



Office for People With
Developmental Disabilities



Front Door Procedure Manual





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Section 1: Background Information

What is the Front Door?

The intent of OPWDD's Front Door is to provide a positive experience for people with developmental disabilities and their families as they seek the supports and services they both need and desire. The process of applying for services should be efficient and responsive to the needs, abilities, and concerns of individuals and families. The result of the process should be implementation of services and supports that are integrated into the community, and foster the maximum level of independence possible.

The Front Door is a major component of OPWDD's individualized and community supports and services platform. The Front Door was adopted to bring person-centered, individualized supports and service coordination to those supported by OPWDD. In addition to the Front Door, some of the key functions of OPWDD's Regional Office include provision or oversight of;

- A standardized process to authorize services and supports in a manner that aligns the resource to the person seeking services through a person centered process.
- Processes for enhanced funding and other resources to support special populations
- A system for managing new resources to the Region/District and documenting these in OPWDD's Development Plan
- The reinvestment of resources associated with both individuals and agencies
- A system for managing resources within existing provider bases for non-residential services
- A system for managing residential vacancies

Front Door services support our stakeholders' vision of self-determination and OPWDD's guiding principles that people with developmental disabilities have a right to:

- Enjoy meaningful relationships with friends, family and others in their lives
- Experience personal health and growth
- Live in the home of their choice
- Fully participate in their communities

OPWDD's Front Door will provide a consistent process across all five Regions of New York State for assisting individuals, families, advocates and stakeholders. It will ensure that individuals are guided, linked and referred to services that will meet their interests and needs, and allow individuals to access supports and services through OPWDD as well as the various community service delivery systems. OPWDD's Front Door processes will follow these guiding principles and ensure:

- A standardized and transparent process by which Regional Office staff offer services to people as they enter the Front Door of service delivery; Regional Office staff will ensure that individuals' needs are identified and that services are authorized based on the individual's assessed needs.
- Equity of access for all individuals.
- Resources will be allocated based on the identified needs of the individuals as

determined through a coordinated assessment process and OPWDD's Transformation Agenda. (Refer to Appendix A)

Purpose of the Front Door

Provide a Consistent, High Quality Experience for Individuals

OPWDD is committed to a truly person-centered approach to working with individuals to determine their unique wants and needs. Individuals and their families want a service delivery system that is easy to access and responsive to individual needs and choices. If individuals, families and advocates are aware of a broad range of options for supports and are provided with information related to the range of resources that can be accessed for supports, they will be able to choose options that are cost efficient and reduce reliance on traditional/high cost options such as certified residences and site-based day programs supports. When resources are allocated to individuals based on their needs, services will be more customized and the service delivery system will become more efficient and financially sustainable.

Facilitate an Individual's Connection to Needed Services

OPWDD supports opportunities for people to receive services in the most integrated settings, consistent with New York State's Olmstead Implementation Plan. While assisting individuals and their families in learning about, choosing, and implementing person centered service plans, Regional Office staff should:

- Ensure that individuals, families and advocates are aware of the full range of service options offered by OPWDD, not just the more traditional services such as certified residences and site-based day programs;
- Communicate the philosophy that many individuals and families are capable of directing some or all of their services;
- Provide information and resources on the options for individuals to self-direct some or all of their services.
- Provide a complete picture of the continuum of New York's housing options.
- Support people interested in obtaining competitive employment, particularly those seeking gainful employment at minimum wage or greater.

Ensure a Consistent Statewide Experience for Individuals

The Front Door is intended to be implemented in the same way across all five of OPWDD's Regional Offices. This manual provides guidance to Regional Office staff to ensure that policies and procedures are communicated statewide and applied in a consistent, easy-to-understand manner. Regional Office staff will seek to have a complete picture of the individuals requesting supports, including their strengths, interests and needs. Regional Office staff will be knowledgeable about the resources available within their region, including existing program vacancies, resources relating to special population groups, and existing resources i.e. units in program settings and resources available in their respective communities.

Honor OPWDD's Transformation Agreement with CMS and Facilitate Achievement of OPWDD's Transformation Goals (Refer to Appendix A)

It is through the consistent application of the policies and implementation strategies associated with the Front Door that OPWDD will be able to optimize services and supports for eligible individuals in a way that meets or exceeds the Transformation

goals.

To support these goals OPWDD will:

- Seek to apply a self-directed approach to service provision in which individuals and their designated representatives may have greater control of the services they receive and can hire, discharge, supervise, and review performance of their workers, as well as oversee the utilization of resources within their authorized budget allocation.
- Ensure individuals, families and advocates are aware of a broad range of consumer directed options for supports and services and provide information about the range of resources that can be used for these supports so that individuals, families and advocates may choose individualized, customized options.
- Support self-direction and implement strategies to minimize risk; there must be meaningful and appropriate discussion with the individual and his/her support network to identify potential risks and vulnerabilities (including behavioral and health considerations) and to develop meaningful, valid, and appropriate safeguards to address them. This will promote a good balance between overprotection and overlooking significant risks.

Relationship to Managed Care

OPWDD's Front Door processes help to prepare for OPWDD's move toward managed care. Consistent, streamlined processes throughout each Regional Office will allow OPWDD to clarify and strengthen its role.

Prior to Managed Care Implementation:

OPWDD's Regional Offices (RO) will be responsible for all aspects of the Front Door from Initial Contact through Service Authorization. Regional Office staff are responsible for ensuring individuals are educated about service options, completing initial individual assessments, discussing service options that relate to individuals' interests and levels of need, connecting individuals to service coordinators, producing a PISP, and making authorization decisions about service authorization requests submitted in accordance with individuals' person-centered service plans.

Throughout the "Optional" and "Mandatory" Managed Care Enrollment Phases:

Additional material will be made available to the Regional Office as the agency moves forward in the managed care environment.

Who Comes Through the Front Door and When

Front Door Processes apply to people in the following categories: (also see Service Access Scenarios in Appendix C)

- 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 Amendments (also see Service Access Scenarios in Appendix I)

In addition to establishing a set of process steps for individuals accessing OPWDD services through the Front Door, which are described extensively in the pages that follow, standard processes have been developed as well for individuals for whom Front Door processes do NOT apply, and who are seeking a change in their OPWDD services. These processes are also expected to be consistently implemented across all five Regions of NY State. Refer to “Service Amendment; the Process for Individuals Who Do NOT Go Through the Front Door,” and Appendix I.

Front Door Operational Structure

Each Regional Office has established one or more Front Door teams. Each team is responsible for carrying out a variety of critical functions. It is recommended that the Front Door teams include staff with knowledge and expertise in intake as well as a wide array of OPWDD and Non-OPWDD processes and services. All RO Front Door staff will receive initial Front Door training.

Front Door team responsibilities include providing orientation/education sessions to individuals and families on the range of available services, coordinating enrollment activities, collaborating with stakeholders, reviewing funding options, utilizing the EAA Tracking System, and monitoring the authorization process timelines for each individual. Although RO staff are sometimes referred to by a particular title or label in this manual, it is important to note that RO Directors must have the flexibility to determine the scope and variety of assignments RO staff are designated for. Districts that serve a high volume of individuals/families may have to (and be able to) assign multiple RO staff to one specific function/program area while other Districts with a lower volume might assign one RO staff to be responsible for multiple functions/program areas. The key is ensuring that there are an adequate number of RO staff assigned to all the vital functions for which the RO is responsible. Following is a list of critical functions and roles to be carried out by the Front Door Team.

Front Door Team Leadership

Front Door team members are supervised by a Front Door Team Leader. The Team Leaders have the responsibility and authority to coordinate all Front Door activities and are expected to collaborate with key stake-holders within and outside of the Regional Office. The Front Door Team Leaders are responsible for maintaining the overall integrity of the service authorization processes and for tracking, monitoring, and reporting on service authorization performance measures and metrics. The Front Door Team Leaders are also responsible for making specific staff assignments, overseeing the process flow, and participating in the evaluation of the effectiveness of the Front Door Processes in meeting system goals and service expectations of individuals, families, and advocates.

Front Door Intake & Service Authorization Staff

Front Door Intake staff are responsible to provide a welcoming environment and a positive experience for individuals/families/advocates requesting services. The primary role of Front Door Intake staff is to assist the individual/family/advocate in moving through each of the Front Door Processes in a supportive, person-centered manner. Whether the RO Director designates one group of staff to be responsible for the processes associated with Intake and a separate group of staff to be responsible for the processes associated with Service Authorization OR assigns the same Front Door staff to complete all of the tasks associated with both Intake AND Service Authorization, Front Door staff are to make the move between these processes as seamless as possible for the individual/family/advocate. The specific tasks for this group that are associated with the Front Door processes are outlined in the OPWDD Front Door Key Process Steps included later in this section of the manual.

As part of providing an individualized and personalized Front Door experience, the Front Door staff responsible for Intake will pay special attention to accessibility and accommodation needs, including communication needs of individuals/families/advocates so they may fully participate in the process. Front Door staff will adhere to federal and state requirements for effective communication. (See Appendix A)

Eligibility Determination

Eligibility staff are also part of OPWDD's Front Door. They support and advise individuals/families/advocates in moving through the OPWDD Eligibility Determination process. Eligibility Staff also provide technical assistance to agencies working with individuals/families/advocates regarding eligibility. Refer to the OPWDD Front Door Key Process Steps and Eligibility Determination Section in this manual for more information.

Assessment

Front Door Assessment staff are responsible to evaluate the capabilities and needs of individuals applying for services. The assessment function may be performed by Front Door Intake Staff or Front Door Assessment Specialists, depending upon assignment of available resources. Refer to the OPWDD Front Door Key Process Steps and the Assessment Section in this manual for more information.

Expertise in Specific Service Models

Regional Office staff are assigned to establish and maintain expertise in specific service models, such as employment services, community habilitation, respite, etc. and serve as the point of reference for inquiries regarding those services. These specialists act as a resource to other Regional Office staff, including Front Door Staff, and are expected to coordinate and advise regarding service availability, funding, and enrollment relative to individuals to whom the Front Door Processes apply as well as individuals seeking a Service Amendment.

Residential Vacancy Management and Other Key RO Liaison Roles

The Regional Office (RO) Vacancy Management Teams monitor both State and Voluntary-Operated residential program vacancies. Front Door Intake staff will collaborate with Vacancy Management staff regarding referrals for residential program vacancies. Because the needs of many individuals/families/advocates seeking services are so complex, Front Door Intake staff, along with Vacancy Management staff, may also draw upon the expertise of other RO Staff involved in Crisis

Management or those designated as Liaisons between the RO Vacancy Management Team and other discrete populations with unique needs or service requirements. These include the RO Forensics Liaison, the RO Children’s Services Liaison, the RO Developmental Center Liaison, the RO Aging Out Liaison, the RO Nursing Home Placement Liaison and/or PASSR Coordinator, or the RO ICF Transitions Liaison. Refer to Appendix H for the “OPWDD Regional Office Residential Referral & Vacancy Management Protocol”.

Quality Review Staff

The Regional Office (RO) is responsible to ensure that all service requests are formally reviewed and authorized on an individualized basis. The RO Director may establish a team to carry out this function or assign a specific staff person(s) to perform Quality Review. Refer to the OPWDD Front Door Key Process Steps and the Quality Review and Service Authorization Sections in this manual for more information.

Crisis Management

Front Door Crisis staff provides assistance to those individuals/families experiencing serious, time-sensitive events, necessitating the need for additional or different services. Front Door Crisis staff are responsible to expedite service requests of a true crisis nature by working collaboratively with staff in the Regional Office, in State Operations, and with external service providers. They are expected to refer individuals to the RO Front Door, as soon as is appropriate, while addressing the crisis situation.

Regional Office Director/Designee for Service Authorization

For services and supports to be reimbursed, prior authorization by the Regional Office Director or his/her appointed Designee is required. The Director/Designee is responsible to provide initial authorization of services following Quality Review with final approval given by ensuring the completion of the appropriate section in the EAA Tracking System.

Regional Office Data Management

As data is entered in the Eligibility, Assessment, and Authorization (EAA) Tracking System, it becomes available for analysis and review. Regional Office staff is responsible for providing accurate data, completing basic data analysis, preparing reports, and tracking information as requested by their Regional Office Director and Central Office. This data assists with assessment of effectiveness and efficiency of the Front Door process and ensures individuals are effectively being matched to services. Refer to the Metrics and Performance Measurement Section of this manual for more information.

Eligibility, Assessment, and Authorization (EAA) Tracking System

Purpose of the Tracking System

The Eligibility, Assessment and Authorization Tool (EAA) is a database designed for Regional Office staff to track important information associated with key steps of the Front Door process. The EAA is a tracking tool that records vital information as it is obtained from people seeking supports and/or services through OPWDD.

Consistent utilization of the EAA Tool promotes continuity across the state in each area of the Front Door process, and provides critical data for Front Door performance measurement, agency metrics, and will be used as a part of OPWDD’s Front Door

continuous quality improvement initiatives. It should also be emphasized that data in the EAA will be used to assist senior leadership in making strategic planning decisions associated with policy, procedure, staffing, budget planning, and ultimately insuring that the Front Door is supporting the agency's overall mission.

All staff using the EAA Tool must receive training in the "Instructions for Completion of the EAA Tool" and must be fully trained in the use of CHOICES by the Central Office Bureau of Information and Technology Solutions.

How EAA Tracking System Connects to CHOICES and TABS

The EAA Tracking System has been built directly into OPWDD's CHOICES system which allows the EAA to pull some existing information related to an individual from both CHOICES and TABS. It also allows for the tracking and pulling of data to develop statewide and regional reports.

For all agencies providing OPWDD services, the use of CHOICES is mandatory when submitting documents associated with Front Door processes or Request for Service Amendment.

Section 2: Step by Step Guidance for the Elements of the Front Door

Introduction to Front Door Process Steps

The following pages describe the Seven Steps necessary to move an individual through OPWDD's Front Door. A person cannot be said to have gone "through the Front Door" until they have received a PISP, and are actually enrolled in and receiving at least one of the newly identified services which have been identified through a person-centered planning process, and are consistent with their needs and personal wishes. In addition to assisting people in connecting with the services they both want and need as expeditiously as possible, we strive to have all OPWDD-eligible individuals and their families who have approached the Front Door feel valued and supported throughout as they explore the options we hope will help them experience a greater level of independence, and lead a richer life.

For the process to be considered expeditious, we must be able to examine the length of time it takes for each step, as well as the sequence of steps, beginning with Initial Contact in Step 1 and ending with Service Enrollment in Step 7. The timeframes reflected for the set of activities that comprise each step are estimates of the most desirable amount of time required to complete each step. The word "targeted" is used as it reflects our goal – the timeframe in which we would expect to be able to accomplish the step, assuming that the Regional Offices are fully staffed. There are elements that affect these process steps which are largely out of the control of the Regional Office. This includes determination of OPWDD eligibility and obtaining Medicaid eligibility through Local Government entities; the processes for both of which may add significantly to the time it takes Regional Office staff to assist an individual through OPWDD's Front Door. It is because of this that a "targeted timeframe" is identified for each step, and a "cumulative running time" is shown for the sequence leading from Step 1 up to the current step. Delays in any of the process steps will affect the cumulative running time. For example a 22-business day target has been established for confirming OPWDD eligibility. If exceeded, due to a number of potential variables, subsequent time markers will be off by the number of days in excess of 22 that it takes to accomplish this step.



STEP 1

ACTIVITIES & TARGETED TIMEFRAMES

**OPWDD’s Front Door:
Key Process Steps
and Targeted Timeframes**

INITIAL CONTACT

- Initial Response
- Information Gathering
- Begin Eligibility Discussion
- Schedule Appointments for Info Session
- Identify if Expedited Approach is Possible
- Refer to Service Coordination Agency if Waiver Services are Sought
- Follow-Up Contacts as Needed

**Targeted Timeframe to Complete Step 1:
10 business days**

- a. Answer/return initial calls/voicemail left by individual/family member requesting information about services. For individuals and/or families who speak a language other than English or have hearing impairment, follow OPWDD Language Access Policy and Procedures. **Calls should be returned within 2 business days of initial contact.**
- b. Contact the individual/family, and initiate the EAA. Note: The EAA should not be initiated until direct contact is made with the individual/family.
- c. Determine if OPWDD eligibility has previously been established. If OPWDD eligibility has not yet been determined, discuss steps necessary to pursue eligibility review and the availability of assistance if required.
- d. Discuss/schedule OPWDD Front Door Information Session or Self-Direction Training if the individual/family/advocate expresses interest in self-directing services. In some circumstances attendance at the Front Door Information Session may not be required (see below), but should always be encouraged. Note: Eligibility is not a prerequisite to OPWDD Front Door Information Session attendance.
- e. As part of the information collected during the initial contact with the individual/family, the Front Door intake staff will briefly assess which types of service(s) the individual may be seeking. When it’s likely that the individual will be pursuing a HCBS Waiver service, staff will ask the individual if they’ve enrolled in Medicaid, or have recently applied. When applicable, the individual/family should be provided with information regarding the application process.
<http://www.health.ny.gov/healthcare/medicaid/ldss.htm> Medicaid Helpline (800) 541-2831).
Note Re: Children/Families That Require Parental Deeming: For individuals aged 18 or younger, a Parental Deeming Letter from OPWDD is necessary to apply for Medicaid, so Medicaid application CAN NOT occur until all process steps have been completed, up to and including Waiver Application. There are important notes and modifications in some process steps. *See “The Parental Deeming Process” in Appendix C for details.*
Note Re: Municipalities where the default enrollment in Medicaid is into Managed Care plans: There are timing issues that may affect families’ ability to be initially enrolled outside of mandated managed care plans.
- f. Clarify the type of services being sought to determine which components of the Front Door Processes must be completed, especially if it appears that the individual will be asking for an HCBS Waiver Service, since that is the signal to RO intake staff to share the brochure/list of service coordination agencies and encourage the family to link up a with a Service Coordination vendor who may support and assist them with the balance of the Front Door processes:
Expedited Services - The following services may be expedited:
 - **Individuals seeking only Article 16 Clinic Services:** The only Front Door component required for this service is confirmation of OPWDD eligibility, unless Clinic Services are being sought for

STEP 1 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<p>assistance in establishing a diagnosis for eligibility which requires only a presumption of eligibility. <u>An EAA does NOT have to be initiated.</u></p> <ul style="list-style-type: none"> • Individuals seeking “non-waiver” services, i.e., non-waiver FSS and ISS: the only Front Door components required for these services are confirmation of OPWDD eligibility, EAA completion, and submission for service authorization. Attendance at the OPWDD Front Door Information Session is optional and an update/completion of a DDP2 is not required. <ul style="list-style-type: none"> • Complete sections of the EAA related to Key Process Steps 1, 2, and 6. • Refer individuals/families who qualify for FSS to a Service Access Assistance Program if they require help with the OPWDD Eligibility process or provide assistance as necessary • Submit for Service Authorization • Recent graduates or others with some services already who are seeking only SEMP/Pathway [they have MSC, eligibility, a current DDP2 (completed within the past 2 years), and a Waiver NOD]; the only Front Door components required for these services are EAA completion and submission for service authorization. Attendance at the OPWDD Front Door Information Session is optional. If a person is coming from Access-VR and has a current job, they will not be required to attend an information session. <ul style="list-style-type: none"> • Complete sections of the EAA related to Key Process Steps 1, 2, and 6 • Submit for Service Authorization <p>Waiver Services</p> <ul style="list-style-type: none"> • Individuals seeking waiver services (most Front Door components are required for these services); <ul style="list-style-type: none"> • As noted above, be certain to share brochure/ list of Service Coordination agencies; advise family to link up with a Service Coordination vendor who may support and assist them with the balance of the Front Door processes, and advise the individual/ family to notify intake staff of agency selected. Verify selection with service coordination agency and enter into EAA. Advise service coordinator to submit the service coordination enrollment documents in CHOICES. Note: Enrollment in Service Coordination can occur prior to Assessment, but not prior to OPWDD Eligibility determination and Medicaid being approved. • Some regions have Service Access Assistance Programs. Individuals who require assistance with the OPWDD Eligibility process should be referred to these programs when they exist.
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STEP 1 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<ul style="list-style-type: none"> • Individuals/families interested in self-directing services using self-hired staff and budget authority must attend a Self-Directed Services training session prior to authorization for those services. Self-Direction training can replace the OPWDD Front Door Information Session for these individuals. Otherwise, participation in the OPWDD Front Door Information Session is required for individuals seeking Waiver Services. • If there isn't a DDP2 on file completed within the last 2 years OR if there is a DDP2 that was completed within the past 2 years but it doesn't reflect the individual's current circumstances and needs, consider scheduling a DDP2 Assessment Session to immediately follow confirmation of OPWDD Eligibility. <p>g. Schedule additional contacts (by phone or in person) to complete EAA sections associated with the Intake Process.</p> <p>Targeted Timeframe: Within 10 days of date individual first expressed interest.</p> <p>Note: If individuals or families present with an urgent or immediate need, RO staff can adjust elements of the Front Door Process to expedite access to services.</p>
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STEP 2

ACTIVITIES & TARGETED TIMEFRAMES

<p>OPWDD ELIGIBILITY REVIEW</p> <ul style="list-style-type: none"> • Eligibility review conducted • Additional levels of review as needed • NOD issued to communicate OPWDD eligibility finding <p style="text-align: center;">Targeted Timeframe to Complete Step 2: 22 business days</p> <p style="text-align: center;">Cumulative Running Time: 32 business days</p> <p style="text-align: center;">(Based on 22 business days to Confirm Eligibility)</p>	<ul style="list-style-type: none"> • Assist individual to obtain OPWDD eligibility and/or confirm that OPWDD eligibility has been established before proceeding to the assessment. <ul style="list-style-type: none"> • DDRO eligibility staff complete Step 1 of the eligibility review process and make a DD eligibility determination. Per policy, Step 1 must occur within 30 calendar days. • Requests for further information, further clinical review and/or Adaptive Behavior Assessment are arranged immediately following Step 1 review if needed. Note: When eligibility cannot be confirmed in Step 1 of the eligibility review process, the individual is referred to Step 2, then Step 3 if applicable (please refer to established OPWDD Eligibility Policy/Procedure and Eligibility Process Map.) The entire DD eligibility process could take up to 90 days to complete. • When an individual has been determined eligible, provide results to individual/family via an Eligibility Notice of Decision (NOD) Letter. For those individuals interested in pursuing HCBS Waiver Services, a copy of the Service Coordination brochure and list of Service Coordination agencies should be provided. The individual/family is encouraged to link up with a service coordinator vendor who may support and assist them with the balance of the Front Door processes. • Assigned RO staff ensures eligibility results are documented in the EAA. <u>Note:</u> If individual is found NOT eligible for OPWDD, the appropriate RO staff sends the individual the Eligibility Notice of Decision then deactivates the individual's EAA record.
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STEP 3

ACTIVITIES & TARGETED TIMEFRAMES

<p>ASSESSMENT AND REVIEW OF SERVICE NEEDS</p> <ul style="list-style-type: none"> • Assessment Conversation • DDP-2 • Service Coordination Agency Selected • Service Recommendation to Quality Review <p>Targeted Timeframe to Complete Step 3: 5 business days</p> <p>Cumulative Running Time: 37 business days (For HCBS Waiver Services only)</p>	<ul style="list-style-type: none"> • Confirm that a Service Coordination agency selection has been made and appropriate application materials submitted (i.e. MSC1 and Ongoing and Comprehensive form). • Complete DDP-2 if one does not exist or if older than two years. Review existing DDP-2 and update if it no longer accurately reflects the individual’s circumstances or needs. • Assessment Conversation: Front Door staff facilitate a focused conversation with individual/family/advocate (by phone or in person) that explores and clarifies the individual’s service requests/needs. <ul style="list-style-type: none"> • If individual has secured a Service Coordinator, it’s important to invite them to participate in the assessment conversation. • Explore interests and service needs of individuals by engaging all parties in a person-centered discussion that will help clarify both the services and the amount of each being requested. • Forward service recommendations, inclusive of service type and quantity, to Quality Review. • At the conclusion of the assessment discussion, if it appears that the individual will be pursuing a waiver service, the DDRO staff will advise Service Coordinator to begin preparing waiver application materials. <p>Targeted Timeframe: within 5 business days of confirmation of OPWDD Eligibility.</p>
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STEP 4

ACTIVITIES & TARGETED TIMEFRAMES

<p>QUALITY REVIEW & APPROVAL OF SERVICES</p> <ul style="list-style-type: none"> • Quality Review of Service Category Recommendations <p style="text-align: center;">Targeted Timeframe to Complete Step 4: 7 business days</p> <p style="text-align: center;">Cumulative Running Time: 44 business days (For HCBS Waiver Services)</p>	<ul style="list-style-type: none"> • Through the RO Quality Review process, staff considers the individual/ family’s service requests and the recommendations provided by DDRO/Front Door staff using the QR Decision Guidelines. Additional justification is requested of the RO Intake staff or the individual’s Service Coordinator as necessary. <p style="text-align: center;">Targeted timeframe within 5 business days of assessment</p> <ul style="list-style-type: none"> • QR RO staff forwards the list of QR-Recommended Services and service amounts to RO Director/Designee for approval <p style="text-align: center;">Targeted Timeframe: within 2 business days of the Quality Review</p>
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STEP 5

ACTIVITIES & TARGETED TIMEFRAMES

<p>SERVICE DEVELOPMENT and WAIVER APPLICATION</p> <ul style="list-style-type: none"> • PISP Cover Letter Sent • FD PISP Generated • Request for Service Authorization Submitted • Waiver Application and LCED Submitted <p style="text-align: center;">Targeted Timeframe to Complete Step 5: 14 business days</p> <p style="text-align: center;">Cumulative Running Time: 58 business days (For HCBS Waiver Services only)</p>	<p><u>Cover Letter and Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum Generated</u></p> <ul style="list-style-type: none"> • 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 Tracking System. A Cover Letter and the EAA-generated Front Door PISP/Proposed Changes for Inclusion in the 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 Request for Service Authorization Form. <p style="text-align: center;">Targeted Timeframe: within 2 business days of the Director/Designee’s approval</p> <p><u>Waiver Application, Service Development, and the Request for Service Authorization(s) (RSA) Form:</u></p> <ul style="list-style-type: none"> • <u>Service Coordinator Reviews PISP/Proposed Changes for Inclusion in the ISP Addendum</u> with the individual/ family to confirm that the services listed on the Front Door PISP/Proposed ISP Addendum are consistent with what the individual wishes to pursue. At this time, the individual/ family may affirm that all the services contained in the PISP/Proposed Addendum are desired or may choose to select only some of them. The service coordinator then works to secure commitments from provider organizations to deliver the desired services. • After obtaining a commitment(s) from a provider(s), the SC completes the Request for Service Authorization Form and works with the individual/ family to finalize the Waiver Application, including the LCED. <ul style="list-style-type: none"> • The Request for Service Authorization Form lists those services the individual wishes to pursue and includes the service amount/quantity. It also includes information about what agencies were identified to provide the affirmed services.
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STEP 5 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<ul style="list-style-type: none"> • If the individual decides not to pursue all of the services originally identified in the PISP, these services will be included in the “Declined Services” section of the Request for Service Authorization Form. • The Service Coordinator submits the Waiver Application with LCED and completed Request for Service Authorization (RSA) Form together as a packet to the DDRO Waiver Coordinator. <p><u>Note Re: Children/Families That Require Parental Deeming:</u> It is important that the Service Coordinator clearly identify waiver applicants who do NOT have Medicaid and for whom the Parental Deeming Process will be required.</p> <p>Targeted Timeframe: within 10 days of the Front Door PISP/Proposed Changes for Inclusion in the ISP Addendum being sent.</p> <p>Note: Until the full ISP has been completed, Service Coordinators should continue to seek providers for the services listed on the Authorization Request without a provider identified.</p>
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STEP 6

ACTIVITIES & TARGETED TIMEFRAMES

<p>WAIVER ENROLLMENT AND SERVICE AUTHORIZATION</p> <ul style="list-style-type: none"> • Waiver NOD • RO Review <p style="text-align: center;">Targeted Timeframe to Complete Step 6: 7 business days</p> <p style="text-align: center;">Cumulative Running Time: 65 business days</p>	<p><u>For HCBS Waiver Services</u></p> <ul style="list-style-type: none"> • DDRO staff process Waiver Application Packet, ensuring that all components – inclusive of the LCED- are complete and accurate, and conduct a final quality check of the Request for Service Authorization Form to ensure that the services listed align with the Front Door PISP/Proposed Changes for Inclusion in the ISP Addendum. • The EAA is authorized by the DDRO Director /Designee including all of the services requested on the approved Request for Service Authorization Form. Note: Prior to sending the EAA form for Director /Designee approval, any services declined on the Request for Service Authorization Form will be identified in the EAA as not authorized with reason code “individual chose a different service to meet need.” • Once the Request for Service Authorization has been approved through this final Quality Review check and it’s determined that the HCBS Waiver application meets all of the requirements; • <u>For Individuals Over 18 Who Have Already Enrolled in Medicaid:</u> A Waiver Notice of Decision (NOD) is generated along with the Service Authorization Letter which lists each of approved services including the amounts/quantity authorized and the provider agencies when known. If a provider has not yet been identified by the SC, this will be noted. Both letters will be sent to the individual/ family with a copy to the Service Coordinator. A copy of the Service Authorization letter should also be sent to identified providers.
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STEP 6 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<ul style="list-style-type: none"> • For Children/Families That Require Parental Deeming: The DDRO Waiver Coordinator will advise the OPWDD Revenue Support Field Office to generate a “Parental Deeming Letter” that will be forwarded to the Service Coordination Agency selected by the individual in order for the agency to assist the individual to apply for Medicaid at the local DSS office. Once Medicaid has been approved by the local DSS and the DDRO is notified, a Waiver Notice of Decision (NOD) is generated along with the Service Authorization Letter which lists each of approved services including the amounts/quantity authorized and any provider agencies that may be identified. • The Service Coordinator is then responsible to follow up with identified provider agencies to ensure that enrollment occurs for all authorized services. <u>Note:</u> when authorizing MSC: <ul style="list-style-type: none"> • A Service Authorization Letter is NOT required • RO staff should follow established Service Coordination approval protocol. • Once the MSC1 application and Ongoing and Comprehensive Assessment have been reviewed and approved, the MSC Notice of Decision should be issued. • Although a Service Authorization Letter is not required for approval of MSC, RO staff should identify Service Coordination in the list of services in the EAA to be authorized by the Director/Designee. <p><u>For Non-Waiver Services</u></p> <ul style="list-style-type: none"> • As part of the Service Authorization Process, a review occurs to ensure that requested services match individual’s interests and needs. • Service Authorization Letter is issued to individual/family with copies to RO Staff designated as responsible to oversee specific program services. <p>Targeted Timeframe: within 7 business days from receipt of the Waiver Packet and Request for Service Authorization</p>
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STEP 7

ACTIVITIES & TARGETED TIMEFRAMES

<p>ENROLLMENT IN SERVICES</p> <p>Targeted Timeframe to Complete Step 7: 10 business days</p> <p>CUMULATIVE TOTAL: 75 DAYS to SERVICE ENROLLMENT</p>	<ul style="list-style-type: none"> For each service authorized, the Service Coordinator ensures that all provider agencies submit DDP1s for processing / authorization by DDRO staff. The DDP1 will include enrollment information including service amounts and whether existing resources are adequate to fund the service or whether new funding is required. (DDP1 and DDP1 Supplement until revised DDP1 is available) Targeted Time Frame: Encouraged to submit within 5 days of service authorization If new funding is necessary, RO staff add the service to the Development Plan. Targeted Time Frame: within 5 days of receiving DDP1 <p><u>Note:</u> Agencies may not bill for services without an approved DDP1. Once added to the Development Plan, OR if resources already exist within the agency, RO staff process the DDP1 in CHOICES.</p> <p>ENROLLMENT and SERVICES BEGIN/ISP Developed</p> <ul style="list-style-type: none"> The service coordinator works with the individual/ family to develop and implement the full ISP within 60 days of receiving MSC or HCBS Waiver Enrollment, whichever comes first. The ISP does not need to be submitted to the Regional Office. When submitting a Request for Service Amendment, the service coordinator will be required to assemble the individual’s support team (which may include family members, advocate, etc.) to discuss and recommend any new service requests which must be incorporated into the ISP upon approval by the RO.
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Targeted Time Frames: The targeted timeframes identified in this document are goals established by OPWDD, taking into account federal and state requirements and recognizing that there are numerous factors which can influence an individual’s progress through the Front Door. Some of these factors are outside of the control of OPWDD, including the time it may take a particular individual to obtain information necessary for OPWDD and/or Medicaid eligibility, or any work during the Front Door process that must be managed by the staff of entities external to OPWDD. The stated timeframes are dependent on adequate staffing at the Front Door/OPWDD regional offices.

Initial Contact

Although individuals and their families may learn of OPWDD services through many sources, and may work closely with a provider agency prior to requesting services, all individuals defined in the “Who Comes Through the Front Door” section of this manual must be directed to their local DDRO Front Door Team to begin the process leading to approval of services.

Intake Processes

DDRO Front Door staff gather vital information during initial conversations with the individual and/or family, through researching the individual’s history and through available information in TABS, and record this information in the EAA. If the individual/family/advocate has already identified a service coordinator, that person will be brought into the Front Door process as early as possible. If the individual has not selected a Service Coordination provider, information regarding Service Coordination will be provided. Refer to the OPWDD Front Door Key Process Steps for more information. If Parental Deeming will be required to make an individual eligible for Medicaid, there are important variations in the Front Door practices which are referenced in the chart of the process steps, with additional detail in a separate Deeming document in Appendix C.

Front Door Information Sessions

In order to fully inform individuals and families about OPWDD services, OPWDD has created the Front Door Information Session for Individuals, families, and advocates. The Front Door Information Session orients individuals and families to OPWDD and its services, including information on self-direction. For those who are not able to attend an information session, the material will be provided electronically or through an alternate arrangement. If a family expresses an interest in self-directing services, attendance at a Self-Direction Training Session can replace the OPWDD Front Door Information Session.

This session is intended to help the individual/family/advocate understand OPWDD’s Front Door processes and to answer any questions the individual or family may have about OPWDD services, the eligibility determination process, or service planning. The concept of self-direction is also introduced.

Individuals/families/advocates are encouraged to consider self-directing some or all of their services and supports and to attend a Self-Direction Training session to learn more about the benefits and options. The individual/family member may invite someone to accompany them to the Front Door Information Session. Family members and advocates, as well as their Service Coordinator or other agency representative(s), are also welcome to accompany individuals to the Front Door Information Session.

Using a standard curriculum provided by the Front Door video and talking points and the accompanying registration materials, the Front Door Information Session will be offered to individuals and families in multiple locations and at times that vary to meet the needs of the attendees. In support of this, Provider Agencies, working with the Regional Office, may also be authorized to hold Front Door Information Sessions.

These may be co-presented by OPWDD staff and a provider agency representative, or conducted entirely by one or the other. Regional Office Directors will work with providers to establish the approach that best meets the region’s needs. Front Door Information Sessions will be held as frequently as necessary to enable progression through the Front Door process. The Regional Office will ensure sessions accessible to remote locations via video-conference whenever possible to meet the needs of people

living in outlying communities or with transportation barriers.

Note: OPWDD eligibility is not a prerequisite to attend the Information Session, but should be confirmed prior to assessment and service planning. If an individual is unable to attend a Front Door Information Session, they will be provided with the same information through a telephone conference on an individual meeting with a Front Door staff member. Information may also be provided through the mail, however Front Door staff are to make every effort to review this information directly (in-person or via phone) with individuals and families.

Self-Direction Information Sessions

In addition to a basic overview of the array of services and service providers available for OPWDD eligible individuals to choose from, Self-Direction Training will explain the key concepts and requirements of self-direction, and provide information on how this approach to services can enrich the life of the individual/family. Individuals interested in self-directing all or part of their services must attend the Self-Directed Services Training. If an individual knows that they wish to self-direct some or all of their services even before attending a Front Door Information Session, Front Door staff will link them to Self-Direction Training and attendance at the OPWDD Front Door Information Session will be optional. (See Appendix B)

Publicizing the Information Sessions:

Information sessions are publicized via Regional Office communications with individuals, families and advocates, through the Commissioner's Correspondence Unit, Regional Office correspondence, and on OPWDD's Facebook page.

<https://www.facebook.com/NYSOPWDD>

OPWDD also reaches out to schools and parent advocacy groups to ask for their assistance in publicizing the information sessions. Sessions requested by providers, school districts, and other entities may be publicized by those organizations.

Registration:

People interested in attending an informational session may register by phone through the Front Door Regional Office staff, via the OPWDD Training website, or directly with an agency authorized to provide the Front Door Information Session. Special Accommodations may be requested at this time for accessibility and communication needs. (See Appendix B for detailed instructions and required registration forms)

For those that have contact with the Front Door Team, OPWDD will insure that the individuals Language Access and/or Accessibility Needs are addressed. When an interested party accesses the registration site directly, they will find a link for the registrant to indicate "Language Access and/or Accessibility Needs".

Accommodations will be made for those that require interpretation or translation for spoken language and/or ASL. Once OPWDD receives the request, an interpreter for that session will be arranged.

A link to the Front Door Online Registration is:

http://www3.opwdd.ny.gov/wp/servlets/wp_FormControlServlet See the Language Access Bulletin 3/7/14 in Appendix A. OPWDD is fully compliant with federal and state laws/regulations for effective communication. OPWDD 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://www.opwdd.ny.gov/resources/language-access>

Materials:

Materials for the Front Door Information Sessions include a resource access booklet that will also be made available in a form or format that meets the unique communication needs of participants upon request. These resources are available through OPWDD's Training website. Regional Office staff are expected to make appropriate materials available to participating individuals, family members and advocates with assistance from Central Office as needed.

Provider Agency staff who attend information or training sessions are expected to download their own materials directly from OPWDD's training website, a practice consistent with participation in other OPWDD-sponsored trainings.

Attendance

Attendance will be tracked by printing a copy of the pre-registration list generated through the online Training Catalog and through use of the standard Information Session Sign-In/Registration Form. Individual Data Forms will also be completed at the day of the training (see appendix B for detailed instructions regarding use of the Sign-In/Registration and Individual Data Sheet forms)

Participation in the session will be reflected on the EAA Tracking System for people going through the Front Door. Once a session is complete, OPWDD staff trainers ensure appropriate EAA records are initiated (and closed when an individual indicates they only are attending a session for information and not seeking services). All attendees will be given a Certificate of Participation at the Front Door session; those who receive the information via a personal meeting will also be given a certificate (See appendix B).

Potential Referral Sources

Providers and Other State Agencies

Voluntary and State Operated provider agencies must refer all individuals new to OPWDD to the Regional Office. If an individual is new to OPWDD or required to engage in the Front Door process, the provider may continue to assist the individual with gathering information to submit to OPWDD for eligibility determination. A provider should not begin formal service planning with an individual. Front Door Staff are required to complete assessment and service planning processes, and will include the individual's Service coordinator if waiver services are sought once the individual has been determined OPWDD-eligible. If an individual is seeking non-waiver services, providers may enroll the individual in the service once it is authorized through the Regional Office.

Local School Districts

Transition planning from the state education system to adult services through OPWDD is most successful when students/families start early. Transition planning should begin at age 14 according to Federal IDEA law. Students interested in OPWDD adult services should contact OPWDD at least three years prior to the completion of their

educational program. The RO Children's Services Liaison role has been established to facilitate transition for its district's students. At the family or advocate's request, OPWDD state/voluntary staff may participate in CSE meetings to assist with transition planning. The advantages of early transition planning include:

- The verification of the OPWDD eligibility prior to a student leaving the school program.
- If appropriate, connecting students with service coordination so supports can be authorized and in place when the student leaves school, and
- Increasing opportunities for competitive employment for students through internships and supported employment.

Confidentiality rules prohibit schools from sharing information about students who may be eligible for services with OPWDD without consent from the student or family. The OPWDD eligibility process must begin early so that if an individual is determined eligible, there is adequate time for transition planning. OPWDD needs a signed consent form from parents or guardians of students under the age of 18. Students 18 and older may sign their own consent form unless they have a court appointed legal guardian, so that school records can be shared for eligibility and planning purposes. OPWDD has developed a consent form that school districts can share with parents, or the school district may use its own consent form. (See Appendix F for Student Consent to Disclose Educational and Health Records Form)

Residential Schools

Historically, children who cannot be adequately educated by their schools have often been placed into in-state or out-of-state private residential schools. The decision to place a child in a residential school is made by a local Committee of Special Education (CSE) and the New York State Education Department (SED). Individuals in foster care may be placed in similar residential facilities by local social services districts. OPWDD does not control the decision to place a child in a residential school. The mission of OPWDD's Aging Out Initiative is to ensure that children who have been placed in either in-state or out-of-state residential schools have access to person centered adult services upon their entrance into the OPWDD service system when they complete their schooling or at the end of the school year in which they turn twenty-one. The Aging Out Initiative is extremely important because it connects individuals with adult services in their local communities while at the same time freeing up residential school resources for new children entering the educational system. If services for students aging into OPWDD's adult service system are not in place when individuals complete their schooling, students often remain living at their residential schools on an emergency basis. The ramifications of a delay in providing adult services include the following:

- The supply of available residential school opportunities for children is very limited. An adult (over twenty-one) who does not leave a residential school does not allow a child in need, and often in crisis, to access that school.
- Students see their peers graduate and move on and become frustrated that they are being left behind with children and can't begin their adult lives. Valuable relationships are often lost.
- Students are often placed into residential schools based on their support needs and availability of vacancies, rather than on the school's proximity to their homes. In many cases students are in residential schools in locations that are distant from their family and home community. While family visits are possible,

because of the distance, visits are costly and may not happen frequently.

- Residential schools are in most cases campuses. They are not community based and access to the community is often not a priority. They are neither the most integrated nor least restrictive environment.
- The cost of residential schools is, in most cases, greater than the cost of equivalent OPWDD services. Additionally, while the federal government participates in the cost of most OPWDD services with a 50% funding match, adults living in residential schools are a 100% cost to New York State.

School districts should let OPWDD Regional Office staff know of students at risk of being placed in residential schools as soon as possible so that OPWDD can provide services that may prevent the need for residential placement. School districts should inform the OPWDD Regional Office staff when a student is placed in a residential school so OPWDD can do transition planning with the residential school and ensure that adult services are in place for the individual when he/she completes his/her schooling .

Individuals aging out of residential schools should move through the appropriate Front Door processes; an EAA should be initiated, attendance at the Front Door Information Session is offered but not required. The RO Aging-Out Liaison Role has been established to facilitate appropriate and timely service to these individuals.

Eligibility Determination

Confirming eligibility based on required documentation is the responsibility of OPWDD and is done by Regional Office staff. Voluntary agencies and OPWDD staff may assist individuals, families and advocates in completing and submitting the necessary information needed for eligibility determination, however, OPWDD must make it clear to providers that no service planning can begin until an individual's eligibility has been determined. Moreover, services must be reflected in an individual's plan, approved and authorized by the Regional Office, before they can be billed. Providers cannot be reimbursed for services that have not been authorized. (See Appendix F)

Summary of Role of Front Door Team in Eligibility Determination Process

If an individual is interested in OPWDD services and has not gone through the OPWDD eligibility determination process, the Regional Office staff will provide the individual and/or family with an overview of the eligibility process and will support the individual to attain the information needed for an eligibility determination by one of the following;

- If available within the district and if the family is eligible for Family Support Services, the Regional Office Intake staff may refer the individual to a Family Support Services agency or other grant funded program, clinic or private practitioner, for assistance in gathering eligibility information.
- If an individual is already connected with a voluntary provider and the agency is willing to assist the individual in gathering information for an eligibility determination, the Regional Office staff will provide clarification on the information needed.
- If no other resources are available, the Regional Office staff may directly assist the individual in gathering information for eligibility determination.

Note: In most cases, the individual must have a confirmation of OPWDD eligibility and

participate in an OPWDD Information session before the individual can proceed to the assessment and service planning process. The exceptions to this when the individual has an urgent need for service and with the approval of the Regional Director / designee, the OPWDD Front Door process can be modified to meet the urgent need for services and the Information session can occur at a later date.

Following review of the Eligibility Packet and Transmittal form, if eligibility staff determines an adaptive behavior assessment is required; arrangements may be made to have it completed by qualified RO staff.

Role of Eligibility Staff

OPWDD, through its local Regional Office clinical eligibility staff, determines whether a person has a developmental disability and is eligible for OPWDD-funded services.

Three-Step Review Process:

The process for determining eligibility may involve multiple reviews and is designed to make sure that every person receives a fair and thorough review. (See Appendix F for process map)

1st Step Review

At the First Step, Regional Office staff review the eligibility request records to make sure the referral packet is complete and to determine if the individual meets OPWDD eligibility criteria. At the completion of the First Step review, the Regional Office notifies the person in writing that:

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

2nd Step Review

If the Eligibility Request is forwarded for a Second Step Review, a committee of Regional Office clinicians evaluates the request. The clinicians also review any additional information that has been provided about the person. The person will be notified in writing if the committee review requires more information, the specific type of information required, and the deadline date for the Regional Office to receive the requested information.

When the Second Step Review is complete, the Regional Office sends the person a written notice of the determination. If the committee cannot determine that the person has a developmental disability, the person is ineligible for OPWDD services. The written notice provides the reason for the decision, and also offers the person options to:

- a) Meet with the Regional Office 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 specific Medicaid-funded services on the Transmittal Form for Determination of a Developmental Disability.

3rd Step Review

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

Third Step Reviews are completed before the Fair Hearing date.

Assessment

Once OPWDD Eligibility is established, Regional Office Front Door Staff engage in a conversation with the individual seeking services, their family/advocate and Service Coordinator (SC) to continue to gather information and conduct an assessment that fully explores the interests, abilities and service needs of the individual. Information for the assessment can be gathered from a variety of data sources including existing records, the EAA Tracking System and the DDP 2, but the most critical aspect of the assessment process is conversation and dialogue with the individual seeking support along with their family and/or advocates and SC. It is important that if the individual has a relationship with a service coordination agency, they be welcomed to participate in the assessment conversation. In so doing they have the opportunity, along with RO staff, to learn more about the individual and to be part of the open dialogue that will eventually result in the Front Door PISP which will outline the services and service amounts which best address the needs and interest of the person seeking services. Active participation by the SC in the Assessment and Service Planning processes minimizes delays in enrollment and actual initiation of services.

Assessment of Needs

A newly completed, current, or updated DDP2 is required for all individuals accessing the Front Door. In the future, the Regional Office staff will use the Coordinated Assessment System (CAS), a more comprehensive assessment tool that is currently being piloted, to assess a person's strengths, interests and needs. Current and direct information from the individual, or someone else who knows the person well, is essential for the completion of a new DDP2 and/or verification of a DDP2 that is more than two years old. This can be accomplished through an extended telephone call or face-to-face encounter where the individual's interests are thoroughly explored. New DDP2s can be entered using the CHOICES or TABS application. All DDP2 information is stored in the TABS system whether entered through CHOICES or TABS. The information appearing on the DDP2 reports is derived from TABS whether the information was entered in TABS or CHOICES.

Process to Determine When a Reassessment is Required (when DDP2 already exists)

In many instances, an individual will approach OPWDD's Front Door with an existing DDP2 on file. Information from the most recent DDP2 on file will pre-populate into the EAA Tracking System. Regional Office staff must review the most recent DDP2 on file to determine whether it is current (less than 2 years old) and complete. To determine whether a DDP2 that appears to be up-to-date is valid for the purpose of service planning, however responsible staff must ensure that it also reflects the individual's current clinical condition/circumstances. As stated previously, RO staff responsible must contact an individual(s) who knows the person best to review and

ensure the DDP2 is up-to-date.

Identifying Support Needs

The Regional Office Front Door staff review the information gathered through the assessment and completion of the EAA Tracking System and engage in a discussion with the individual and their family or advocate about needs as well as opportunities. RO specialist staff, with expertise in employment, self-direction, and housing options, discussed previously, are expected to act as a resource to RO Front Door staff in this regard. RO staff will be cross trained so that multiple RO staff will be able to assist individuals in these areas.

The RO staff ensure that requests for new services, as well as requests for the reinvestment of funding for existing services are supported in a manner consistent with OPWDD's Transformation Agreement and Transformation Goals.

What are the person's interests and goals?

Regional Office staff glean this information by encouraging individuals to voice how they like to spend their day, whether they desire employment, how they like to spend their leisure time, where they'd like to live, what their desired level of independence/autonomy is, whether they have a support network, and who they like to spend their time with (including friends, family, community, and others). Those expressions of interest are translated into suggestions for specific services and suggested amounts of those services.

What level of natural and community supports does a person have?

The Regional Office staff asks the individual and his/her family to identify the people, groups or organizations that are a resource to the individual. Through these discussions, the RO staff should learn about the individual's family, friends, neighbors, associations, community centers, spiritual centers, school groups, volunteer services, self-help groups, clubs, etc. RO staff should always ask him/herself the following question: Do the services to be authorized support the individual remaining connected to his/her community, or do they improve the individual's connections with the individual's support network and community resources? The answer should always be yes.

What services do they receive from other entities?

Through discussions with the individual and his/her family, the Regional Office staff will gain a thorough understanding of all the services, resources, and funding received by the individual, including those resources received through the local Department of Housing and Urban Development, the local Department of Social Services, local government/county services, the Department of Health, the Office of Mental Health, Department of Education, Department of Criminal Justice Services, and the Office of Alcoholism and Substance Abuse Services.

Self-Direction

Regional Office staff will be sufficiently knowledgeable about self-directed service options to encourage individuals to self-direct some or all of their services. Self-Direction means that the individual with developmental disabilities:

- Is empowered to choose the mix of supports and services that work best for the individual, how and when they are provided, and the staff and/or organizations who provide them

- May choose to exercise Budget Authority (control and responsibility over the individual's budget)
- May choose to exercise Employer Authority (hire, schedule and supervise the people who support him/her and determine the activities that will be supported and the way that support will be provided), and
- May choose HCBS waiver supports, NYS funded supports, and/or natural and generic community supports

What information should be provided regarding Self-Directed Services?

Regional Office staff will check to see if an individual has attended a formal training session on self-direction. If they have not, the Regional Office staff will refer the individual/family to a scheduled session or conduct a personal session and review the following:

- 1) An explanation of what self-direction is
- 2) What budget authority and employer authority mean
- 3) What services that are available for self-direction
- 4) Where to go for more information

Every individual should be provided with information about who to contact for additional information on self-direction and be given the following three pamphlets:

- 1) Want the Freedom to Handle Your Own Services?
- 2) A Seven Step Pathway to the Life You Want!
- 3) Pathway to Self-Directed Services

If an individual/family/advocate expresses interest in self-directing some or all of their services RO FD staff should reflect this when the services requested are prepared for Quality Review.

Review of Service Needs

Participation in Service Planning and Preparation for Waiver Enrollment

As indicated previously, Regional Office staff are responsible to ensure a Service Coordination Agency has been identified and the SC invited/encouraged to participate throughout the Assessment process if the individual/family has expressed an interest in HCBS Waiver Services and it appears to RO FD Intake staff that the individual will be eligible for HCBS Waiver Enrollment. Active participation by the SC is equally important in the Service Planning processes.

It is important that RO FD Intake staff and others interacting with the individual/family throughout these early steps in the FD Processes ensure that the individual/family is aware that the individual must ultimately be determined to be eligible for the HCBS Waiver in order for them to receive HCBS Waiver Services. This requirement will be reinforced at a future point in the Service Authorization Letter the individual/family will ultimately receive upon submission of the Request for Service Authorization, but it is important for RO FD Intake staff to make the individual/family aware of this and to encourage the SC to begin as early as possible to collect and compile the materials required for the HCBS Waiver Application, including documents required for the Level of Care Eligibility Determination (LCED).

Review of Assessment Information, ISPM Scores, and Potential Use of a “PRA”

RO staff are expected to facilitate a focused conversation with the individual/family/advocate and Service Coordinator that includes review of the information obtained throughout the intake and assessment processes and the ISPM score obtained from the DDP2 as this may be suggestive of the types and amounts of services the individual might require/desire. The DDP2 score is also used currently to generate the individual’s personal budget or Personal Resource Allocation (PRA), a dollar amount that establishes the outside parameters for what might be considered approvable to support an individual’s Self-Directed Service Plan should Self-Directed Services that require a Fiducial Intermediary (FI) be the individual’s/family’s choice. RO staff are expected to know what various ISPM scores may be indicative of, and be able to calculate a PRA if necessary even though specific monetary information is NOT to be shared in this stage of the planning process with the individual/family or SC. The focus of these processes must remain on the match between the services and service amounts discussed and the individual’s true level of need. PRAs are most appropriately referenced by the FI with the individual/family/advocate when the details of the self-directed service plan are being worked out.

Note: as the CAS is implemented, the needs assessment portion of this process will be revised to reflect the new instrument.

Guidelines for Discussion of Potential OPWDD Services to Meet Identified Needs

With a thorough understanding of the individual’s interests, current supports, and assessed needs, Regional Office staff have the information needed to explore with individuals and their families the types of services that will support the individual’s health, growth, meaningful relationships with friends, family, and overall quality of life. RO staff build upon the information provided in the Front Door Information Session to educate individuals, their families, and advocates on the wide array of services, including non-OPWDD supports available to help support the individuals’ needs and goals. RO staff are responsible to examine, in a preliminary way, the extent to which the type of services promoted by OPWDD’s Transformation Agenda may meet the interests and needs of the individual. Services specifically promoted via Transformation Goals will be encouraged throughout discussion with individuals and their families, and every effort will be made to support requests for services which are;

- Self-directed vs. agency directed
- Fully integrated with the community’s organizations, routines, and activities vs. segregated site based programs.
- Vocationally oriented, especially when the opportunity pays minimum wage or greater and is carried out with non-disabled co-workers vs. vocational or “sheltered” activities.

The discussion about available supports and services must be global and not simply focused on OPWDD services. When OPWDD services are being considered, the amount of a service necessary to adequately meet the individual’s needs is an additional dimension of Service Planning that must be addressed. RO FD staff must ultimately provide a list of OPWDD Services being requested, along with the amount of each service considered adequate to meet the individual’s needs, to RO Quality Review staff.

Referral to Other Service Systems

Many individuals who receive OPWDD supports have interests and needs that may

benefit from accessing supports and services from other systems. Some of those supports are available as generic community resources and others are available through formal benefits or programs available in the other systems. Ultimately, as the CAS is implemented and the move to managed care is initiated, opportunities to access services across multiple systems will be strengthened through the “No Wrong Door” initiative that will incorporate OPWDD’s new Front Door. Additional information will be incorporated as it becomes available.

If an individual has needs that can be met through other service systems, Regional Office staff shall refer the individual and his/her family to those systems. RO staff should explain how services from these other service systems can help ensure that a person’s needs are addressed holistically and that all sources of support are being used to help the person attain his/her goals.

The RO staff review ALL the services, resources, and funding available to the individual, including those resources that can be obtained through the local Department of Housing and Urban Development, the local Department of Social Services, the local government/county service, the Department of Health, the Office of Mental Health, Department of Education, the Department of Criminal Justice Services, and the Office of Alcoholism and Substance Abuse Services. The RO staff are responsible to discuss pertinent services/resource options with the individual noting that in some instances, a service requested by an individual may not be supported by OPWDD.

Quality Review

The Front Door processes are geared to result in the timely access of appropriate supports and services for people who are eligible for OPWDD. RO staff are responsible to ensure that authorized OPWDD services are reasonable, derived through a person-centered planning process and well-matched to an individual’s assessed support needs. One means of carrying out this responsibility is through a Quality Review Process applied during the early stages of the Service Authorization process.

Each district will have a Quality Review (QR) process, established by the Regional Office Director or designee. It may be carried out by a team of staff or it may be implemented by an individual staff member familiar with Front Door processes, the Transformational Agenda, and the availability of services. The RO Quality Review Team/designated RO staff, reviews initial service requests from individuals who are moving through the Front Door processes on a regularly scheduled basis so that RO FD staff can organize and plan accordingly. (see worksheets and other suggested forms in Appendix C)

RO staff perform several significant tasks with individuals prior to formal QR, including ensuring an EAA Tracking System is initiated, OPWDD Eligibility is established, an Assessment is completed, and a focused discussion occurs regarding services and service amounts. RO staff are responsible to submit key information for QR, highlighting assessment results and specific service recommendations. See the Guidelines for Discussion of Potential OPWDD Services to Meet Needs, above, for guidance on key considerations in approval of service requests. (see worksheets and other suggested forms in Appendix C)

Through QR the requested services and service amounts are reviewed based upon the individual’s assessed support needs and consistency with Transformation Goals. Once reviewed and accepted via the established QR Processes, the proposed services and

service amounts for each individual are forwarded to the RO Director/Designee for approval. If the RO Director/Designee supports the QR recommendations, RO QR staff provides feedback to the RO Front Door Service Authorization staff regarding which requested services and service amounts are to be recorded in the EAA. Services that may have been requested but not supported by the QR Process will be reconsidered if additional information and justification can be obtained and re-presented by the RO Front Door Service Authorization staff. The results of the QR discussion, alternate services/amounts suggested, and any clarifying or guiding comments are captured in minutes or on a QR Master Tracking Spreadsheet developed by the RO District Office for this use. (see worksheets and other suggested forms in Appendix C)

RO Service Authorization staff then enter both the services and amounts approved through the QR Process in the EAA Tracking System. The EAA data will then be used to generate the Front Door Preliminary Individualized Service Plan (FD PISP), which is sent to the individual/family/advocate with a cover letter explaining next steps in the process and to the Service Coordination Agency along with an instruction sheet. Refer to the OPWDD Front Door Key Process Steps for additional information.

Service Planning

Upon receipt of the Front Door Preliminary Service Plan (FD PISP) the Service Coordinator (SC) is responsible to meet with the individual/family/advocate to identify which of the FD PISP Services the individual/family wishes to pursue at that time, and to identify a preferred service provider for each in order for the SC to complete the Request for Service Authorization. This document is submitted to the RO FD Team along with the HCBS Waiver Application packet described below. The Waiver Application packet can be submitted in CHOICES via an attachment to the Initial LCED, or by notifying the RO staff via email that a Waiver packet has been uploaded in CHOICES using a naming convention established by the RO, such as **LAST NAME_FIRST NAME_TABS#_YYYY_MM_DD_NAME OF DOCUMENT**. (Note: make sure to review the variations associated with Parental Deeming in the charts of the steps and in the Parental Deeming document in appendix C, if applicable.)

The HCBS Waiver Application Packet comprises:

- Application for participation in Home and Community Based Services Form HCBS 2/1/97
- Freedom of Choice form HCBS 2/3/97
- LCED – The Service Coordinator (SC) will be responsible for having a physician review, sign, and date the initial LCED. Along with the LCED, the relevant pre-admission evaluations: social history, psychological and annual physical must accompany the LCED for the physician’s review.
- FD PISP or Individualized Service Plan (ISP)
- Social History
- Psychological Evaluation
- Annual Physical
- DDP2

If during this aspect of the Service Planning Process the individual/family/advocate indicates a desire to add another service or make a change in any of the services or service amounts listed on the PISP, the SC is expected to reinforce that the purpose of

the FD PISP is to get the individual into service as soon as possible, and that the only services approvable at this point in time are the services listed in the FD PISP. Changes to the services described in the preliminary plan that may include different services or service amounts will need to be supported by the SC in the Individual's Profile and Valued Outcomes sections of the full ISP that the SC will be developing. The **Service Amendment** process established for individuals who do NOT go through the Front Door provides for services not reflected on an individual's Front Door PISP to be requested and approved at a future date, once a full ISP is established.

The SC is required to work with the individual/family to develop and implement the full ISP within 60 days of receiving MSC or Waiver enrollment, whichever comes first. The ISP does not need to be submitted to the Regional Office. Refer to the OPWDD Front Door Key Process Steps for additional information.

HCBS Waiver Enrollment & Service Authorization

Each RO District must establish a process for receipt and dissemination of the HCBS Waiver Application Packet and Request for Service Authorization to appropriate RO staff for review and action as appropriate. (Note: make sure to review the variations associated with Parental Deeming in the charts of the steps and in the Parental Deeming document in Appendix C, if applicable.)

HCBS Waiver Enrollment

Upon receipt of the HCBS Waiver Application Packet (packet contents listed above) RO Waiver staff review the application materials to ensure all required documents are complete and the standards met. RO waiver staff are responsible to see that all steps to enrollment are implemented and that a 'NYS Department of Health OPWDD "Notice of Decision" Authorization for Participation in the OPWDD Medicaid Home and Community Based Services (HCBS) Waiver Program' is prepared and sent out with the Service Authorization Letter.

Service Authorization

Once the Service Coordinator has met with the individual to finalize the selection of services and service quantities, and identify service provider(s), the Service Coordinator is expected to complete and submit the Request for Service Authorization form to the Regional Office within 10 business days. In recognition of the fact that it may not be possible for the SC to obtain a commitment to serve the individual from a provider agency for every service selected by the individual/family within that 10-day time-frame, the Request for Service Authorization form allows for the SC to indicate that they will continue to seek a service provider for some services without holding up the authorization process. The RO staff review the Request for Service Authorization to ensure the services selected align with the FD PISP. **(Please See Appendix C for the Service Authorization Memorandum issued from Kerry Delaney)**

If the Request for Service Authorization contains a service that is not consistent with the FD PISP, RO Service Authorization staff will advise the SC that the service is NOT approved and direct the SC to the established process for Requests for Service Amendment once a full ISP is established. If the services identified in the Request for Service Authorization are consistent with the FD PISP, RO Service Authorization staff will determine whether the individual/family has selected ALL of the services originally entered in the EAA Tracking System and carried over to the FD PISP OR whether the individual/family has rejected one or more of the services listed at this time; RO Service Authorization staff then note the decision in the appropriate section

of the EAA Tracking System. The EAA data is then used to generate the Front Door Service Authorization Letter which will be sent electronically whenever possible to;

- the individual/family/advocate
- the SC/agency providing the individual with Service Coordination
- any agencies identified as the “provider selected” on the Request for Service Authorization

The HCBS Waiver NOD is included in the mailing to both the individual/family/advocate and the agency providing the individual with Service Coordination.

In addition to providing authorization to participate in the HCBS Waiver through the NOD and confirming authorization of specific services to the individual/family/advocate, the FD Service Authorization Letter will describe additional actions that must be taken by the individual/family/advocate in regard to certain specific services they have selected. It will also remind them of the requirements for remaining enrolled in the HCBS Waiver.

Service Implementation

Since Service Providers may not yet have been identified for each service requested by the time the FD Service Authorization Letter is issued, the Service Coordinator may have to continue to seek service providers for services even AFTER the service has been authorized by the RO. It is therefore important that the SC ensure that every service provider, whether identified originally or added after-the-fact, is aware when an individual’s services have been authorized so that the provider may complete and submit a DDP1 in CHOICES and the actual initiation of the services can be arranged. The DDP1 and any required attachments are the mechanism the service provider must use to identify both an enrollment date and a date the service is actually to commence, and to indicate to the RO the number of units, whether the service can be provided within the service provider’s existing resource base or whether new money/funding is required to serve the individual.

Upon receipt of the DDP1 and attachments, RO program staff review the funding information provided, verify that as necessary for the provider agency, approve (or disapprove) the DDP1, and begin tracking the individual as a recipient of the service for which they are responsible. In addition, if the individual or service provider requires “New Funding,” that is established via appropriate entries on the Development Plan.

Section 3: Metrics and Performance Measurement

Metrics and Performance Measurement

A performance measurement program will help to identify numerous measures associated with tracking Front Door performance. Performance measurement is not only important as a part of an ongoing quality assurance program, but it will provide important information to assist senior leadership in making strategic planning decisions associated with policy, procedure, staffing, budget planning, transparency, and ultimately insuring that the Front Door is supporting the agency's overall mission.

Timely Access Benchmarks

OPWDD wants individuals and families to move through the Front Door as quickly as possible so that individuals in need can begin receiving desired services. The EAA Tracking System collects information related to targeted timeframes in the Front Door Key Process Steps, including the dates that each step is completed. The goal of tracking and analyzing this data is to identify bottlenecks - processes through which individuals are moving very slowly – so managers can act to expedite slow moving processes and to identify additional DDRO performance areas related to the Front Door that could be improved. Completing the date fields within the EAA is essential for effective management of the Front Door, and is therefore mandatory. These metrics will be available to OPWDD leadership and Front Door management staff on a regular basis.

Output Measures

Output measures include monthly statistics compiled for each region that are related to various steps in the Front Door Processes such as:

- Number of EAA records initiated
- Number of Individuals who have attended the OPWDD Information Session and/or the Self-Direction Training
- Number of Individuals who have had a Front Door generated DDP2
- Number of EAA records deactivated
- Number of EAA records authorized by region and the most sought after service types

Section 4: Service Amendment

In addition to establishing a set of process steps for individuals accessing OPWDD services through the Front Door, standard processes have also been developed for individuals for whom the Front Door processes do not apply, and who are seeking a change in their OPWDD services. These Service Amendment processes are also expected to be consistently implemented across all five Regions of NY State. Refer to Service Amendment Flow Chart, Scenarios and Forms in Appendix I.

Those Seeking Non-Waiver Service Amendments

Individuals to whom Front Door processes do not apply who are seeking Non-Waiver Services, such as Non-Waiver FSS, ISS, or Non-Waiver SEMP, may access these either by working through their Service Coordinator, if they have one, or by contacting the Service Provider directly to determine availability of the services sought .

Those Seeking Waiver Service Amendments

Individuals for whom Front Door processes do not apply that are seeking new or additional amounts of OPWDD Waiver Services should work with their Service Coordinator (SC) to complete the processes for Service Amendment described below.

The SC is responsible to work with the individual/family to explore and help define the changing service needs of individuals and to examine the effectiveness of the services the individual/family is receiving on an ongoing basis within a person-centered context. As a result, individuals/families may periodically wish to amend their existing service plan in one of the following ways;

- Changing the provider of a service that will otherwise remain the same in type and amount
- Changing the amount of an existing service within the parameters established within the Region as readily approvable
- Changing the amount of an existing service to a quantity that is outside the parameters established within the Region as readily approvable
- Replacing an existing service with a new service
- Keeping all current services, and adding a service

When an individual's circumstances have changed and/or a new service need has been identified the SC is responsible to update the Individual Profile and Valued Outcomes sections of the individual's ISP, and to work with the individual/family/advocate in a person-centered manner to identify the service(s) that can meet the needs of the individual in the most appropriate manner.

Throughout the planning process the SC is expected to support and encourage self-direction, employment, and services provided in the least restrictive environment.

Since OPWDD Eligibility, Medicaid & HCBS Waiver Enrollment, Assessment, and Initial Service Planning and Service Authorization resulting in an existing ISP have typically been completed already, these process steps required for individuals coming through the Front Door are unnecessary. If it appears that the individual/family/advocate would benefit from the OPWDD Information Session or from training in Self-Direction, the SC may help them sign-up at any time. If a DDP2 Update appears necessary, that may also be arranged.

Developing a Request for Service Amendment

Once specific new or additional amounts of OPWDD services are identified, the SC is to:

- Assist the individual/family/advocate in identification of a service provider, and ensure the service provider selected is able and willing to serve the individual
- Complete the **Request for Service Amendment** form and submit it to RO Front Door staff in the manner instructed, ensuring that all information is complete and any requested support documents are attached.

The form includes much of the same information about the services being requested that is contained in the Front Door Request for Service Authorization. A key difference is that the staff conducting Quality Review for individuals who have NOT been through the Front Door Processes will NOT be able to access basic demographic and assessment data or information on existing services and supports from the EAA Tracking System. The Request for Service Amendment must, therefore, include the information Quality Review staff typically rely on to make decisions about whether or not to support a particular service request.

Reviewing the Request for Service Amendment

Upon receipt of a Request for Service Amendment the RO staff responsible to oversee and interact with Service Providers relative to the specific service type being requested is to:

- Review the request for completeness; if the form is NOT complete, return it to the individual's SC.
- Determine whether services requested require Quality Review or whether the RO staff responsible to oversee and interact with Service Providers relative to the specific service type being requested can approve the request.
- Seek guidance and direction from supervisory staff identified within each district, as necessary, to ensure equity and internal consistency.

Quality Review for Individuals Who Do Not Go Through the Front Door

Quality Review of Requests for Service Amendment for individuals who do not go through the Front Door is as important as it is for individuals who DO go through OPWDD's Front Door, and the processes are similar.

These following request types do NOT require formal Quality Review:

- Changing providers of a service that will otherwise remain the same in type and amount
- Changing the amount of an existing service within the parameters established within the Region as readily approvable

The following request types DO require formal Quality Review:

- Changing the amount of an existing service to a quantity that is outside the parameters established within the Region as readily approvable
- Replacing an existing service with a new service
- Keeping all current services, and adding a service

Completing the Service Amendment Process

The process flow chart in Appendix I details the responsibilities of the Service Coordinator and the RO Staff assigned to various functions, and illustrates how

Quality Review fits in relative to the key process steps for Service Amendment and Authorization.

Requests for Service Amendment will be reviewed by the DDRO. The final decision will be communicated to the Service Coordinator by email, with copies to identified service providers. In instances where an individual is changing providers, both the NEW and OLD provider should be copied. The SC should then follow up with providers to verify that the appropriate add/drop DDP1 was submitted (and DDP1 Supplement when required). The SC will be responsible for communication with the individual/family.

Section 5: RESOURCE MANAGEMENT AND PLANNING

Regional Office staff are responsible to identify funding to support authorized services. The RO staff, in partnership with the service coordinator and potential provider agencies, will identify the best funding source from among available options in light of guidelines and thresholds associated with those sources. (See Front Door Step 7)

Overview of Funding Options

The broad categories of funding options include reinvestment, unencumbered provider resources, and new funding allocation.

Reinvestment is the repurposing of funding that is currently encumbered. Variations depend on whether the funding is currently encumbered by an individual ('personal reinvestment') or a provider ('agency reinvestment'). Cases of personal reinvestment are often referred to as 'portability'. There are reinvestment guidelines and procedures associated with specific service models, and also with the transfer of funding between different Regions. There is a strong statewide trend towards increasing the situations in which reinvestment can be used.

Unencumbered provider resources are more commonly referred to as 'vacancy management'. When a provider has a service model allocation figure that is not tied to specific individuals, and not all of the allocation is being utilized, the provider's existing capacity can in many cases be assigned to a new service recipient. 'Vacancy management' procedures will vary between service models (ex. there are guidelines associated with Residential Vacancy Management).

New Funding Allocation refers to funding for a service that can't be obtained through reinvestment or vacancy management, and so must be added in. The most common paths for obtaining new funding allocations are through the RO Director who may authorize the use of new funds for certain types of services, and/or central office funding processes. Such services include Central Office offers Enhanced Funding for various specialized populations such as individuals currently residing in institutional campus settings. **(Please see the Vacancy Management Guidelines in Appendix H for specifics on Enhanced Funding)**

Development Plan

Each district within a Region uses a standardized database called the Development Plan ("DV") to record project details, request Central Office approval to encumber money and generate reports about the status of projects. The RO Director will assign staff to be responsible for the keeping the Development Plan current and up to date. This is critical to ensure management of funding allocations that maximizes their benefit to those in need of services. RO Directors should review the Development Plan with staff on a regular basis as part of their ongoing responsibility for resource management in their region.

When should a project be added to the Development Plan?

Projects should only be entered on the Development Plan (DV) when new funding allocation is required. For example: if an individual living in the local community is given a residential opportunity in a voluntary organization provider's IRA which is

made possible by building an extra bedroom on the IRA, then the ongoing project costs should be added to the DV. However, if the same individual used an existing vacant opportunity in that IRA, then no new funding allocation is required and the project does not go on the DV. Similarly, if the individual's move into the IRA is supported through alternate funding sources (such as Enhanced Funding) the project does not go on the DV.

As another example, if an individual currently without services is authorized to begin receiving Community Habilitation, and the provider has no vacant opportunity available, this project would be added to the DV. However, if the provider does have a vacancy, or the individual was receiving another service and agreed to convert the funding from that service into Community Habilitation, then no new funding allocation is required and the project would not be added to DV.

In addition to requiring new funding allocation, project costs should only be entered onto the DV if there are ongoing costs. Costs that are one-time only are not entered. In our previous example of expanding an IRA, the ongoing increase in reimbursement to the provider for IRA Residential Habilitation would go on the DV, but the one-time construction cost of the new bedroom would not.

Note: All costs on the DV are recorded as annualized 12 month costs regardless of when during the fiscal year a project is originally entered. Also, only the state share cost of a project is entered; any matching non-state funds such as the Federal contribution to the cost of an HCBS Waiver program are not entered.

Priority Consideration

The Front Door Team will ensure that requests for new services and requests for the reinvestment of funding from existing services are balanced against statewide priorities based on OPWDD's Transformation Agenda (**see Appendix A**).