



2023 State Agency Planning Priority Guidelines - Office for People With Developmental Disabilities

BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES PRIORITIES FOR THE 2023 LOCAL SERVICES PLANNING PROCESS

New York State Mental Hygiene Law (§ 41.16) requires the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), and the Office for People With Developmental Disabilities (OPWDD) to guide and facilitate the Local Services Planning process in collaboration with Local Governmental Units (LGUs). For many years, each State agency conducted its own local planning process, which required LGUs to comply with three different sets of planning requirements and three separate due dates. Since 2008, however, State agencies and LGUs have worked together to create a comprehensive planning process whereby LGUs submit one Local Services Plan to all three State agencies.

In 2022 a workgroup comprised of Directors of Community Services/LGU Planning Staff, State agency representatives, and Conference of Local Mental Hygiene Directors (CLMHD) staff revisited the Local Services Planning process. The workgroup recommended comprehensive changes to the Local Services Planning process, including moving from submitting a new Local Services Plan (LSP) each year to creating an LSP that has a four-year timeline and submitting annual updates or addendums to the four-year plan. Acknowledging the need for time to develop the new requirements, the workgroup agreed to implement the comprehensive new changes beginning for Plan Year 2024 (starting in the spring/summer of calendar year 2023).

Furthermore, the workgroup decided that the best way to move forward with the major changes while also collecting current year information would be to require an abbreviated version of the 2023 LSP in the fall of 2022 while implementing the full transformation in the spring and summer of calendar year 2023.

This document is intended to provide details on State priorities for developmental disability services. Separate guidelines (*2023 Interim Local Services Plan Guidelines for Mental Hygiene Services*) providing LGUs with an overview of the questions that will be on the 2023 Local Services Plan electronic forms were distributed to LGUs via email on July 27, 2022. If you did not receive the *2023 Interim Local Services Plan Guidelines for Mental Hygiene Services*, please contact oasasplanning@oasas.ny.gov.

LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2023 Local Services Planning process, beginning with the July release of the interim guidelines.

Table 1: 2023 Local Services Plan Timeline

Process Step	Date
2023 Interim Guidelines Released	July 2022
State Agency Planning Priority Guidelines Released	August 2022
Electronic LSP Forms Available	August 2022
Due Date for Completed Plans	October 31, 2022

An overview of the Local Services Planning process for Plan Year 2024 and beyond is illustrated in Table 2. As indicated in Table 2, the planning workgroup agreed to return to the traditional June deadline for LSPs, beginning with the 2024-2027 LSP.

Table 2: Local Services Plan Overview 2024 and Beyond

Process Step	Date
2024-2027 Local Services Plan Due	June 2023
2025 Update to 2024-2027 Local Services Plan Due	June 2024
2026 Update to 2024-2027 Local Services Plan Due	June 2025
2027 Update to 2024-2027 Local Services Plan Due	June 2026
2028-2031 Local Services Plan Due	June 2027

FORM SUBMISSION OVERVIEW

OASAS has retired the web-based County Planning System (CPS) due to its reliance on an outdated technology platform. Beginning in 2023 LSPs will be collected using a new online system, managed by OASAS, which will allow for faster, more flexible form development and the creation of easy-to-read LSP documents that LGUs can share with constituents.

2022 LOCAL SERVICES PLANNING RESULTS

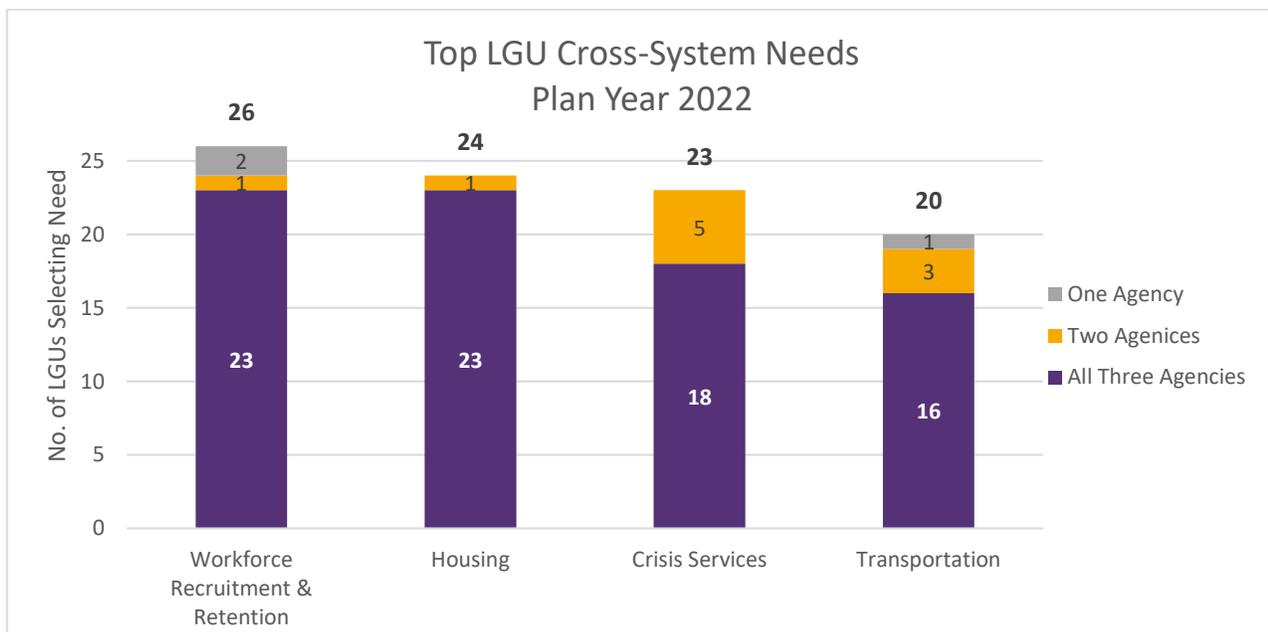
The Goals and Objectives Form is the primary document that LGUs use, as part of local services planning, to communicate and identify their local needs and their goals, objectives, and strategies to address those needs. The COVID-19 pandemic emerged during the 2021 plan year and continued to be a primary concern and resource constraint during the 2022 plan year. As a result of the pandemic, the State agencies, in consultation with the MHPC, created a separate form to gauge the local effects of COVID-19 on mental hygiene populations. So as not to add to the burden of the LSP in a time when counties were already overextended due to COVID-19, the COVID-19 form was made mandatory and the Goals and Objectives Form optional.

Despite the fact that it was optional for the 2022 plan cycle, 27 LGUs elected to document their needs and plans to address their needs using the Goals and Objectives Form. On the 2022 Goals and Objectives Form, LGUs selected from specific categories to indicate the nature of the unmet mental hygiene needs in their counties. If a need category, such as housing, applied to multiple Mental Hygiene agencies, LGUs had the option of matching it to one, two, or all three agencies. Some need categories were applicable to only one or two agencies.

The cross-system needs and goals most frequently cited by LGUs in Plan Year 2022 include:

- Workforce Recruitment and Retention (26 LGUs);
- Housing (24 LGUs);
- Crisis Services (23 LGUs); and
- Transportation (20 LGUs).

Figure 3 displays the needs LGUs most frequently selected on the 2022 Goals and Objectives Form. As Figure 3 shows, the majority of the top needs selected by LGUs cross multiple mental hygiene agencies. In total, for the top four most selected needs, 97% of LGUs indicated that the needs affect more than one mental hygiene population, and 86% cross all three agencies.



INFORMING STATEWIDE PLANNING

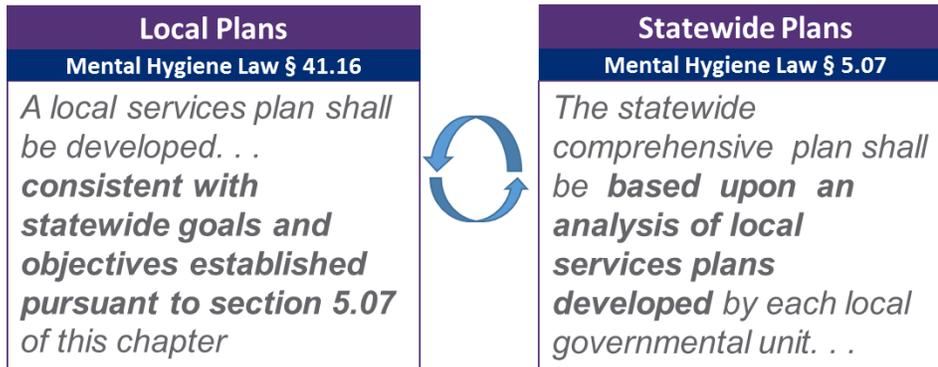
Section 5.07 of Mental Hygiene Law requires OMH, OASAS and OPWDD to develop a Statewide Comprehensive Plan for the provision of State and local services to individuals with mental illness, substance use disorders and developmental disabilities. Purposes of the Comprehensive Plan include:

- identifying statewide priorities and measurable goals to achieve those priorities;
- proposing strategies to achieve goals,
- identifying specific services and supports to promote behavioral health wellness;

- analyzing service utilization trends across levels of care; and
- promoting recovery-oriented State-local service development.

Figure 4 shows the statutory relationship between local planning and State planning. As Figure 4 illustrates, analyses of the Local Services Plans are a key component of the Statewide Comprehensive Plan.

Figure 4: Relationship between Statewide and Local Plans



State agencies conduct extensive reviews of information submitted in the LSPs. The local services planning process and the priorities identified in county plans, particularly the cross-system priorities, inform each State agency’s policy, programming, and budgeting decisions. To help ensure that policies supporting people with mental illness, developmental disabilities and/or substance use disorder are planned, developed, and implemented comprehensively, OASAS, OMH, and OPWDD will continue to rely on the local services planning process and the annual plan submissions as important sources of input.

PLANNING FOR DEVELOPMENTAL DISABILITY SERVICES

The Office for People With Developmental Disabilities (OPWDD) is responsible for coordinating services for New Yorkers with developmental disabilities including intellectual disabilities, cerebral palsy, Down syndrome, autism spectrum disorders, Prader-Willi syndrome, and other neurological impairments.

Over the last 45 years, the system of services and supports for people with developmental disabilities in New York State (NYS) has evolved from a system reliant on large-scale institutions to a community-based system built to maximize independence and dignity. The past decade has seen further progress in the recognition that people with developmental disabilities have the right to live, work, and fully participate in the broader community.

Despite this progress, the developmental disability system in New York State is under increasing strain, including a workforce shortage.

As described below and more fully in the [OPWDD 2023-2027 Strategic Plan](#), to respond to the challenges that our system is facing, OPWDD has identified the following three priorities for 2023-2027:

- Promote practices that strengthen the workforce and infrastructure
- Advance systems change and innovation across the state
- Support people in the most person-centered ways

Additionally, OPWDD is interested in strengthening collaboration and coordination across agencies and levels of government to better meet the needs of New Yorkers, including those who interact with multiple systems.

Promote practices that strengthen the workforce and infrastructure

OPWDD is committed to advancing developmental disability services by investing in the workforce, updating the system to improve efficiency and sustainability, and increasing access to information.

OPWDD recognizes the importance of having a high quality, stable workforce and an improved infrastructure that allows for better analysis, planning, implementation, and evaluation of services. To that end, the agency will continue to prioritize assessment of its current processes and infrastructure to ensure that the system is advancing in ways that support its responsiveness to stakeholders.

New federal funding through the American Rescue Plan Act (ARPA) is enabling OPWDD to make immediate and significant new investments in the direct care workforce. New York's ARPA plan invests \$1.5 billion toward supporting recruitment, improving retention, and increasing wages of Direct Support Professionals (DSPs). This funding includes a supplemental, one-time payment to support current DSPs and family care providers who worked during the pandemic and remain employed in the OPWDD service system with an additional bonus if the worker is fully vaccinated against COVID-19. Furthermore, the ARPA spending plan also includes Workforce Longevity and Retention Bonuses, and the recent state budget included additional bonuses for our workforce. These bonuses will support a more sustainable workforce by providing supplemental, one-time payments.

In addition to these short-term investments, OPWDD's ARPA spending plan consists of multiple initiatives to improve recruitment and retention of DSPs, including projects that foster workforce innovation designed to improve the competency and skills of the DSP workforce, as well as to promote recruitment and retention, by establishing relationships with high schools, BOCES, the NYS Education Department, SUNY Educational Opportunity Centers (EOCs), SUNY Empire, Regional Centers for Workforce Transformation, and the NYS Department of Labor. These collaborations will lead to DSP training and credentialing opportunities, the development of recruitment tracts and career pathways within higher education institutions, a statewide DSP marketing campaign, new innovative hiring and retention practices, and advocacy for a federal Standard Occupational Classification (occupational code) for DSPs.

Additionally, OPWDD, in partnership with NYS Information Technology Services (ITS), is moving forward with plans to transition the agency's technology to more innovative and intuitive programs, consolidate systems as appropriate, streamline workflows and upgrade capacity and staff skillsets. Improved technology can also assist with creating quality data

systems, thereby increasing OPWDD’s ability to respond to data requests and understand data trends, for example related to the workforce.

Through improved technology and infrastructure, OPWDD will strengthen its data collection and analysis functionality, including gathering data that can inform future planning, creating performance benchmarks and identifying key metrics to evaluate outcomes for those being served.

Advance systems change and innovation across the state

OPWDD is exploring new approaches and opportunities to simplify processes and improve the system’s ability to better serve people with developmental disabilities. These plans consist of efforts to provide more access to employment, improve housing supports, and increase regulatory flexibility.

Prior to COVID-19, there was a substantially lower rate of employment for people with disabilities than for those without disabilities in NY. The COVID-19 pandemic further affected employment rates and delivery of employment supports and other day program services. To prevent the spread of the virus, in March 2020, OPWDD directed the closure of site-based day programs. Although those programs have since reopened, ongoing safety precautions, staff shortages and personal choice have reduced the pre-pandemic utilization of site-based day habilitation services compared to pre-pandemic levels. At the same time, the economic impact of the pandemic has sharply reduced the employment of people with developmental disabilities who receive OPWDD-funded employment supports.

To support people during the pandemic, OPWDD used remote service delivery options for day, vocational, and employment services. A waiver amendment adopted on July 1, 2021, made these flexibilities permanent for day and prevocational services. During 2021, OPWDD also developed and provided training on Employment and Vocational Services for Care Managers, creating train-the-trainer opportunities for Care Coordination Organizations (CCOs) so that all care managers have an opportunity to understand the employment service options available to the people they support.

OPWDD is also examining the potential to incorporate outcomes-based payment models into its employment services and to incentivize day program providers to provide a continuum of day service options including prevocational and career planning services. OPWDD will explore rate changes to differentiate between site-based and remote service provision, increase training for day habilitation staff to help people achieve greater independence, and continue to train care managers about employment and vocational services so that they can consider employment as the first option for services for people who wish to work.

In 2021 and 2022, OPWDD’s administrative and waiver reforms also focused on strengthening the continuum of accessible, affordable housing supports and residential services for people with developmental disabilities. These actions include strengthening internal review processes to ensure people have access to appropriate housing supports, enhancing supports for people in crisis, maximizing certified residential capacity to support people with the most complex needs and advocating for an increase in housing subsidies.

OPWDD is investigating waiver options that expand choice in housing supports and reform the current residential reimbursement methodology to pay residential habilitation providers based upon acuity of the people served. Reforms will also support alternatives to 24/7 supervised Individualized Residential Alternatives (IRAs), including supportive IRAs and Family Care. Similarly, OPWDD will evaluate the criteria used to ensure fair access to residential services including for people who have aged out.

OPWDD is planning to strengthen both supervised and supportive residential habilitation services through revisions to its comprehensive HCBS waiver. These improvements will support sustainable approaches to the delivery of housing supports or residential services for people of all ability levels. The redesign of the supportive residential habilitation rates will allow people with a wider range of needs to live in more independent settings with a mixture of in-person and on-call services from provider agencies. A new approach to rate setting will tier payments based on people's need for support and recognize that the provider's costs will include direct staffing and efficient flexible combinations of on-call staffing, smart home technology and use of staffing arrangements like paid neighbors. These investments will support innovation in housing and person-centered choice and flexibility by developing portable funding for people who choose to make changes to their residential supports.

Lastly, to increase regulatory flexibility, OPWDD is restructuring oversight activities to align with a provider's history of quality and compliance on prior year surveys, providing relief to high performing providers and ensuring that lower performing providers receive appropriate oversight needed to correct any issues related to non-compliance. In addition, OPWDD has adopted flexibilities for certain services that were tested during the COVID-19 pandemic, including the use of remote technology and the provision of community habilitation services in a certified residence based on the needs and choice of the person. OPWDD will seek to continue these flexibilities that allow for more innovation through additional waiver reforms.

Support people in the most person-centered ways

OPWDD will continue to improve supports and services for people with developmental disabilities throughout their lifespan by addressing gaps in services and ensuring supports are integrated, holistic, and focused on individual need, choice, independence, and community integration. Some key efforts and initiatives to support people in more person-centered ways are included below.

People with disabilities from culturally and linguistically diverse families and communities commonly face additional barriers to accessing supports and services. OPWDD recognizes this and is committed to prioritizing equitable access to services, and providing person-centered, linguistically, and culturally competent supports. For five years, OPWDD has participated in the federally funded National Community of Practice (CoP) on Cultural and Linguistic Competence, identifying systemic, regional, and local level needs to address equity and inclusion concerns. Additionally, OPWDD has supported the Ramirez June Developmental Disabilities Navigator Initiative, a collaboration between the Developmental Disabilities Planning Council (DDPC), the NYS Office for New Americans (ONA) and OPWDD. The Ramirez June Initiative supports immigrants with developmental disabilities and their

families by connecting them with service providers across the state. In 2021 OPWDD also launched a federally funded, two-year grant through the DDPC to address equity and access to the service system for Chinese American and Spanish-speaking communities. This 27-month Ensuring Access Grant for \$400,000 will increase access to information about OPWDD services and supports through a targeted campaign to Spanish-speaking and Chinese American stakeholders.

Similarly, OPWDD will be investing \$30 million of ARPA funds for non-profit service providers, local government authorities, and/or institutions of higher education to advance equity, diversity, and inclusion in the service system. OPWDD is also in the process of establishing a separate Office of Diversity, Equity and Inclusion and recruiting a Chief Diversity Officer to drive organizational change through an examination of current OPWDD policies, workforce, and equity practices, including continuing to implement implicit bias trainings across all levels of agency staff.

Correspondingly, as part of its equity agenda, OPWDD is developing consistent service authorization criteria to implement a standardized, person-centered process to ensure that the authorization of services is consistent and clinically appropriate across the state. The authorization process will apply to all people who are new to OPWDD services and to those seeking changes to existing OPWDD services. OPWDD will continue to examine and improve consistent and equitable service authorization processes and guidelines for HCBS waiver services in the coming years. OPWDD intends for these program reforms to increase access to services for underserved and historically marginalized populations.

In addition to diverse communities, OPWDD serves people with various other needs, including those who have complex medical needs, require more behavioral supports, and who may have a dual diagnosis. People with developmental disabilities, advocates, clinicians, and administrators recognize that new options are needed to effectively and appropriately meet the needs of people who have complex and intensive behavior support needs.

To support people with complex needs requiring long-term care, OPWDD is planning reforming its residential habilitation rate-setting methodology. Currently, each provider receives a rate based upon that provider's historical cost of providing services, not based upon the needs of the person served. By reforming the current rate methodology to provide for a regional fee, adjusted by the acuity level of the person served, OPWDD will better support nonprofit providers to serve people with complex needs. Likewise, OPWDD has worked to identify people with lower acuity needs who are receiving state-operated services who might benefit from residential opportunities provided by nonprofit agencies and offer them opportunities to transition to a home that may better suit their needs and desires.

OPWDD State Operations is also exploring new models for providing services to people who currently receive intensive supports and require intermediate transitional residential supports prior to long term residential settings. The development of transitional and/or long-term state-operated group homes as part of the system "safety net" supports consideration of a person's needs and seeks to support those needs in less restrictive settings with appropriate clinical treatment and monitoring. By developing these residential options, OPWDD will increase its capacity to provide community-based management of intensive behavior support needs at state-operated group homes.

Additionally, to address those in with complex needs who are experiencing crisis, OPWDD has implemented CSIDD following the nationally recognized Systemic, Therapeutic, Assessment, Resources and Treatment (START) model. CSIDD provides high intensity services for people who experience frequent hospitalizations, crisis visits, use of mobile emergency services and are at risk of losing placement and/or other community services.

OPWDD recognizes that as providers are asked to serve people with more complex and challenging support needs, or those in crisis, they must be better able to assess and manage risks and maintain continuity of clinical services. This is especially true when providing services in community settings. Therefore, OPWDD will develop a Technical Assistance and Consultation Team (TACT) that will support provider agencies as they serve people with complex needs. TACT will deploy technical support teams to work within the community, creating public – private partnerships that can provide continuity of appropriate clinical supports and building capacity through training, mentoring, and monitoring for voluntary providers. The Technical Support teams will also link providers within and across systems, collaborate with and educate local crisis resources, and provide trainings and consultations on best practices related to serving those with specialized needs who may have frequently accessed institutional or more restrictive settings.

During the 2023-2027 plan, OPWDD will continue to examine additional ways to bring innovation and promising practices to New York to further expand and improve services targeted for people with complex support needs, including crisis services, behavioral services, and safety-net services to improve social determinants of health and individual outcomes. OPWDD will also consider how to best leverage additional collaborations with various stakeholders including OMH, DOH, county providers, hospitals, and others to ensure improved coordination of services, increased access to information about various supports, and enhanced communication across systems.

Collaborate and Coordinate Across Systems

People with the most complex support needs, including children, can often struggle to access appropriate services due to the barriers they face when trying to navigate multiple systems. This is especially pronounced during times of crisis.

Over the past several years, OPWDD and NYS Office of Mental Health (OMH) have partnered to expand the availability of children’s crisis services. A specialized children’s Residential Treatment Facility (RTF) operated by Our Lady of Victory (OLV) Services opened in Buffalo in August 2018 and expanded to their full capacity of 12 opportunities in November 2019. The OLV Intensive Treatment Program serves children/adolescents who are dually diagnosed with a serious emotional disturbance and a developmental disability and represents a collaboration between OMH (which provides funding and certification of the RTF) and OPWDD (which provides clinical review of all referrals for admission and assists with developing appropriate discharge plans back to community settings once RTF treatment goals are met). There have been numerous successful case outcomes associated with this specialized RTF program, including planned discharges of people back to live with their family or in other community-integrated settings that have been sustained with appropriate

home-based supports and services. OPWDD is exploring how this intensive treatment program might be replicated in other regions of the state.

OPWDD and OMH will also be developing specialized, multi-disciplinary, inpatient psychiatric units where children ages five to 21 who are dually diagnosed (with a serious emotional disturbance and a developmental disability, particularly Autism Spectrum Disorder) can receive services uniquely tailored to address their needs. The program will serve children who are eligible for OPWDD services and who exhibit severe emotional dysregulation and recurring safety risks such as aggression, self-injury, or property destruction. The target population includes children at risk of out-of-state treatment as well as those frequenting emergency rooms and psychiatric inpatient units due to their behaviors.

As part of this plan, Upstate Medical Center recently announced they will manage all inpatient mental health care for children currently provided by Hutchings Psychiatric Center and will create a specialized OMH-funded and certified inpatient unit for children ages 12 to 17 who are diagnosed with both developmental disabilities and mental illnesses. This specialized inpatient unit will provide children with a more focused and specialized level of care than is currently available in the state and will also work in collaboration with the OLV Intensive Treatment Program on cases requiring longer term transitional services before returning home. OPWDD will work in partnership with OMH, Upstate Medical Center, families and anticipated post-discharge service providers to support and facilitate active engagement in the admission, treatment, and discharge process from the beginning.

In addition to these programs, OPWDD is participating in a statewide partnership, facilitated by OMH to ensure access to crisis services for people with developmental disabilities who may contact the newly designated 9-8-8 hotline. Federal legislation establishes a 9-8-8 mental health and suicide crisis number by July 2022. The 9-8-8 line is intended to refer and connect people who contact the hotline to appropriate crisis supports as available (e.g., connecting someone to county mobile crisis supports).

OPWDD is also using a portion of its ARPA funds to collaborate with the NYS Conference of Local Mental Hygiene Directors (CLMHD) to explore how mobile crisis response systems support people with developmental disabilities, identify gaps in the current system, and propose solutions to address the gaps. Working with counties, CLMHD will pilot interventions that improve mobile crisis response and children services. Pilot response activities will encourage the use of remote technology to provide clinical outreach 24/7/365, improve data collection, and create trainings to strengthen the systems. Children service pilot projects will coordinate and develop training to enhance the knowledge of service providers and care managers to better support children with developmental disabilities and their families. The project will also help to establish partnerships and linkages between service entities (e.g., Health Homes, Children/Family treatment services, and other state agencies).

OPWDD intends for these program expansions, in combination with cross-systems collaborations and reforms, to increase access to appropriate health and behavioral services, reduce the need for unnecessary hospitalization and emergency services, and provide focused supports for children and adults with developmental disabilities, including those with the most complex support needs.

