



# Road to Reform



## Putting People First

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Governor

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# Table of Contents

<a href="#">Executive Summary</a> .....	3
<a href="#">Introduction</a> .....	5
<a href="#">Goals of OPWDD’s System Transformation</a> .....	7
<a href="#">Person-Centered Services</a> .....	7
<a href="#">Coordinated, Integrated Care</a> .....	7
<a href="#">Sustainable, Transparent Funding</a> .....	8
<a href="#">Ongoing and Meaningful Quality Improvement</a> .....	9
<a href="#">Most Integrated Settings</a> .....	9
<a href="#">The Road to Reform – Process</a> .....	10
<a href="#">The Road to Reform – Progress</a> .....	12
<a href="#">Becoming More Person-Centered</a> .....	12
<a href="#">Moving Toward Integrated Care Coordination</a> .....	14
<a href="#">Transforming the Fiscal Platform</a> .....	15
<a href="#">Improving Quality and How it’s Measured</a> .....	17
<a href="#">Serving People in the Most Integrated Settings</a> .....	20
<a href="#">OPWDD’s Transformation Targets</a> .....	22
<a href="#">Employment</a> .....	22
<a href="#">Self-Direction</a> .....	24
<a href="#">Deinstitutionalization and Community Housing</a> .....	26
<a href="#">Rate Reform</a> .....	28
<a href="#">Moving Forward</a> .....	29



## Executive Summary

In 2011, New York State embarked on a reform initiative to transform its system of supports and services for individuals with developmental disabilities, one that will modernize outdated system structures that limit individuals' independence and achievement of their goals and create a more person-centered approach to meeting needs and supporting improved outcomes. The federal Centers for Medicare & Medicaid Services (CMS) agreed with New York State's reform agenda and welcomed the state to engage in a process of identifying and developing specific system improvements focused on:

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

Over two years, OPWDD worked closely with a full range of stakeholders to develop the early reform ideas into specific initiatives. The agency conducted extensive outreach to individuals, families, service providers, and experts from other related health care fields, as together these valuable partners added detail to specific reform plans supporting each of these policy priorities. Many of the reform ideas have already begun to transform the way OPWDD supports individuals. Others will be embodied in new agreements with CMS, known collectively as the People First Waiver; and ambitious goals and milestones related to key policy objectives have been incorporated into a transformation agreement with CMS.

To create a more person-centered approach to every aspect of the system, OPWDD has initiated development and testing of a new uniform needs assessment methodology based on a solidly researched suite of assessment tools demonstrated to be effective, valid, and reliable. It is redesigning OPWDD's "Front Door" so that individuals and families who come to OPWDD seeking services will now receive more comprehensive information about a range of community service options and self-direction from which to create a plan to meet their needs.

To advance and meet the mandate of the US Supreme Court Olmstead decision, OPWDD is a key state leader on Governor Cuomo's Olmstead Cabinet and its work to develop and implement an Olmstead Plan for New York State. It is committing to working with individuals currently residing in institutional settings to help them transition into community settings that best meet their needs; pursuing development of a full range of community-based supportive housing opportunities; and working to ensure that all Home and Community Based Services (HCBS) waiver settings meet new federal standards for home-like environments.

To enhance the system's ability to deliver integrated, holistic, and person-centered care, OPWDD is initiating a transition from the current fee-for-service system infrastructure to a managed care model. The transition will support greater equity of access to services across the state; improve the way services and supports are matched to identified needs; tie funding to individuals' services instead of to service categories; and implement a new way of measuring quality in services—all of which will support improved outcomes for individuals with developmental disabilities.



A key component of the transformation is focused on improving how the agency measures quality in the system and structures processes for ensuring continuous quality improvement. No longer will quality oversight focus solely on procedural and regulatory compliance. While those measures are important and must continue, quality measures will begin to reflect how well individuals are being supported to meet their goals and achieve personal growth and satisfaction. OPWDD is committed to developing new ways of measuring outcomes that are more meaningful to individuals and that indicate how well OPWDD is supporting their health and safety, their achievement of goals, and their quality of life.

Finally, the transformation includes restructuring the fiscal platform of the service system. A new reimbursement rate structure will provide greater alignment of rates with the costs of services and greater standardization of rates for similar services across the state. The move to managed care will further support greater efficiency by tying funds to individuals’ needs as reflected in their service plans, making the use of funds more targeted, more individualized, and ultimately, more effective.

This document captures briefly, but comprehensively at this point in time, the many elements of system reform that together represent OPWDD’s system-wide transformation. It represents the energy, ideas, and perseverance of thousands of dedicated people—individuals with developmental disabilities, family members, provider agency and association staff, OPWDD staff, federal CMS staff, and outside experts. Their collective efforts have already begun to improve OPWDD’s ability to fulfill its mission to help people with developmental disabilities live richer lives.





## Introduction

Upon taking office in January 2011, Governor Andrew M. Cuomo recognized that services for people with developmental disabilities could be improved in a number of important ways. In April 2011, the New York State Office for People With Developmental Disabilities (OPWDD) submitted a concept paper to the federal Centers for Medicare & Medicaid Services (CMS) outlining ideas for achieving critical reforms and improvements to the state's system of supports and services for people with developmental disabilities. CMS agreed with New York's reform agenda and welcomed the state to engage in a process of developing a new Medicaid waiver known as the "People First Waiver," and extensive system reforms that would transform the service system and its ability to transform lives.

As OPWDD embarked on system-wide change in response to the need for reform within New York's developmental disabilities service system, larger change initiatives affecting New York State's overall health care and developmental disabilities policy context were also unfolding. In 2011, Governor Cuomo established a Medicaid Redesign Team (MRT), charged with finding savings in the state's \$54 billion Medicaid program while improving both the quality of care and health outcomes of individuals. The MRT brought together statewide stakeholder workgroups from across the spectrum of aging and disability service systems. OPWDD has been active in representing the needs of the developmental disabilities service system in the MRT workgroups, ensuring that OPWDD system reforms align with New York's overall Medicaid reform. The MRT has developed and initiated significant positive reforms to the state Medicaid program, including a critical initiative to provide "Care Management for All" by transitioning New York State's long-term care recipients—including those with developmental disabilities—to managed care.

In addition, in November 2012, the governor created an Olmstead Plan Development and Implementation Cabinet composed of state agencies that provide services to people with disabilities and charged it with making recommendations regarding the development, implementation, and coordination of an Olmstead Plan to ensure that New York State meets the obligations of the US Supreme Court Olmstead v L.C. decision. As a member of the cabinet, OPWDD will help develop a statewide policy framework for providing the housing, employment, assessment, transportation, and other supports necessary to help New Yorkers with disabilities live in the most integrated community settings. OPWDD's leadership on the Olmstead Cabinet will ensure consistency and connection between New York's Olmstead Plan and OPWDD's ongoing system transformation.

In 2012, New York State also enacted legislation to establish the New York State Justice Center for the Protection of People with Special Needs and the strongest standards and practices in the nation for protecting those who are the most vulnerable to abuse and mistreatment. This new agency, which is expected to begin operations in 2013, will have a special prosecutor with the same authority of district attorneys to investigate reports of abuse at state-run or contracted facilities and collect data to support development of training and supports for program managers and direct support professionals. It will have the primary responsibility for tracking, investigating, and pursuing serious abuse and neglect complaints regarding facilities and agencies operated or certified by six state agencies. The Justice Center legislation also established a new level of transparency for non-state operated facilities and programs.



These statewide policy developments have anchored OPWDD’s system transformation, providing guidance and support for the creation of a service system that operates with a stronger focus on individuals, and greater transparency, efficiency, and success for individuals with developmental disabilities.



## Goals of OPWDD's System Transformation

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

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

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

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

### Person-Centered Services

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

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

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

### Coordinated, Integrated Care

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



This system transformation will allow OPWDD and its many stakeholders to create a specialized system of managed care for individuals with developmental disabilities, one that draws on the knowledge gained through OPWDD's 30+ year history of serving individuals with developmental disabilities, and ensures continued support for the kinds of specialized, lifelong supports that these individuals often need. At the same time, New York State's initiative to move all Medicaid programs into a managed care infrastructure will bring additional opportunities for integrated care for individuals with developmental disabilities. In addition to DISCOs and other managed care organizations, individuals with developmental disabilities who receive both Medicare and Medicaid services will be able to enroll in specialized Fully Integrated Duals Advantage (FIDA) plans. Both DISCOs and FIDAs will provide person-centered planning and coordination of comprehensive supports and services, eliminating the need for individuals to navigate multiple, confusing and often conflicting service systems to plan and access a package of supports sufficient to meet all of their needs (physical health, mental health, and disability-related needs).

### **Sustainable, Transparent Funding**

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

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

Today, working with CMS, New York is developing a new reimbursement rate for state provided services for individuals with developmental disabilities. It is also developing a new rate structure for reimbursing nonprofit provider agencies (in fee-for-service and managed care) for services, with reimbursement rates that are calculated in a consistent manner for services throughout the state. The new rates will be calculated to reflect



the level of direct care staff support needed to meet individuals' needs and additional factors to account for administrative functions, program support, geographic differences, and other considerations.

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

## Ongoing and Meaningful Quality Improvement

OPWDD's quality oversight has traditionally focused on meeting the required assurances in the waiver agreement with CMS by monitoring compliance of state and provider operations with established regulatory processes, procedures, and deadlines. While these activities are valid and necessary, they fail to gauge how well the services and supports the OPWDD service system provides actually meet individuals' needs and help them live the lives they want. OPWDD has recognized that the best measure of quality in the system is the progress individuals achieve toward their goals and their quality of life, which will reflect the unique abilities, preferences, and needs of each individual. To move beyond measures of regulatory compliance, OPWDD will transform its quality oversight mechanisms and practices to look deeper at how well services are meeting needs for individuals, and as a statewide system. OPWDD will develop and implement valid processes for collecting needed data from throughout the system, and use that data to continuously check and report to its stakeholders how well the agency is performing, and to identify needed system improvements.

## Most Integrated Settings

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

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



## The Road to Reform – Process

OPWDD understands that its history of partnerships with those it supports has been and will continue to be the key to its ability to effectively support individuals with developmental disabilities. Over the past two years, OPWDD has used a range of mechanisms to reach as many people as possible with an opportunity to understand the reasons for the agency’s system reform, to ask questions, and to contribute to the future service system. Through public briefings, hearings, videoconferences, a comprehensive website, regional discussion boards and liaisons, and a representative steering committee and waiver design teams, OPWDD has, and continues to fulfill this commitment to full participation.

At the same time, OPWDD and the New York State Department of Health (DOH) engaged in regular discussion with staff from CMS, both at headquarters and at the regional office. Meetings focused on programmatic, fiscal, and quality oversight reforms, and examined the goal of each type of reform and the different waiver authorities and federal opportunities that could support the desired transformation. At key points in the conversation, CMS submitted written questions to OPWDD, which in turn, provided detailed written responses, adding clarity to the state-federal understanding and building a foundation for an acceptable transformation plan and waiver agreements. To date, OPWDD’s outreach to its stakeholders has included the following activities and process:

Stakeholder Engagement	
<b>Spring 2011</b> People First Waiver webpage and information access	OPWDD developed a dedicated People First Waiver webpage to track development of the new waiver agreement and related reform initiatives from their conceptual beginnings to final plans. The page provides monthly updates on waiver development and other information related to reform initiatives and stakeholder dialogue: <a href="http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/home">www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/home</a> .
<b>Spring 2011</b> Commissioner Burke listening tour	Through face-to-face meetings with individuals and families, OPWDD sought input on what was working well in the current service system and what needed improving; how OPWDD could better empower people to lead a fulfilling life; and how it could determine individuals’ needs and allow that understanding to drive the “right” level of support.
<b>Summer 2011</b> Steering committee and design teams	OPWDD established a steering committee to guide development of the new waiver agreement and help define the system reforms. The committee included individuals with developmental disabilities, family members, provider agencies, public officials, and experts in health care and long-term care. The committee examined key aspects of system reform; and examined reforms such as becoming more person-focused, establishing comprehensive care coordination, and supporting people in the most integrated settings.  The design teams, made up of stakeholders and OPWDD staff, examined policy aspects of the reforms and solicited stakeholder input. Their final recommendations directed OPWDD’s further development of system reforms, including the drafting of the Request for Applications (RFA) for initial DISCOs and the work of the targeted work teams.
<b>Spring 2011</b> <b>Fall 2011</b> <b>Spring 2012</b> Public forums and briefings	In addition to providing presentations to stakeholder groups, OPWDD has hosted numerous public forums and briefings. In spring 2011, OPWDD received more than 251 responses to questions about how to break down barriers to support people in the community, better support for people in their homes, improve efficiency, and measure quality. In fall 2011 and spring 2012, OPWDD provided in-person briefings, reporting on aspects of system reform such as care coordination and individual needs assessment, and providing an in-person opportunity for the public to ask questions or comment.



<p><b>Fall 2011</b> <b>Fall 2012</b> Statewide comprehensive plan (5.07 plan) public hearings</p>	<p>During October and November 2011, OPWDD held public hearings on its comprehensive state plan for 2011-2015, which embodied the reform initiatives. These hearings facilitated dialogue with individuals, family members, and service providers. OPWDD provided an analysis of the testimony and published a key issues response. In November 2012, OPWDD issued its annual update to the comprehensive plan and held a statewide public hearing to again gather comment.</p>
<p><b>November 2011</b> Request for information (RFI)</p>	<p>In November 2011, OPWDD issued a formal RFI to gather input about the reforms recommended by the design teams and summarized in the comprehensive state plan. Two hundred fifty-one parties commented on assessment; care coordination; effective supports; fiscal, administrative, and organizational structure; and quality. OPWDD provided an analysis of the comments.</p>
<p><b>Summer/Fall 2012</b> Targeted work teams</p>	<p>Three targeted work teams with broad stakeholder representation convened to further define reforms. The teams focused on access, enrollment, advocacy, care coordination, and modernizing the fiscal platform. Their recommendations helped shape a draft request for application that describes the structure and operation of the initial DISCOs that will provide the first managed care for New York's developmental disabilities service system. When finalized, the RFA will be used to solicit applications for pilot DISCOs.</p>
<p><b>Ongoing</b> Dialogue with stakeholders</p>	<p>Throughout development of the People First Waiver, OPWDD held regular statewide videoconferences for individuals, family members, service provider agencies, OPWDD employees, and others to receive detailed updates on waiver development and system reforms, and ask questions. OPWDD videotaped these presentations and posted videos and the answers to submitted questions online.</p>
<p><b>Ongoing</b> Tribal consultations</p>	<p>In May 2011, OPWDD presented the People First Waiver to New York State's recognized Native American tribes. In fall 2012, OPWDD published an update on the waiver in a tribal newsletter published by the New York State Office for Children and Family Services.</p>

OPWDD will continue to facilitate extensive dialogue about system reforms with its many stakeholders across the state through a variety of means.



## The Road to Reform – Progress

### Becoming More Person-Centered

#### Facilitating a Shift in System Culture

Creating lasting change in an organization affects and is affected by the organization’s larger culture. With the commitment and support of agency leaders and stakeholders, OPWDD has launched a broad range of initiatives to ensure that the agency’s overall culture—its attitudes, values, goals and practices—are aligned and supportive of the transformation goals. In 2011, OPWDD created a workgroup composed of individuals, family members, direct support professionals, and leaders from the state and nonprofit provider systems to examine the culture of OPWDD and the state’s developmental disabilities system, and determine ways to shape that culture in positive, transformative ways. As a result of that work, OPWDD has undertaken initiatives spanning four major areas that impact culture: leadership; decision-making, policy and structure; workforce and talent development; and work processes, systems, and quality improvement. These initiatives are aimed at realizing an agency culture that:

- Demonstrates the agency’s strength, commitment, and caring;
- Reflects the agency’s core values of compassion, dignity, diversity, excellence, and honesty;
- Is characterized by trust and confidence in the service system;
- Supports a learning environment where assessment and improvement are ongoing;
- Ensures that all members of the service delivery system clearly understand their roles and responsibilities in building and sustaining this culture.

OPWDD’s adoption of the National Alliance for Direct Support Professionals’ Code of Ethics; a new system-wide training for service provision (PROMOTE) that focuses on building positive relationships to improve outcomes and reduce physical interventions; training more than 400 state employees who developed 36 action plans to introduce proactive behavioral supports; and a shift to a person-centered service delivery model under the People First Waiver—all reflect a shift in agency culture. OPWDD is also mindful of larger policy shifts affecting the developmental disabilities field that are shaping how the agency views its work and lives out its values, like the gradual understanding and still more difficult implementation of concepts such as the “dignity of risk,” which holds that individuals with developmental disabilities, like everyone, deserve the dignity inherent in being able to try new things and achieve new milestones in life. OPWDD’s drive to focus all of its activities on the individual being served will remain the immovable guidepost of the agency’s ongoing culture shift.

#### Establishing a Valid, Consistent Needs Assessment

##### Identifying a New Needs Assessment Tool

OPWDD selected the interRAI Integrated Assessment Suite’s Intellectual Disabilities tool (the interRAI ID) to serve as the foundation for a new needs assessment process for the individuals it supports. Many tools were considered during the design team and subsequent research processes. The interRAI Integrated Assessment Suite was chosen based on its comprehensiveness, flexibility, and ability to support coordination among OPWDD and other state service systems. This needs assessment tool provided a consistent way of identifying an individual’s strengths, interests, and needs to support a person-centered care planning process and



development of a holistic, comprehensive service plan. The interRAI was developed by an international nonprofit group that includes clinicians and researchers from 32 nations with expertise in developing assessment and measurement tools. OPWDD used items from multiple assessment tools in the interRAI Integrated Assessment Suite to further enhance the tool and create additional supplements as needed, specifically items from the interRAI community mental health, forensics, and substance abuse tools. Should an individual need further assessment in areas such as medical management, forensics, substance abuse, continence, or mental health, supplements adapted from the interRAI Integrated Assessment Suite will be used to better identify unique functional needs.

### **Developing a New Assessment for Individuals with Developmental Disabilities in New York State**

OPWDD worked with interRAI to develop the OPWDD Coordinated Assessment System (CAS), a specific adaptation of the interRAI ID tool for use in the OPWDD service system. The revamped assessment tool and process has been designed to feel like a conversation among the individual, his or her family, the assessor, and others who are most integral to that person's life. OPWDD has hired and trained assessment specialists to complete the CAS using person-centered practices and interviewing techniques with individuals, their families, support and clinical staff, and others to gain a thorough understanding of the individual's strengths, needs, and desires for his or her life. OPWDD has developed a fact sheet, brochure, and video to help stakeholders understand the new CAS.

### **Testing the New Assessment Process**

OPWDD is testing the CAS with a group of high performing provider agencies to examine how well it identifies individuals' needs and serves individuals and families. OPWDD has hired a group of trained assessment specialists, largely drawn from a pool of seasoned employees with experience as Medicaid service coordinators, to conduct the CAS assessments in 19 high achieving provider agencies. The agencies will collect information from those individuals and families that experience the CAS about how well it informs and supports the person-centered planning process. This information will help improve the CAS tool and process in the future.

### **Redesigning the OPWDD Front Door**

#### **A New Approach to Service Planning**

OPWDD is establishing a person-centered approach to developing plans of support for individuals. OPWDD is revising its Front Door process so people who seek new or additional OPWDD supports and services are presented a broad array of individualized service options from which to choose the ones that will best meet their identified needs and goals. The revised Front Door process will promote the values of self-determination and self-direction and the use of paid and community supports, and will ensure more informed choice and a careful matching of services to individuals' identified needs for support.

#### **Expanding Access to Self-Direction and Community-Based Services**

In redesigning its Front Door, OPWDD has deployed a statewide redesign effort to provide improved information and communication with individuals and families about service options; simplify access to self-direction; streamline internal administrative processes; and strengthen its partnership with nonprofit providers in reinvestment planning and service planning for individuals.



- **Simplifying access to self-direction** – OPWDD has developed a statewide individual and community supports application, a portable budget for individuals, and a full range of self-direction options to allow people to exercise as much authority over hiring staff and a service budget as they wish.
- **Streamlining internal processes** – OPWDD has established a community of practice for Front Door policies and procedures with representatives from all divisions, and process maps that depict standard Front Door practices. The agency is also developing an implementation plan for connecting to youth who are aging out of school, developing statewide training for individuals and families, and implementing new Front Door practices statewide.

## **Enhancing the Menu of Services**

### **Systemic, Therapeutic, Assessment, Respite, and Treatment (START) Model**

OPWDD is working with funds from the New York State Developmental Disabilities Planning Council to develop and implement the START model for prevention and response to behavioral health crises. START is a nationally recognized model for preventing and responding to behavioral health crises. The START model is focused on the use of effective treatment strategies for individuals with developmental disabilities who have mental health needs. START supports individuals' opportunities for active participation in community-based supports by providing timely response by trained START team members to support providers and/or first responders at the time of a crisis; delivering therapeutic respite services in a specialized respite setting or in the person's current home depending on their needs; and increasing the knowledge and capacity of community behavioral health services providers to meet the mental health treatment needs of individuals who are dually diagnosed. This model also requires use of consistent data collection methods to measure the model's impact on both an individual and system level.

### **Providing Assistance with Goods and Services**

OPWDD is proposing to enhance its supports for individuals by establishing a mechanism to assist them to obtain for goods and services that will support their independence and community engagement. OPWDD has included in the People First Waiver applications to CMS a new service category that will assist individuals to purchase equipment or supplies not otherwise provided through the HCBS waiver or through the Medicaid state plan that address an identified need in their service plan. These goods or services can include things that are needed to improve and maintain opportunities for full membership in the community, to decrease the need for other Medicaid services, or to increase safety and independence in the home environment. The new waiver service will provide assistance with these kinds of goods and services when the individual does not have the funds to purchase them or when they are not available through any other source.

## **Moving Toward Integrated Care Coordination**

### **Collaboration with Stakeholders to Design System Reforms**

Over the past two years, OPWDD has engaged stakeholders statewide in a comprehensive process for determining the nature of needed system reforms. The agency met and worked with individuals, family members, advocates, provider agencies, and outside experts through listening sessions, public forums, a formal request for information, design teams, a steering committee, additional targeted work teams, regular statewide



videoconferences, and innumerable face-to-face presentations with groups from across the state. The input received has shaped the concepts and honed the details of the reforms embodied in OPWDD's transformation agreement and People First Waiver, including the development of DISCOs to deliver integrated and comprehensive care management for individuals with developmental disabilities. Ongoing dialogue will demonstrate OPWDD's firm commitment and accountability to the individuals it supports and the partnerships established with stakeholders over the past 30 years.

### **Preparing to Operate a Specialized Managed Care System**

OPWDD has initiated discussions among key managed care experts throughout New York State and developmental disabilities stakeholders (individuals, family members, advocates, and providers) regarding the transition of the developmental disabilities service system from fee-for-service operations to managed care. Discussions have focused on development of developmental disabilities FIDA plans (within New York State's Demonstration to Integrate Care for Dual Eligible Individuals), accessing capital to support development of DISCOs, and measuring quality in managed care for individuals with developmental disabilities.

### **Establishing a Legal Framework for Specialized Managed Care**

Governor Andrew M. Cuomo's office introduced state legislation to establish the needed authority for New York State to authorize managed care organizations known as DISCOs. In March 2013, the state legislature included as part of the enacted budget for 2013-14 authorization to develop DISCOs. The careful transition from OPWDD's fee-for-service system to one that provides comprehensive, holistic support, and recognizes the habilitative nature of the developmental disabilities service system is crucial to establishing equal access to services for everyone and greater effectiveness and efficiency in how people are supported.

### **Coordinating Care to Achieve Personal Outcomes**

OPWDD is exploring ways to use the Council on Quality and Leadership's (CQL's) personal outcome measures (POMs) to support best practices in person-centered care coordination. CQL has developed 21 outcome measures that can be used to assess an individual's quality of life. The POMs assess key areas related to a person's health, personal relationships, community engagement, and individual choice, and have been tested to ensure that they are an effective means of examining quality of life. OPWDD is now examining the experiences of a group of 19 high performing service providers as they incorporate POMs into their care planning. OPWDD will provide guidance on how DISCOs can integrate the CQL POMs into their care planning processes to help ensure that outcomes are driving continuous improvement in care planning for specific individuals and care planning practices overall.

### **Transforming the Fiscal Platform**

#### **New Rate System for State Provided Services**

OPWDD has worked with CMS to negotiate new reimbursement rates for state delivered services that will better reflect the true costs of the services provided; modify federally approved, historical reimbursement rates; and align these rates with New York State policy priorities related to maximizing community-based supports and services for all individuals.



## **New Rate System for Nonprofit Providers**

OPWDD is developing a new component-based rate structure to support services provided by nonprofit provider agencies, both in fee-for-service operations and in managed care. OPWDD has engaged 50 nonprofit provider agencies in an analysis of service provision costs and development of a new model for building rational reimbursement rates. The component-based model is a direct support model which will base rates first on the direct support staffing needs associated with services, with additional factors related to administrative costs, specific program costs, and geographic and other considerations adding to the base direct support costs (referred to in the rate building process as “the brick”).

## **Reinvesting in Supports and Services**

OPWDD has committed to significant reinvestment of its base of resources and other federal funding opportunities into development of the system infrastructure and a full menu of community-based supports and services to support all individuals with developmental disabilities in the most integrated settings. OPWDD, working with its stakeholders, is in the process of developing templates and streamlined processes that will support the development of reinvestment strategies and innovative ideas that will result in more effectively meeting the needs of people already being supported mostly in cost high congregate settings. For example, there are people being supported in day habilitation who would rather be working at least part time. Also there are people living in supervised residential settings who want to live more independently and can do so with the right supports.

OPWDD is also pursuing opportunities for enhanced federal funding through expanded participation of individuals with developmental disabilities in the Money Follows the Person (MFP) program and agency participation in New York State’s Balancing Incentives Program (BIP).<sup>12</sup> OPWDD’s MFP program will facilitate individuals moving from institutional residential settings into qualifying community settings with person-centered planning and follow-up to ensure each person’s needs are met and their quality of life is improved. OPWDD has committed to using funding associated with this initiative to support the regional roll-out of the START model for providing crisis prevention mental health services for individuals with developmental disabilities, peer outreach to transitioning individuals, and statewide training in person-centered planning.

In addition, through OPWDD’s participation in the BIP, OPWDD will continue to shift the balance of its service delivery from institutional care to community-based support, investing additional fiscal resources garnered through the BIP into critical system infrastructure that will further support community-based services. OPWDD will invest BIP funds in activities aimed at establishing No Wrong Door access to OPWDD supports and services, ensuring that its new coordinated assessment system integrates with New York State’s efforts to establish a uniform assessment system, and ensuring conflict-free case management is in place throughout the service system. In addition, BIP funding will be targeted to increase community-based service opportunities and to develop additional housing options to support individuals with high needs in stable, sustainable, and safe community environments.

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<sup>1</sup> The Money Follows the Person rebalancing demonstration is an opportunity for states to receive enhanced federal support for rebalancing the long-term care system by transitioning people with Medicaid from institutions to the community.

<sup>2</sup> The Balancing Incentives Program, created by the Affordable Care Act, authorizes grants and enhanced federal Medicaid match to states that increase access to non-institutional long-term supports and services.



## Improving Quality and How it's Measured

### System-Wide Health and Safety Improvements

In the past two years, OPWDD has instituted sweeping reforms throughout its system to strengthen its ability to discover and respond to incidents of abuse and neglect and to ensure improved health and safety for the individuals receiving services. In 2011, OPWDD performed a statewide review of its care and oversight, and began targeting regulations, policies, and practices that did not uphold OPWDD's priority of providing the best and safest services possible. As a result of that review, OPWDD launched many change initiatives related to health and safety, focusing specifically on changes that would better empower families, ensure individuals' safety, improve investigations of incidents and OPWDD's oversight of nonprofit providers, strengthen communications throughout the agency, and improve personnel policies.

Some of the measures OPWDD has undertaken:

- Improved training and support for all direct support staff;
- Developed a comprehensive, values-based recruitment campaign;
- Raised hiring standards;
- Impose fines on providers that compromise the safety of individuals in their care;
- Issued revised and enhanced fire safety standards and conducted training to ensure that these requirements are operational across the system;
- Implemented fire and life safety oversight protocol and quality training with the State Office of Fire Prevention and Control;
- Developed an agreement with State Police requiring all incidents of a potentially criminal nature to be immediately reported;
- Completed fire safety and physical plant survey protocols at over 2,700 sites and posted results on the OPWDD website; and
- Implemented a new statewide mortality review system that ensures accurate data are available to guide actions to reduce the incidence of preventable deaths.

These efforts have already demonstrated results:

- In the past 24 months, allegations of abuse have declined by 13.6 percent.
- OPWDD is now consistently tracking 100 percent of the incidents that occur in real-time, and entering them into an incident management system.
- Improved training of investigators has significantly reduced the length of OPWDD investigations.
- Between August 2012 and January 2013, the use of physical interventions in state-operated programs has been reduced by 19 percent.

OPWDD has also reorganized its regional offices to better align with other service systems' structures and improve efficiency, expanded use of provider report cards and other data on system performance, and increased use of the CHOICES electronic case management system to streamline and provide real-time access to information. The agency is installing video recording and GPS devices in OPWDD vehicles that transport individuals, and initiated fire safety enhancements in homes across the state. OPWDD has documented these



and many other reforms in regular progress reports released every six months throughout Commissioner Courtney Burke's administration.

### **Supporting a Quality Direct Support Workforce**

OPWDD recognizes that a strong and effective workforce is the cornerstone of a service system that provides quality supports to individuals with developmental disabilities. Direct support professionals (DSPs), in particular, are the core of New York's system of supports for this population and possess the greatest potential to make a life-changing difference in the lives of the people they support. OPWDD has launched numerous reforms to ensure that DSPs are valued, supported in their work, and held to high standards of integrity, performance, and professionalism. In 2011, OPWDD established the Developmental Disabilities Talent Development Consortium—a group tasked with developing an enterprise-wide training and development plan to modernize the system, improve the quality of care provided to individuals, and establish long overdue consistency in the expectations of direct care employees. The consortium includes a 24-member workgroup involving self-advocates, family members, OPWDD staff, and nonprofit providers, as well as a 27-member steering committee that consists of representatives from the direct care field, academia, and national experts in the field of developmental disabilities. Based on the work of the consortium, OPWDD has established new core competencies for DSPs that encompass all aspects of direct support and OPWDD's mission. OPWDD's nonprofit providers will begin using the competencies in April 2013, with the goal of full implementation by May 2014. Providers will be required to ensure that their DSP standards are consistent with the New York State core competencies.

In addition, OPWDD has initiated an ongoing employee trust survey that provides important, anonymous feedback from the workforce on their job satisfaction, the support they receive from supervisors, their interaction with the people they support, and their morale and stress levels. The agency raised hiring standards by adding new requirements for all new hires and launched a comprehensive, values-based recruitment campaign that targets applicants who reflect the diversity of New York State and share the agency's values, reaching untapped sources of workers through expanded recruitment partners and locations.

OPWDD has also embraced the National Alliance for Direct Support Professionals' (NADSP) Code of Ethics, which promotes high standards for the delivery of services and supports. It is now working with the NADSP, the College of Direct Support, and the direct support workforce to develop a plan for implementing the code among the more than 90,000 DSPs statewide. The agency has also launched a revised direct support traineeship program that incorporates the code of ethics and the direct support core competencies to create a high quality talent development program that will be delivered at all state-operated offices. OPWDD has begun developing similar competencies and training tools for direct support supervisors.

### **Fostering a Positive Service Environment**

OPWDD has actively fostered a positive service environment through the development and delivery of new system-wide training that seeks to reduce the use of physical restraints; promote a positive culture in which team members work together to support an individual; and prepare staff to respond safely should a behavioral crisis occur. Positive Relationships Offer More Opportunities to Everyone (PROMOTE) encompasses the best practices developed over the past decade, along with up-to-date teaching strategies and technologies designed to effectively engage learners. PROMOTE teaches the importance of forming connections with others, creating



opportunities for relaxation and recreation, and building self-confidence. It prepares staff to deal with behavioral events through the use of primary tools that help a person regain self-control, and in the use of physical techniques, or secondary tools, which are the least restrictive methods necessary to ensure safety. OPWDD is in the process of training all DSPs, clinical staff, and supervisors in OPWDD-operated or supported residences and programs across the state.

OPWDD has also promulgated new regulations (14 NYCRR Section 633.16) governing behavior interventions in the developmental disabilities service system. The regulations serve to protect the rights and welfare of individuals by establishing comprehensive requirements for supports and interventions that relate to challenging behavior, including the requirement for behavior support plans to include a hierarchy of behavioral approaches, strategies, and supports that will be used to address individuals' behaviors, with positive methods being preferred. The regulations also prescribe safeguards related to the use of restrictive or intrusive interventions, the need for behavior support plans to be based on functional behavioral assessment and reviewed and approved before implementation, and related staff training requirements.

### **A New Quality Improvement System**

OPWDD has established a comprehensive and integrated quality improvement system (QIS) to guide and facilitate the agency's continued focus on quality improvement and a quality improvement infrastructure that engages agency leadership, management, and regional office staff from all functional divisions in monitoring and directing all of the agency's quality measurement and analyses. The QIS uses processes of discovery, remediation, and systems improvement in a structured manner. The quality assurance framework of OPWDD's HCBS waiver is a subset of this larger statewide comprehensive QIS. Together, the HCBS quality framework and OPWDD's overall QIS form the mechanism through which OPWDD ensures it is achieving its mission, vision, values, strategic goals, and objectives. OPWDD assesses system performance using performance metrics and reports to stakeholders, and conducts systems wide analyses to develop and implement effective remediation strategies, quality of care enhancements, and achieve mission-driven progress.

Key elements of the QIS include:

- OPWDD's Early Alert Committee, which monitors and addresses issues that arise for provider agencies.
- OPWDD's Statewide Committee on Incident Reporting (SCIR) that analyzes data to support systems improvements and develops statewide policy related to health and safety.
- OPWDD's process improvement workgroup in which OPWDD regional and state operations deputy directors work together to identify areas of concern and weakness in the service delivery system, develop sustainable solutions, identify best practices to address weaknesses and support quality outcomes, and monitor progress and performance improvement.
- Survey reviews of individualized service plans, HCBS waiver reviews, and physical plant visits to identify systemic or pervasive weaknesses in service delivery, physical plant health and safety, and other areas.

A series of committees creates a framework for developing, monitoring, and revising quality improvement initiatives throughout the service system. The lead committee is the Quality Improvement Steering Committee (QISC), which, in conjunction with the OPWDD leadership team, DOH, and the governor's office, is responsible for prioritizing system improvement activities. The QISC receives advice and recommendations through a QIS



advisory committee and provides direction to four subcommittees focused on policy and performance measures, person-centered policy and services, quality assurance and improvement, and enterprise oversight and accountability.

### **Measuring Quality with Personal Outcomes**

OPWDD has recognized the need to move beyond compliance monitoring to develop more meaningful ways to measure the effectiveness of the service system in people’s lives, and is transforming its means of measuring how well it is meeting this goal—essentially, how well it is fulfilling its mission of supporting people to live richer lives. OPWDD is now exploring ways of using methods developed by CQL for measuring how well DISCOs provide person-focused supports and services that help individuals attain their desired goals and outcomes. OPWDD will be requesting DISCOs to collect data around CQL’s 21 POMs for a sample of the individuals they support, to report this data to OPWDD, and to use it to identify and implement ongoing quality improvement activities. OPWDD will use the collected POMs data to review and improve system quality across the state.

### **Serving People in the Most Integrated Settings**

#### **Deinstitutionalization**

##### **Shifting from Institutional Services to the Most Integrated Community-Based Services**

Over the past three decades, OPWDD and its provider community have developed more than 4,000 community-based homes where more than 26,000 individuals with developmental disabilities now receive home and community-based services. In the mid-1970s, 27,000 people lived in large institutions for individuals with developmental disabilities in New York State. Since then, OPWDD has achieved, and in some instances exceeded, its goal to create community-based homes in all parts of the state to meet the needs of individuals leaving institutional settings as well as those seeking assistance to remain in their home communities. Today just over 1,000 people reside in OPWDD institutional settings, and plans are underway to substantially reduce this number in the coming years.

#### **Olmstead Cabinet**

OPWDD is a member of Governor Cuomo’s Olmstead Cabinet and will provide statewide leadership in establishing and implementing a New York State Olmstead Plan for ensuring all individuals with disabilities receive services in the most integrated settings. New York State has held Olmstead public engagement forums and stakeholder roundtables to solicit public comment on the content and direction of a New York State Olmstead Plan. Under OPWDD’s leadership, the Most Integrated Setting Coordinated Council will also continue to meet and serve as a vehicle to provide feedback on development and implementation of the state’s Olmstead Plan.

### **Expanding Supportive Housing Opportunities**

#### **Participating in New York State Supportive Housing Development**

OPWDD was awarded \$1.8 million to participate in the New York State Medicaid Redesign Team’s supportive housing development program. OPWDD will match the \$1.8 million to provide opportunities to 180 people with developmental disabilities to move into more integrated residential settings with supports such as rent subsidies



and community habilitation, consolidated supports and services, and residential habilitation provided through individual residential alternatives (IRAs).

### **OPWDD – A HUD-Approved Federal Housing Counseling Program**

Since 2005, OPWDD’s Office of Home and Community Living has been approved by the US Department of Housing and Urban Development (HUD) to serve as a housing counseling program, offering a variety of counseling sessions, educational workshops, projects, and programs that assist people with living independently in the home and community of their choice. OPWDD was awarded funds from HUD beginning in 2007 through 2012 to create an internship program for people with developmental disabilities; to develop a home-of-your-own education and training curriculum; and to strengthen its housing counseling program. OPWDD is currently developing a life skills curriculum addressing such topics as communication, time and money management, health and safety, and travel training to help individuals deal effectively with the demands and challenges, as well as the rewards, of living independently in diverse community settings.

### **Trained Housing Coordinators**

OPWDD is expanding its cadre of trained housing coordinators and housing specialists across the state, some of whom are people with developmental disabilities, to help individuals with developmental disabilities understand the pros and cons of living in a more integrated environment.

### **Supporting Home Ownership**

OPWDD’s Home of Your Own program helps individuals, income-eligible parents or legal guardians of people with developmental disabilities, direct support professionals, and other qualified members of OPWDD’s workforce become homeowners. To date, OPWDD and its network of partners have supported over 700 people through the Home Of Your Own program.

### **Integrating Special Needs Housing**

OPWDD has formed a new partnership agreement with New York State Home and Community Renewal (NYSOCR) that includes specific language with regard to funding opportunities that encourage housing projects to offer a preference in tenant selection for people with developmental disabilities (up to 20 percent of a project’s total units). Provider applicants must have firm commitments from OPWDD for funding supports and services and development of the special needs units. Six providers have submitted applications to NYSHCR for early award funding.

### **Growing Awareness of Housing Options**

OPWDD is working with its stakeholders to host a series of housing options roundtables that bring together people with developmental disabilities, families, advocates, nonprofit provider agencies, housing coordinators, and others to discuss best practices in promoting the various housing options available within the OPWDD system, and to define and describe new and innovative residential settings. This is the beginning step in a multi-year initiative to gather and disseminate information to diverse audiences within and outside of the OPWDD system.



## OPWDD's Transformation Targets

In addition to its many reform initiatives, OPWDD convened four staff teams to work with CMS to develop specific targets and timelines for achieving the agency's ambitious goals in support of its broad system transformation. These commitments are outlined in OPWDD's transformation agreement and establish an aggressive agenda for improving outcomes related to:

- Employment
- Self-Direction
- Deinstitutionalization and Community Housing
- Rate Reform

### Employment

Through its HCBS waiver, OPWDD has successfully shifted its service system from one founded on broad scale institutional services to one that primarily provides services delivered in community settings. Since 1991, the HCBS waiver has been critical for supporting more than 30,000 individuals with developmental disabilities to move out of institutions to community-based settings, and for thousands of individuals who entered the system during the intervening years to never experience institutional settings. With this transformation, supporting increasing numbers of individuals to engage in their communities through employment has become a more natural and appropriate expectation. OPWDD provides supports and services to assist individuals with developmental disabilities to pursue and attain employment goals, including pre-vocational services, supported employment services, and non-waiver-funded sheltered workshops.

OPWDD is preparing for far-reaching system transformation, changing the service system in ways that are intent on bringing the needs and abilities of each person receiving supports and services into sharper focus and virtually all supports and services into the community. Supporting individuals to achieve employment outcomes in ways that are unique and appropriate for each person is a pillar of this system transformation and an agency priority. The transformation goals and initiatives relating to employment recognize the wide range of support needs among the individuals who receive supports and therefore address the widest possible range of employment outcomes (from volunteering to independent competitive employment). Further, they recognize the importance of connecting OPWDD's employment related supports and services to other state supports for employment, and ensuring that individuals with developmental disabilities are assisted with accessing all available supports to help them achieve their employment goals. OPWDD's employment initiatives will result in improved employment transition assistance through enhanced Pathway to Employment waiver services, more targeted service planning to transition more people from school directly into competitive employment, and increased participation in supported employment.

### Employment Supports Today

People with disabilities (developmental disabilities, learning disabilities, physical disabilities, mental health, and other disabilities) access intensive vocational rehabilitation services through New York State's Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) to help them obtain and maintain integrated employment. ACCES-VR provides supports through assessment, career planning, training, and job



placement. When an individual with developmental disabilities who meets OPWDD eligibility requirements requires an extended phase of supported employment in order to maintain employment; however, OPWDD can provide supported employment (SEMP) services. And, when it is known that an individual will need both intensive supports and extended supports, he or she can enroll directly in OPWDD’s special enhanced supported employment service (ESEMP), which provides both intensive and extended employment supports.

ESEMP is a five-year pilot program (ending in 2014) that uses innovative employment strategies to assist people who need a higher level of support to successfully achieve their employment goals. Supports provided through ESEMP can include benefits planning, job development, job coaching, travel training, transportation, behavior management, and personal assistance. OPWDD is evaluating the success of this initiative to determine ways to incorporate elements of the ESEMP model into the overall redesign of its supported employment services. In 2011, OPWDD had over 8,000 individuals receiving SEMP services who were engaged in paid employment with businesses in the community.

OPWDD recognizes the importance of focusing its employment transformation initiatives on young adults and youth transitioning out of school. In 2012, 1,800 students with developmental disabilities transitioned out of high school into OPWDD services. Only 360 individuals, or 20 percent, identified employment as a desired outcome. Fifty-three percent requested day habilitation services. In addition, 560 individuals currently receiving sheltered workshop support are between the ages of 18 and 25.

Additional information regarding New York State’s provision of supported employment can be found at:

- New York State Employment Services System: [www.nyess.ny.gov](http://www.nyess.ny.gov)
- New York State Education Department: [www.p12.nysed.gov/irs](http://www.p12.nysed.gov/irs)
- ACCES-VR (interagency supported employment – chapter 515 reports): [www.acces.nysed.gov/vr](http://www.acces.nysed.gov/vr)

OPWDD Transformation Agreement Employment Goals and Milestones	
<b>Goal: Increase the number of competitively employed individuals</b>	
<b>Milestones:</b>	<b>Target Dates:</b>
<u>End new admissions to sheltered workshops</u>	July 1, 2013
<u>Retool Pathway to Employment</u> waiver services by expanding the service to include people transitioning from day habilitation, pre-voc, workshops or high school and shortening the time frame for transition from this service into supported employment	October 1, 2013
<u>Increase the number of people in supported employment and competitively employed</u> by 250 individuals (from May 2013 baseline submission to CMS)	October 1, 2013
<u>Develop a final work plan and timeline for increasing the number of individuals in competitive employment</u> and the number of students exiting the educational system directly into competitive employment; closing sheltered workshops; and providing education on the availability and importance of competitive employment	October 1, 2013 (draft plan) January 1, 2014 (final plan)
<u>Increase the number of people in supported employment and competitively employed</u> by a total of 700 individuals (from May 2013 baseline submission to CMS)	April 1, 2014



OPWDD will achieve these outcomes through the following initiatives:

- Target individuals who are leaving high school, institutional settings, workshops, and day habilitation programs to identify and obtain appropriate individualized employment goals. Person-centered plans for each individual will include necessary wrap-around services to enable the person to achieve the most integrated experience possible.
- Educate school districts about OPWDD services including supported employment services and Pathway to Employment.
- Redesign Pathway to Employment (a person-centered, comprehensive employment planning, and support service designed to assist participants in achieving competitive employment or self-employment) to shorten the time frame for transition from this service into supported employment.

## **Self-Direction**

OPWDD has had a service in place for self-direction inclusive of budget and employer authority for more than 10 years. The service, consolidated supports and services (CSS), has consistently grown in size. There is a great deal of oversight and process associated with the development of a CSS plan, and OPWDD is now streamlining CSS requirements to allow for a continuum of authority and initiating system transformation activities focused on the following:

- Through changed Front Door practices OPWDD will ensure statewide consistency of regional educational activities to increase awareness of the opportunity for individuals to self-direct all or part of their services.
- Individuals leaving campus-based settings will also receive education on the opportunity to self-direct all or part of their services.
- OPWDD will initiate increased focus and web-based training on person-centered planning practices with examples of improved quality of life for individuals receiving services through self-direction, with the expectation that a strong person-centered approach to planning is at the heart of self-direction.
- Building strong person-centered concepts into service planning and delivery in all settings so that individuals and families who are not interested in full authority for budget and employer activities may consider self-directing a portion of their supports.

Through these activities, and restructuring of the requirements of the CSS planning process, OPWDD will increase the number of individuals who self-direct a portion or all of their supports and services.

## **Self-Direction Today**

### **Demographics**

OPWDD began offering individuals with developmental disabilities the opportunity to self-direct their supports and services in 2003. Since that time, the number of individuals who choose this option has grown steadily, and more than 850 individuals self-direct their services through CSS. Individuals of all ages self-direct, with the greatest percentage of CSS participants being between ages 22 and 30. Nearly 75% of all CSS participants currently live with their family. More than 20% live in their own apartment, and a small number, less than five percent, live in certified residential settings. More than 2,000 self-directing individuals also use state-funded individualized support services to assist them with housing costs and support their desire to live in fully



integrated settings in the communities of their choice. While CSS is a service option for any individual eligible for OPWDD HCBS waiver services, OPWDD will only authorize CSS plans that provide appropriate safeguards and back-up plans to fully address a person's unique health and safety concerns.

### **Outreach**

OPWDD promotes CSS by conducting extensive outreach and providing training and technical assistance to the full range of OPWDD stakeholders in all parts of the state. The agency also holds monthly training sessions with staff in all OPWDD regional and state operations offices. Trainings are focused on person-centered planning and concepts of self-direction. All Medicaid service coordinators are currently required to complete training in self advocacy/self determination, which describes in detail OPWDD's self-directed service option and is currently the primary means of communicating how this service option works. In the months ahead, however, OPWDD will expand its CSS outreach activities to inform a minimum of 10,000 people about opportunities to self-direct a portion or all of their supports and services.

### **Operation**

CSS affords individuals the opportunity to have authority over their budget and/or their staff. OPWDD employs the Agency with Choice/Financial Management Services (AWC/FMS) model for self-direction in which individuals select an FMS agency to assist with administering their budget and with hiring, training, and employing staff (if the individual has chosen to direct both staff and budget). The process of planning for and implementing a self-directed service plan involves a variety of parties, each with a specific role in supporting the individual to control and direct his or her own services.

The Medicaid service coordinator (MSC) works with an individual and his or her family and advocates to conduct a person-centered planning process that seeks to listen, discover, and understand the participant and then develop an individual service plan (ISP) that describes the supports that are needed to help the individual move toward his or her desired life. OPWDD's regional office self determination liaisons oversee development of individuals' CSS plans. The MSC helps the individual make an informed choice of service providers and is responsible for oversight and monitoring implementation of the ISP, ensuring that it is kept current, that services continue to address the individual's needs, that the individual is satisfied with services, and that preferences and desired outcomes are addressed as they develop and change. The provider of service is the FMS agency.

All individuals who self-direct develop a circle of support made up of people who assist in the planning and oversight of the self-directed services. Self-directing individuals also frequently use support brokers to help with the CSS process and managing the individual's waiver services. Support brokers provide assistance and practical skills training to the CSS participant in things like managing responsibilities involved with self-direction, managing the implementation of the ISP and budget, monitoring expenditures, training of participant-hired staff, facilitating circle of support meetings, and documentation.



OPWDD Transformation Agreement Self-Direction Goals and Milestones	
<b>Goal: To increase the number of individuals who choose to self-direct to 1,245.</b>	
<b>Anticipated Enrollment Milestones:</b>	<b>Target Dates:</b>
Begin <u>statewide education</u> to inform individuals of their options for self-directing their supports and services, reaching at least 1,500 individuals each quarter	April 1, 2013
<u>Share training materials and curricula</u> for the above educational sessions with CMS and make them available statewide	May 1, 2013
<u>Report to CMS on the number of people self-directing</u> , to set a baseline for quarterly goals	July 1, 2013
<u>Increase the number of people self-directing their services</u> (over July 2013 baseline) by 350	September 30, 2013
<u>Increase the number of people self-directing their services</u> by an additional 425 people from the September 30, 2013 milestone	December 31, 2013
<u>Submit to CMS for approval OPWDD's self-direction policy</u> that demonstrates the agency's commitment to and implementation of self-direction	January 1, 2014
<u>Increase the number of people self-directing their services</u> by an additional 470 people from the December 31, 2013 milestone	March 31, 2014

OPWDD will achieve these goals and milestones by continuing numerous transformation activities already begun and initiating additional targeted activities related to outreach, education and reform of the CSS process.

Specifically, OPWDD will:

- Continue development and implementation of a transformed service system intake process known as the Front Door, such that all individuals requesting services and supports from OPWDD will receive the same information about community-based supports and services, including options for self-directing supports and services with the level of authority appropriate to each person's unique desires and abilities.
- Initiate increased focus throughout the system and develop web-based training on person-centered planning practices with examples of self-directing individuals negotiating appropriate risk mitigation and experiencing improved quality of life.
- Streamline the CSS planning and administrative processes to facilitate greater ease of access to this service option for all individuals and integration of managed long-term supports and services.
- Ensure that all service options available for self-directing are described, promoted, and facilitated for all participants in OPWDD's deinstitutionalization, including all potential participants in the Money Follows the Person demonstration, and in materials and education provided through the No Wrong Door/Single Entry Point system within New York State's Balancing Incentives Program.

## Deinstitutionalization and Community Housing

New York State began assisting people with developmental disabilities in transitioning out of institutions and into the community in the late 1970s, when 20 state institutions housed nearly 30,000 people in New York State. Since then, more than 6,200 community homes have been developed, and 13 institutions have closed their doors. In 2011, OPWDD closed the West Seneca Developmental Center and in June 2012, it closed the Staten Island Multiple Disabilities Unit. As of February 2013, only 1,032 people continued to receive institutional care in



campus-based facilities. OPWDD will further reduce the number of people living in institutional settings in 2013 with the closure of the Finger Lakes and Taconic campus-based programs by December 2013.

To successfully transition individuals from institutional settings, OPWDD must be able to expand the number of appropriate, community-based living options for individuals with developmental disabilities and ensure that all HCBS waiver service settings meet new HCBS standards for home-like environments. The agency’s Office of Home and Community Living has undertaken an extensive initiative to develop a continuum of supportive housing opportunities that can meet a wide range of needs and abilities. OPWDD has facilitated a series of explorative housing forums through which it has begun to identify potential opportunities for individuals with developmental disabilities to participate in supportive housing, senior housing, rural multifamily homes, family care, shared living arrangements, and assistive living. In addition, the Office of Home and Community Living is continuing to promote and pursue expansion of numerous housing initiatives to make home ownership and integrated housing a viable option for more individuals supported by OPWDD.

<b>OPWDD Transformation Agreement Deinstitutionalization and Community Housing Goals and Milestones</b>	
<b>Goal: To complete OPWDD’s downsizing of institutional services to a minimal service capacity</b>	
<b>Milestones:</b>	<b>Target Dates:</b>
<u>Submit to CMS approvable applications</u> for amendments to the HCBS waiver and a new 1915(b) waiver	April 1, 2013
<u>Amend NYS’ Money Follows the Person protocol</u> to support the transition of individuals with developmental disabilities out of institutional settings and into community-based settings	April 1, 2013
<u>Begin quarterly reporting to CMS on OPWDD’s progress in increasing the availability of supportive housing options, including non-traditional housing models</u>	July 1, 2013
<u>Develop and submit to CMS for approval a draft transition timeline for the residents of campus and non-campus-based intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) (other than Finger Lakes and Taconic’s ICF/IIDs)</u>	August 1, 2013
<u>Report to CMS on efforts to adopt practice guidelines for care coordinators</u> based on CQL’s POMs and <u>establish an annual assessment of managed care quality</u> using personal outcome measures data	September 1, 2013
<u>Develop a work plan for implementing New York State’s Balancing Incentives Program. The work plan must meet all CMS requirements and:</u> <ul style="list-style-type: none"> <li>• Demonstrate implementation of successful person-centered planning and New York’s commitment to an independent process for ensuring that service plans meet individuals’ needs</li> <li>• Describe current housing options for people with developmental disabilities and the current baseline of how many individuals are currently living in each residence type</li> <li>• Describe the process for determining whether residential settings for people transitioned from institutions through MFP will meet standards for MFP settings and HCBS settings</li> </ul>	September 1, 2013
<u>Transition 148 residents of the Finger Lakes and Taconic campus-based ICF/IID to community-based settings, with 44 individuals transitioning to settings that meet CMS Money Follows the Person settings standards and the remaining individuals moving to settings that meet HCBS settings standards</u>	January 1, 2014



### Rate Reform

In September 2012, OPWDD’s Modernizing the Fiscal Platform work team established that OPWDD’s existing rate reimbursement system was in need of reform to effectively promote the provision and reimbursement of the right services, in the right amount, delivered at the right time, and in the right setting for each individual. In addition, the team concluded that it was essential to improve the fiscal platform to support greater equity of access to services across the state, portability of resources, and choice in service providers. OPWDD engaged actuarial consultants Optumas/JVGA with experience in long-term care programs and services for individuals with developmental disabilities to assist in identifying a new rate reimbursement methodology that would support OPWDD’s policy goals. The work team outlined essential guiding principles that should be supported by the new reimbursement strategy:

- **Fairness and equity** – so that like services are provided to individuals with like needs and reimbursed at comparable rates
- **Portability** – to provide similar reimbursement for similar services across similar geographic regions in New York State
- **Efficiency and economy** – in the use of resources
- **Simplicity and practicality** – balancing the need for accuracy and the need for a method that is easy to implement
- **Network stability** – to ensure continuity and quality of care for individuals and support provider networks that are fiscally and operationally viable
- **Structural reform** – a method that is comprehensive to ensure the above principles

Based on the work team’s research and recommendation, OPWDD began developing a new component-based rate methodology that builds reimbursement rates on a foundation—or a “brick”—of direct support costs and then adds various rate components (e.g., program support, general and administrative costs) as they relate to direct support wages to determine the total cost of a direct support staff hour. The model then determines standard fees according to the number of staff hours needed to meet an individual’s needs.

OPWDD Transformation Agreement Reimbursement Rate Goals and Milestones	
<b>Goals:</b> <ul style="list-style-type: none"> <li>• To establish cost-based rates for state-delivered and billed ICF and HCBS waiver services</li> <li>• To transition to a new reimbursement methodology for establishing rates for nonprofit providers of HCBS waiver and state plan services</li> </ul>	
<b>Anticipated Milestones:</b>	<b>Target Dates:</b>
<u>Establish cost-based rates for state-delivered and billed ICF and HCBS waiver services</u>	April 1, 2013
<u>Implement reformed rates for nonprofit provider delivered services</u> using a standardized, portable and equitable payment structure <ul style="list-style-type: none"> <li>• Begin transition for IRA residential and day habilitation and ICF services</li> <li>• Reimbursement to all nonprofit providers entirely predicated on standardized methodologies for all services</li> </ul>	October 1, 2013 September 30, 2015



## **Moving Forward**

### **Employment**

OPWDD recognizes the significant role employment plays in supporting people with developmental disabilities to experience community engagement, personal growth, and pride. The agency's system transformation will dramatically change the expectation individuals have for themselves, providers have for those they support and the mix of services and supports they provide, and the expectations our communities have for their employers and their community members with developmental disabilities. Ensuring that every person supported by OPWDD has the opportunity to grow their skills, expand their engagement with the community, and pursue some level of employment is a cornerstone of OPWDD's transformation agenda. OPWDD will establish a work plan for implementing the related targets and milestones and track and report its progress to ensure a continued focus on supporting positive employment outcomes for individuals.

### **Self-Direction**

OPWDD is committed to transform its system supporting individuals with developmental disabilities to maximize the opportunity for individuals to direct how and where they are supported. The agency recognizes that its self-direction service has been well received by many individuals, and has made a tremendous positive impact on their lives, but yet remains out of reach by many others. Through efforts focused on education, increasing opportunities for individuals to customize a support plan in line with their interests and assessed needs, increasing statewide consistency of practice, streamlining the CSS planning process, and developing a greater continuum of opportunities to self-direct services, OPWDD is creating an infrastructure to more readily support these goals. Additionally, through a revised quality focus that incorporates a consistent way to evaluate the outcomes most important to people receiving services the value of self-direction and choice will be reinforced and supported.

### **Deinstitutionalization and Community Housing**

The final chapter in New York's long-standing history of shifting from institutional to community-based supports for individuals with developmental disabilities will be marked by assurances of full integration and adherence to HCBS waiver principles for those who leave institutional settings over the next five years. OPWDD is committed to transforming its campus-based services to provide short-term, intensive treatment services to individuals who have demonstrated the need for this level of care and who will remain only as long as required to develop the supports that will enable them to move back to the community. Achieving this significant transformation requires OPWDD's equally strong and active commitment to identifying, developing, and making available a much broader range of community-based supportive housing options for individuals with developmental disabilities.

### **Rate Reform**

OPWDD is committed to establishing a cost-based fiscal platform that will support all of its services for individuals such that the service system experiences fiscal stability, and individuals experience equity of access to services based on need, and portability of resources—which translates into choice of provider, and continuity and quality of care. The agency has recognized the need to completely transform the fiscal structure of the



system to achieve these programmatic and fiscal imperatives. It has also laid out a plan for change in which garnering greater economy and efficiency is imbedded within a whole system transformation that will further support the needed efficiency and economy through a heightened focus on person-centered assessment and delivery of services—that is, through effective means for providing the right services in the right way for each individual.

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The changes embodied in OPWDD’s system transformation are being designed to ensure that each person is better understood, better served, and ultimately experiences better outcomes and the dignity and rights to full community participation due every citizen. The changes will affect every aspect of OPWDD operations and interactions with individuals and families, from an individual’s first contact with the agency, to a comprehensive assessment of one’s needs and interests, to someone’s long-awaited move to a community-based setting for housing and employment. Throughout the process of reform, the input and involvement of all stakeholders has been and will continue to be essential.