

# MSC E-VISORY

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State of New York Office For People With Developmental Disabilities  
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The MSC E-Visory is an electronic advisory distributed to MSC Supervisors. Each issue provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please forward this issue to all MSC Service Coordinators and others as appropriate.**

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## In This Issue:

### OMRDD is now OPWDD



Effective July 13, 2010, the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) officially became the New York State Office For People With Developmental Disabilities (OPWDD). The name change does not mean that OPWDD's focus has changed – in fact; it only enhances our mission of helping people with developmental disabilities live richer lives. OPWDD simply replaces words with ones that are more person-centered and respects the dignity of individuals with developmental disabilities. Additional information on this historic change is attached.

### Intensive Behavioral Services

Intensive Behavioral Services are for individuals who are enrolled in the OPWDD HCBS Waiver and live in non-certified settings or Family Care Homes and who present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment. IB Services provides authorized individuals and agencies with time-limited funding for up to six months for behavioral supports and services. Further information on Intensive Behavioral Services is attached. An application form is separately attached.

## Governor Paterson Signs Historic Name Change Into Law We have heard it said that change is good. And we agree!

Effective July 13, 2010, the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) officially became the **New York State Office For People With Developmental Disabilities (OPWDD)**!

Governor David A. Paterson signed the bill into law, which not only changes this agency's name, removes the "R" word from State statute and regulations, excluding clinical references.

This is a historical decision for several reasons. First, on March 22, 2010, a meeting of stakeholders was convened, which included parents, providers, advocates and individuals with developmental disabilities, for the purpose of coming to a consensus about the name change. So, in essence, the name was chosen by our stakeholders, who all agreed that this issue was about engendering pride, dignity and respect for people with developmental disabilities. It was a very powerful process that led to consensus on the name OPWDD.

OPWDD Commissioner Diana Jones Ritter: "The time has finally come for New York to join the 48 other states that have dropped the 'R' word. I want to assure everyone that our name may be changing, but who we are and what we do stays the same: We have and will always provide top quality supports and services to people and families. I would like to commend Governor Paterson for his efforts ensuring that this name change would be achieved."

The new name eliminates the stigmatizing language which was part of the agency's name and instead reflects the Office's #1 guiding principle of "Putting People First." It is consistent with the Person First language law, which was enacted in 2007 and which mandates that in statutory language, we place the emphasis on the people we serve, not their disabilities.

In addition, New York State had the unfortunate coincidence of being one of two remaining states in the nation to include the phrase "mental retardation" in its formal lexicon. That is no more! And we take pride in that fact.

The use of "W" in the new agency name avoids the acronym "OPDD," which might have been conveyed as the "Office for Pervasive Developmental Disorders," which is a diagnosis on the autism spectrum. While OPWDD does serve people on the spectrum, we also serve many others under the umbrella of developmental disabilities.

The Governor supported this change with a Program Bill that moved quickly through Assembly and Senate Committees with the assistance of its sponsors, Sens. Elizabeth Huntley and Thomas P. Morahan and Assemblyman Felix Ortiz. The bills passed unanimously in both houses in mid-June. We thank the Governor and the Legislature for their support.

Adopting the new name will not have an additional fiscal impact as this Office will use existing resources to change the name over time on signs, letterhead, regulations, contracts and other documents.

The name change does not mean that OPWDD's focus has changed – in fact; it only enhances our mission of helping people with developmental disabilities live richer lives. OPWDD simply replaces words with ones that are more person-centered and respects the dignity of individuals with developmental disabilities. Our name is OPWDD, but who we are, and what we do, remains the same.



## Intensive Behavioral Services

Intensive Behavioral Services are for individuals who live in non-certified settings or Family Care Homes and who present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment. IB Services provides authorized individuals and agencies with time-limited funding for up to six months for behavioral supports and services. Some of the allowable IB Services include:

- Conducting relevant assessments,
- Collecting data pertinent to the challenging behaviors,
- Completion of a Functional Behavioral Assessment and development of a Behavior Management Plan,
- Implementation and monitoring of behavioral interventions and strategies specified in the Behavior Management Plan, and
- Training of the primary caregiver(s) or direct support professionals who provide services in the home, in the use of behavioral interventions and strategies that are specified in the Behavior Management Plan.

IB Services has two units of service: The Product Fee which is for the completion of the Functional Behavioral Assessment and Behavior Management Plan, and the Hourly Fee which is for the implementation of the Behavior Management Plan. When the MSC is conducting a face-to-face visit with the individual, and the IB Services staff are present, that time is countable toward billing for IB Services

IB Services provides authorized individuals and agencies with time-limited funding for up to six months for behavioral supports and services.

DDSOs will review individuals on a case-by-case basis to determine their appropriateness for IB Services. To be authorized for IB services, an individual must:

- Be enrolled in the OPWDD HCBS waiver.
- live in a non-certified residential setting or Family Care Home.
- have written documentation that substantiates that the individual is at imminent risk of being placed in a more restrictive living environment due to challenging behavioral episodes
- have a clear need for the type of services provided under the Intensive Behavioral Services model;
- be able to benefit from the provision of Intensive Behavioral Services.

If an MSC service coordinator has an individual that he/she believes would benefit from IB Services, the MSC service coordinator may contact the local DDSO to discuss the individual's situation or he/she may complete the attached IB Services Individual Application include with any relevant clinical documentation, and submit it to the DDSO.

If an individual is authorized for IB Services, the MSC Service Coordinator should complete the ISP as follows:

- Category of Waiver Service: Intensive Behavioral Services
- *Identification of the agency providing IB Services*
- Frequency: Product/Hourly
- Duration: Time Limited
- Effective Date: *Prior to or on the first date of service*

The two elements that MSC Service coordinators will need to complete are the Identification of the agency and the effective date (in *italics*). The other items should be completed as shown.

When an individual is authorized the IB Services staff will work to develop positive behavioral approaches, strategies and supports to establish or increase adaptive behaviors (a.k.a. replacement behaviors), and decrease the frequency/intensity of challenging behaviors. The approaches, strategies and supports need to be individually determined and based on the results of Functional Behavioral Assessment. Strategies should progress from the least restrictive or intrusive to those that are more restrictive or intrusive only as warranted based on level of risk the behavior presents to self or others. An individual's Behavior Management Plan provides direction on "what to do", "how to do", and "when to do" the specific approaches, strategies, and supports described in the plan. MSC's should receive a copy of the Behavior Management Plan to attach to the ISP. If Service Coordinators believes that the supports, strategies, and approaches identified in the Behavior Management Plan are more restrictive than are necessary for the individual and do not focus on positive methods, they should discuss their concerns with the IB Services Provider.

If you would like more information regarding Intensive Behavioral Services, please visit the OPWDD website: [www.omr.state.ny.us](http://www.omr.state.ny.us)

# Office for People with Developmental Disabilities Intensive Behavioral Services Application Form

If the participant is not enrolled in the HCBS Waiver, contact your local DDSO first.

Please answer the following questions for the individual that is to receive Intensive Behavioral Services. You must sign and date the form before submission. Submit the completed application to your liaison at your local DDSO or Region 2 office in New York City. With this completed form you should also submit any other supporting materials (see questions #7 & #8).

Date: \_\_\_\_\_

Initial Application

Reauthorization Application. Explain (include dates): \_\_\_\_\_

## SECTION I

Name of person completing the application: \_\_\_\_\_

Affiliation (e.g. agency name): \_\_\_\_\_

phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## SECTION II

Individual's Name: \_\_\_\_\_ Individual's Date of Birth: \_\_\_\_\_ Individual's TABS ID: \_\_\_\_\_

Individual's address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the Individual Waiver Enrolled?  Yes  No Individual's CIN #: \_\_\_\_\_

*Note: The individual must be waiver enrolled to receive IB services.*

List the individual's school, if they are attending one: \_\_\_\_\_

## SECTION III

### 1. What is the individual's living arrangement?

- Lives with family       Lives in a Family Care Home       Lives with roommates  
 Lives by him/herself       Other: \_\_\_\_\_

### 2. What OPWDD services does the individual receive, if any?

- Group Day Habilitation       Supported Employment       Supplemental Group Day Habilitation  
 Prevocational Services       Family Support Services       Supplemental Individual Day Habilitation  
 Family Education Training       Individual Day Habilitation       At Home Residential Habilitation  
 Respite       Individual Support Services  
 Other Services: \_\_\_\_\_

### 3. What clinical services does the individual receive, if any?

- Social Work       Occupational Therapy       Physical Therapy  
 Psychology       Speech Therapy  
 Other Clinical Services: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

**4. What other services does the individual receive, if any? These services may include ones that the individual receives through another governmental agency (e.g. Department of Health or the individual's county of residence).**

**5. List any medications that the individual is currently taking?**

**6. Provide a brief narrative of the individual's behavior that would be addressed through Intensive Behavioral Services. Also describe how the individual's behavior(s) have put the individual at imminent risk of losing his/her current residence. (If this is for a reauthorization, explain in greater detail why the individual needs continued IB services.**

**7. What other supporting materials (if available) are being submitted?**

- Clinical records
- Educational records
- Other psychosocial history records
- Previously completed Functional Behavioral Assessment(s)
- Previously completed Behavioral Plan(s)
- Describe any other materials:

**8. Include documentation that substantiates that the individual is at risk of imminent placement in a more restrictive living environment due to behavioral episodes.**

Signature of person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_