



Andrew M. Cuomo, Governor



Courtney Burke, Commissioner

NYS Office For People With Developmental Disabilities

Putting People First

Individual and Community Supports Update

PROVIDER ASSOCIATION MEETING
JULY 23, 2010



OPWDD INDIVIDUALIZED SERVICES WORKGROUP

OPWDD has been working with a committee of stakeholders, including parents, self-advocates, providers, and employees to examine ways of streamlining and expanding various individualized service options.



SUMMARY OF WORKGROUP CHARGE

❖ **Initial charge of the Workgroup:**

To help OPWDD create a mechanism for immediate streamlined statewide access to individualized service options prior to full implementation of the People First Waiver and consistent with the direction and structure of the new waiver.

❖ **Commissioner Burke's charge to us:**

BE BOLD!!!!!!



WORKGROUP RECOMMENDATIONS

- ❖ **Create a streamlined individualized services agenda – Individual and Community Supports (ICS)**
- ❖ **Develop a statewide ICS application, budget and process**
- ❖ **Implement a new design for Single Point of Entry for consistency in access to services throughout NYS**
- ❖ **Develop a full continuum of housing and employment options that support people’s ability to choose to live, work and participate in meaningful activities as active citizens in their communities**



...SO WHAT IS **INDIVIDUAL & COMMUNITY SUPPORTS (ICS)**



ICS is:

- ❖ Person-centered approach to developing plans of support for people - not a program or a service
- ❖ Part of the fundamental process by which people receive supports and services through OPWDD - providing a broader array of individualized service options to give individuals and families more flexibility and choice of supports and services that meet their needs



ICS EXPECTATIONS

Define OPWDD's approach to the delivery of services based on:

- ✓ Person centered practices
- ✓ More informed choice of supports and services
- ✓ Combined use of paid and community supports
- ✓ Statewide consistency and availability of individualized and self-directed service options
- ✓ Consistent template and policy for Regional Offices to use to explain options available as families seek new or additional OPWDD services



ICS EXPECTATIONS (continued)

ICS will be the way individuals/families seeking and eligible for OPWDD services access those services.

ICS:

- ❖ Is driven by the needs of individuals, rather than the services that are currently available
- ❖ Allows individuals as much authority they and/or their families and circle members desire regarding the supports and services they receive and who delivers these services
- ❖ Offers a full array of housing and employment options. Individuals seeking services will be encouraged, as appropriate, to live and work in their communities of choice.



ICS EXPECTATIONS (continued)

ICS will:

- ❖ Support a continuum of housing options for people with developmental disabilities that is person-centered and needs-driven.
- ❖ Include employment services that:
 - End existing programmatic silos, such as SEMP, eSEMP, ETP
 - Provide a greater emphasis on preemployment services (assessment, job readiness training, job development, discovery and internships)
 - Create flexibility in providing employment and volunteer supports to individuals, and
 - Incentivize real concrete employment outcomes for individuals



ICS EXPECTATIONS (continued)

- ❖ Process and procedures for access to and availability of ICS services will be consistent and fair across all regions of the state.
- ❖ Quality Oversight – ICS will ensure consistent quality oversight for all in individualized services.
- ❖ ICS is intended to be a precursor to OPWDD's People First Waiver.



BUILDING THE CONCEPTUAL FRAMEWORK FOR ICS

Three Subcommittees:

- Front Door
- Streamlining
- Budget and Fiscal



WHAT IS THE OPWDD “FRONT DOOR?”

- The OPWDD Front Door is the philosophy, criteria, processes and procedures that are applied consistently to all individuals seeking supports and services through OPWDD’s service system in any OPWDD Region.



“Front Door”

PHILOSOPHY & GUIDING PRINCIPLES

- ❖ Person-centered approach
- ❖ Move from supply to demand - services system driven by needs of individuals rather than by services currently available within agencies
- ❖ Facilitate innovative and creative support options
- ❖ Consistency and transparency (clear criteria and processes)
- ❖ Equity - similarly situated individuals have same access to supports and services based on consistent criteria and needs assessment tools
- ❖ Informed choice and portability - “Money follows the person”
- ❖ Continuous quality improvement approaches to determine how we are doing and where improvement is needed



SHORT TERM GOALS FOR THE FRONT DOOR

- ❖ Based on person-centered demand oriented philosophy and guiding principles, develop statewide processes and procedures that are applied equitably and consistently to all new individuals entering OPWDD's system.
- ❖ Promote/facilitate least restrictive/most integrated options at the OPWDD Front Door in the first instance rather than default to highest level of support, e.g., 24 hour residential.



STREAMLINING SUBCOMMITTEE

Primary purpose:

- ❖ Develop process and policy for creating one uniform access to services - Individual and Community Supports.
- ❖ Develop program description and scope of services that can be accessed under ICS umbrella, including:
 - ❖ Guidance documents for ICS policy and process – single point of entry; Regional Office determines/confirms eligibility & authorizes services
 - ❖ Specific budget guidance for ICS Application/Budget
- ❖ Develop outline for training and communications on ICS conceptual framework for various stakeholders.



BUDGET & FISCAL SUBCOMMITTEE

Primary objectives:

- ❖ Streamline budget template for use in Individualized and Community Supports (ICS)
 - ❖ Expanded Personal Resource Allocation (PRA) includes:
 - ❖ Personal care,
 - ❖ Clinical services (Article 16 Clinics & funding to support clinical evaluations),
 - ❖ Employment & meaningful activities
 - ❖ Extended residential choices (including funding to support all certified housing options such as IRAs, depending on level of need)
- ❖ Implement a standardized process to facilitate portability of funding that individuals will use to indicate their interest in accessing services in a less restricted manner
- ❖ Redistribute allocations & develop specific allocation for ICS



ICS CHOICES

Individual accessing services through ICS may:

1. Choose to self-direct some or all services – works with Financial Management Services agency (FMS)
2. Choose to purchase services & choose to access other supports that can't be billed directly by OPWDD provider agency – works with FMS
3. Choose to purchase only services from OPWDD provider agency (agency bills directly):
 - a. Provided in uncertified settings and/or
 - b. Provided in certified settings



ICS IMPLEMENTATION

A. Training, Communication & Marketing (beginning July 2012):

1. Starting with information sessions for:

- a. Regional Office staff,
- b. Provider agencies, including Provider Association (July 23),
- c. MSCs & brokers,
- d. Individuals & families

2. Training sessions on ICS process, budget template & policies and guidelines (August 2012, and ongoing) for:

- a. Regional Office staff,
- b. Provider agencies,
- c. MSCs & brokers,
- d. Individuals & families



ICS IMPLEMENTATION

B. Implementing ICS in phases:

Phase 1: Begin with new people entering the OPWDD system (beginning September 2012).

Phase 2: Consolidate all individualized services now offered by OPWDD (beginning November 2012):

- Consolidated Supports and Services (CSS)
- Portal Initiative and Portal-like plans
- Learning Institute
- Individual Supports and Services (ISS) (housing subsidies)

Phase 3: Expand to include individuals currently being served who want to access services in a less restricted manner (beginning March 2013)



ICS IMPLEMENTATION

C. More Training, Communication & Marketing:

1. Other marketing (ongoing, beginning December 2012):
 - a. Other State agencies,
 - b. School districts,
 - c. Local social services entities,
 - d. Hospitals,
 - e. Mental health entities