The Arc New York

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January 4, 2022

VIA ELECTRONIC AND FIRST-CLASS MAIL

Ms. Kerri Neifeld, Acting Commissioner
Office for People With Developmental Disabilities
44 Holland Avenue
Albany, New York 12229

Re: Residential Placement Support in Critical Need

Dear Ms. Neifeld:

The Arc New York has long identified the need for a more comprehensive solution to support individuals both in residential placements in the OPWDD service delivery system in the event the placement no longer suits that individual based on elevated behavioral concerns and individuals who need an initial placement within the system. Those concerns can be short-term or result in the need for a permanent, alternate placement.

While existing models such as START/CSIDD, the Flow Initiative, and other programs and workarounds such as offering higher pay to allow voluntary providers to encourage staffing in difficult behavioral situations do play a role and provide some level of solution, there is a remaining and substantial gap. This gap in options often results in placement in more restrictive settings, and at times rights restrictions for other housemates when the unsafe behaviors impact other individuals receiving services, or the inability to find a placement in the first instance.

The Arc New York would like to partner with OPWDD to pilot a unique program that we believe could offer a better solution in these limited circumstances tailored to the needs of individuals in crisis.

I. Proposed Pilot Program

Currently, our New York City Chapter, AHRC NYC, contracts with HHS through the New York State Health + Hospitals Corporation to operate a 5-bed respite

program that assists individuals with I/DD avoid longer-term hospital stays by stabilizing them, assessing their true needs, and eventually finding the best placement -- whether that is in the OPWDD system or not. A copy of a brochure regarding the program is attached here.

Initially through DSRIP funding, and now through a direct Health and Hospital's contract, as well as several grants that add capacity to the program in the form of specially trained and qualified staff, such as a trained housing coordinator, and specialized clinical supports, the Chapter works to provide psychological, psychosocial and eligibility assessments, if needed, then stabilize the individual, determine the root cause of the crisis, and find the best permanent placement either within at AHRC NYC, or in another organization based in New York City.

The program has been in operation for 3 years and has resulted in positive outcomes for the people it supports. In addition, there are positive, measured outcomes in the form very substantial 7 figure savings to Health and Hospitals due to reduced hospital stays. This model benefits from functioning within the NYC H+H network, and replicating this upstate will require some creative thinking and partnership with NYS Department of Health, leading regional hospital centers, and likely the Office for Mental Health.

In addition to this programmatic pilot, we would further suggest the implementation of a "special unit" within OPWDD DDROs that would provide psychiatric expertise for providers to access using telehealth. Very often the lack of available clinicians who are willing to see our individuals, and further lack of availability for clinicians who are willing to prescribe medications based on another physician's analysis makes it very challenging to get people the support they need. We believe that having ready access to psychiatric telehealth with experience serving individuals with I/DD will provide a great benefit in curbing and potentially avoiding crises.

For example, the use of state-operated Article 31 clinics that are connected to psychiatric units could be an excellent partnership with rates that support the services needed. In addition, DOH could exercise leadership in making such a project a priority for funding by regional DSRIP II consortiums.

In addition, OPWDD could offer its number of vacated yet certified IRA facilities in each region throughout the state to be used as a setting to temporarily stabilize individuals. Perhaps these facilities could be funded for crisis respite with federal participation accessed under OPWDD's cost reconciliation methodology approved by CMS with OPWDD as the provider of record, but where day-to day services would be delivered in such facilities under a contract with a selected voluntary provider.

II. Other Recommendations

Although The Arc New York strongly supports this model for a pilot, there are other flexibilities and feedback that we feel would improve the current system, as follows:

For providers working through a crisis by maintaining an individual in their current residential placement, increased flexibility and support is needed. Often, movement to a smaller or different residence can help, whether that move is temporary or permanent.

In addition, if there is a need for a change in setting for an individual, we need OPWDD to take swift, supportive action to assist the individual and voluntary providers alike.

If placement in a temporary respite program like START is warranted, we have separately shared feedback on how that program could be improved regarding items like eligibility[1] and elevated degree requirements for staff that can present roadblocks to utilization.

Further, individuals with forensic backgrounds pose a unique difficulty and additional supports are needed to find solutions. For example, in some cases the continued involvement of the Statewide Forensic Advisory Committee (SFAC) for individuals who have been discharged from the program has created obstacles and rights restrictions. In addition, there are limited existing residential placements for individuals with these backgrounds, and we have not found a willingness to work with providers to develop the capacity that is needed if it does not already exist.

Finally, Care Coordination entities need to be better equipped to act as a strong advocate and partner with providers to find viable solutions. The model of coordinating the most impactful and resource-efficient support for people in crisis will require much closer collaboration among providers, CCOs, hospitals, CSIDD and START to truly achieve the benefits of expertise across these systems. The development of Cross-sector Regional Crisis Coordination Hubs Should be explored in more depth.

We look forward to meeting with you to discuss these important matters.

Sincerely,

Erik C. Geizer
Chief Executive Officer

[1] In particular, the limitation on children needing service through START is a significant detriment to eligibility.