



OPWDD 101

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NYAIL MFP Transition Center

- Department of Health grant to assist people in institutional settings transition to community living
- OPWDD – people in ICF/IID and Developmental Centers and Nursing Homes qualify for MFP Transition Services
- This training is basic overview of OPWDD system and can be used by any ILC

Office for People With Developmental Disabilities

- OPWDD – state organization to provide services for people with developmental disabilities
- Used to be called OMRDD - Office of Mental Retardation and Developmental Disability
- Term Mental Retardation now Intellectual Disability in DSM-V

Eligibility

- Mental Retardation (Intellectual Disability)
- Autism Spectrum Disorder
- Epilepsy
- Cerebral Palsy
- Other Neurological Impairment (disorders that affect the Central Nervous System-e.g., Spina Bifida, TBI)
- Familial Dysautonomia – genetic disorder of autonomic nerve cells

Eligibility – Intellectual Disability

- IQ less than 70 (2 standard deviations below the mean)
- If IQ 60-70, a structured adaptive behavior scale should be administered
- General adaptive behavior score or a majority of domain scores must be similar to person with IQ of 70 or less (2 standard deviations below the mean)
- Preferred Adaptive Scales
 - **ABAS II/3**
 - **Vineland II**

Eligibility- other than ID

- If IQ greater than 70 need specialty documentation of disability (e.g., ASD diagnostic evaluation report; medical or genetic testing report)
- Adaptive score must be similar to person with IQ of 70 or less (2 standard deviations below the mean)
 - **Daily Living**
 - **Communication**
 - **Socialization**
 - **Community Use**
 - **Health and Safety**
 - **Leisure**
 - **Self-direction**
 - **Work**

Eligibility - All

- Disability and functional effects occur prior to age 22
- Disability and functional effects are expected to continue indefinitely
- For MFP, people living in ICF/DC already have OPWDD eligibility, people living in nursing home may not

Who is Served

- OPWDD serves 126,000 individuals
- 38,000 receive residential services
- OPWDD budget is \$3.4 Billion/year

Who Provides Services

- Voluntary Providers (88% of services)
 - Over 700 voluntary providers
 - Non-profit organization
 - Can be large or small
 - e.g., ARCs vs. 1 IRA agency
 - OPWDD waiver services paid by Medicaid

Who Provides Services

- State Operated Services (12% of services)
 - All Developmental Centers are State Operated
 - As of 2013 994 individuals in DCs
 - State Op ICFs in community
 - As of 2013 659 individuals in SO ICFs
 - Projected 0 in ICF and 150 in DC by 2018
 - Children's Residential Project (CRPs) will continue to serve more than 400 children

Developmental Disability Regional Office (DDRO)

Oversees Voluntary Providers

- Region 1 Western NY & Finger Lakes
- Region 2 Broome, Central NY, Sunmount
- Region 3 Capital District, Taconic, Hudson Valley
- Region 4 Metro NYC
- Region 5 Long Island

Developmental Disabilities State Operations Office (DDSOO)

Oversees State Ops

- Region 1 Western NY & Finger Lakes
- Region 2 Broome, Central NY
- Region 3 Capital District, Sunmount
- Region 4 Taconic, Hudson Valley
- Region 5 Brooklyn, Metro NY, Staten Island
- Region 6 Bernard Fineson, Long Island

FRONT DOOR BACKGROUND, DEFINITION, PURPOSE

- Front Door is the method by which individuals access supports and services
- Encompasses Initial Contact through Service Authorization
- Intended to bring person-centered, individualized supports and service coordination to those supported by OPWDD
- Bring consistency and standardization of approach and experience across NYS
- Emphasizes personal choice and self-direction

The Front Door Activity Includes:

- **Initial Contact and Information**
- **OPWDD Eligibility Review**
- **Assessments & Review of Service Needs**
- **Service Development and Approval of Services**
- **Waiver Application, Waiver Enrollment and Waiver Services Authorization**

Front Door

- Front Door coordinator at every DDRO

[http://www.opwdd.ny.gov/welcome-front-door/Front Door Contact Numbers](http://www.opwdd.ny.gov/welcome-front-door/Front_Door_Contact_Numbers)

Individualized Service Plan

- **ISP –**
 - **Narrative summary of person's story**
 - **Lists all valued outcomes**
 - Should indicate interests
 - **Lists all services and providers**
 - Medicaid State Plan Services
 - Waiver Services
 - 100% OPWDD Funded Services
 - Other State and Federal \$ Services

Individualized Service Plan

- Indicates if person consents and family/advocate contact
- Reviewed at least twice a year with at least one meeting
- Any team member including person can request a meeting

Comprehensive Assessment

- Intermediate Care Facility (ICF) only
- Summary of all assessments and evaluations

Residential Options

Intermediate Care Facility for Individuals with Intellectual Disabilities

- ICF/IID (usually called ICF)
- CMS Considers ICFs an Institutional Setting
- Must meet “level of care” for institutional placement
- Waiver Services require same Level of Care Eligibility Determination (LCED)

ICF/IID

- People living in ICFs are in need of and are receiving “active treatment services”
- May have difficulty communicating wants/needs
- Often larger – 12+ people
- Can be house in community
- Can be run by voluntary or state op

ICF/IID

- Most ICFs are for adults
- Some are part of Children's Residential Project (CRP) and are associated with a school.
- As of 2013 6,328 people in VO and SO ICFs
- Goal is to eliminate (convert to IRA or close) all ICFs (except CRP ICFs) by 2018

Developmental Center (DC)

- Institutions on a “campus”
- At one time 27,000 residents
- Currently 500 residents
- 150 opportunities will remain for people short term assessment and treatment prior to transitioning to community
 - Center for Intensive Treatment (CIT)
 - Local Intensive Treatment Unit (LIT)
 - Regional Intensive Treatment (RIT)

Individualized Residential Alternative (IRA)

- Group home
- Must be in the community
- Can still be large (up to 14 people) but generally smaller than ICF
- Provides Residential Habilitation according to each individual's Habilitation Plan
- Supervised IRA has 24 hour staff
- Supportive IRA has less than 24 hour staff
 - Can be person's apartment
 - Staff come to assist at scheduled times

Family Care

- Residential Care provided in the home of Family Care Provider
- Person should be part of family life
- Family care provider paid room and board fee

Non-Certified Settings

- Home of Family or Friend
- Own home/apartment
- Boarding house

COMMON SERVICES



Community and Residential Habilitation (Com Hab & Res Hab)

- Res Hab is provided in IRAs and Family Care homes
- Com Hab is provided in the community
 - Can be for individuals in certified (e.g., IRAs) or non-certified (e.g., own apartment) settings
- Similar to NHTD/TBI ILST

Community and Residential Habilitation (Com Hab & Res Hab)

- Goal directed service to teach or assist with skills in community or residence
 - **Activities of Daily Living (ADLs)**
 - Bathing, Dressing, Eating, Transferring
 - **Instrumental Activities of Daily Living (IADLs)**
 - Banking, Shopping, Transportation, Meal prep
- Should be person-centered and focused on assisting person to be as independent as possible

Day Habilitation

- Day Hab
 - Goal directed service not in residence
 - Can be center based or Day Hab without walls
 - Can involve volunteer work, shopping, arts, ADLs/IADLs, socialization
 - Goals should be person centered and described in the individual's Habilitation Plan

Pre-Vocational

- Pre-voc
 - Learn skills needed for competitive employment
 - Time management, social skills, understanding directions, etc.

Supported Employment

SEMP

- Competitive employment in community is goal
- Can start with ACCES-VR and graduate to extended service of OPWDD SEMP
- Job developer to find job
 - Resume writing, job application
- Job coach to learn job and maintain job

Pathway to Employment

- New timelimited service that assists individuals in discovering skills, talents and interests that can lead to employment.
- Can receive Pathway to Employment along with other Services (Day Hab, Prevoc, etc)

Medical Services

- Can use doctor, pharmacy, dentist, OT/PT, behavioral health in community as long as accept insurance (Medicaid, Medicare, Third Party)
- Article 16 clinics (run by voluntary or state)
 - OT/PT/ Speech/SW, psychology, medical, dental
 - More accustomed to disability related issues
 - e.g., dental services with necessary behavioral supports
- Example: *Center for Disabled Clinic*

Self Direction

- Person can use budget and/or employer authority to customize services
 - Greater control over support staff
 - Greater control over service package
- Person has a Personal Resource Account (PRA) that defines budget available based on defined need
- Person or representative can hire staff or can purchase from agency

Self Direction

- Individual can be creative developing plan
 - Self hired staff with negotiated pay rate
 - Paid neighbor to be on-call
 - Individual Directed Goods and Services (IDGS)
- Fiscal Intermediary (FI) in place to complete payroll and HR functions
- Service Broker helps develop and monitor budget
- Individual works with a circle of support to implement and monitor their plan

Ability to Consent

- Presume competence
- Legal Guardian (Article 17A guardianship)
 - Parent/advocate went to court and has documentation that they are guardian
 - Same as parent of person under 18
 - Can allow individual to make choices (like where they would prefer to live)

Ability to Consent

- Treatment team determines ability to consent and should be noted in ISP
 - ISP should also note contact information of person who provides consent
 - If person is able to consent, must get their permission before speaking to family
- Can ask individual to sign informed consent in addition to guardian or advocate – should always explain to individual

Systems Changes

Goals

- Increase self-direction
- Close ICFs
- Close DCs
- Close Sheltered Workshops
- Move to managed care system (DISCO)

Acronyms/terms

- Willowbrook class – people in class action lawsuit to deinstitutionalize – according to decree should not be in ICF/DC
- QIDP – Qualified Intellectual Disability Professional (used to be QMRP) – case manager for individuals in ICFs
- MSC – Medicaid Service Coordinator – case manager for individuals not in ICF/DC

Acronyms/Terms

- DSP – direct service professional
- RM – Residence Manager (very important to let this person know when you are coming)
- See complete acronym list