A White Paper On New York State's Ongoing Developmental Disability Transformation
OPWDD is in the midst of a vast system change implementing a transformational agenda for supporting people with developmental disabilities to enjoy meaningful relationships with friends, family, and others in their lives; experience personal health and growth; live in the home of their choice; and fully participate in their communities.

OPWDD has indicated that its transformational agenda aims to provide supports and services to individuals with intellectual and developmental disabilities (I/DD) that are:

- Fully integrated into the community,
- Consistent with a person’s needs and wants, and
- Results in valued outcomes that can be measured.

With over 10,000 people a year coming to OPWDD seeking services, OPWDD believes there is the need to create new and innovative ways to deliver and fund supports and services consistent with state and national trends. These changes are being largely driven by recent changes in Federal policy, particularly changes in Medicaid policy.

In New York, ninety-one percent of services provided to individuals with I/DD are provided using Medicaid funds, either pursuant to the State Plan (regular Medicaid) or pursuant to several 1915(c) HCBS waivers. As a result OPWDD is focused on ensuring service delivery in New York comports with Federal Medicaid Policy.

In March the Centers for Medicare and Medicaid Services (CMS) finalized it's Home and Community Based Services (HCBS) setting rule. The final rule requires all home and community-based settings, both residential and non-residential, to meet certain qualifications in order to be eligible for federal financial contributions to state HCBS.
waiver programs. The rule creates a more outcomes-based definition of home and community-based service setting, rather than one based solely on a setting's location, geography or its physical characteristics.

**OLMSTEAD and the HCBS setting**

CMS' stated intention in promulgating the final rule was to maximize opportunities for people to have access to the benefits of community living, including receiving services in the most integrated setting and to ensure that Medicaid funding and policy support needed strategies for states in their efforts to meet their obligations under the Americans with Disabilities Act (ADA), as interpreted by the United States Supreme Court in its decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) and applicable guidance issued by the United States Department of Justice (DOJ), the Federal agency tasked with enforcement of the provisions of the ADA.

In order to meet the CMS HCBS setting requirements:

- The setting must be integrated in and support full access to the greater community,
- Is selected by the individual from among setting options,
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint,
- Optimizes autonomy and independence in making life choices, and
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections,
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit,
- The individual controls his/her own schedule including access to food at any time,
- The individual can have visitors at any time, and
- The setting is physically accessible.

Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in a person-centered service plan.

Although the HCBS rule as originally proposed presumed a "disability-specific
complex" was not a home and community based setting, the final rule recognized
the use of the term would have adverse impacts on affordable housing units and
eliminated the term "disability-specific complex" and the final rule adopted the
terminology "any other setting that has the effect of discouraging integration of
individuals from the broader community"

Thus the key concept is does the setting discourage integration? If it does it is
not an HCBS setting for purpose of Medicaid funding. Recent CMS guidance
regarding settings that have the effect of isolating individuals receiving HCBS
from the broader community indicates that settings having the following two
characteristics alone might, but will not necessarily, meet the criteria for having
the effect of isolating individuals:

• The setting is designed specifically for people with disabilities, and often
even for people with a certain type of disability.
• The individuals in the setting are primarily or exclusively people with
disabilities and on-site staff provide many services to them

The CMS guidance identifies settings it believes isolate people receiving HCBS
from the broader community as having any of the following characteristics:

• The setting is designed to provide people with disabilities multiple types of
services and activities on-site, including housing, day services, medical,
behavioral and therapeutic services, and/or social and recreational
activities.
• People in settings have limited, if any, interaction with the broader
community.
• Settings that use/authorize interventions/restrictions that are used in
institutional settings or are deemed unacceptable in Medicaid institutional
settings (e.g. seclusion).

Current OPWDD Initiatives

In order to improve the system and comport with Federal policy, OPWDD is currently
focused on three initiatives. These initiatives are designed to improve the system and
ensure individuals and their families get what they need. According to OPWDD these
initiatives include:

• The elements of the transformational plan,
• The Front Door and
• The movement toward a managed care model using a reformed HCBS waiver
service delivery system.
According to OPWDD, the Transformation Agenda focuses on deinstitutionalization, employment, improved quality measurement and quality improvement and self-direction.

Deinstitutionalization

As part of a Transformation Agreement with CMS, the State of New York, in exchange for an additional $250 million per year in Federal funds to support certain designated state health programs (DSHP) previously not eligible for Federal Financial Participation (FFP), has agreed to certain Special Terms and Conditions in relation to its 1115 Partnership Waiver. Among these terms, the state has agreed to phase out all campus-based and non-campus-based and ICF/DD beds and also agreed to comport with CMS requirements for either "Money Follows the Person" qualified residences or into home and community based settings as outlined in the final rule.

Recently and in accordance with this Transformation Agreement, the state announced its plan to close four additional institutional campuses over the next four years, including OD Heck Developmental Center in Schenectady, the Brooklyn Developmental Center in Brooklyn, the Broome Developmental Center in Binghamton and the Bernard M. Fineson Developmental Center in Queens.

These closures will require the state to find more integrated housing opportunities for over 6700 individuals from institutional placements to more integrated settings in the community. This includes 844 additional individuals, who are currently in state-run campus-based institutions and 659 in state-run and 5213 in voluntary provider-run community-based ICF/IID institutions into more integrated settings in the community.

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<th>Draft Timeline for Certified Housing Census Changes</th>
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This plan includes opportunities for 1048 people to move into person controlled housing by Oct. 1, 2018.

Housing
OPWDD is also creating a continuum of housing options aimed at expanding supportive housing options for individuals with I/DD. According to OPWDD they are strengthening federal, state and local partnerships with various housing agencies and stakeholders, expanding participation in the Home of Your Own (HOYO) program and hosting a housing forum in Region One aimed at highlighting innovative work and best practices in the Region. OPWDD indicates its continuous mission is to "increase the availability of supportive housing options for people with intellectual and developmental disabilities". OPWDD has identified six Transformation Housing Goals. These goals are:

- **Goal One. Expand the Inventory of housing alternatives for people with Developmental Disabilities**

  OPWDD has identified the following strategies to achieve this goal:

  - Pursue and leverage increased local, state, and federal rental subsidy opportunities,
  - Provide incentives for developers to build units for individuals with developmental disabilities within their "regular" apartment settings, and
  - Expand partnerships with the State of New York Mortgage Agency (SONYMA), the U.S. Department of Agriculture (USDA) Rural Developmental Single and Multifamily Homes, the U.S. Health and Human Services' (HHS) Assets for Independence Program, and the U.S. Department of Housing and Urban Development (HUD).

- **Goal Two. Increase Access to Rental Subsidies for People with Intellectual and Developmental Disabilities**

  OPWDD's strategies to achieve this goal include:

  - Work with federal partners on the expansion and distribution of housing choice vouchers for people with disabilities,
  - Partner with state and local public agencies to prioritize rental subsidy needs of people with developmental disabilities,
  - Partner with local public agencies to track the distribution of housing choice vouchers for people with disabilities, and
  - Pursue and develop funding sources to expand the availability of rental assistance

- **Goal Three. Build understanding and awareness of housing options for independent living among people with developmental disabilities, families, public and private organizations, developers and frontline workers**

  Goal Three Strategies include:
o Develop and implement a communications, advocacy, outreach and education plan,
o Build the capacity of public and private agencies to assist people with developmental disabilities in making informed choices,
o Continue to host Housing Forums on housing options currently available to people with developmental disabilities and ensure the forums are broadcast statewide to interested parties, and
o Initiate a series of educational Webinars on "how-to-create" housing alternatives for independent living

• **Goal Four. Increase collaboration among OPWDD, state and federal agencies, voluntary providers, advocacy groups and families to create a more efficient and effective path for people with developmental disabilities to access and receive the supports and services they or their family need**

OPWDD has identified the following strategies for achieving Goal Four:

o Align the work of OPWDD’s Office of Home & Community living to support the following NYS initiatives:

  ➢ NYS Money Follows the Person Demonstration
  ➢ NYS Balancing Incentive Program
  ➢ SSA 1915(b) managed care and SSA 1915(c) HCBS waiver applications
  ➢ Residential transitions and expansion of supportive housing
  ➢ Supportive employment services
  ➢ Increasing self-direction

• **Goal Five. Assist with the creation of a sustainable living environment through funding for home modifications, down payment assistance and home repairs**

OPWDD strategies for meeting Goal Five include:

  o Increase funding for Environmental Modifications,
  o Continue the HHS down payment assistance program
  o Create a system and consistent process to fund home repairs for people with intellectual and developmental disabilities who close on a home through OPWDD’s Home Of Your Own (HOYO) program

• **Goal Six. Provide recommendations that can improve housing alternatives for people with developmental disabilities**

Goal Six strategies include:
o Create a systemic infrastructure that ensures leadership oversight of development and implementation of additional housing opportunities
o Ensure that the infrastructure is based on self-direction
o Present, track, evaluate and continuously provide recommendations and progress reports
o Work within the parameters of the Interagency Housing Council to ensure cross systems collaboration.

Employment

Also as part of the transformation agreement with CMS, New York State agreed to:

- End new admissions to sheltered workshops,
- Submit a plan to increase employment and meaningful community activities for people receiving employment services from OPWDD, including a timeline for closing sheltered workshops, and
- Target youth as a priority in its employment initiative.

OPWDD has submitted and received approval from CMS for its plan to increase competitive opportunities for people with disabilities. The plan seeks to increase the number of individuals and high school students in competitive employment. The plan also proposes to transition people from workshops to competitive employment and/or other meaningful community activities. Over six years the plan seeks to place approximately 4000 workshop participants in competitive employment.

In terms of growing the number of individuals and high school students in competitive employment, the plan proposes to:

- Connect Individuals to ACCES-VR and the NYS Commission for the Blind
- Create Pathways to Employment, a career planning and pre-employment skills training support service intended to develop a career plan for achieving employment in an integrated setting, in the general workforce at or above the minimum wage,
- Collaborate with the State Education Department to educate stakeholders about supportive employment services and other OPWDD services,
- Educate families and youth about employment options, including the Employment Training Program, the impact of employment on benefits, available job coaching supports, access to wrap around supports and reliable transportation, and
- Improve Job Retention.

The plan has identified a number of strategies to improve retention, these include:
• Incentivizing employment by restructuring billing and fee structures for employment services,
• Use the new Pathways to Employment service to better match jobs,
• Improve provider training and performance monitoring, and
• Improve Data Collection, including the number of individuals employed in an integrated or segregated setting¹.

In terms of transitioning people from workshops to competitive employment and other meaningful community options, the plan:

• Seeks to restructure current workshop business models into business models that create businesses in the larger community. Provider owned and operated community businesses will need to:
  o Meet HCBS setting definitions,
  o Complement not replace individual and group job placements within private sector businesses
  o Ensure that workshop participants have opportunities to choose from a variety of competitive employment options

• For those participants who do not wish to transition to competitive employment, have medical, adaptive or behavioral support needs that create barriers to competitive employment or are ready to retire the plan proposes one of three options, Day or Community Habilitation or Self Direction. There would be no employment option available for these individuals (estimated by OPWDD to total approximately 4000 individuals statewide).

• Business Partnership -- The plan also envisions improved partnerships with the state Department of Labor One-Stop Centers and collaboration with state economic development agencies on educating business about the employment potential of persons with I/DD and encouraging business to hire more people with developmental disabilities.

• Technical Assistance for New York from the State Employment Leadership Network (SELN) to enhance the capacity of New York to develop, implement, and support effective integrated employment initiatives.

¹ OPWDD defines a segregated setting as "a work setting where workers with developmental disabilities and/or mental illness only interact with, and work along side other workers with disabilities." The United States Department of Labor Office of Disability Employment Policy and the Department of Health and Human Services Office of Inspector General defines integrated employment as "jobs held by people with the most significant disabilities in typical workplace settings where the majority of persons employed are not persons with disabilities. In these jobs, individuals with disabilities earn wages consistent with wages paid workers without disabilities in the community performing the same or similar work; the individuals earn at least minimum wage, and they are paid directly by the employer."
Self-Direction

In conformance with the Federal-State 1115 Partnership Waiver DD Transformation Agreement, OPWDD has provided its Self Direction Policy to CMS. This policy document includes:

- A Policy Statement describing New York's commitment to self-direction
- A demonstration of New York's Commitment to Self-Direction, and
- A description of the reforms the State plans to implement to support the further development of Self-Direction and New options for cross-system services.

As a policy statement, OPWDD indicates it is committed to provide opportunities for individuals to exercise the maximum amount of control over how they receive supports and services through self-directed support options, promoting personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided. According to OPWDD, through employer and/or budget authority and the ability to customize plans of support, people with developmental disabilities can engage as full citizens in communities of their choosing. This means that self-directed Medicaid service participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports.

Self-Determination is defined as the philosophy that all individuals have the freedom to develop their own personal life plan.

Self-Direction is defined as the practice of empowering individuals with developmental disabilities to manage supports and services they receive and determine who provides the supports, and how and where they are provided using budget and/or employer authority.

In terms of demonstrating a commitment to Self Direction, OPWDD indicates that it has promoted self-direction through educational efforts by OPWDD staff and stakeholder groups. Educational efforts include community training sessions and new staff practices at the OPWDD "Front Door" which insure that individuals coming to OPWDD to access services make informed choice regarding self-directed service options.

12,774 Individuals received Self-Direction Education in 544 total sessions during the April 1, 2013 to March 31, 2014 time frame including:

- 10,414 individuals who either were new people requesting supports provided by the OPWDD system or students transitioning from the education system into the OPWDD system of supports. The goal of this education effort was to increase awareness of self-direction among the target audience,
• 1,893 individuals currently receiving OPWDD services and new individuals who have expressed an interest in self-directing services. The goal of this education effort was to ensure an understanding of the key concepts of self-directed supports, and
• 467 individuals who are actively seeking to self-direct services with budget and employer authority. The goal of this education was to provide these individuals with a detailed understanding of the operational components of self-directed supports and a clear understanding of the responsibilities associated with self-direction.

OPWDD has indicated it met its first year self-direction targets as contained in the Partnership DD Transformation Agreement and that as of April of 2014 nearly 3,000 individuals are self-directing an over 150% increase from July of 2013. Individuals self directing using the CSS model grew by 43% from 979 individuals self directing CSS services in July of 2013 to 1399 self directing this HCBS waiver service by April 1, 2014.

At the same time Self-direction of Community Habilitation increased by nearly 800% in this time frame. Individuals who were self-directing Community Habilitation services rose from 176 individuals in July of 2013 to 1577 by April of 2014.

OPWDD is also seeking to provide standardized and consistent statewide information on self-direction to all stakeholders, increase provider interest and support for self direction and provide stakeholders with a clearer understanding of the elements which constitute true self direction.

Finally OPWDD has indicated it has shifted access to supports from voluntary providers to the OPWDD Developmental Disabilities Regional Offices (DDROs). OPWDD has designated this systems change as the Front Door initiative. Education related to the available self-direction options is integral to this service access process within each DDRO.

OPWDD is also reforming its model for self-direction services. The reformed model will:
• Streamline the planning process,
• Create a new methodology for establishing a Personal Resource Account (PRA) that better aligns with needs, and
• Revise the reimbursement methodology for administrative payments to the Fiscal Intermediary (FI).

As part of the reform of self-directed services, OPWDD reform objectives include:

• Revising the Personal Resource Account (PRA). In order to establish a reformed PRA OPWDD needs to:
  o Complete actuarial evaluations of service costs and establish PRAs dollar amounts based upon the data collected,
  o Complete a validation study of the Coordinated Assessment System (CAS) to replace the current Developmental Disabilities Profile 2 (DDP2) which OPWDD admits is not sufficiently comprehensive and sensitive enough to establish a PRA that is consistent with the strengths and needs of participants,
  o Sample current Self-Direction participants using CAS to determine a new PRA structure based on CAS results and explore the relationship of placement on the new PRA structure vs. the current PRA,
  o Implement new PRAs for new participants in self-directed services,
  o Plan for and move current self-directed participants to the new assessment tool and new PRA structure.

Originally OPWDD estimated the CAS validation study would be completed in the summer of 2014 with the development of the reformed PRA to occur by January 31, 2015. The CAS validation study is currently being conducted by the Center for Human Services Research (CHSR) at SUNY Albany. Its completion is now expected in the summer of 2015.

• Unbundling of services in New York's current Self-Direction Model (CSS) and elimination of the monthly fee to relate discrete service types for discrete billing of the service. As part of this reform OPWDD will:
  o Develop pricing for each separate and distinct component part of CSS, such as separate fees for self-directed staffing, broker services and administration based upon actual expenditures,
  o Develop additional service options to support current models of CSS support that are currently supported using the bundled monthly service model,
  o Explore the development of interchangeable fees for "off the shelf" services and supports, such as back up staff.
• Revise the Fiscal Employment Agent (FEA) option to include a continuum of Fiscal Intermediary (FI) roles and develop a revised payment structure for FI services, including a pure fiscal management service (FMS) option,

• Integrating Cross System Services and the Implementation of the Community First Choice Option (CFCO) state plan option.

New York has submitted a State Plan Amendment (SPA) to establish State Plan CFCO services. These services include attendant services and supports to assist individuals in accomplishing Activities of Daily Living (ADLs) and health related tasks through hands-on assistance, supervision or cuing. The SPA would allow these services to be provided in a person’s home by personal care aides, home health aides or personal attendants selected by the individual through a personal network, an advertising/interview process or through a licensed health care service or certified home health agency. Services could also be provided in licensed, certified or endorsed community programs or settings.

• Development of Quality Indicators and expectations. According to OPWDD a workgroup comprised of stakeholders is meeting to make recommendations on quality indicators. The workgroup is expected to:

  o Make recommendations for clear system wide expectations for quality supports and services that go beyond regulatory compliance
  o Determine the quality standards and/or indicators that will be used to rate agency performance and to determine the distinguishing characteristics of each level, and
  o Make short and long term recommendations for the integration of the quality standards and ratings into DQI's protocols and business processes.

The work group has completed its initial tasks and has issued a draft Agency Quality Performance Standards Matrix that includes a summary of domains and a set of standards and expectations for each domain. Comment on these domains and standards were due by June of 2014. The matrix focused on the following domains:

  o Person-Centered Planning and Service Delivery,
  o Rights, Health and Protections,
  o Natural Supports, Community Connections and Integration,
  o Work Force,
  o Agency Mission, Operations, Leadership and Governance,
  o Quality Improvement.

Once the workgroup completes its initial recommendations, OPWDD intends to revise current provider oversight protocols including value added quality
components. OPWDD anticipates the development of three types of protocols these include:

- Agency Level review
- Person-centered review, and
- Site based review

Front Door

The purpose of the Front Door is to:

- Educate individuals and families about service options available to meet the needs of individuals with I/DD,
- Assist individuals in seamlessly accessing services,
- Emphasize integrated supports and how people can gain more control over their services and life plan, and
- Organize entry into OPWDD services consistent with the future direction and movement to managed care.

According to OPWDD this significant systems change allows each DDRO to complete consistent activities which:

- Ensure education regarding options for supports and services,
- An assessment of need, and
- Ascertain a better understanding of requested services prior to the authorization of services.

OPWDD indicates these new practices are focused on reinforcing the transformation agenda and consistently applying standards for authorization that relate more directly to an individual's interest and needs.

OPWDD has begun to train their staff as well as service coordinators from provider agencies. The training is focused on the collaboration and coordination between the Front Door team, Service Coordination and families seeking services.

One of the biggest changes in the Front Door process is the development of the Preliminary Individualized Service Plan (PISP).

The front door team will create a PISP based on information obtained through the initial steps of the front door process, including the individual's assessed needs as well as their personal goals.

In the **PISP the amount of each service that is approvable** will be noted. It is important to understand as part of the Front Door process, OPWDD will not authorize services in traditional supervised IRA and day habilitation settings simply because a
program opportunity is available. OPWDD indicates an individual must have a level of need significant to require the level of support offered in these traditional services and must choose these options as opposed to an option in a more integrated setting.

The PISP, along with a letter, will be sent to the family, the individual and the Service Coordinator. OPWDD does not articulate when Due Process rights are provided as part of the Front Door process.

Besides the PISP, additional forms such as the Front Door Service Request Form have been created. The Front Door manual, which will be available on the OPWDD web site by mid-November, will have instructions and samples of all new forms. In addition, CHOICES will be updated to reflect new documents and required forms such as a DDP 1 addendum.

Effective December 1 additional changes related to individuals seeking a change to their current service will be implemented. This change will now require that the MSC or PCSS complete a service amendment form to submit to the Front Door for approval. OPWDD is planning additional training for providers with more in-depth information on these Front Door processes.

As these Front Door processes are changed and/or implemented, concerns regarding the timeliness of service approvals as well as the amount of service being authorized need to be addressed. In particular, there is a need to identify any delays or inconsistency in and across regions. As with any new process, it takes time to work out the kinks, however, approvals should not be delayed; families and individuals have a right to expect services within a reasonable amount of time.

**Managed Care**

OPWDD and the State have indicated they seek to move to a managed care delivery system because Managed Care will:

- Provide a better and more seamless access to services,
- Remove "silos" that create barriers to services,
- Emphasize outcome-based supports, and
- Incentivize providers to achieve quality outcomes while using state and federal funds more efficiently.

According to OPWDD, the incentives in a well structured managed care system support the care coordination and outcomes OPWDD is seeking for people with developmental disabilities. Managed care will permit comprehensive care coordination resulting in both cost savings on the acute care side as needed long-term supports and services are accessed with greater ease and equity and more integrated, holistic planning and supports.
OPWDD recognizes that adopting a strictly medical model of care, as in traditional Medicaid Managed Care, will undermine the advances and quality of life for people with developmental disabilities in New York who often have complex, multi-dimensional, and highly diverse needs.

OPWDD articulates that while traditional managed care techniques have the potential to facilitate higher quality cost effective services for people with developmental disabilities, this will only be the case if service delivery policies are:

- Well designed;
- Effectively implemented;
- Tailored to the unique interests, needs and challenges of people with developmental disabilities; and
- Achieve cost savings by improving outcomes and eliminating inefficiencies, not by reducing the quality or availability of services.

**Service Delivery Reforms**

In partnership with the Federal Government, OWDD has embarked upon a broad-based reform of New York's current service delivery model. Elements of this reform effort include:

- The development of new cost based rates for state operated and voluntary operated residential and day habilitation programs,
- Limitations on payments in relation to environmental modifications and assistive technology,
- Review of cost reporting data,
- Redesign of self-directed services,
- Development of cost-based rates for other fee for service programs including pre vocational and employment services and
- The development of new HCBS services to support the System transformation. These services include:
  - Community Transition Services (only available to individuals leaving a institutional setting)
  - Pathways to Employment,
  - Individual Directed Goods and Services with budget and payment managed by a Fiscal Intermediary,
  - Enhanced, time limited "Template Funding" for those leaving institutional placements,
  - Enhancement to Supportive Employment rates of payment, and
  - Development of Vital Access and Quality Pools to address rate reform disparities impacting the quality and availability of services and supports available for a successful Transformation of the system.
Summary

As this white paper demonstrates, New York's developmental disabilities system is undergoing a vast level of change. People with disabilities, DDAWNY member agencies, indeed, all stakeholders have been working for several years to evolve a more person-centered system. It is important the systemic change be done with meaningful, thoughtful planning over a reasonable period of time. The change must be data driven and it is critically important the data being used to develop policies, programs, procedures and funding is accurate, reflect actual needs, respect choice, the dignity of the person, and the nature and capability of natural (unpaid) supports being relied upon is well understood, quantified and truly voluntary.

As others have indicated, we are moving toward managed care, spending necessary time on implementing direct support core competencies, exploring the use and financial impact of electronic health records, implementing the transformational agenda and serving more complex people with forensic backgrounds. Each day brings a new process, a new mandate, a new request to rethink the delivery of services in a more cost-effective and value added manner. Staff training on these new processes, new outcome measures require time and repetition to become routine. There is a cost and the cost increases exponentially as the time to implement is shortened.

As we transform our system, we need to ensure new processes work. The law of unintended consequences would suggest as we transition we ought not eliminate existing service models or reduce the quality or availability of these services until new processes promoting independence, community inclusion, self-determination and productivity are actually working as intended following trial periods where exploration and failure can occur and where these new processes can be reimagined and reengineered to address unforeseen shortcomings and ensure the quality delivery of services and supports for people with developmental disabilities.

It is important to remember, we are talking about person's lives here; people who have the right to make choices among meaningful options, developing person centered plans, ensuring safety, getting connected in the community. System transformation has to be about people, it has to be a thoughtful process. It is easy for government to reimagine a funding stream and to create an assessment score based upon filling out a form. It takes time to get to know the individual, his or her strengths, goals and dreams. It is not easy to score dreams and goals. It takes time to help individuals and their families or circle of support to reimagine where they might live or how they want to spend their day and time and it takes time to create those opportunities.

Managing the health care costs of an individual can be quantified. Managing the long term care supports and service costs of an individual can similarly be quantified. Managing those costs and quantifying the quality of the lifestyle a person needing those supports and services requires to live a fulfilling, satisfying and engaged life in the community of his or her choosing is far more difficult to measure or put a price on.
DDAWNY strongly supports the vision of OPWDD's transformational agenda, we believe the individuals we serve can and should live fulfilling and integrated lives however we also believe the current timelines being contemplated may have unintended and possibly harmful consequences without any provision permitting a safety net for individuals who currently enjoy and participate willingly in service delivery models targeted for either elimination or those being minimized in favor of new service options.

At the same time DDAWNY remains concerned OPWDD's transformation agenda has set unrealistic and constantly changing timelines. OPWDD fails to meet its own deadlines. It fails to provide the field timely feedback to new or reformed proposals and often rushes details and sub regulatory guidance to the field and much of this information is either wrong or needs to be more adequately explained. In seeking to dictate the method of change OPWDD has failed to allow providers with extensive experience serving specialized populations, especially those with a forensic background, room to innovate and lead the transformation. OPWDD needs to do a much better job in terms of implementing the Transformation agenda, permit the field to innovate and test various service delivery models with minimum bureaucratic interference and move the process forward with significantly more transparency.

DDAWNY would call on the Legislature to ensure the systemic changes of OPWDD's Transformation Agenda do not lead to unintended and harmful consequences. OPWDD needs to be more transparent and thoughtful in its system redesign, it needs to support not restrict providers willing to pilot new and more integrated models for specialized populations and needs to report to the Legislature and the public on a more regular basis on the status of various Transformational Agenda Goals and mile points.

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