Portuguese, Russian, Spanish, Swahili, Thai, Ukrainian, Yiddish and Vietnamese. We look forward to speaking with you further about your needs. Thank you, goodbye.”

Tips for Recording the Greeting

- 1) *Practice/rehearse reading the greeting out loud half a dozen times prior to recording.*
- 2) *Speak slowly and clearly*
- 3) *Use upbeat/friendly tone (as silly as it may sound, the “smile before you dial” method works. If you’re not in a happy/positive mood it will come through in the message)*
- 4) *Have several FD staff members listen to the message and give feedback. Re-record as necessary.*

OPWDD Regional Office
Front Door - Initial Contact Form

Rev 6/9/14

Date of Call:	
Caller:	Calling on Behalf of (Individual's Name):
Relationship to Individual:	
DOB:	
Address:	
County:	
Name of Contact Person & Phone #:	
Best Time to Reach:	
Is this your first time calling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have a service coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive an eligibility letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	
Call Taken By: _____ (name)	

Intake Supervisor Completes:

Assigned To:
Date Assigned:
⇨ Intake Worker Completes & Returns to Intake Supervisor ⇨
Date Call Returned:
Outcome:

*Justification required if requesting Site-Based or Provider Managed Services: (NOTE – Site-Based Services may not be approvable based on ISPM Score) _____

Intake Worker Signature: _____ Date: _____ Date Forwarded to QR: _____

QR Member Reviewing Form: _____ Date: _____ Spending Guideline [State Share]: _____

Comments: _____

SAMPLE

FD PISP/Proposed Changes for Inclusion in the ISP Addendum

Instructions for Front Door Staff

Introduction

At Step 5 of the Front Door process there is correspondence that must go out to both the individual/family and service coordinator. Please follow the steps below;

Before sending the PISP and Cover Letter, please verify that the following steps have been completed:

- OPWDD eligibility has been determined
- Identification of the Service Coordinator, including contact information.
- DDP2 confirmed/updated/completed
- Conversation has occurred between you and the individual/family re: their needs, interests, desires, and person-centered goals as they relate to self-direction, employment/day services and housing options.
- The individual's natural and community supports and current services have been identified.
- The Quality Review process has been completed for the services requested, including approval by the Director/Designee
- All fields in EAA tool have been completed including the “services discussed” fields that populate the Front Door PISP

Correspondence Procedures

1) Documents Sent to Individual/Family

- **PISP Cover Letter**: The FD PISP Cover Letter is used when HCBS Waiver service(s) are being considered. It is completed and signed by FD staff and mailed to individual, along with a copy of the PISP.
- **PISP: Proposed Changes for Inclusion in the ISP Addendum**: the FD PISP is used when the individual is seeking a HCBS waiver service. The PISP is generated from the EAA. **Important**: Staff must print the FD PISP and hand writes in the service amounts in the Services Section at the bottom of the form. It's important to verify individual's primary contact name/address in the Eligibility Assessment and Authorization (EAA) Record to ensure that correspondence is being sent to the correct mailing address, especially in those instances where the individual does not reside with family or their advocate.

2) Documents sent to Service Coordinator

- The following documents are sent to the SC:
 - a) Copy of **FD PISP Cover Letter** addressed to the Individual/Family
 - b) Copy of the **Front Door PISP**
 - c) **Front Door, Next Steps for Service Coordinators** Instructions
 - d) Blank **Service Authorization Request Form**
- After exporting/printing the **FD PISP**, please review the entire report for completeness and accuracy before sending to the Service Coordinator Supervisor (if errors are found, please correct the relevant EAA form fields then re-print).

Note: the FD PISP Date is equivalent to the date the report is generated.
- Following established DDRO protocol, completed packets are emailed or mailed to the service coordination supervisor.
- When emailing, use the following standardized language in the body of the email:
 - a) Subject Line – “Secure: Individual seeking services through OPWDD” (without quotes)
 - b) Message – “Dear XXXX. You are working with an individual and/or family who is seeking services through OPWDD. Please review the attached documents that describe next steps including a review of the FD PISP with the individual/family; completing the Service Authorization Request Form, the HCBS Waiver application (including the LCED or Level of Care Form); and submitting the entire packet to the DDRO Front Door Team within 10 days. Thank you. (Please close email with FD contact name, address, and phone number)”

Date: <enter today's date here>

<enter DDRO/District name here>

<enter DDRO address here>

<enter city here>, NY <enter zipcode here>

<enter individual's Name, family member, or primary contact name here>

<enter individual's Name, family member, or primary contact address here>

<enter city here>, <enter state here> <enter zipcode here>

Re: **Front Door Preliminary Individualized Service Plan/Proposed Changes for Inclusion in the ISP Addendum** for
<enter individual's name and DOB here>

Dear <enter individual's Name, family member, or primary contact name here>

Thank you for taking the time to speak with a member of the OPWDD Regional Office's Front Door Team to discuss <your or individual's name's> needs, interests, and the services that may support <type your or their> personal goals. Enclosed is a copy of the Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum developed as a result of that conversation. It identifies the services and amounts of each service that can be approved by the Front Door Team once the necessary documents are received from the Service Coordinator.

Your Service Coordinator will be in contact with you to discuss this plan and will work with you to identify the agency you would prefer to have provide each of the services you select. The Service Coordinator will then contact the agency to determine whether that agency is able to do so, and complete a Service Authorization Request Form that indicates the specific services you select, the agency that has agreed to provide each service, and the amount of service to be provided. The Service Coordinator will also complete an HCBS Waiver Application to enable you to receive waiver services. The Service Coordinator is expected to submit the packet to the DDRO Front Door Team within 10 days for prompt review and service approval.

Once HCBS Waiver Eligibility is verified and the requested services authorized, you and your Service Coordinator will receive a HCBS Waiver Notice of Decision (NOD) and a Service Authorization Letter that will include instructions regarding the final steps that will need to take place prior to your service beginning. If you determine that changes to the enclosed service plan are needed, your Service Coordinator will work with you to include them in your full Individualized Service Plan which your Service Coordinator will complete within 60 days of you being enrolled in Service Coordination or the HCBS Waiver, whichever comes first.

In the event that you have not yet selected a Service Coordinator, please contact your Front Door team member named below to get information about selecting a Service Coordination Provider. If you should have any questions or need additional information, please don't hesitate to contact your Service Coordinator, or me, at the number below.

Sincerely,

<enter Front Door staff contact name here>, <enter Front Door staff contact title here>
<enter Front Door staff contact phone number with area code here>

CC: <enter SC supervisor name here>

Front Door Preliminary Individualized Service Plan (PISP)/ Proposed Changes for Inclusion in the ISP Addendum *

This Front Door Preliminary Individualized Service Plan (FD PISP) has been developed using information obtained through completion of the initial steps in the Front Door (FD) process. As a part of this process, a conversation occurred between the individual/family, Service Coordinator (when available), and Developmental Disabilities Regional Office (DDRO) Front Door staff which included a discussion about the individual's assessed needs as well as their personal goals. The "Services" section at the end lists the HCBS Waiver services identified in this conversation which the participants agreed would address the needs of the individual/family and promote the personal goals identified. The amount of each service considered approvable is also noted.

* In instances where the individual already has an Individualized Service Plan (ISP) in place, the Service Coordinator is expected to integrate the service(s) identified below into an ISP Addendum.

PISP Date: 10/24/2014

Individual's Information

Name	<u>TEST, JANE Q</u>	Street Address	<u>30 Oak Street</u>
TABS ID Number	<u>201178</u>		<u>Hamilton NY, 13365</u>
Date Of Birth	<u>06/22/1977</u>	County	<u>HAMILTON</u>
Sex	<u>Female</u>	Individual's Phone Number	
Primary Language (if not English)		Current Residence Type	
Medicaid Number	<u>LL55364W</u>	Living Arrangement	
Social Security Number	<u>XXX - XX - 6123</u>	Marital Status	
Is Willowbrook?	<u>No</u>	Individual's E-mail	
Date of Registration	<u>01/15/2009</u>	DDSO	<u>CENTRAL NEW YORK DDSO</u>
Primary Contact			
Name	<u>John Test</u>	Relationship to Individual	<u>Child</u>
Phone Number	<u>555-666-4444</u>	E-mail Address	<u>jt@not.a.real.email.com</u>
Alternate Contact			
Name	-	Relationship to Individual	
Phone Number		E-mail Address	

Individual's Initial Needs and Interests

Are you interested in self-directing some or all of your services?	<u>Yes: Employer Authority</u>
Is the individual currently attending school?	<u>Yes</u>
Is the Individual a day student or a residential student?	<u>Day</u>
What is the name of the school?	<u>Fake School Name</u>
Is the student expected to exit school or graduate in the next 3 years?	<u>Yes</u>
On what date is the student expected to complete his/her schooling ?	<u>12/20/2014</u>
What credential is the student expected to have when he/she exits school?	<u>Local Diploma</u>
Upon exit from school will the student be applying for ACCES-VR Services?	<u>Undecided/I need more info. about ACCES-VR Services</u>
What are you currently doing with your day?	<u>Attending school, Staying at home</u>

Description of need

Where do you want to live?	<u>With Friends or Roomate(s), In a residence with some supports</u>	Is this need immediate? <u>Yes</u>
What do you want to do with your day?	<u>Engage in paid employment, Volunteer</u>	<u>Yes</u>
Do you need relief from caregiving (for parents/caregivers)?		
Do you need help with skills to live as independently as possible in your home?	<u>Yes</u>	<u>No</u>
Do you need assistance with rent to live in a home of your choice (housing subsidy)?	<u>Yes</u>	<u>No</u>
Do you need an environmental modification to your home?		
Do you need adaptive technology to increase communication or independence?		
What else would help you?		

Initial Participant Contact

Initial Need Identified by Individual/Family/Designee Employment Referred to other entity? DOL
 Date Participated in ICS Info. Session 09/01/2014

Eligibility Determination

Is the individual eligible for OPWDD services? Eligibility Date
 Is the individual enrolled in Medicaid? Medicaid Coverage Code
 Is the Individual Enrolled in HCBS Waiver? HCBS Waiver enrollment date
 Is the Individual eligible for Money Follows the Person participation? HCBS Waiver termination date

Assessment Information

Has the assessment process been completed? In Process Date assessment completed
 DDP Adaptive DDP Behavior DDP Health ISPM Score

Natural and Community Supports Currently in Place

Lives with family, and will continue to live with family?
 Lives with family, and has other family in area? Yes
 Does not live with family, but has family in area?
 Belongs to community organizations?
 Connected to a house of worship?
 Other(Specify)

Non-OPWDD Supports and Services Currently in Place

Is the individual currently receiving Non-OPWDD services? Yes

Type of Service	Specify Other	Is the Individual currently receiving this service?	Does the Individual want to add, change or remove this service?	If change, how?	Specify other change
Educational Services (school)		Yes			

OPWDD Supports and Services Currently in Place

Is the individual currently receiving any OPWDD services? Has the individual ever received any OPWDD services?

Category of Service	Type of Service	Specify	Is the Individual currently receiving this service?	Does the Individual want to add, change or remove this service?	If change, how?	Specify other change
Coordination and Brokerage	Medicaid Service Coordination (MSC)		Yes			

Services

This section should be used by the Service Coordinator in the person centered planning process and will serve as a resource for the completion of the HCBS Waiver application and Service Authorization Request Form. Service amounts below are based on the average range of approvable units/hours/days and were a part of the assessment conversation between the individual/family, Front Door DDRO staff, and the Service Coordinator (when available).

Service(s)	Service Amounts: Up to Units/Hours/Days (when applicable) or N/A
Supported Employment (SEMP) - Self-Hire, Individual employer of record (as of 10/1/14)	
IRA/CR (Supportive) Residential Habilitation - more than 4	

OPWDD Regional Office

The Parental Deeming Process

The process to be followed for children who need HCBS Waiver services but cannot enroll in the HCBS Waiver in order to receive services because parental income exceeds Medicaid thresholds. If the DDRO determines the child could benefit from waiver services and communicates this to the individual's SC and the OPWDD Revenue Management Field Office, revenue management can issue a Parental Deeming letter that can be presented to DSS. DSS can then make them eligible for Medicaid, as a result of Parental Deeming.

Individual contacts DDRO Front Door Team and completes the following Key Process Steps outlined in the Front Door Manual:

1. Initial Contact

It is important at this early point in the process that the child's family indicates that they are seeking an HCBS Waiver service but are currently not eligible for Medicaid (a requirement for HCBS Waiver enrollment) due to parental income. FD staff will need to clearly document this in the EAA. The Key Process Steps, modified somewhat for those who require Parental Deeming, should be explained to them.

While FD staff will typically encourage the individual/family/advocate NOT seeking services through Parental Deeming to connect with an agency providing service coordination at the **Initial Contact** process step, FD staff should share with these families that any agency that agrees to support children seeking HCBS Waiver services under Parental Deeming does so with the understanding that they cannot bill for services until waiver enrollment has been approved. Some agencies will, however, provide families with this service.

2. OPWDD Eligibility

No changes

3. Assessment and Review of Service Needs;

When preparing assessment information and presenting services for Quality Review, the FD staff will clearly note for QR staff that the child will be applying for Medicaid & enrollment in the HCBS Waiver via the Parental Deeming process; FD staff must provide clear justification describing why an HCBS Waiver Service is needed vs. the adequacy of accessing non-Medicaid funded services/supports.

4. Quality Review

Quality Review MUST support the individual's need for an HCBS Waiver Service rather than non-Medicaid funded supports and services in order to proceed with Parental Deeming; if a waiver service is NOT supported by QR, the individual/family may pursue non-waiver supports and services.

5. Service Development & Waiver Application

✓ Services supported by the QR process and approved by the RO Director/Designee, along with the amount of each service that is considered approvable, are recorded in the EAA Tool. A cover letter and the EAA-generated Front Door PISP/Proposed ISP Addendum is sent to the individual/family with a copy to the Service Coordinator. The Service Coordinator is also provided with a set of instructions and a blank Service Authorization Request Form to complete, and works with family to develop the waiver application.

OPWDD Regional Office
The Parental Deeming Process

- ✓ While the Service Coordinator typically begins to identify Service Providers for each of the services the individual/family wishes to pursue at the **Waiver Enrollment & Service Authorization** step, if a child will be enrolling in the HCBS Waiver via Parental Deeming, so has not yet been able to enroll in Medicaid (a process which can take some time depending upon the locality, service providers should not be asked to commit to serve the individual until Medicaid enrollment can be confirmed).
- ✓ Service Coordination agency prepares and submits the HCBS Waiver application to DDRO Waiver Coordinator clearly indicating that the waiver applicant does not have Medicaid & requires Parental Deeming to complete enrollment. (Note: DDRO Waiver Coordinators will routinely advise Service Coordination Agencies to clearly identify those waiver applicants who do not have Medicaid and for whom the Parental Deeming process is being requested.)
- ✓ RO Waiver Coordinator reviews the HCBS Waiver application to ensure it is complete and that LCED and supporting documents are consistent and accurately reflect the need for ICF Level of Care.
 - If the waiver application is complete, the RO Waiver Coordinator advises the OPWDD Revenue Support Field Office to generate a “Parental Deeming Letter” which is prepared and forwarded to Service Coordination agency; the agency then assists the family to apply for Medicaid at local DSS Office.
 - Once Medicaid is approved by local DSS, the DDSO Waiver Coordinator and Service Coordination agency are notified and the Waiver NOD is issued.

6. Waiver Enrollment & Service Authorization

No changes

7. Enrollment in Services

- ✓ No changes

FRONT DOOR SERVICE AUTHORIZATION REQUEST FORM

Form to be completed by the Service Coordinator (see attached instructions)

INDIVIDUAL'S INFORMATION

Individual's Name:	TABS #:
Date of Birth:	

REQUESTED SERVICES

(Please identify those services listed in the Services section in the Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum that the individual/family wishes to pursue)

Service Type	Number of Hours, Units, or Days or N/A (when applicable)	Agency / Provider (please include provider name/contact info)	Service Provider Not Yet Identified (please check)
			<input type="checkbox"/>

DECLINED SERVICES

(Please identify those services listed in the Services section in the Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum that the individual/family DOES NOT wish to pursue at this time)

Service Type

Signature Section

Service Coordinator (SC) Name:	Agency Name:
Phone Number:	SC Email:
Service Coordinator Signature	Date:
Individual/Family/Representative Signature	Date:
SC Supervisor Name:	SC Supervisor Email:
Phone Number:	Date:
Service Coordinator Supervisor Signature	Date:

For Internal/Regional Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Follow-up with SC agency required	Name of DDRO staff reviewing: _____ Date: _____
---	--

SERVICE AUTHORIZATION REQUEST FORM

Instructions for Service Coordinators

1. Once the Service Coordinator (SC) reviews Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum with the individual/family and determines which of the services listed they wish to pursue, the Service Authorization Request Form will be used to document the services selected, the amount of service requested, and the agency(s) that has agreed to provide service to the individual. The completed Service Authorization Request Form is to be sent to the DDRO Front Door Team along with the HCBS Waiver Application (including the LCED) when applicable, within **10 days** of receiving the Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum.
2. In instances where the SC has difficulty securing a commitment(s) from provider(s) within the 10 day timeframe, the SC indicates this by checking the appropriate box on the Service Authorization Request form in the far right column. It's important to note that it is the responsibility of the SC to continue seeking providers for all services the individual/family has elected to pursue. This should NOT, however, keep the SC from submitting the Service Authorization Request form within the 10-day time-frame. The goal is to get the individual started in service as soon as possible, and approval of this form is critical to Service Authorization and subsequent service enrollment
3. After the SC submits this form and the completed Waiver application (including LCED) when applicable, the Front Door Team will review the materials then issue a Service Authorization Letter and Home and Community-Based Waiver Notice of Decision to both the SC and the family. Service provider agencies identified on the Service Authorization Request form will receive a copy of the Service Authorization letter. It's important for the SC to follow up with identified providers to ensure that necessary enrollment materials are submitted to the DDRO, including the DDP1 (and DDP1 Supplement when required).

Note: Any future service changes should be included in the Individualized Service Plan (ISP)/ISP Addendum. Authorization for the new/modified service should be sought using the Service Amendment Process for individuals already in receipt of service.

Important Reminders

- If e-mailing, send documents securely using your agency's security feature.
- When possible these forms should be submitted in CHOICES. When submitting documents in CHOICES the SC must notify the Front Door Staff Team member identified in the FD PISP Cover Letter to alert them that the document has been submitted electronically and is ready for review.

Date: <enter today's date here>

<enter DDRO/District name here>

<enter DDRO address here>

<enter city here>, NY <enter zipcode here>

<enter individual's Name, family member, or primary contact name here>

<enter individual's Name, family member, or primary contact address here>

<enter city here>,<enter state here> <enter zipcode here>

Re: **Service Authorization Letter** for <enter individual's Name, DOB: X/X/XX here>

Dear <enter individual's Name, family member, or primary contact name here>

This letter is to inform you that the Front Door Team has reviewed your request for services and we are pleased to inform you that the service(s) checked below have been authorized. Please carefully review the items checked below as there are additional actions that must take place before you/your family member can begin the service(s) for which you were authorized.

Please note that if you and your Service Coordinator (SC) determine that you need more of a particular service or different services, your service coordinator will work with you to include the changes or additions in your full Individualized Service Plan (ISP) that will be approved through a separate service authorization request process.

HCBS Waiver Services: The Notice of Decision (when required) is attached verifying your enrollment in the HCBS Waiver. It's important you're aware that, for HCBS Waiver enrollment to continue, you must be enrolled in and receiving a waiver service.

Authorized Service	Hours/Units or N/A	Provider (identified by individual/family)
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	

Additional Steps Before You Can Start: Your SC will follow up with the provider agency(s) you selected to assist with identifying a start date and ensure that the agency submits the required enrollment form(s) to the Developmental Disabilities Regional Office (DDRO) Front Door Team. Once the necessary enrollment materials have been processed, enrollment will occur and you may begin to receive the service(s).

Please note, receiving the HCBS Waiver requires continuous Medicaid and Home and Community-Based Waiver enrollment. Your Service Coordinator will work with you to ensure that your enrollment is maintained.

Family Support Services (FSS)

Authorized Service	Provider (identified by individual/family)

Additional Steps Before You Can Start: If a Family Support Services provider has not yet been identified, please work with your Family Support Services Coordinator who will provide you with a list of FSS providers in your area. Once the

Provider Agency(s) completes and submits the required enrollment form(s) to the DDRO FSS Coordinator for processing and approval, enrollment will occur and you may begin receiving the service(s).

Individualized Support Services (ISS)

Additional Steps Before You Can Start: With the assistance of your Service Coordinator or ISS Program Coordinator, the provider you select will complete and submit the required service enrollment materials to the DDRO Front Door Team. Once the necessary documentation has been processed, enrollment will occur and you may begin receiving the service.

CARE AT HOME WAIVER

Additional Steps Before You Can Start: Please work with your Care at Home (CAH) Coordinator/Case Manager who will help assess your needs and determine whether the criteria for the CAH Waiver is met. Once it's determined that you meet the criteria, your CAH Coordinator/Case Manager will review your needs and identify the services for which you qualify, and provide you with additional details.

Other: Specify:

If the Service Coordinator has difficulty finding a provider agency and/or there other are factors that impact you starting services with a provider agency in a timely fashion, please consult with your Service Coordinator or DDRO who will work with our office to address this issue.

Sincerely,

<enter Front Door staff contact name here>, , <enter Front Door staff contact title here>
<enter Front Door staff contact phone number with area code here>

CC: <enter SC supervisor name here, when applicable>
<enter OPWDD fiscal staff name here, when applicable>
<enter DDRO Waiver Coordinator name here, when applicable>
<enter FSS/ISS Coordinator name here (when authorizing FSS/ISS)>
<enter Self-Direction Liaison name here (when authorizing Self-Directed Services)>
<enter DDRO Employment Coordinator name here (when authorizing Pathway/SEMP/Community Pre-Voc)>
<enter Provider Agency name here for all known providers>

Regional Office
FRONT DOOR ASSESSMENT WORKSHEET

Name:	Age:
TABS Number:	Lives With:
Date of Assessment:	Completed by (RO staff):

WEEKLY SCHEDULE

including community/social/school activities and OPWDD (current & proposed) services

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							

ASSESSMENT CONSIDERATIONS

- Services are age-appropriate
- Service does not replace parental/caretaker responsibility
- Natural supports have been considered to meet need
- Non-OPWDD supports have been considered to meet need
- DDP2 Assessment supports requested service
 Key: Day hab site-based – ISPM Score of 1 or 3 – need clear justification
 IBS → Behavior score of 120 or greater
- Service is self-directed vs. provider-managed
 If not self-directed – justify below: _____
- E-Mod/AT request is age-appropriate (e.g., no fences for age 5+under)
- For adults – Employment has been discussed
- Service is community-based vs. site-based
- Geographic availability of services has been considered
- Special family considerations have been taken in to account
- Service coordinator has had the opportunity to participate in assessment
- Service quantity is reasonable based on individual’s needs and fall within approvable range

Additional factors for consideration: _____

SERVICE RECOMMENDATIONS FOR QRT REVIEW

Types	Amount

APPENDIX: D

EAA Tool – Eligibility, Assessment and
Authorization – Under Revision

APPENDIX: E

Resource Management



To: Provider Agency Executive Directors
OPWDD Regional Directors

From: Kerry A. Delaney *Kerry A. Delaney*
Executive Deputy Commissioner

Subject: Availability of Template Funding

Date: May 8, 2014

This communication is to clarify OPWDD's commitment to enhanced "template" funding for individuals transitioning from institutional to community settings. As we have communicated, it is OPWDD's intention to eventually replace template funding with an acuity-based rate. Our intention is to ensure that each individual in receipt of services is provided with the appropriate level of supports to meet their needs, that financial resources are available to cover the associated costs and that we are working with you to make this transition as seamless as possible.

Template funding is excluded from the methodology used to rationalize reimbursement for Supervised and Supportive Individualized Residential Alternatives (IRAs), Group Day Habilitation, and Intermediate Care Facilities for Individuals with Intellectual Disabilities programs. Template values will continue to be honored and supported using funds recently approved by the federal government and made available to OPWDD via the Balancing Incentive Program (BIP). BIP funds are intended to assist states in undertaking structural reforms to increase access to non-institutional long-term supports and services, and are expected to be available until September 30, 2015. In addition, we anticipate that by this time, the Coordinated Assessment System (CAS) will be validated and in use to accurately assess individuals' needs and to translate those needs into reimbursement rates. As such, OPWDD intends to honor its commitment to continue template funding through October 1, 2015, when we anticipate that it will be phased out in favor of a new acuity-based rate.

OPWDD recognizes that template funding has been an effective tool in allowing you to offer appropriate services and supports to individuals with complex needs and we appreciate your ongoing commitment to assisting individuals as they transition from institutional to community based settings. Given OPWDD's announced institutional downsizing and closure plans and our intention to assist with the transition of students who are aging out or have aged out into OPWDD adult services and the nature of supports that will be required for these transitions to be successful, effective April 1, 2014, the following populations will be authorized to receive funding equivalent to the highly complex category for both residential and day services when a residential placement is made:

- individuals leaving all OPWDD operated Developmental Center institutional programs; and
- all individuals in private residential school programs and CRPs who have aged out and are transitioning to OPWDD adult residential services.

Executive Office

44 Holland Avenue, Albany, NY 12229-0001, TEL: 518-473-1997 FAX: 518-473-1271
 25 Beaver Street, 3rd Floor, New York, NY 10004, TEL: 646-766-3468
 101 West Liberty Street, Rome, NY 13440, TEL: 315-336-2300 x246 FAX: 315-571-7118
 500 A Balltown Road, Schenectady, NY 12304 TEL: 518-381-2110 FAX: 518-381-2190
TTY: 866-933-4889, www.opwdd.ny.gov

An upstate and downstate differential will continue. Previously existing template commitments will continue to be honored at their current levels. Again, once the CAS is validated OPWDD will be working towards an acuity-based rate for all template funded individuals.

As we work towards validation of the CAS and use of the CAS for determining an acuity-based rate to support template funded individuals, OPWDD will convene a workgroup of providers and provider representatives to present updates on progress of the CAS validation and rate development and work towards a seamless transition to acuity-based rates. If you are interested in participating in this work group, please contact Tracy Durfee at Tracy.Durfee@opwdd.ny.gov

Once again, we appreciate your ongoing support as we continue to assist individuals in transitioning to the most integrated settings possible.

cc: Leadership Team
Provider Associations

Developmental Center/Special Populations/Aging Out
Effective November 1, 2011 (with revisions as of April 1, 2014)
 Cease as of September 30, 2015

Specialized Level of Care (11/1/11-3/31/14 unless approval for Highly Complex as indicated below)		
Region	DDSO	Gross Annual Funding Allocation Per Individual-(operating only)
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Dutchess, Putnam only)	\$166,400
Upstate	Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western	\$150,500

Highly Complex Level of Care		
Region	DDSO	Gross Annual Funding Allocation Per Individual-Operating only
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Dutchess, Putnam only)	\$189,500
Upstate	Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western	\$171,500

In order to ensure sufficient funding levels are allocated to support the community placement of individuals currently residing in campus programs, “specialized or highly complex level of care” funding will be provided to ensure that the necessary supports can be provided to individuals moving to community settings from the following campus settings:

- MDUs , CIT, LITs, RIT, RBTU, SBUs, Autism Units
- DCs (this includes the medically frail)
- CRPs
- OUT OF STATE/IN STATE RESIDENTIAL SCHOOLS

For the 11/1/11 – 3/31/14 period - While at a minimum there will be specialized level of care funding for all individuals moving out of the above placements, there may be some individuals who require a “highly complex” funding level based upon the intensity/severity/persistence of their behavioral management and oversight needs.

All funding allocation requests for individuals with “highly complex” needs must be reviewed on a case-by-case basis and will require approval by an Associate Commissioner.

For the 4/1/14 – 9/30/15 period - During the identified period, individuals who leave all OPWDD operated DC institutional programs and individuals who age out of private residential school programs or CRPs and transition to OPWDD adult residential services will be authorized for the highly complex level without requiring approval by an Associate Commissioner.

**Voluntary Residential Services Allocations per Individual
 Voluntary Day Services Allocations per Individual
 Developmental Center/Special Populations/Aging Out
 Effective November 1, 2011 (with revisions as of April 1, 2014)
 Cease as of September 30, 2015**

DC/Special Pops/Aging Out Day and Work Specialized Level of Care (11/1/11-3/31/14 unless approval for Highly Complex as indicated below)		
Region	DDSO	Gross Annual Funding Allocation Per Individual
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Putnam and Dutchess only)	\$ 41,730
Upstate	Broome, Capital District, Central Finger Lakes, Sunmount, Taconic, Western	\$37,562

DC/Special Pops/Aging Out Day and Work Highly Complex Level of Care		
Region	DDSO	Gross Annual Funding Allocation Per Individual
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Putnam and Dutchess only)	46,433
Upstate	Broome, Capital District, Central Finger Lakes, Sunmount, Taconic, Western	43,063

11/1/11 – 3/31/14 While at a minimum there will be specialized level of care funding for day service activities for all individuals who transition from campus settings to community settings, there may be some individuals who require a “highly complex” funding level based upon the intensity/severity/persistence of their behavioral management and oversight needs.

All funding allocation requests for individuals with “highly complex” needs must be reviewed on a case-by-case basis and will require approval by an Associate Commissioner.

For the 4/1/14 – 9/30/15 period - During the identified period, individuals who leave all OPWDD operated DC institutional programs and individuals who transition from private residential school programs or CRPs to OPWDD adult day services will be authorized for the highly complex level without requiring approval by an Associate Commissioner.

Auspice Change Residence
Effective November 1, 2011 (with revisions as of April 1, 2014)
Cease as of September 30, 2015

Auspice Change Residence		
Region	DDSO	Gross Annual Funding Allocation Per Individual-(operating only)
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Dutchess, Putnam only)	\$136,500
Upstate	Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western	\$123,500

Auspice Change Funding is associated with a home where the operator has changed from OPWDD to a voluntary provider agency, it does not follow an individual, but instead remains associated with the home for future placement.

Voluntary Residential Services Allocations per Individual
Nursing Home Effective
April 1, 2014) Cease as of
September 30, 2015

Individual from a Nursing Home to OPWDD Residential Services		
Region	DDSO	Gross Annual Funding Allocation Per Individual-(operating only)
Downstate	Brooklyn, B. Fineson, Hudson Valley, Long Island, Metro, Staten Island, Taconic (Dutchess, Putnam only)	\$136,500
Upstate	Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western	\$123,500

Voluntary Residential Services Allocations per Individual SPECIAL POPULATIONS PRICE APPROVAL FORM

INSTRUCTIONS: For services started prior to 7/1/14, DOH Rate Setting will not incorporate the Special Population Template funding levels into a rate/price without a fully signed approval form.

1. The DDRO fills out Part 1 and posts the form to the Special Pop folder on the Capital Plan.
2. If any of the individuals are designated as **HIGHLY COMPLEX**, the DDRO must have the form approved by Acting Associate Commissioner and Assistant Deputy Commissioner. During the period 4/1/14-9/30/15, individuals who leave OPWDD operated DC institutional Programs; and all individuals who have aged out and were in, or continue to be in, a private residential school program or CRP/ACS and have transitioned to OPWDD adult day services, will be authorized for the highly complex level without requiring approval by the Associate or Assistant Deputy Commissioners.
3. Once the forms are completed and all required signatures are in place the forms should be posted in Special Pop folder on your DDRO's Capital Plan drive.
4. Effective immediately, please send notification to Christine Doherty in the OPWDD Budget Office for **ALL** completed Special Populations Price approval forms. If any of the individuals are designated as **AGING OUT**, the OPWDD Budget Office will do an additional review and signoff.
5. For approvals of placements prior to 7/1/14, the DDRO must e-mail the DOH Rate Setting liaison that a new form has been posted in the Special Pop folder on the Capital Plan Drive. The DOH Rate Setter will verify the person is entered on the Development Plan. **FUNDING WILL BE INCORPORATED INTO THE RATE/PRICE** for placements prior to 7/1/14 **ONLY IF ALL REQUIRED APPROVALS ARE RECEIVED**. Provider billing at Template Rates (or for ICF difference) only allowed if all required approvals are received.

1. DDRO Director's Information:

DDRO: _____ Contact Person: _____ Phone #: _____

Provider ID #: _____ Provider Name : _____ Corp. ID #: _____

Site Address: _____ Service Type: _____
(Location where service will be provided.)

Development Plan # _____ OR check box if strictly related to placement into a current vacancy []

INITIALS OF INDIVIDUALS	TABS ID #	EFFECTIVE DATE OF SERVICE START	SPECIAL POPULATION TYPE (*see further instructions below)	INDICATE LEVEL OF CARE	
				SPECIALIZED	HIGHLY COMPLEX

**Must identify Special Population Type before any payments can be processed. Types include Aging Out, CRP, ACS, DC Rundown, MDU, CIT, LIT, RIT, RBTU, SBU, Autism Units.*

DDRO Director's Signature

Date

2. Approval from Acting Associate Commissioner Sally Berry and Assistant Deputy Commissioner Jill Pettinger **REQUIRED** if any individuals will receive **HIGHLY COMPLEX** Level of Funding if effective date is prior to 4/1/14.

Sally Berry _____

Date

Jill Pettinger _____

Date

3. Budget Office Approval is **REQUIRED** if any individuals are from the **AGING OUT POPULATION**.
[] The Budget Office has verified that these individuals qualify for the Special Population level of funding.

Budget Office Signature _____

Date _____

APPENDIX: F

Eligibility



ELECTRONIC MAIL – NO HARD COPY TO FOLLOW

MEMORANDUM

TO: DDSOO Directors
DDRO Directors
OPWDD Eligibility Coordinators
Chief Psychologists
Principal Psychologists

FROM: Jill A. Pettinger, Psy.D. *Jill A. Pettinger*
Assistant Deputy Commissioner
Statewide Services

SUBJECT: Important DD Eligibility Clarification

DATE: October 4, 2013

Questions have arisen recently in the context of the interface between the Eligibility review and new Front Door processes, and the movement of individuals from institutional to community-based residential settings. The goal of this email is to clarify and provide direction for decision-making and appropriate action in the different instances that may arise as individuals approach or move through the OPWDD service system. Please save a copy of this guidance regarding eligibility status and re-determination, and share with clinical staff and other front door staff involved in determinations of DD eligibility. In the interim, the Bureau of Behavioral and Clinical Services and Counsel's Office are drafting a standard letter that can be given to voluntary agencies to confirm an individual's eligibility status.

System-Generated Eligibility (SGE): is a status that is no longer generated by TABS. If someone has SGE status, s/he does not have to be reviewed for eligibility **automatically**. Here are examples that will help to determine what action should be taken:

- If an SGE-designated individual is already receiving HCBS waiver service(s), eligibility *is not* reviewed/re-determined if the person requests a new service or changes a level of service.
- If an SGE-designated individual is residing in an ICF, eligibility *is not* re-determined before transferring to another certified residence or enrolling in HCBS.
- If an SGE-designated individual is receiving MSC only, or other limited services (FSS and/or Article 16 clinic services), and requests enrollment in HCBS, the Three-Step eligibility process must be initiated and completed.

Granted Continuous Service (G): Individuals whose status is designated in TABS as (G) may

Executive Office

continue to receive only currently-utilized services. If additional services are requested/needed, the individual must have a formal eligibility review to determine whether the individual has a qualifying developmental disability. Without this review and a change to (Y) eligible status in TABS, additional services are prevented while the person has a (G) status.

Please Note: If, in accordance with the guidance above, individuals require an eligibility review/determination before additional services can be approved, they should be advised of the risk of being terminated from their existing services should they be found not to meet DD criteria as a result of the eligibility review.

Further clarifications to the OPWDD Eligibility policy will be forthcoming and training will also be scheduled in the near future for DD eligibility coordinators and other clinical and Front Door staff. Please direct any questions on the above clarifications to Ann Troy, Cheryl Mugno, and/or to me via email and we will get back to you as soon as possible. Thank you for your attention to this matter.

cc: Kerry Delaney
Helene DeSanto
John Gleason
Jill Gentile
Cheryl Mugno
Sally Berry
Virginia Scott-Adams
Barbara Stapholz
Ann Troy

ELIGIBILITY FOR OPWDD SERVICES

Important Facts – October 2, 2012

(Replaces August 2010 version)

OPWDD, through its local Developmental Disabilities Regional Offices (DDROs), determines whether a person has a developmental disability and is eligible for OPWDD-funded services. This Fact Sheet explains the Three-Step Eligibility Determination Process and describes the type of information OPWDD needs to make an eligibility determination of developmental disability.

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 DETERMINATION PROCESS

Eligibility Request

The **Transmittal for Determination of Developmental Disability Form** <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 this Fact Sheet must also be included as part of the eligibility request. Eligibility 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 review steps, and is designed to make sure that every person receives a fair and thorough review.

1st Step Review

At the First Step, DDRO staff review the eligibility request to make sure it is complete. After this first review, the DDRO notifies the person in writing that:

- (a) Eligibility or Provisional Eligibility has been confirmed; or
- (b) The request is incomplete and requires additional documentation; or
- (c) The request is being forwarded for a Second Step Review

2nd Step Review

If the Eligibility Request is forwarded for a Second 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 committee requires more information, the specific type of information required, and the deadline date for the DDRO to receive the requested information.

When the Second 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 Third 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 Medicaid-funded services on the **Transmittal for Determination of Developmental Disability Form**.

3rd Step Review

Third Step Reviews are done by an independent Eligibility Review Committee of licensed practitioners not involved in the First and Second Step Reviews. The committee reviews the eligibility request and provides recommendations to the DDRO Second Step Review coordinator. The Third 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.

Third Step Reviews are completed before the Fair Hearing date.

ELIGIBILITY FOR OPWDD SERVICES

Important Facts – October 2, 2012

(Replaces August 2010 version)

REQUIRED DOCUMENTS FOR ELIGIBILITY DETERMINATION REQUESTS

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

- A psychological report which includes an assessment of intellectual functioning (“IQ test”). This report should include all summary scores from the assessment (Full Scale, Index, Part and Subtest scores). *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 an interpretive report using information gathered from interviews with caregivers, records review, and direct observations.
- For conditions other than Intellectual Disability, a medical or specialty report that includes health status and diagnostic findings to support the diagnosis. If available, a recent general medical report should be included in all eligibility requests.
- A social/developmental 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 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 Scale
- The Kaufman series of Intelligence scales

*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 are non-verbal
- Intelligence tests standardized in English cannot be administered in a different language for testings reviewed for eligibility determinations

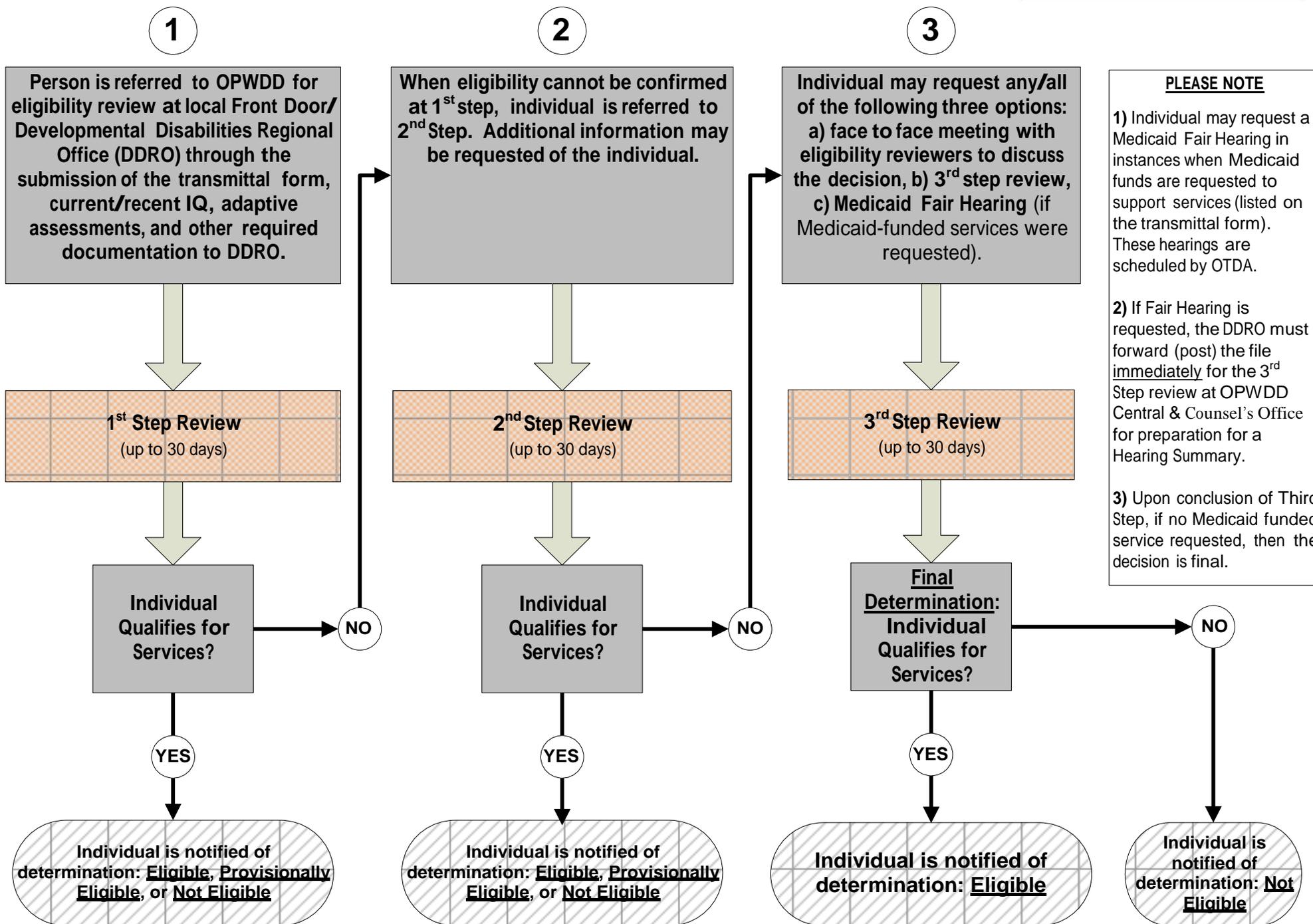
Any of these measures of adaptive behavior are accepted for current evaluations*:

- 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 measure ratings should reflect the person’s actual, **typical** behavior, not their best behavior under ideal circumstances, or behaviors they can complete only with assistance.

Adaptive behavior measures should only be given by professionals trained in their use, following the standards described in each instrument’s manual.

OPWDD Eligibility Process Map*



Transmittal Form for Determination of Developmental Disability

Proof of a person's qualifying developmental disability is required in order to determine eligibility for OPWDD services. Complete this form and send it to your local Developmental Disabilities Regional Office. (See Instructions on page 2)

ATTACH: Copies of Records that are evidence of a disability prior to age 22

Contact your local DDRO if you have questions or need help to fill out this form.

Please Type or Print a Readable Copy. An * indicates required information.

***Section 1. Person's Information**

* Name:		TABS ID (if known):		* SS#:	
* Date of Birth:	Medicaid #:	* County of Residence:		* Sex:	M F
* Home Address:			Mailing Address (if different):		
* City:	* State:	* Zip:	City:	State:	Zip:
* Phone:			* Also Known As:		

*Send information to (Check as many as desired):

1. Self -Home 2. Self - Mailing Address
3. Parent/Advocate 1 (Complete Section 2 P/A1 Name & Address)
4. Parent/Advocate 2 (Complete Section 2 P/A2 Name & Address)
5. PASRR Coordinator

Note: Do not check 3 or 4 if the Advocate is the Agency listed in Section 3.

Section 2: Involved Parents or Advocates – Use address where mail is received. Optional unless 3 or 4 is checked above.

P/A1 Name:			P/A2 Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Country:		Phone:	Country:	

Section 3: Referring Agency Information (if applicable) – Automatically receives information if completed.

Agency Name:			
Agency Code (if known):		Street Address:	
Agency Contact:			
Phone:		City:	State: Zip:

***Section 4: Check the services you are interested in receiving if determined eligible**

1. Developmental Disability Determination only – No services requested at this time.			
2. Individualized Support Services (ISS)	3. Respite Center	4. Residential Habilitation – IRA	
5. Community Habilitation	6. Intermediate Care Facility (ICF)	7. Day Habilitation	
8. Day Treatment	9. Pre-Vocational services	10. Supported Work (SEMP)	11. Care at Home
12. FET – Family Education & Training	13. CSS – Consolidated Supports & Services		
14. Case Management, e.g. MSC	15. Environmental Modifications/Adaptive Devices		
16. Art. 16 Clinic	<u>Family Support Services:</u>	17. Respite	18. Other Family Supports
19. PASRR Level II Assessment	20. Other (specify):		

*Completed By (Name): _____ *Date: _____

Print Legibly

*Form Completed by: 1. Self 2. Parent/Advocate 3. Agency 4. PASRR Coordinator

Following to be completed by DDRO Staff Only:

Date Received by DDRO:		Intake Staff Name:	
Person's TABS ID #:	Date entered in TABS:	By (initials):	

**Instructions for Completing
Transmittal form
Please type or clearly print all information**

General Instructions:

Complete this form and send it to your local DDRO with copies of records. Copies of records that prove disability prior to the age of 22 must be attached to the transmittal. These will be used for the OPWDD eligibility review. If you have questions about the kinds of records needed for the eligibility review, see **ELIGIBILITY FOR OPWDD SERVICES Important Facts**. The Facts sheet can be found on the OPWDD website [<http://www.opwdd.ny.gov>] or requested from your local DDRO.

Detailed Instructions:

This Transmittal form can be completed by: the person who wants to know if they are eligible for OPWDD services, their parent or advocate, or an agency staff person who is helping the person.

Section 1 Person's Information

Name: The person's legal name: Last name, first name, and middle initial.
 TABS ID: The person's TABS identification number. If not registered, leave blank. SS#: The person's 9 digit Social Security Number.
 Date of Birth: The person's date of birth, in month, day, year (MM/DD/YYYY) format. (e.g. 04/03/1998)
 Medicaid #: The person's Medicaid number.
 County of Residence: The individual's county of residence, (for example, Kings, Essex.) Sex: Put an **X** in the **M** box for a boy/man or in the **F** box for girl/woman.
 Home Address: The person's current home address. Include street/avenue, apartment number, city/town, state and zip code.
 Mailing Address: The address where the person receives mail, if different from the home address. Include the PO box/street/avenue, apartment number, city/town, state, and zip code.
 Phone: The person's phone number including area code.
 Also Known as: List all names (other than legal name) the person is known by. Include nicknames, maiden name, etc.
 Send Information to: Put an X next to the box indicating where the information about the eligibility decision should be sent. **If a parent or advocate (other than the Agency in Section 3) is to be sent information from the DDRO, check box 3 and/or 4 and fill in the Parent/Advocate parts of Section 2.** Any agency in Section 3 will automatically receive information concerning the eligibility determination.

Section 2 Involved Parents or Advocates – This section is optional unless box 3 or 4 of Send Information To is checked. If **only one** Parent/Advocate is needed, use **P/A1** Name and Address.

Name: The parent or advocate's name: Last name, first name, and middle initial. Home
 Address: The current home address of the parent or advocate. Include street/avenue, apartment number, city/town, state and zip code.
 Mailing Address: The address where the parent or advocate *receives mail*, **if different** from the home address. Include the PO box or street/avenue address, apt. #, city/town, state, and zip code. Phone: The parent or advocate's phone number, including area code.

Section 3 Referring Agency Information (if applicable)

Agency Name: The agency's complete name.
 Agency Code: The agency's OPWDD agency code, if known.
 Agency Contact: Name of the agency staff person to be contacted about the eligibility determination. Street
 Address: Fill in the address where the agency contact receives mail. Include the PO box or street, address, city/town, and zip code.
 Phone: The agency contact's phone number including area code and any extension.

Section 4 Place an X in box 1 for a determination of developmental disability only. Or, place an X in the box next to each service the person is interested in receiving **IF** he/she is determined to be eligible for OPWDD services. **NOTE:** The Transmittal is **not** an application for services.

Completed by: Legibly PRINT the name of the person who completed the form and the date when the form is completed.

Form Completed by: Put an X in the correct box to indicate who completed the form (the person/SELF, Parent or Advocate, Agency staff, or PASRR Coordinator).

Submit the completed form and required records to your local DDRO.

OPWDD Eligibility Determination

DOCUMENT CHECKLIST

Transmittal for Determination of Developmental Disability form for OPWDD Services.

All current and available psychological evaluations (e.g., current and past school testing/psycho educational reports, ACCESS-VR/VESID, NYS Dept of Education reports, etc.) which include an assessment of intellectual functioning; intelligence quotient (IQ) and Index scores should be included. **School districts usually do psychological evaluations if the individual has received special education services. PLEASE CONTACT THE CURRENT and LAST SCHOOL DISTRICT and REQUEST ALL CURRENT and PREVIOUS PSYCHOLOGICAL EVALUATIONS.**

Current and past assessment report(s) of adaptive behavior functioning, (i.e., Vineland Adaptive Behavior Scale {VABS}, Adaptive Behavior Assessment System {ABAS}), if not included in the psychological evaluations noted above. Include assessment of motor functioning for related physical disability.

Comments: _____

Relevant medical reports, including specialty assessments (e.g., neurological evaluations, MRI results, CT scan results, neuropsychological, genetic testing, comprehensive diagnostic assessment for autism spectrum disorder, etc.) for anyone who is applying for service based on a diagnosis other than intellectual disability. These medical reports should document and support the qualifying diagnosis.

Comments: _____

Psychiatric assessment and treatment reports, including those related to outpatient clinic or inpatient psychiatric hospitalizations.

Comments: _____

Developmental history and/or psychosocial report, or other background information that documents the presence of a developmental disability prior to age 22 (if not included in the psychological evaluation noted above).

Comments: _____

Educational records, including Individual Education Plan or Annual 504 Accommodations Plans, etc.

Comments: _____

Any other documentation which verifies age of onset of significant functional limitations prior to age of 22.

**PLEASE MAIL the Transmittal for Determination of Developmental Disability Form,
the Checklist, and the supporting documents to:**



STUDENT/ PARENT / GUARDIAN CONSENT TO DISCLOSE EDUCATIONAL AND HEALTH RECORDS TO DETERMINE ELIGIBILITY FOR OPWDD SERVICES AND TO ASSIST OPWDD ELIGIBLE INDIVIDUALS TO PLAN FOR ADULT SERVICES

Individual is: Day Student Residential Student

_____, [student], or his or her parent(s) or
Student Name Student Date of Birth
person (s) responsible, consent to the disclosure of records and information maintained by
_____, [Residential School, (if applicable)] and
_____[Local School District] to staff of the New York State Office for People
with Developmental Disabilities Office (OPWDD) for the purpose of determining the student’s eligibility for
OPWDD adult services and to initiate planning for the student’s adult service needs.

Records and information to be disclosed include student and parent contact information, home school or social services district, as well as student psychological evaluations, developmental or social history, medical summaries and health status forms, adaptive assessment reports, Individual Education Program (IEP), current progress notes, and any other documents listed on the attachment to this form, if any.

Signature of Student/Parent/Person in Parental Relation Relationship to Student

Printed Name of Student/Parent/Person in Parental Relation

Date

Phone Number

Street Address, City, State and Zip code

Executive Office

44 Holland Avenue, Albany, NY 12229-0001, TEL: 518-473-1997 FAX: 518-473-1271
75 Morton Street, New York, NY 10014, TEL: 212-229-3231 FAX: 212-229-3234
101 West Liberty Street, Rome, NY 13440, TEL: 315-336-2300 x246 FAX: 315-571-7118
500 A Balltown Road, Schenectady, NY 12304 TEL: 518-381-2110 FAX: 518-381-2190
TTY: 866-933-4889, www.opwdd.ny.gov

APPENDIX: G

Self Direction Under Development

APPENDIX: H

Certified Residential Opportunities Protocol



**Office for People With
Developmental Disabilities**

OPWDD CERTIFIED RESIDENTIAL OPPORTUNITIES PROTOCOL

4/28/2015

NYS Office for People with Developmental Disabilities

OPWDD REGIONAL OFFICE CERTIFIED RESIDENTIAL OPPORTUNITIES PROTOCOL

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OPWDD REGIONAL OFFICE CERTIFIED RESIDENTIAL OPPORTUNITIES PROTOCOL

Mission

The Regional Office and the Residential Providers will partner to provide a timely response to individuals urgently seeking a residential vacancy. As the result of unfettered access to information on individuals deemed to be a Priority 1 for placement, Residential Providers will be in a position to anticipate the most appropriate individuals for available opportunities (based on individual preferences and needs) and maximize utilization of their residential resources.

Intent of Protocol

This protocol identifies the key components and expectations of the Regional Office's Certified Residential Opportunities Team and its' functions, as well as the instrumental role Residential Providers have in the process. In the 2012 Restructuring of OPWDD, the Regional Office (RO) was given enhanced responsibility for managing residential resources which are supported by OPWDD. It is anticipated that as our system moves into voluntary managed care this expectation will be extended. In addition to monitoring residential vacancies, the RO is required to approve all new admissions to residential vacancies and to be notified of internal movements. Approval from the Office of the RO Director is required in order for Residential Providers to fill a vacancy and bill for services.

Guiding Principles

While this document is primarily focused on the process to address the preferences and needs of priority one individuals who have already made an informed choice to seek a certified residential opportunity, it is important to communicate as a guiding principle that people with disabilities have the right to choose where they live. This includes consideration of settings that are not disability-specific as well as settings that afford them private living space. These choices are based upon the individual's needs and preferences as well as available opportunities, required services, and the resources available to the person for room and board.

Practices and procedures adopted by OPWDD's Regional Office must ensure consistency in approach and equity in access for all individuals in the region while optimizing use of scarce OPWDD resources.

An approach for managing certified residential opportunities is best implemented through consistent, transparent structures and processes across districts that foster a collaborative approach among stakeholders.

The Regional Office in partnership with residential providers will work to assist providers to fill vacancies expeditiously and keep provider capacity at maximum utilization.

In accordance with OPWDD Administrative Memorandum #2014-04 "Home and Community Based (HCB) Settings Preliminary Transition Plan Implementation" residential providers are expected to have mechanisms to assess satisfaction/dissatisfaction with living arrangement and provide individuals with a confidential opportunity to discuss issues or concerns regarding roommates. Revisiting choice of living arrangement with residents periodically is also expected as individual preferences may change. Residential providers/staff are also expected to provide people with opportunities to work with the provider/residence to achieve the closest optimal roommate situation. People who are unhappy with their living arrangement should receive timely support and assistance from the provider/residential staff in identifying alternative options.

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It is important that all providers/staff and circles of support members listen to people in terms of where they would like to live and who they would like to live with and make every effort to support the person to help make these choices a reality. In practice, this means considering the choice of people moving into a new home for the first time as well as the choices of those who wish to relocate from their current home, so long as any risk management needs can be adequately addressed.

The Regional Office Certified Residential Opportunities Team

In order to promote consistency and transparency in practice among all stakeholders and ensure the diverse needs of the people we serve are adequately met, a Certified Residential Opportunities Team will be established within each district. The RO Director will determine the specific composition each district's Certified Residential Opportunities Team and designate a team leader to oversee this function. Within that structure, RO Certified Residential Opportunities Team members must be designated to perform the following liaison duties:

- RO Developmental Center Liaison
- RO Aging Out Liaison
- RO Nursing Home Placement Liaison and/or PASSR Coordinator
- RO Forensics Liaison
- RO ICF Transitions Liaison

A key expectation of the RO Certified Residential Opportunities Team is to provide leadership and coordination to certified residential opportunities activities within the district as well as between districts when that is appropriate. This includes establishing and maintaining a readily available electronic District Referral and Placement Tracking Report and chairing a district-wide Access to Residential Opportunities Committee (AROC).

The Access to Residential Opportunities Committee (AROC)

Under the leadership of the Regional Office the AROC is responsible to:

- Receive and discuss urgent or unique referrals and placement need.
- Discuss and collaborate on initiatives that facilitate placement of Priority 1 individuals in available certified settings in accordance with individual preferences and needs or in non-certified opportunities if that option can be made available.
- Explore and support development of non-certified residential opportunities for all individuals, but especially for those on the Priority 2 or 3 lists who may have an extended wait time for placement in a certified residence, particularly as this relates to district-wide, regional, and statewide goals.

Each district's AROC will comprise representatives from the voluntary residential provider agencies, state operations- including state-operated Family Care as appropriate, and members of the RO Certified Residential Opportunities Team. Participation by each residential provider in a district is not considered mandatory. While a monthly timeframe is recommended, AROC meetings should occur at the frequency deemed appropriate by each district's RO.

The Residential Referral & Certified Residential Opportunities Protocol which follows prescribes uniform strategies whereby each district's Certified Residential Opportunities Team will partner with voluntary and state-operated residential service providers to:

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- Require and ensure that alternative services are explored in an effort to support an individual in the most integrated (least restrictive) setting possible based on individual preferences and needs before they are referred for an OPWDD certified vacancy.
- Implement a uniform strategy for managing existing and future residential capacity in a way that aligns with OPWDD's mission, the Transformation Agenda, and new policy initiatives.
- Ensure every possible certified vacancy is made available to serve individuals designated as a Priority 1 for residential placement on the district tracking report.
Important Note: To this end, the Priority 1 List is the ONLY list routinely shared with residential providers and the AROC Committee. The Priority 2 and Priority 3 List are only given to providers with an announced vacancy that have screened the Priority 1s and concluded that none of the Priority 1s can be served in the announced vacancy. If the RO Certified Residential Opportunities team concurs with the provider, the next set of prioritized referrals will be sent to that provider.
- Develop and maintain an electronic District Referral and Placement Tracking Report that fully supports the RO's commitment to transparency, and can be sorted by county/borough/district and region, as desired, and facilitate communication both within the RO and between the RO and various residential providers.
- Develop strategies to facilitate people with developmental disabilities to have informed choice of their living arrangement from among setting options including non-disability specific settings and an option for a private unit in a residential setting. These choices are based upon needs, preferences, and for residential settings, resources available to the person for room and board.

Residential Referral Process

Referral Criteria

Prior to referring an individual for residential placement, the service coordinator/referral source will be expected to fully explore with the individual and their family the possibility of remaining in their current home with additional supports and services, and/or the feasibility of a community placement in a non-certified residence with services and supports that are either self-directed or overseen and coordinated by a voluntary provider. This person-centered planning process is important to ensure that people have the right to choose where they live from among setting options including settings that are not disability specific. It is important that Certified Residential Opportunities Team staff query the service coordinator/referral source regarding whether the individual/family advocate has considered exploration of self-directed services as an alternative to placement and to refer the service coordinator/referral source to RO staff who work with self-directed services, as appropriate. Referral to a 24-hour supervised OPWDD-certified residence should be made only if all opportunities to support the person in a non-certified or less restrictive community based placement have been exhausted. Individuals deemed to be in crisis will be referred to the RO Crisis Team.

Individuals requesting residential services for the first time, as well as those who require a change in residence due to a change in clinical needs or personal goals that cannot be accommodated by the residential provider, are to be referred to the RO Certified Residential Opportunities Team.

The RO Certified Residential Opportunities Team is responsible to send referrals for residential services to residential providers who have a vacancy that might appropriately meet the needs of an individual referred. Residential providers will be asked to assess the appropriateness of the person referred and review their service needs consistent with a particular vacancy.

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Informed Consent of the Individual Referred

Prior to referral of an individual for residential placement in a certified setting it is the responsibility of the service coordinator/referral source to ensure that the individual and/or their family/advocate agrees to be referred for residential placement (i.e., has made an informed choice regarding residential placement) and understands that certain information about them will be shared with staff at the Regional Office as well as with staff at residential service provider agencies who may currently have, or be getting, a residential opportunity that would meet the individual's preferences and needs. This might include, but not be limited to information such as;

- their age
- their current residence
- their special needs e.g. assistance with fire evacuation , communication, ambulation
- other special supports they might require, e.g. medical support, behavior support and management, risk management strategies

An affirmation that the SC has made the individual/family aware of this, and that the individual/family has chosen and consented to a residential referral, must be documented on the residential referral form.

Residential Referral Packets are needed for all individuals who are designated as P1. Each Regional Office can determine whether they also want a complete referral packet for individuals designated as P2 and P3.

Residential Referral Packets consist of the following components:

1. Residential Referral Transmittal
2. Residential Referral form describing the individual's current service needs and situation in sufficient detail so that the appropriate priority status can be determined.
3. Most recent Individualized Service Plan (ISP), including Safeguards/Individual Plan of Protective Oversight (IPOP)
4. Most recent Physical Examination Report and/or Medical Summary (if applicable)
5. Most recent Individualized Education Plan (IEP) (if applicable)
6. Most recent Psychological Evaluation (If applicable)
7. Most recent Behavior Support Plan (BSP), including Risk Assessment (if applicable)

“Opening” a Residential Need

If the individual seeking placement resides in other than a certified living situation, a residential need has to be “opened” in the Tracking and Billing System (TABS). This is accomplished by the submission of a DDP4 which serves as supporting documentation and is submitted into the CHOICES application.

NOTE: A Residential Referral Packet must be submitted to the Certified Residential Opportunities Team prior to the service coordinator/referral source requesting to open a residential need in TABS. Individuals currently residing in an OPWDD-certified setting, including an IRA, Family Care Home, LIT, Developmental Center, or Residential School do not require a residential need to be opened in TABS.

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Referral Review Process

The RO Certified Residential Opportunities Team receives, reviews, and processes all residential referrals. Once the Residential Referral Form is received, the RO Certified Residential Opportunities Team will review and assign a placement priority designation utilizing OPWDD's Statewide Criteria (see below). The RO Certified Residential Opportunities Team will notify the service coordinator/referral source of the priority level assigned, in writing, within 5 business days of receiving the complete referral packet.

While only the Residential Referral form is required for a placement priority to be assigned by the RO Certified Residential Opportunities Team, it is imperative that a complete referral packet on individuals designated as Priority 1's be provided by the service coordinator/referral source as these documents serve as the starting point for residential providers to use during the screening process. If pertinent information is missing, the RO Certified Residential Opportunities Team will contact the service coordinator/referral source.

It is the responsibility of the service coordinator/referral source to notify the individual/family of the prioritization given. Individuals are placed on the District Referral and Placement Tracking Report according to priority level.

Placement Priority Level Determinations

OPWDD Statewide Prioritization Criteria

Priority level determinations are made based on OPWDD Statewide Criteria found in the HCBS Waiver Agreement.

Priority 1: (Emergency)

Individuals:

Any of the following apply:

- Abusive or neglectful situation constituting imminent risk of harm
- Presents an imminent danger to self
- Presents an imminent danger to others
- Individuals with a court or legislative mandate
- Homeless or in imminent danger of being so*
*includes OPWDD eligible individuals who are ready for discharge from a hospital or ready for release from incarceration who have no home

Special Populations

- Aging Out of Residential School/CRP
- Transitioning out of Development Center
- Skilled Nursing Facility

Priority 2: (Urgent/Emergency Prevention)

Individuals

Any of the following apply:

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- Aging or failing health of caregiver/no alternate available.
- Living situation presents a significant risk of neglect or abuse.
- Medical/physical condition requires care not available in present situation.
- Presents an increasing risk to self or others.

Priority 3: (Non-urgent)

This group includes all those whose need is current but there is no danger to the health or well-being of individual or caregiver. Factors to consider would include:

- Compatibility of the individual with available services.
- Compatibility with the other consumers in a shared living situation.
- Relative need for supports for daily living.

Individuals Designated As Priority Level 1

It must be noted that, in accordance with CMS's final rules and OPWDD's commitment to support personal choice and an individual's right to reside in the most integrated setting possible, the individual's needs, choices, and compatibility with the other individuals in a shared living arrangement must be considered in the final selection process. This expectation must be part of the deliberation and decision regarding external moves and admission of Priority 1s, 2s and 3s as well as in the orchestration of internal moves.

Individuals that have been determined to be a Priority 1 are discussed in detail during the Access to Residential Opportunities Committee (AROC) meeting. Residential providers are strongly encouraged to screen all individuals designated as Priority 1s.

If an individual has been deemed a Priority 1 and the needs of the individual are particularly urgent or unique, the service coordinator/referral source may be asked to attend an AROC meeting to present the information and answer questions; this will be the exception rather than the rule. Should a provider determine that an individual presented might be served in an existing vacancy and/or is someone that the provider could serve in the future; the provider will initiate the screening process.

Should a residential provider accept any of the Priority 1 individuals, a Request for Approval for Residential Placement will be submitted to the RO Certified Residential Opportunities Team for review and approval. The residential provider will not be required to screen other Priority 1 individuals.

Special Populations Priority 1s

There are residential referrals whose priority for placement is established outside of the standard OPWDD Statewide Criteria for Placement Priority Level Designation. Individuals residing in the settings identified below are reviewed by the RO Certified Residential Opportunities Team and given a "Special Populations" designation. It is noted that these individuals are to be considered for residential placement on a par with the Priority 1s. They will be tracked on the electronic District Referrals and Placement Tracking Report in this manner. As noted previously, the service coordinator/referral source may be asked to present at the AROC meeting.

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Requiring an Admission Plan

Because serving people designated as a “Special Population” can present unanticipated challenges, when an agency is interested in serving an individual who is being discharged from one of the settings identified below, the RO may require that the proposed residential provider, in collaboration with the RO CRO Team Liaison designated for that setting, submit an **Admission Plan** that outlines the supports and services that will be provided to the individual in order to meet their needs. An Admission Plan is particularly important when a potential provider has limited residential service experience or has limited experience providing service to individuals with highly complex needs; this collaborative effort is considered a best practice.

It is the responsibility of the RO CRO Team Liaison to initiate identification of the special needs of the individual that are likely to require specific supports and services. The Liaison will then work with representatives of the proposed residential provider to ensure a plan is developed and committed to that ensures each need is adequately addressed- including but not limited to physical plant modifications, enhanced staffing, staff training, behavior support programs, etc.

Once the Admission Plan has been developed the RO CRO Team Liaison and proposed residential provider will present the plan to the RO Certified Residential Opportunities Team Leader for review and approval. If the individual has a forensic background and/or current risk management issues, the RO Certified Residential Opportunities Team may also consult with Central Office’s Bureau of Intensive Treatment Services (BITS) and/or the Statewide Admission Committee (SAC).

The various “**Special Populations**” categories include:

- **Individuals Leaving Development Centers/Campus Based Programs – Priority 1**

Individuals residing in campus-based settings who require a community placement in their home district must be referred to the RO Certified Residential Opportunities Team in that home district using the above noted process.

Because serving these individuals can be so challenging, when an agency is interested in serving an individual who is being discharged from a campus-based setting, the RO may require that the proposed residential provider, in collaboration with the Regional Office Developmental Center (DC)/Forensic Liaison, submit an **Admission Plan** that outlines the supports and services that will be provided to the individual in order to meet their needs. (See above).

Elements of the Front Door processes, including initiation of the EAA Tool, completion/updating of the DDP2, and ensuring participation of the individual and/or his family/advocate in the OPWDD General Information Session are initiated by the Regional Office Intake/Service Access Staff in the district where the Developmental Center is located. The Qualified Developmental Disability Professional (QDDP) at the campus program the individual is coming from, in collaboration with the RO Certified Residential Opportunities Team, will be the point person to work with the individual to select a service coordinator/referral source vendor agency that provides service in the receiving district.

The sending district will complete the HCBS Waiver Enrollment paperwork, including completion of the LCED with physician signature, prior to the individual leaving the facility. The receiving district will assist

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the individual with MSC vendor selection, and work collaboratively to complete the EAA process in a manner that will ensure appropriate services and supports are in place for the individual at the time of their move. When the individual's 30 day post-placement review meeting is scheduled, the RO DC/Forensics liaison will be responsible to attend the meeting and to ensure that the proposed plan of supports and services has been initiated.

- **Individuals Aging Out Of Residential Schools/CRPs – Priority 1**

The Regional Office is charged with tracking, monitoring, assisting, and planning for individuals from their district who are placed in a residential school, whether that school is located within or outside their district, or out of NY State. If a need for a certified residence upon graduation is identified, a residential referral packet is to be submitted to the RO Certified Residential Opportunities Team of the district the child would like to reside in by the RO Children's Liaison from the RO the child came from. This should be done a minimum of two years prior to their graduation.

Because serving these individuals can be so challenging, when a residential provider is interested in serving an individual who is aging out of a residential school program, the RO may require that the proposed residential provider, in collaboration with the Regional Office Children's Liaison, submit a detailed **Admission Plan** that outlines the supports and services that will be provided to the individual based on their needs. (See above).

Elements of the Front Door processes, including initiation of the EAA Tool, completion/updating of the DDP2, and ensuring participation of the individual and/or his family/advocate in the OPWDD General Information Session are initiated by the Regional Office Intake/Service Access Staff in the district where the child's district of origin. The Children's Services Liaison will be the point person to work with the individual to select a service coordinator/referral source vendor agency that provides service in the receiving district. The receiving district will complete the Medicaid Service Coordination/HCBS Waiver Enrollment paperwork, including completion of the LCED with physician signature prior to the individual leaving the residential school, and work collaboratively to complete the EAA process in a manner that will ensure appropriate services and supports are in place for the individual at the time of their move.

When the individual's 30 day post-placement is scheduled, the Children's Liaison who attends the meeting to ensure that the proposed plan of supports and services has been initiated.

- **OPWDD Eligible Individuals In Nursing Homes – Priority 1**

As part of OPWDD's commitment to comply with the Olmstead Decision, OPWDD eligible individuals who reside in a skilled nursing facility and have a Level II screening result that supports this are considered to be a "Special Population" and so are designated as Priority 1s.

The Regional Office PASRR Coordinator/Nursing Home Liaison, as designated by the RO Director, is responsible to monitor OPWDD eligible individuals admitted to a skilled nursing facility who are either anticipated to return to an OPWDD certified home or who have expressed a desire for a certified residential setting and have a Level 2 that supports this. On behalf of these individuals, the PASRR Coordinator and/or Nursing Home Liaison is responsible to complete and submit a Residential Referral Packet to the Regional

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Office Certified Residential Opportunities team for inclusion on the electronic District Referrals and Tracking Report. The PASRR Coordinator/ Nursing Home Liaison is also responsible to provide updates to the RO Certified Residential Opportunities Team about the person's status and to update referral information as needed.

The Regional Office PASRR Coordinator and/or Nursing Home Liaison is to initiate elements of the Front Door processes, including starting the EAA Tool, completion/updating of the DDP2, and ensuring participation of the individual and/or family/advocate in the OPWDD General Information Session. In addition, the PASRR Coordinator and/or Nursing Home Liaison will need to work with the individual to select a service coordination vendor agency and complete the Level of Care Eligibility Determination (LCED), including obtaining the physician signature, prior to the individual leaving the Skilled Nursing Facility. Should an individual residing in a nursing home have specialized needs that warrant it, the CRO Team Leader may determine that an **Admission Plan** is required, and assign the CRO Team Nursing Home Liaison to work with the proposed residential provider to develop an acceptable plan. (See above).

Individuals Designated As Priority Level 2

Individuals that have been reviewed and designated as a Priority 2 will be listed on the electronic District Referral and Placement Tracking Report. Individuals designated as Priority 2 will be presented for screening to Residential providers who have identified a vacancy once the RO Certified Residential Opportunities team and the Residential provider have reached agreement on the following:

- The provider's available vacancy is NOT appropriate for any of the Priority1's based on screening results.
- It is inappropriate or unreasonable for the residential provider to expand the admission criteria/composition of the home previously identified to the RO Certified Residential Opportunities Team as having a vacancy in order to accommodate the Priority 1s.
- Internal moves within the provider agency that would shift the vacancy to another residence that could then accommodate a Priority 1 are not practical/should not be pursued at this time.

When the residential provider accepts any of the Priority 2 individuals pursuant to coming to this agreement, the provider will submit the Request for Approval to Fill a Residential Opportunity Form to the RO Certified Residential Opportunities Team. The residential provider will not be required to screen other Priority 2 individuals for the announced vacancy.

Individuals Designated As Priority Level 3

Individuals who have been reviewed and designated a Priority 3 will be submitted to the electronic District Referral and Placement Tracking Sheet. Individuals designated as Priority 3s will be presented for screening to residential providers who have identified a vacancy once the RO Certified Residential Opportunities team and the residential provider have reached agreement on the following:

- The provider's available vacancy is NOT appropriate for any of the Priority 1s or 2s based on screening results.

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- It is inappropriate or unreasonable for the Residential provider to expand the admission criteria/composition of the home previously identified to the Certified Residential Opportunities Team as having a vacancy in order to accommodate the Priority 1s or 2s.
- Internal moves within the provider agency that would shift the vacancy to another residence that could then accommodate a Priority 1 or 2 are not practical/should not be pursued at this time.

When the residential provider accepts any of the Priority 3 individuals pursuant to coming to this agreement, the provider will submit the Request for Approval to Fill a Residential Opportunity form to the RO Certified Residential Opportunities Team. The residential provider will not be required to screen other Priority 3 individuals for the announced vacancy.

Change in Priority Status/Referral Update

If significant changes occur that would impact the residential placement prioritization designated by the RO Certified Residential Opportunities Team, the service coordinator/referral source must notify the RO Certified Residential Opportunities Team in writing, clearly describing the specifics of the individual's status or situation that warrant re-review.

The service coordinator/referral source should continue to monitor the status of an individual referred to the RO Certified Residential Opportunities team and help support the individual, including ongoing exploration of generic as well as specialized services and possible living options. This should include adding new types of service or increasing the amount of service to the individual in order to attempt to prevent an out of home placement.

Incarcerated Individuals Who are OPWDD Eligible

The Regional Office is responsible to respond to requests for services for people in correctional facilities. Standard funding rates apply to these individuals when placed in a community setting. It is recommended that a Risk Assessment be completed for individuals incarcerated who are within six months of being released from prison as identified on a Department of Corrections (DOCS) TABS Match report. When a Risk Assessment indicates that a certified residence would be appropriate and the person accepts and requests it, the RO Forensic Liaison will work with the RO Certified Residential Opportunities Team to identify an appropriate residence.

The RO Certified Residential Opportunities Team/Forensic Liaison will initiate key elements of the Front Door process including starting the EAA, DDP2, the information session and will assist the individual in securing a service coordinator/referral source, if one is requested. If the individual is requesting Home and Community Based Services, the Forensic Liaison will also complete the Level of Care Eligibility Determination including obtaining the physician's signature prior to the person leaving prison.

Should an individual who has been incarcerated have specialized needs that warrant it, the CRO Team Leader may determine that an **Admission Plan** is required, and assign the CRO Team Forensics Liaison to work with the proposed Residential provider to develop an acceptable plan. The RO Certified Residential Opportunities Team may also consult with Central Office's Bureau of Intensive Treatment Services (BITS) and/or the Statewide Admission Committee (SAC).

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Managing Residential Service Opportunities

Residential Site Profiles

Maintaining current profiles of all residential resources within a district will facilitate vacancy monitoring and the Certified Residential Opportunities process; it is recommended as a best practice. In addition to enabling the RO Certified Residential Opportunities team to monitor potential opportunities, current site profiles will also assist in the process of matching residential supports with individuals in need of a residential opportunity.

Profile information should be submitted initially for all homes operated by a residential provider, on the Vacancy Announcement/Site Profile form. Profiles may then be updated whenever a new home is added to an agency's residential inventory or there is a substantive change in composition of the home's residents or the home's features.

Vacancy Announcement

For the purposes of this process, a vacancy is defined as an opportunity in a certified residential setting created when a person is discharged from a residential program or upon their death. The residential provider may notify the RO Certified Residential Opportunities Team of the desire to fill a vacancy at a particular home via e-mail if a current Site Profile has been previously submitted. Otherwise the Vacancy Announcement/Site Profile form should be completed and forwarded to the VO Certified Residential Opportunities Team.

A list of current vacancies will be maintained by the RO Certified Residential Opportunities Team. To insure accuracy, the list of vacancies will be updated routinely upon advice of the agencies, confirmed weekly among RO Certified Residential Opportunities Team members, and shared regularly at the Access to Residential Opportunities Committee (AROC) meeting.

Statewide and Regional Residential Service Opportunity Capacity Assessment

The RO will work collaboratively with its stakeholders in assessment of the current residential service opportunity capacity at the both the district and regional level. This assessment will include an examination of the total residential service opportunity capacity, the type of capacity, and the potential for new housing opportunities. A strategic plan, goals and action steps will be developed for review by OPWDD with continued engagement with its stakeholders.

Internal Moves in Voluntary Agency Operated Residential Programs

All parties to the Certified Residential Opportunities process should collaborate to ensure that new residential vacancies are utilized to serve individuals designated as Priority 1's, and to orchestrate internal moves that ultimately support this.

MHLS is to be notified by either the service coordinator or the residential provider 30 days prior to any proposed moves. Due Process applies whether or not there is objection to the move expressed by any of the parties. When the individual/family is supportive of the move and MHLS has no objection, the 30 day notice requirement may be waived. If there is a formal objection by either the family or MHLS, the individual cannot be moved prior to the objection being resolved.

An internal move, whether it impacts an existing vacancy or not, does not require formal approval by the RO Director/Designee but rather notification to the Regional Office Certified Residential Opportunities Team. This is

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to be done via completion and submission of the Residential Provider Notification of Internal Move(s) form. If an internal move, or a series of internal moves, will change the location of a vacancy that was previously announced to the Regional Office, a new Vacancy Announcement is to be submitted to the RO Certified Residential Opportunities team.

For all internal moves, the removal and enrollment of the individual from one certified residential site to another is processed via submission of the DDP 1 to the RO Certified Residential Opportunities Team. If the RO Certified Residential Opportunities team is informed of issues regarding a pending internal move by the individual/family member, Service Coordinator, or MHLS, the DDP1 will not be processed until the issue is resolved.

For the special case of proposed voluntary agency internal moves which happen to cross Regional Office boundaries; a single point of contact will be established for all agencies with certified residential capacity in more than one region. For each such agency, a determination shall be made as to which Regional Office, and which District or Borough Office within that Region, is the primary locus of residential operations or management. The agency shall work with the identified Certified Residential Opportunities Team staff in that particular office to coordinate internal movement regardless of the location of the residential opportunities in question. The identified Certified Residential Opportunities Team shall have the responsibility and authority to manage, consistent with the practices described above, proposed internal movement regardless of the location of the residential opportunities in question. Any resulting relocated vacancy shall be handled in typical fashion within the Regional Office where the final vacancy occurs.

NOTE: A residential referral packet is not required for internal moves.

Internal Moves in State Operated Residential Programs

All parties to the Certified Residential Opportunities process should collaborate to ensure that new residential vacancies are utilized to serve individuals designated as Priority 1's, and to orchestrate internal moves that ultimately support this.

MHLS is to be notified by either the service coordinator or the residential provider 30 days prior to any proposed moves; internal or new admission. Due Process applies whether or not there is objection to the move expressed by any of the parties. When the individual/family is supportive of the move and MHLS has no objection, the 30 day notice requirement may be waived. If there is a formal objection by either the family or MHLS, the individual can't be moved prior to the objection being resolved.

For all internal moves, the removal and enrollment of the individual from one certified residential site to another is processed through the Certified Residential Opportunities Team by the submission of a DDP1 from the residential provider following the process outlined below.

Internal moves within State Operated Residential Programs are reviewed in standing meetings (held weekly or bi-weekly) that include at least one representative of the RO Certified Residential Opportunities Team and members of the State Operations Placement Committee. At those sessions:

- State Operations Managers will review internal opportunities, placement plans, and timelines for implementation
- Minutes of the meetings will capture each internal vacancy and the candidate(s) for that opportunity

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- Subsequent meetings will include review of completed moves, proposed placements that were declined (so the vacancy can be evaluated for use by in need of a placement opportunity), and/or the need for more time for a person/advocate to make their final decision.

As appropriate, the Regional Office representative will update the RO Certified Residential Opportunities Team, RO Director/Designee and AROC in this regard.

Screening

It is in the residential provider's interest to screen individuals who may be appropriate for their residential services on an ongoing basis and to respond to requests to screen individuals newly added to the Priority 1 list as quickly as possible in order to keep their beds at full utilization. The RO Certified Residential Opportunities Team will work collaboratively with residential providers to this end.

Because vacancies are limited and individuals with particularly urgent needs are continuously referred, there will be occasions when the RO Certified Residential Opportunities Team requests that a residential provider screen a specific individual newly added as a Priority 1 to the electronic District Referrals and Placement Tracking Report. This will be in addition to any individuals the provider may already have screened or planned to screen. Following face to face screening, the residential provider will complete the Residential Screening Report Form for all individuals screened, whether or not they are appropriate for a particular vacancy. If the provider finds an individual not appropriate for an available vacancy, specific reasons must be detailed on the Screening Report form.

Upon receipt of the Screening Report from a Residential provider, the RO Certified Residential Opportunities Team will review the findings, note agreement/disagreement and initiate follow-up discussions, if appropriate. Screening Reports may be shared at subsequent AROC meetings to assist other residential providers in evaluating options.

Placement Approval

If the screening process results in a successful match of the individual to a vacancy, the residential provider completes the Request for Approval to Fill a Residential Opportunity form and submits it to the RO Certified Residential Opportunities Team. This form, with notation of support from the RO Certified Residential Opportunities Team, is forwarded to the Office of the RO Director/Designee for final approval. Upon approval, the RO Certified Residential Opportunities Team will immediately notify the residential provider and service coordinator/referral source.

Residential providers are discouraged from directly offering a vacancy or making a specific commitment to an individual/family/advocate regarding a placement opportunity prior to receipt of formal approval from the RO.

Enrollment in TABS

Adds: For all moves and placements, whether internal or external, the residential provider must submit a DDP1 in CHOICES. A signed copy of the Request for Approval to Fill a Residential Opportunity form is to be scanned and uploaded into CHOICES as a supporting document to the DDP1. To do this, please select the following naming convention:

- Select Document Class- Service Request/Change
- Select Document Type-Registration/Program Adds
- Select Document Sub Type- Signature Sheet

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RO Staff will then process this request.

An approved Request for Approval to Fill a Residential Opportunity form must accompany the DDP1 being submitted. Without the approved form, the DDP1 will not be processed.

Removals: For all moves and placements, whether internal or external, the residential provider will notify the RO Certified Residential Opportunities Team of any removals and will submit a DDP1 in CHOICES. RO staff will then process this request.

Additional Required Notifications

Mental Hygiene Legal Services (MHLS) Notification

Notification of MHLS by the residential provider is necessary when an individual is proposed to move from one certified residential site to another location, including another certified site. The residential provider copies MHLS on the 30 day notification letter sent to the individual prior to any proposed moves from a certified site. The notification of due process applies whether or not there is objection to the move expressed by any of the parties. Following the issuance of the notification letter, if the individual/family is supportive of the move, and MHLS has no objection, the 30 day notice period may be waived and the individual may be moved. If there is a formal objection, the individual cannot be moved prior to the objection being resolved.

Willowbrook CAB Notification

Whenever a proposed placement or planned internal move involves an individual covered by the Willowbrook Consent Decree, the protocol outlined in the attached memorandum, Residential Notification of Due Process for Willowbrook Class (John Gleason and Sally Berry 2/20/14) must be adhered to.

Director To Director Requests

Individual requests for residential placement outside the catchment area of the region where the individual currently resides, require the Director of that region to send a letter to the Director of the requested region formally seeking consideration. The region where the person currently resides is to initiate this process. If the request is between districts within the same region, the Certified Residential Opportunities Team will facilitate this request between Deputy Directors with advisement to the RO Director. All such referrals are to be tracked by the RO Certified Residential Opportunities Teams.

Referrals into Intensive Treatment Options (ITO)

There may be occasions where individuals are best supported by admission into a time-limited Intensive Treatment Option (ITO). ITOs provide a highly structured service environment with the benefit of input by experts in the area of treatment for challenging behaviors. The goal of delivering specialized needs-focused and time-limited active treatment services is to enable individuals to return in a specified time period to the most integrated community setting that meets their needs and provides opportunities to the individual for continued growth and

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success. As OPWDD's remaining campus based services are reduced to the levels approved by CMS, and increasingly serve only the most challenging individuals, a central admissions review process is required for all individuals referred for campus based services - regardless of the facility being requested or the reason that admission is being sought. A cornerstone of this intensive program service is the ongoing involvement of both the home RO and the residential provider with the ITO Team serving the individual from the time the person is admitted. Regular participation in treatment team meetings will assist the RO and the provider in planning for the individual's return to community placement as soon as it is determined that the specialized treatment is no longer needed.

The following outlines the process and procedure that must be followed to facilitate a referral to the Central Admissions review committee:

- In order for a referral to be given consideration, approval must be given by the RO Director.
- Upon approval, the RO Certified Residential Opportunities Team/Forensic Liaison, in collaboration with the Bureau of Intensive Treatment Strategies (BITS) coordinates the referral to the central admissions committee and gathers required documentation.
*See also the State-wide campus admissions procedures.
- The RO staff and residential provider will participate in pre-placement as well as the initial 30 day review along with any subsequent meetings, and keep all parties apprised of issues that may impact the individual's readiness to return to the residential provider.

If a residential provider has an individual that is felt to be in need of this type of time limited placement, the provider is to contact the RO Certified Residential Opportunities Team Leader/Designee to discuss the matter. Due to the limited number of intensive treatment options available in NY State, referrals must be a last resort, and not all referrals will be accepted.

If a request for ITO placement is not honored, the RO staff must work with the provider to continue to explore every possible support that can be put in place to appropriately serve the individual. A provider who is not in agreement with the Team Leader's decision or the assistance they receive from RO staff, may contact the Office of the RO Director, in writing via e-mail.

Dispute Resolution

The following process is to be followed in instances when a residential provider strongly disagrees with and wishes to appeal a decision or action taken by the RO Certified Residential Opportunities Team:

Within two business days of receiving feedback/results from the RO Certified Residential Opportunities Team that the residential provider wishes to appeal, the residential provider develops a written request for reconsideration that briefly but fully explains the central issue, the decision made by the RO Certified Residential Opportunities Team and the specific reasons for asserting that the decision should be modified. The written request should be advanced to the RO Director via e-mail.

The RO Director or designee has three business days to obtain necessary information and render a decision in writing, via e-mail, that copies all relevant parties. If the RO Director schedules a meeting with both parties in



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an attempt to resolve the matter in a mutually satisfactory way, the timeframe for the required response from the Director will be extended by one business day following the meeting.

If the residential provider is not satisfied with the RO Director's decision and wishes to appeal further, or to complain about the RO's handling of the Certified Residential Opportunities process and/or other placement issues, a written appeal/complaint may be made to the RO Associate Commissioner within three business days of receiving the RO Director's denial.



REQUEST FOR APPROVAL TO FILL A RESIDENTIAL OPPORTUNITY

Instructions: as indicated in the Protocol for Certified Residential Opportunities, the Residential Provider should complete this form for individuals they wish to place and submit to the regional office at the address indicated below. **All placements require the DDRO Director's approval prior to admission.**

<input type="checkbox"/> Current Vacancy	<input type="checkbox"/> Anticipated Vacancy	Proposed Move Date: _____
---	---	----------------------------------

1. INDIVIDUAL SELECTED FOR RESIDENTIAL OPPORTUNITY

Name: _____ TABS #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

<input type="checkbox"/> PRIORITY 1	<input type="checkbox"/> PRIORITY 1 SPECIAL POPULATIONS	<input type="checkbox"/> PRIORITY 2	<input type="checkbox"/> PRIORITY 3
--	--	--	--

2. AGENCY VACANCY INFORMATION

Date of Vacancy: _____

Vacancy Program Name/Address: _____

County: _____

Residential Provider: _____

Residential Provider Staff Contact Person: _____ Phone Number: _____

Residential Provider Staff Representative Authorizing This Form Date

ADDITIONAL INFORMATION FOR PROVIDERS

To Add/Remove an individual to a program, the residential provider will need to submit a DDP1 in CHOICES. A signed copy of this Residential Approval Form will need to be scanned and uploaded into CHOICES as a supporting document to the DDP1.

Notification of MHLS by the residential provider is necessary when an individual is proposed to move from one certified residential site to another location, including another certified site. The residential provider copies MHLS and the OPWDD regional district office on the 30 day notification letter sent to the individual prior to any proposed moves from a certified site. The notification of due process applies whether or not there is objection to the move expressed by any of the parties.

Submit form to: DDRO Certified Residential Opportunities Team

----- THIS SECTION TO BE COMPLETED BY OPWDD CRO TEAM -----

Date Request Received: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
------------------------------	--	--

DDRO Director/Designee Date



CERTIFIED RESIDENTIAL OPPORTUNITIES RESIDENTIAL SCREENING REPORT

Instructions: as indicated in the Protocol for Certified Residential Opportunities, the Residential Provider must complete this form after a face-to-face interview with the individual and submit to the regional office at the address indicated below.

Individual Screened: _____ Screening Date: _____ Priority Level : _____

Screening Agency: _____
Screening Staff Contact Name: _____ Phone Number: _____ Email: _____

Site Individual Screened For : _____ Service Coordinator Name: _____
Phone Number: _____
Email Address: _____

SCREENING OUTCOME

Indicate Screening Outcome Below:

Appropriate

- ✓ Submit Residential Approval Request Form
- ✓ Ensure Due Process Occurs

Indicate planned placement date: _____

Not appropriate (must indicate reasons below)

- 1) Indicate specific reasons why: _____
- 2) If individual is NOT considered appropriate for THIS vacancy, what other sites might he/she be considered for? _____

Additional Comments (attach additional pages as appropriate): _____

Name & Title of Residential Staff Completing Form: _____ Date: _____

Submit form to:
OPWDD Certified Residential Opportunities Team

----- THIS SECTION TO BE COMPLETED BY CRO TEAM -----

CRO Team Staff Reviewing Screening Form: _____ Date: _____

Screening outcome **accepted**

Screening outcome **not accepted**

Rationale: _____

If screening outcome is not accepted, CRO Team will contact provider to discuss follow-up.



CERTIFIED RESIDENTIAL OPPORTUNITIES NOTIFICATION of PRIORITY LEVEL

Date: _____

To: Service Coordinator/Referral Source

From: Certified Residential Opportunities Team
Regional Office/District: _____

The Certified Residential Opportunities (CRO) Team has reviewed the residential referral for the individual named below and assigned a priority level. For individuals designated as Priority 1, specific documents (see list below) must be submitted electronically to the CRO Team *within 5 business days of receipt of this letter*. Residential providers may not initiate screening until these documents have been received by the CRO Team.

Please note: It is the responsibility of the service coordinator/referral source to notify the CRO Team immediately of any changes in circumstance that might affect the individual's current priority ranking.

Name of Individual: _____ TABS ID: _____

Priority Level Assigned: _____

For Priority 1 designations, the following documentation must be submitted as a single packet: (incomplete packets may be returned)

- ✓ Copy of this letter
- ✓ Current Individualized Service Plan (ISP) including Safeguards/IPOP
- ✓ Current Physical and/or Medical Summary
- ✓ Current Individualized Educational Plan (if applicable)
- ✓ Current or Last Completed Psychological Evaluation
- ✓ Current Behavior Support Plan/Risk Management Plan (if applicable)



CERTIFIED RESIDENTIAL OPPORTUNITIES RESIDENTIAL REFERRAL

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), the service coordinator/referral source should complete this form when referring an individual to the CRO Team for consideration. The CRO Team receives, reviews, and processes all residential referrals then will assign a placement priority designation utilizing OPWDD's Statewide Criteria (see below). The CRO Team will notify the service coordinator/referral source of the priority level assigned, in writing, within 5 business days of receiving the complete referral packet. *Note: incomplete referrals are returned to the service coordinator. Missing information will be identified in the "Referral Incomplete: Additional Information Required" section at bottom of this form.*

BASIC DEMOGRAPHICS

Individual's Name: _____ TABS #: _____ ISPM Score: _____	DOB: _____ Gender: _____	Street Address: _____ City: _____ State: _____ Zip Code: _____
OPWDD Eligibility Confirmed: <input type="checkbox"/> Yes* <input type="checkbox"/> No *eligibility letter must be attached	HCBS Enrollment Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date of HCBS Waiver NOD: _____	
Current Living Situation: <input type="checkbox"/> Family Care – specify agency: _____ <input type="checkbox"/> ICF – specify agency: _____ <input type="checkbox"/> Supportive Apartment – specify agency: _____ <input type="checkbox"/> IRA – specify agency: _____ <input type="checkbox"/> Supervised Apt – specify agency: _____ <input type="checkbox"/> Other – specify, including agency: _____	MSC Name: _____ Agency Name: _____ Phone Number: _____ Email Address: _____ MSC Supervisor Name: _____ MSC Supervisor Phone Number: _____	
Diagnosis (list all): _____	<u>Legal Representative Information</u> Name: _____ Phone Number: _____ Email Address: _____	

If the individual is over the age of 18 and lives in their own apartment, will they accept a residential opportunity?
 Yes No Individual is Under 18
If no, please explain: _____

INDIVIDUAL NEEDS

Ambulation/Abilities: _____
Self-preservation (fire)/safety issues: _____
Communication abilities: _____
Self-help abilities/ADLs: _____
Behavioral issues: _____
Risk Management Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized medical conditions: _____
Medications: _____
Forensic issues: _____
Current services received: _____

RESIDENTIAL RECOMMENDATIONS

Level of supervision at residence recommended including rationale: _____
Other pertinent information to be considered: _____
County/city preferred: _____
Other counties/cities individual would consider: _____
If this an emergency/crisis need for placement in a certified site, please explain: _____

TO BE COMPLETED BY INDIVIDUAL AND/OR LEGAL GUARDIAN

I consent (agree) to have this request for a residential placement in an OPWDD supported home made on my behalf. I understand that my medical and/or clinical information will be shared with agencies that provide residential services. I understand that I have the right to withdraw my request for placement at any time.

Name of Individual/Family/Advocate granting authorization Date: _____



CERTIFIED RESIDENTIAL OPPORTUNITIES VACANCY ANNOUNCEMENT & SITE PROFILE

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), the residential provider must complete this form to communicate each vacancy to the CRO Team. Additionally, at the discretion of the regional office a site profile may be required. Note: If the provider has submitted an Agency Profile previously to the CRO Department and the information on the profile is still current, this form is not required. In this case, the residential provider must notify the CRO Department of the desire to announce a vacancy via e-mail.

Check all that apply:

- VACANCY ANNOUNCEMENT**
 SITE PROFILE

Date: _____
 Agency Reporting Vacancy: _____
 Date of Vacancy (actual/anticipated): _____
 Name of Person Completing Form: _____ Phone: _____ Email Address: _____

Does this vacancy announcement replace a previously announced site vacancy due to an internal move? Yes No
 If yes, name of the site this vacancy replaces: _____

RESIDENTIAL INFORMATION

Indicate vacancy type

- VOIRA SOIRA CR Supervised Apt. Supportive Apt. Family Care ICF

Full Residential Program/Site Address: _____ County: _____
 Site Contact Person: _____ Contact Phone Number: _____

Description/Makeup of the Home Detailing Any Special Features of the Home: _____

PHYSICAL PLANT

Certified Capacity: _____	<input type="checkbox"/> Co-ed <input type="checkbox"/> Gender Specific	Number of Floors in Home: _____ Vacant Bedroom on What Floor: _____
Number of Respite Beds: _____	# of Stairs to Entry of Home: _____	

EXISTING ENVIRONMENTAL MODIFICATIONS

Internal	Yes	No
Barrier Free	<input type="checkbox"/>	<input type="checkbox"/>
Door Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Special Tubs	<input type="checkbox"/>	<input type="checkbox"/>
Time Out Room	<input type="checkbox"/>	<input type="checkbox"/>
Special Lifts	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Areas	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Free	<input type="checkbox"/>	<input type="checkbox"/>
Pets Allowed	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>
Ramped Entrance	<input type="checkbox"/>	<input type="checkbox"/>
Fenced in Yard	<input type="checkbox"/>	<input type="checkbox"/>

Neighborhood Description: _____

TRANSPORTATION

Type of Vehicles Available to Home: _____ Access to Public Transportation: Yes No

STAFFING/ SUPPORTS

Staffing Minimums Day: _____	Staffing Minimums Evening: _____ Staffing Minimums Night: _____
------------------------------	--

Nursing Supports: _____	Available Clinical Supports: _____ Staff Trained in Restrictive SCIP Interventions/PROMOTE: _____
-------------------------	--



CERTIFIED RESIDENTIAL OPPORTUNITIES INTERNAL MOVEMENT NOTIFICATION

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), internal moves require notification to the Regional Office CRO Team via this form. If an internal move will change the location of a vacancy that was previously announced to the Regional Office, a new Vacancy Announcement is to be submitted to the CRO Team. If reporting a series of internal moves, this form is required for each individual moving. For all internal moves, the removal and enrollment of the individual from one certified residential site to another is processed via submission of the DDP1 to the CRO Team. Please note: if there are any objections to these moves or series of moves, the DDP1 will not be processed by the Regional Office until the objections are resolved.

Date: _____
Name of Residential Provider : _____
Name of Staff Person Completing Form: _____ Phone: _____ Email Address: _____

SECTION 1

THIS IS AN INTERNAL MOVE NOT AFFECTING A VACANCY (Residential Exchange):

Briefly describe the individuals who are involved in the residential exchange including identification of the residential sites: _____

Proposed Move Date: _____

Has MHLS been notified of the move: Yes No Date of Notification to MHLS: _____

Are there objections from any party about this move: Yes No

If yes, please describe: _____

SECTION 2

THIS IS AN INTERNAL MOVE AFFECTING A VACANCY (Residential Exchange):

Briefly describe the individuals who are involved in the residential exchange including identification of the residential sites: _____

Proposed Move Date: _____

Has MHLS been notified of the move: Yes No Date of Notification to MHLS: _____

Are there objections from any party about this move: Yes No

If yes, please describe: _____

Will a new vacancy be created by the internal move(s): Yes No **(if yes, please attach Vacancy Announcement form)**

Submit form to:

DDRO Certified Residential Opportunities Team

SECTION 3

----- THIS SECTION TO BE COMPLETED BY THE CRO TEAM -----

Date form received: _____ Staff reviewing this form: _____

DDP1 submitted in Choices: Yes No

When applicable, Vacancy Announcement form attached to notification: Yes No



**CERTIFIED RESIDENTIAL OPPORTUNITIES
ADMISSION PLAN
SPECIALIZED NEEDS, PROPOSED SERVICES, AND SUPPORTS**

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), the Admission Plan is completed collaboratively between the CRO Team and the residential provider prior to admission. This form must be completed by the CRO Team member and the residential provider staff member with decision making authority related to staffing, programmatic, and environmental modification expenses.

The intention of the Admission Plan is to exchange information about the individual's specialized needs including how the agency plans to meet those needs. CRO staff will obtain information for this plan through the review of all available materials, including risk management, behavior support, and/or medical plans. The provider may offer additional information they may have obtained through the screening process.

Prior to admission, the Residential Provider will be responsible for securing the enhanced supports and services described below.

To be completed by CRO staff

Date: _____ Individual: _____ DOB: _____

CRO Staff completing this form: _____ Phone Number: _____ Email Address: _____

Residential provider: _____

Residential provider staff completing this form: _____ Phone: _____ Email: _____

To be completed by CRO and provider staff

Diagnoses (list all): _____

Current living arrangement: _____

Is there a Risk Management Plan in place: Yes (attach plan) No

Is there a Behavior Support Program in place: Yes (attach plan) No

Forensic History: Yes No If so, briefly explain: _____

On the following table, CRO staff first completes column A, B, and C. Column D is then completed by the residential provider.

(A) Specialized Needs	(B) Y/N	(C) Description of Need Based on Current Behavior Support Program and History:	(D) Proposed Plan to Meet Need (including service and associated time-frames, e.g. 1 hr, 3x/wk, etc.)
Time Out Room &/or Quiet Area	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SCIP-R/Promote	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alarmed or Locked Exterior Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Media Restrictions, Including Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community Restrictions	<input type="checkbox"/> Yes	Staffing Ratio Required: Description:	

	<input type="checkbox"/> No		
Alarmed or Locked Windows & Interior Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Secured Sharp Items	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Removal of Objects in Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Restitution	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Locked kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Residential Staffing Considerations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			
(A) Clinical/Medical Treatment Needs:	(B) Y/N	(C) Description and Frequency:	(D) Proposed Plan to Meet Need:
Relapse Prevention Treatment Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drug and Alcohol Treatment Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anger Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex Offender Treatment Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychotropic Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PRN Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Traditional Feeding (e.g. G or J-Tube Feedings)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Highly Specialized Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/>		

To be completed by provider

Day Services Plan

Provider agency's proposed plan for day services (e.g. employment/vocational training, day programming, school/education): _____

Supports and Resources Required

Identify **existing** clinical and/or medical staff that will support this individual including average number of hours of service (per week or month): _____

Identify **new** clinical and/or medical staff resources to be acquired to support this individual include including average number of hours of service (per week or month): _____

In addition to the required OPWDD and Agency trainings, the residential provider will provide the following additional trainings to staff in support of this individual's needs (*list*): _____ No additional trainings required

----- THIS SECTION TO BE COMPLETED BY THE CRO TEAM -----

Plan Approved Plan Not Approved *reason:* _____

CRO Team Leader: _____ Date: _____

Skill Levels and Activities of Individuals:

Age Range of Individuals: _____

Additional Comments or Information: _____

Submit form to:

DDRO Certified Residential Opportunities Team

----- THIS SECTION TO BE COMPLETED BY THE CRO TEAM-----

Date form received: _____

Staff person reviewing form: _____

H006_Vacancy Announcement Agency Profile _4-20-15

Submit form to:

DDRO Certified Residential Opportunities Team

TO BE COMPLETED BY INDIVIDUAL SUBMITTING THIS REFERRAL

By entering my name below, I confirm that I've explained the residential referral process to the above-named individual and/or the family/legal representative and that they understand and consent to sharing personal information that will assist the CRO team in identifying an appropriate residential opportunity for him/her.

_____ Date: _____
Person Reviewing This Information & Obtaining
Consent From the Individual Referred

OPWDD STATEWIDE CRITERIA

Priority 1 - Any of the following apply:

- o Abusive or neglectful situation constituting imminent risk of harm
- o Presents an imminent danger to self
- o Presents an imminent danger to others
- o Homeless or in imminent danger of being so
- o Special Populations
- o Aging Out of Residential School/CRP
- o Court or Legislative Mandate Requiring Residential Placement
- o Transitioning out of Developmental Center
- o Skilled Nursing Facility

Priority 2 - Any of the following apply

- o Aging or failing health of caregiver/no alternate available.
- o Living situation presents a significant risk of neglect or abuse.
- o Medical/physical condition requires care not available in present situation.
- o Presents an increasing risk to self or others.

Priority 3 - This group includes all those whose need is current but there is no danger to the health or well-being of individual or caregiver. Factors to consider would include:

- o Compatibility of the individual with available services.
- o Compatibility with the other consumers in a shared living situation.
- o Relative need for supports for daily living.

REFERRAL INCOMPLETE: ADDITIONAL INFORMATION REQUIRED

REFERRAL INCOMPLETE

Instructions for CRO team: when referral is incomplete, check box and enter information below which identifies what items are missing, and what additional information is required to complete the referral.

Instructions for Service coordinator: if the CRO team has determined this referral to be incomplete, please submit the requested information below within 5 business days. Resubmission must include this form and documentation indicated below.

Information below to be completed by the CRO Team

Date Referral Received: _____ Date Reviewed: _____ CRO staff: _____

Referral incomplete, returned to service coordinator: Date: _____

Reason: _____

Additional Information Required: _____

Date Referral Received: _____ Date Reviewed: _____ CRO staff: _____

Referral incomplete, returned to service coordinator: Date: _____

Reason: _____

Additional Information Required: _____

Date Referral Received: _____ Date Reviewed: _____ CRO staff: _____

Referral incomplete, returned to service coordinator: Date: _____

Reason: _____

Additional Information Required: _____

**PRIORITY LEVEL ASSIGNMENT
--- TO BE COMPLETED BY CRO TEAM ---**

Instructions for CRO staff: once complete referral received/reviewed and priority designation assigned, complete the Notification of Priority Level Memo and send to SC/referral source.

Date Complete Referral Received: _____ Date Reviewed: _____

Priority Level Assigned: _____ Date: _____

Rationale (Based on State-wide Criteria): _____

CRO staff approving priority level: _____ Date: _____



REGIONAL OFFICE RESIDENTIAL REFERRAL AND PLACEMENT TRACKING REPORT **USER GUIDE**

The Residential Referral and Placement Tracking Report is a standardized tracking spreadsheet that has been developed as the method to track the status of individuals pursuing certified residential placement. The spreadsheet design has many drop-down fields and can be sorted by such fields as status and priority level.

As determined by the director, each region has either a single regional tracking report or multiple tracking reports (at the district level). Tracking reports will be maintained in a restricted folder on the network: G:\COF\VACANCY-DDRO TRACKING\your region\your district (when applicable). Staff should not move the tracking sheet to another location. Users, and user access (read/write or read-only), have been identified by the director.

Vacancy management leads will have ultimate responsibility for the tracking report, ensuring that it's updated, maintained, and secure. A standard report protocol has been developed which identifies a statewide vacancy management report design. Each region will produce and distribute reports consistent with the protocol.

The following table identifies the columns/fields with instructions for completion.

Tracking Sheet Field Definitions/Instructions

Column Heading	Values	Instructions
Placement Status (drop-down)	Pending placement	Select when individual is awaiting placement
	Secured certified residential placement	Select when individual has been placed in a certified residential program
	Removed from Tracking: Need met with self-directed plan	Select when removing individual from tracking based on their choice to pursue a self-directed plan (such as ISS)
	Removed from tracking: Other - note in far right column	Select when removing individual from tracking for some other reason (note in far right column). Examples may include being incarcerated, moving out of state, etc.
Date Accepted (free text)	Date	Enter <u>date residential referral was accepted, reviewed, and priority level assigned</u>
Staff Initials (free text)	Initials	<u>Staff person initials</u> adding individual to the tracking sheet.
Tabs ID (free text)	TABS number	Enter the <u>TABS</u> (Tracking and Billing System) number assigned to the individual
Last Name (free text)	Last Name	Enter the <u>last name</u> (if the name is hyphenated, list both) of the individual
First Name (free text)	First Name	Enter the <u>first name</u> of the individual and a nickname if appropriate
Sex (drop-down)	Male, Female	Select the <u>sex of the individual</u>
Current Age	Auto Calculate Age	No entry required, auto-calculated based on entry in the DOB column.
Date of Birth (free text)	DOB (00/00/00 format)	Enter the individual's date of birth

OPWDD Eligibility (drop-down)	Yes, No	Select the <u>individual's OPWDD eligibility status</u> (must be OPWDD eligible to be enrolled in a certified residential program)
ISPM Score (drop-down)	1, 2, 3, 4, 5, 6	Select ISPM score
Priority Ranking (drop-down)	1, 2, 3	Select individual's <u>statewide priority ranking</u> (either "1", "2" or "3") based on Vacancy Management Protocol. After assigning a priority level, indicate justification/reason.
Priority 1: Indicator (drop-down)	Ageing Out of Residential School/CRP	When designated priority 1, <u>select qualifier</u>
	Abusive or neglectful situation constituting imminent risk of harm	
	Court or Legislative Mandate Requiring Residential Placement	
	Homeless or Imminent Danger of Being Homeless	
	Presents an Imminent Danger to Others	
	Transitioning out of Developmental Center	
	Skilled Nursing Facility	
Priority 2: Indicator (drop-down)	Ageing or Failing Health of Caregiver - No Alternate Caregiver Available	When designated priority 2, <u>select qualifier</u>
	Living Situation Presents a Significant Risk of Neglect or Abuse	
	Medical/Physical Condition Requires Care Not Available in Present Situation	
	Presents an Increasing Risk to Self or Others	
Priority 3: Indicator (drop-down)	Compatibility of Individual with Available Services	When designated priority 3, <u>select qualifier</u>
	Incompatibility with Other Individuals in Shared Living Situation	
	Relative Need for Supports for Daily Living	
Current Residence Type – select one (drop-down)	CRP/Residential School	Select <u>current residence type</u> (only one)
	Self-Directed/ISS	
	Developmental Center/MDU	
	DSS – Foster Care	
	Family Care	
	Homeless	
	Hospital	
	ICF	
	Lives Independently	
	IRA with 1-4 Individuals	
IRA with 5+ Individuals		

Current Residence Type (cont.)	ITO -LIT/CIT/RIT	Select <u>current residence type</u> (only one)
	Jail/Prison	
	OMH/Psychiatric Center	
	SNF/Assisted Living	
	Lives with Family/Friends	
Special Population Designation (drop-down)	Developmental Center/MDU	Identify <u>special population type</u> (only if individual resides in this type of setting)
	ITU – LIT/RIT/CIT	
	ICF/SRU	
	Residential School/CRP	
	SNF	
Requires Ground Floor	Yes, No	Indicate if individual requires living arrangements on the ground floor
Unisex or Co-Ed Home (drop-down)	Unisex, Co-Ed	Select residence type required
Overnight Awake Staff Required (drop-down)	Yes, No	Indicate if awake staff required for the overnight hours
Home Modifications (drop-down)	Locked Doors/Windows	Select the <u>most significant need</u> (only one), when indicated
	Locked Kitchen	
	Locked Doors/Windows/Kitchen	
	Plexiglass Windows	
	Reinforced Walls	
Special Medical Support/Monitoring (drop-down)	Feeding Tube	When indicated, select the <u>most significant need</u> (only one), requiring the highest level of care
	Diabetes	
	Medical Injections	
	PICA	
	Ventilator	
	Medical Condition Requiring at Least LPN Level of Care	
	Colostomy	
	Oxygen	
	Trachea	
Behavioral Supports and/or Forensic Monitoring (drop-down)	Behavior Plan	When indicated, select the most significant need requiring the highest level of support
	Behavioral Needs Indicate Need for a Formal Plan	
	Both Behavior/RM Plan	
	Forensic Monitoring	
	Risk Management Plan	
MFP Participation (drop-down)	Yes, No	Indicate if the individual meets the requirements for MFP funding (see MPF guidelines and information below)
Ageing Out (Only): Date Expected to Age Out of Residential School (free-text)	Enter Date (00/00/00 format)	Enter <u>date</u> individual is expected to age-out of residential school. If unsure of the exact date, pick the first day of the month the individual is expected to graduate (e.g. 06/01/2014)
Ageing Out/DC (Only): Plan Underway with Identified Provider/Project (drop down)	Yes, No	Indicate if the individual is linked with a development project and/or provider has been identified (or leave as “select” if not applicable)
County of Origin (drop down)	County List	Select individual’s county of origin

County Preferred (drop down)	County List, Region List	Select individual's preferred region, district, or county.
Date of Screening(s) Including Agency Name (free-text)	Enter Information	Enter <u>all</u> screenings that are conducted. Include: 1) date screening occurred 2) provider name 3) outcome (accepted, not accepted) 4) if individual declined placement (identify specific agency they declined)
Agency Providing Service Coordination (Or primary contact when individual does not have SC) (free-text)	Enter Information	Enter the following: 1) name of the agency providing service coordination 2) SC name 3) SC phone number 4) SC email address Or (<u>only</u> when individual does not have SC) 1) name of primary contact name 2) primary contact phone number
Date Placed (free-text)	Enter Date (00/00/00 format)	Enter the <u>date the individual began</u> the program (DDP1 enrollment date). Enter "n/a" if individual was removed from the tracking sheet without placement.
Residential Provider (free-text)	Enter Provider Name	Enter the <u>name of the provider</u> serving the individual. Enter "n/a" if individual was removed from the tracking sheet without placement.
Name of IRA/FC or Street Address of Program (free-text)	Enter IRA Name	Enter the <u>name of the IRA/Program</u> serving the individual. Enter "n/a" if individual was removed from the tracking sheet without placement.
Removed from tracking: Other (free-text)	Enter Information	When the individual is removed from the tracking system prior to placement, enter the <u>date</u> removed and <u>reason</u> (such as moving out of the area, incarceration, ISS, etc.). Enter "n/a" if individual was placed in a residential program.

Eligibility for MFP Participation

The individual moving must:

- Have resided in a qualified institution (hospital, nursing home, or ICF/IID) for not less than 90 consecutive days minus Medicare covered rehabilitative days immediately prior to transition
- Be in receipt of Medicaid for at least one day prior to transition from the institutional setting
- Be enrolled in the OPWDD HCBS waiver
- Continue to meet ICF/IID (formerly ICF/MR) level of care requirement
- Transition into a qualified residence

Definition of a Qualified Residence

Defined by Section 6071(b)(6) of the Deficit Reduction Act:

- Home owned or leased by the individual or his/her family member; or
- An apartment with an individual lease, with lockable access and egress, which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; or
- A community-based residence in which no more than four unrelated individuals reside

APPENDIX: I

Service Amendment Process

OPWDD REGIONAL OFFICE REQUEST FOR SERVICE AMENDMENT

To be submitted by the Service Coordinator (SC) for those individuals not required to go through the Front Door. Please refer to last page of this document for information about those services that *do not* require submission of this form.

This form was designed to be completed electronically. To request a digital copy, please contact your DDRO

➤ Reason for Submitting this Form: Requesting New Service Requesting an Increase in Service Amount Change in Provider

I. APPLICANT INFORMATION

NAME:	DOB:	TABS ID#:
ADDRESS:	COUNTY:	MEDICAID #:
CURRENT LIVING SITUATION:		TELEPHONE #:
CONTACT PERSON:	RELATIONSHIP:	
ADDRESS: <i>(If different than applicant)</i>	TELEPHONE #:	

II.

NAME OF SERVICE COORDINATOR COMPLETING FORM:	DATE:
EMAIL ADDRESS:	TELEPHONE:
AGENCY:	ADDRESS:
BROKER NAME : <i>(if applicable)</i>	EMAIL:

III. DEVELOPMENTAL DISABILITY/DIAGNOSES: _____
 Describe Ambulation Status: _____

IV. ISPM Overall Score: _____ **Date of DDP2:** _____
Domain Scores: Health _____ Behavioral _____ Adaptive _____

V. CURRENT SERVICES: List all supports currently received through both OPWDD and generic service providers. Include agency and frequency/amount of service.

Service Type	Frequency/Amount of Service (Units/Year)	Agency Name/OPWDD

Does individual attend a school program? Yes No **Specify:** _____
 Projected age out or graduation date: _____

VI. SERVICES REQUESTED: (Check all that apply)

- A. COMMUNITY HABILITATION:** Self-Hire (PRA and FI required) Agency Supported Self-Directed Direct Provider-Purchased
- Requested # units* annually: _____ Agency Name: _____
 (*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____
- Justification for service/goals: _____
- If agency directed, reason individual or family cannot self-direct: _____
- Is the individual 12 years of age or younger? Yes No If yes, explain individual's need for habilitation: _____
- Has new provider agency agreed to provide the service on the requested start date? Yes No

- B. COMMUNITY PRE-VOCATIONAL:**
- Requested # units* annually: _____ Provider Agency Name: _____
 (*1 unit = minimum of 4 hours or more per day / ½ unit = minimum of 2 hours or more per day. E.g. 5 units per week = up to 215 annually)
 Agency Contact Person: _____ Email Address: _____ Phone Number: _____
 - Pre-Vocational Setting(s): _____
 - Proposed start date: _____
 - Justification for service/goals: _____
 - Has new provider agency agreed to provide the service on the requested start date? Yes No

- C. COMMUNITY TRANSITION SERVICES** (Fiscal Intermediary required, 1 time expenditure, up to \$3000 – please submit required documentation)

- D. DAY HABILITATION:**
- Day Habilitation Without Walls Site-Based Supplemental Group Day Habilitation
- Confirm that a conversation has occurred with individual/family which explores less restrictive, more integrated day options have been discussed, reviewed, and considered.
- Requested # units* annually: _____ Provider Agency Name: _____
 (*1 unit = minimum of 4 hours or more per day / ½ unit = minimum of 2 hours or more per day. E.g. 5 units per week = up to 215 annually)
 Agency Contact Person: _____ Email Address: _____ Phone Number: _____
 - Proposed start date: _____
 - Justification for service/goals: _____
 - Has new provider agency agreed to provide the service on the requested start date? Yes No

- E. FAMILY EDUCATION TRAINING (FET):**

- Proposed start date: _____
- Justification for service/goals: _____

- F. INTENSIVE BEHAVIORAL (IB) SERVICES** (along with this form, submit the application):

Note: The DDRO will verify that the DDP2 has been completed within the past 6 months and update as necessary. The DDRO will also complete a Child, Adolescent, and Adults Needs and Strengths Developmental Disabilities Tool (CAANS-DD) to determine the service needs of the individual.

- G. PATHWAY TO EMPLOYMENT:**

- Provider Agency Name: _____ Agency Contact Person: _____
- Contact Phone Number: _____ Email Address: _____
- Proposed start date: _____
- Has the individual been in Pathway to Employment previously? Yes No
- Has new provider agency agreed to provide the service on the requested start date? Yes No

- H. SERVICE COORDINATION:**

- PLAN OF CARE SUPPORT SERVICES (PCSS)** (transferring from MSC to PCSS)
- MEDICAID SERVICE COORDINATION (MSC)** (transferring from PCSS to MSC)
- Provider Agency Name: _____ Agency Contact Person: _____
- Contact Phone Number: _____ Email Address: _____

- I. SELF-DIRECTED BUDGET AUTHORITY (Budget must be developed, falls within PRA): *check all that apply***

*Note: The Service Amendment Process must be followed when individuals (self-directing their services) have identified a changed need level and request a new DDP2 assessment to change their PRA, and/or request to add a new service within their self-directed plan. This includes adding a different type of a particular service to the Budget (e.g. an individual has agency-purchased community habilitation and wants to add agency-supported [employer authority] community habilitation). **All participants and/or their family interested in self-direction are expected to attend a required two-hour self-direction orientation. Please contact the self-direction liaison at the regional office for orientation session dates/times.***

- Fiscal Intermediary (FI)**

- FI Provider Agency Name: _____

- Individual-Directed Goods and Services (FI required)**

- Justification for service/goals: _____
- Proposed start date: _____

Live in Caregiver (FI required)

- Justification for service/goals: _____
- Proposed start date: _____

Brokerage (FI Required):

- Justification for service/goals: _____
- Proposed start date: _____
- Has a broker agreed to provide the service on the requested start date? Yes No

J. SUPPORTED EMPLOYMENT (HCBS Waiver SEMP): Self-Hired Staff (PRA and FI required) Agency Supported Self-Directed
 Direct Provider Purchased

Has the individual participated in ACCES-VR funded Supported Employment services? Yes No

IF YES (check which applies):

- Individual is participating in ACCES-VR Intensive Services. Projected date of transition from ACCES-VR: _____
- Is individual currently employed? Yes No
Projected SEMP services enrollment date: _____

IF No (check which applies):

- The individual has completed Pathway to Employment services, was denied from ACCES-VR, and the Pathway Discovery report recommends OPWDD SEMP. Projected SEMP services enrollment date: _____

Has the individual participated or anticipates participating in the Employment Training Program (ETP)? Yes No

IF YES (check which applies):

- The individual has completed the ETP application and is approved to start ETP.
Projected SEMP services enrollment date: _____
- The individual has successfully completed ETP and is transitioning to SEMP services.
Projected SEMP services enrollment date: _____

Identified SEMP provider for above services: _____

K. WAIVER RESPITE:

HOURLY RESPITE: Self-Hired Staff (PRA and FI required) Agency Supported Self-Directed Direct Provider Purchased

- Requested # units* annually: _____ Agency Name: _____
(*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)
Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____
- Justification for service/goals: _____

FREE STANDING RESPITE Site Name: _____

- Requested # units* annually: _____ Agency Name: _____
(*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____

Signature Section

<div style="background-color: #e0e0e0; width: 100%; height: 30px; margin-bottom: 5px;"></div> <hr style="border-top: 1px dashed black;"/> Service Coordinator Signature	Date:
<div style="background-color: #e0e0e0; width: 100%; height: 30px; margin-bottom: 5px;"></div> <hr style="border-top: 1px dashed black;"/> Service Coordinator Supervisor Signature	Date:

TO BE COMPLETED BY DDRO

Requests must be emailed via SECURE mail to:

Requests must be submitted via CHOICES followed by a notification to the DDRO

INDIVIDUALS REQUESTING A SERVICE AMENDMENT:

→ **SERVICES FOR WHICH COMPLETING A REQUEST FOR SERVICE AMENDMENT FORM IS NOT REQUIRED** ←

Please see instructions below regarding gaining access to these services

SERVICE TYPE	INSTRUCTIONS
CERTIFIED RESIDENTIAL SERVICES	Follow Vacancy Management Protocol, contact your Regional Office for assistance.
ENVIRONMENTAL MODIFICATIONS (EMODS) AND/OR ADAPTIVE TECHNOLOGY	Follow the established application process, submitting all required application materials to the DDRO.
EXISTING SELF-DIRECTED PLAN: REQUEST FOR A CHANGE TO AN EXISTING SERVICE WITHIN PRA	The Service Amendment process is not required for those making a change to an existing service that is in their Self-Direction Budget and within their PRA. For example, increasing wages for self-hired staff within the individual's PRA or making cost neutral changes to categories within the Individual Directed Goods and Services (IDGS).
FAMILY SUPPORT SERVICES (FSS)/NON-WAIVER SERVICES	Respite Reimbursement, Family Reimbursement, Recreation, Service Access Assistance, Educational Advocacy. Individual/family works directly with provider agency and FSS liaison at the DDRO to apply for available services. When Service Coordinator is in place, the SC will help to facilitate this process between the provider agency and the FSS liaison.
HOME OF YOUR OWN (HOYO)	For more information, contact DDRO
INDIVIDUAL SUPPORTS AND SERVICES (ISS)	Please contact ISS providers directly. If unable to locate an ISS provider agency with available funding, please contact your DDRO ISS liaison for assistance.
NON-WAIVER SEMP	Non-waiver SEMP is part of an approved contract. Providers must send requests for exception directly to the DDRO.

INDIVIDUALS WHO SHOULD ACCESS SERVICES THROUGH THE FRONT DOOR PROCESS

(AND SHOULD NOT USE THE SERVICE AMENDMENT PROCESS OR THIS FORM)

Front Door Processes apply to people in the following categories:

- OPWDD eligibility has not been established
- An eligible person not receiving Service Coordination (SC) or Plan of Care Support Services (PCSS) and is now requesting SC or PCSS
- An eligible person receiving Service Coordination or Plan of Care Support Services (PCSS) but not receiving other services and is now requesting a service
- An eligible person not receiving any HCBS Waiver services and is now requesting HCBS services
- Individuals who have had a break in waiver services for 1 year or more
- Young adults transitioning from public or residential schools either into the OPWDD system for the first time or requesting a new HCBS waiver service as a result of transition
- Individuals transitioning into the community from Developmental Centers (DCs) or other specialized settings

Service Amendment Scenarios

Process for Individuals Not Going Through the Front Door

All Scenarios: MSC should explore the ability of the chosen Provider to obtain services by accessing unused provider-held resources, or Portability. Requests for a change in service using Personal Reinvestment to fund the new service may also be an option. Should the attempt to use these avenues be unsuccessful, a request for approval to use new funding to pay for the service will be considered.

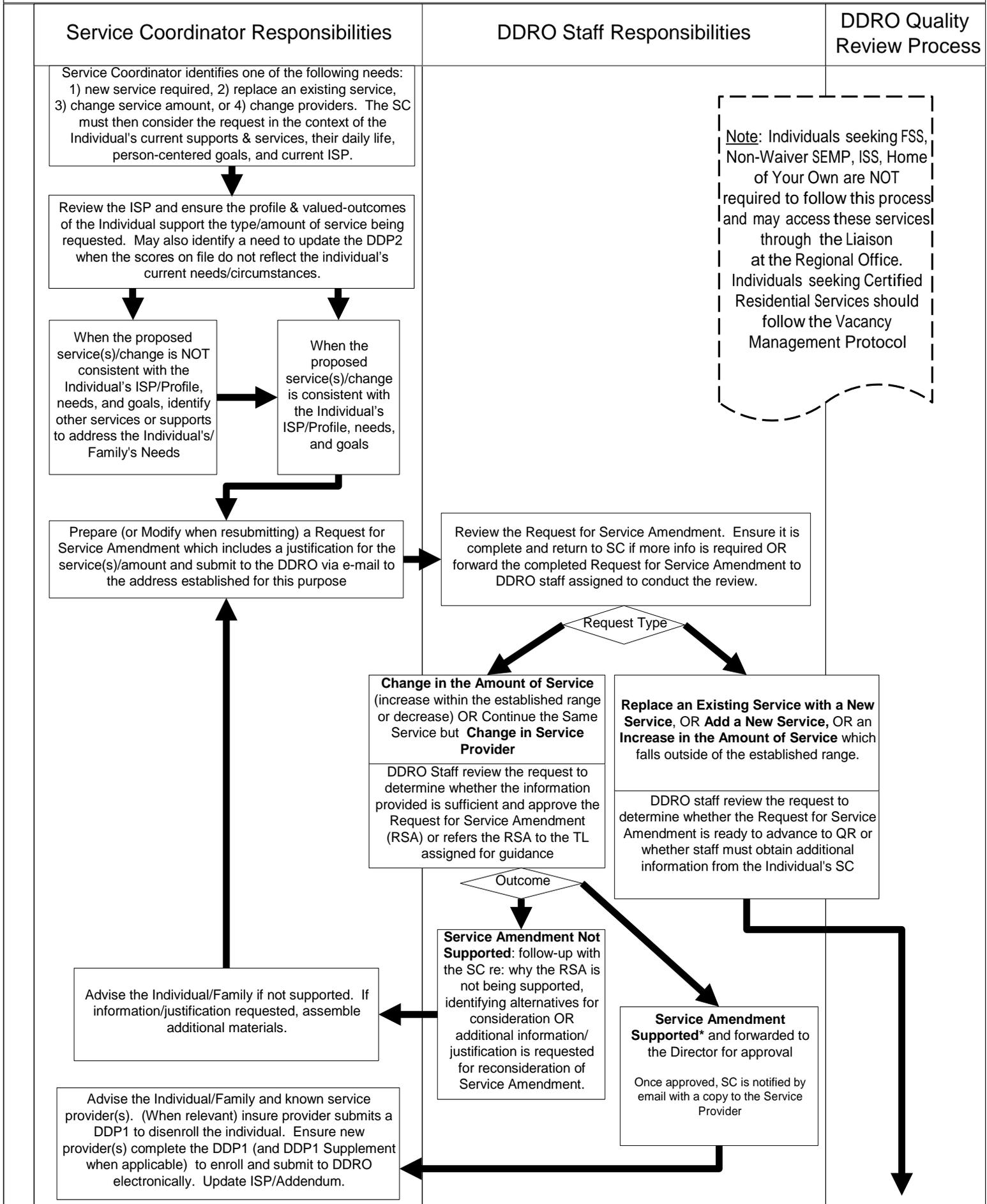
Note On Eligibility: All individuals seeking HCBS Waiver enrollment must have formal OPWDD Eligibility. "System generated eligibility" does not qualify as formal eligibility and is NOT acceptable for Waiver enrollment.

SCENARIO	DIRECTION
➤ Currently receiving a Family Support Service and wants additional non-waiver Family Support Services. Has no MSC and does not seek MSC.	Family can pursue service through Family Support Agencies.
➤ Currently enrolled in HCBS Waiver and wants additional Waiver service.	Advise MSC to work with chosen agencies to explore availability of Waiver Services through accessing unused resources/units, portability, or reinvestment. If the MSC does not locate a provider with unused resources, MSC should contact the RO Program staff to explore new funding and process Request for Service Amendment form per instructions.
➤ Currently receiving services and wants ISS	Advise MSC to process Request for Service Amendment form per instructions.
➤ Inter-District Transfers: MSC	Sending District closes out in TABS; MSC Enrollment processed in "New District." (No interruption in MSC Enrollment.)
HCBS	Sending District closes out in TABS. HCBS Enrollment in New District by submission of HCBS Application or copy of existing application by MSC. Regional Office reviews service request.
➤ Currently in Crisis and urgently needs a new service or more service than presently receiving.	Advise MSC to contact the RO Crisis Mitigation staff for assistance in accessing vital services as expeditiously as possible.

Note: Any persons seeking certified residential placement must follow Vacancy Management Protocols.

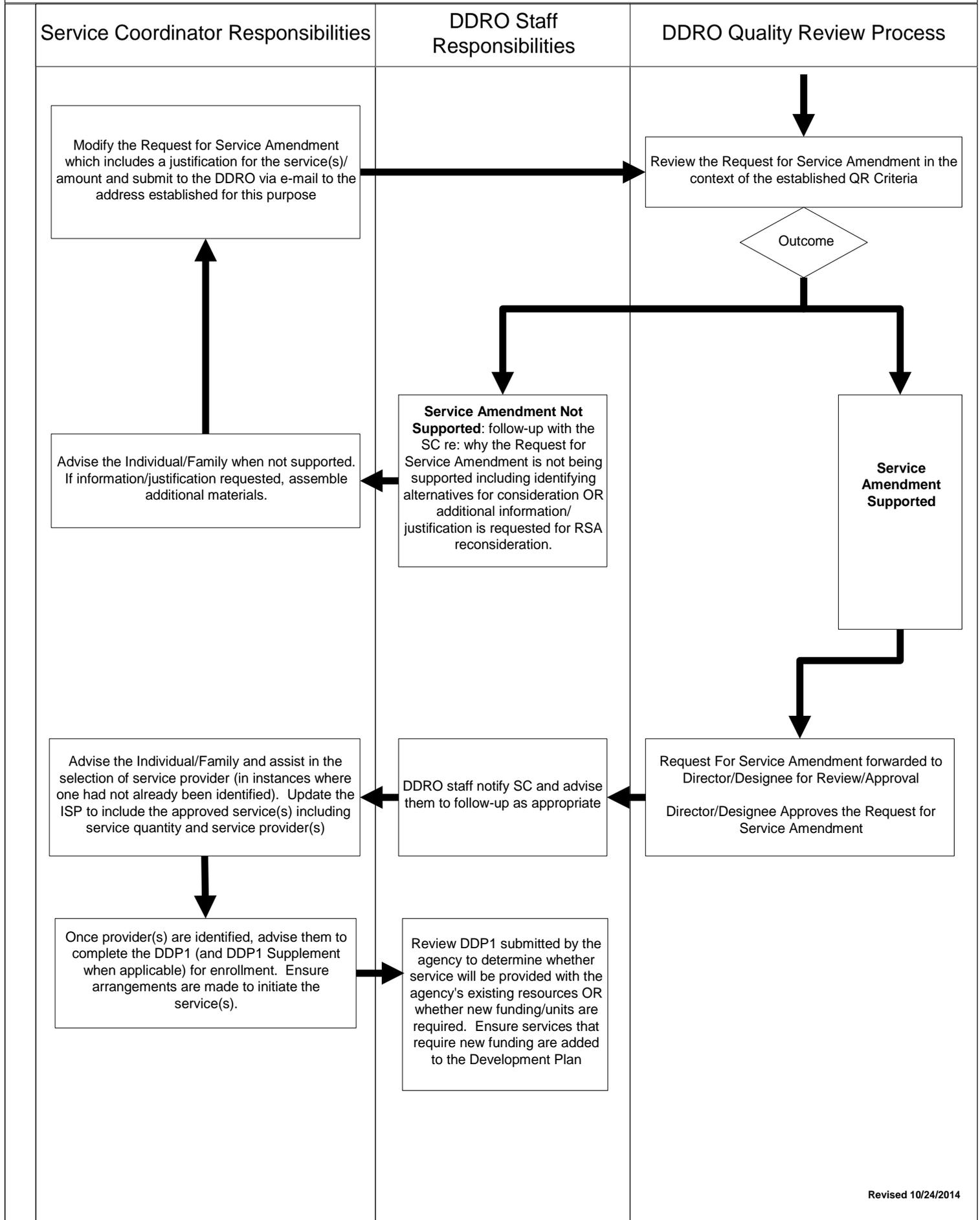
Service Amendment – Process Map

(For Individuals Not Required to Go Through the Front Door)



Service Amendment - Process Map (Page 2)

(For Individuals Not Required to Go Through the Front Door)



APPENDIX: J

ICF Conversions
Under Development