

# Implementation Pathways for Advisory and Input Group Recommendations

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The following are the tags applied to each of the recommendations.

- **Administrative Action (OPWDD Directives or Actions):**
  - Used when the recommendation could be achieved internally through policy changes, updates to guidance, training initiatives, or procedural shifts.
  - No new laws or legislation needed, only internal agency adjustments.
- **Funding Change:**
  - Applied if the recommendation explicitly involved changing or increasing how funds are allocated, managed, or structured.
  - Includes adjustments to reimbursement structures, rate methodologies, new budget allocations, or financial incentives.
- **Simple Process Change:**
  - Selected for recommendations achievable by straightforward operational improvements.
  - Typically includes changes like updating forms/templates, refining internal workflows, or minor procedural streamlining.
- **State Legislation Required:**
  - Applied when recommendations specifically require state-level legal authority or statutory changes to implement.
  - Usually involves mandates, regulatory exceptions, or establishing new minimum standards enforceable by law.
- **Federal Waiver/Federal Approval (Amendments to 1915(c) Medicaid Waiver):**
  - Chosen if recommendations involved significant changes to Medicaid funding rules, eligibility criteria, or service definitions needing federal (CMS) approval.
  - Includes Medicaid waiver amendments, state plan amendments, or federal demonstrations.
- **Inter-agency Cooperation ("Other"):**
  - Assigned to recommendations explicitly needing coordinated action or agreements between multiple state agencies or entities.
  - Typically involves joint task forces, MOUs, or other multi-agency partnerships to implement effectively.

General Recommendations	
Recommendation	Tags
Increase and expand pilot programs that show proof of concept and results for the various models presented on the whole person supports website. Continue to pilot all proposed models with an RFP process, allowing for innovation funding and evaluation.	Administrative Action; Funding Change
Strengthen culture of self-direction, personal choice, and person-centered care across all services and models.	Simple Process Change; Administrative Action
Emphasize collaboration among state agencies to enable blended funding models, allowing for customized and flexible person-centered supports.	Administrative Action; Funding Change; Other (Inter-agency Cooperation)
Implement an Interdisciplinary Team (IDT) or similar approach across all programs, with specialized care coordinators consulting with generalists for complex cases.	Administrative Action
Explore repurposing existing state-owned properties for pilot programs, particularly for IDD populations.	Administrative Action; Other (Inter-agency Coordination)
Look for additional models that can be replicated where models were not highlighted by the coalition such as for people with autism and aggressive behaviors.	Simple Process Change; Administrative Action
Take the ideas generated by the coalition and present and apply them across all relevant agencies (DOH, OMH, etc.) where appropriate.	Administrative Action; Other (Inter-agency Cooperation)

Staffing and Workforce Development	
Recommendation	Tags
Explore ways to broaden the roles of DSPs in ways that allow them to gain more expertise through credentials. Examples of credentials might include subjects such as serving individuals with complex medical needs or supporting people who have aggressive behaviors, etc. Gaining such credentials would allow DSPs to receive higher pay.	Administrative Action; Funding Change
Work to increase salaries of DSPs and pay them more with a minimum standard of pay taking into account geography, experience, credentials and other factors. Consider higher pay for care managers as well.	State Legislation Required; Funding Change; Administrative Action
Find various ways to elevate the role of DSPs and their importance as professionals.	Administrative Action
Increase hands-on training for HHAs, CNAs, LPNs, RNs, social workers, family members, and DSPs to better handle individuals with complex needs, including autism and aggressive behaviors.	Administrative Action
Provide more social/emotional support to prevent burnout by DSPs.	Administrative Action

<b>Remote Monitoring and Tech</b>	
<b>Recommendation</b>	<b>Tags</b>
Enable and encourage remote monitoring (when appropriate) for nurses and DSPs by adjusting regulations to allow more use of remote home monitoring technology for those who wish to live more independently and can do so safely. (Note: use SANYS position on use of cameras).	Administrative Action
Allow use of remote consultation to prevent unnecessary use of emergency rooms – and allow the “capture” of medical dollars saved by allowing OPWDD providers to keep some of the savings from prevention of more expensive medical supports.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Ensure equitable pay for remote and tele-support roles to prevent disincentives.	Administrative Action; Funding Change
Explore use of AI to help support people with medical monitoring and increased autonomy where appropriate.	Administrative Action
OPWDD should explore current technology that could be used in homes, on trips – but be cautious about people who might elope.	Administrative Action

<b>Housing</b>	
<b>Recommendation</b>	<b>Tags</b>
Seek an exemption to the Nurse Practice Act around providing medications in non-certified settings.	State Legislation Required
Allow for live-in caregivers or other flexible housing supports such as small collectives, philanthropic dollars or shared ownership.	Administrative Action; Federal Waiver/Federal Approval; Funding Change

<b>Education and Training Integration</b>	
<b>Recommendation</b>	<b>Tags</b>
Collaborate with the State Education Department, medical schools, and other educational institutions to integrate disability awareness training into the standard curricula. Disability awareness would become a mandatory piece of curriculum for neurology and other clinical professions. In addition to disability awareness, the curriculum should include the review of principles such as self-advocacy and self-determination.	Administrative Action; State Legislation Required
Pilot a training-in-residency program to ensure medical professionals are equipped for challenges unique to persons with I/DD. A rotation with I/DD for residents could be an option. (Note: look at curriculum from Cris. Marchionne.)	Administrative Action; Other (Pilot Program/Partnership)

<b>Funding, Policy, Administrative or Regulatory Reform</b>	
<b>Recommendation</b>	<b>Tags</b>
Provide more resources for self-direction programs to enhance sustainability and be able to utilize dollars in different ways. A workgroup of self-advocates and family members could help define allowable uses.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Restructure the template for self-direction (need detail on how?).	Simple Process Change; Administrative Action
Help make self-direction more accessible to everyone by allowing dollars to be used to hire people who can help broker services when parents or natural supports are unable or lack the resources or time to manage self-directed services for a person with I/DD.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Consider ways to alleviate care manager caseloads by calibrating the level of services and supports with actual need. This might include exploring other ways to manage caseloads like better utilizing existing natural supports.	Administrative Action; Funding Change
(Federal issue): Reduce the need to recertify a permanent disability.	Federal Legislation/Approval
Strengthen integration between healthcare and OPWDD services to capture cost savings and reinvest in services. Do this by engaging DOH, OMH, and other agencies in blended funding discussions to ensure financial sustainability and a potential means to blend funding across Medicaid services (medical, behavioral, HCBS).	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Introduce budgeting flexibility for providers and for those self-directing in ways that improve efficiency in service delivery and improve the consumer experience.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Through a workgroup, shift funding formulas to prioritize outcomes over units of service to drive meaningful improvements.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Consider a streamlined process for managing funds in self-direction.	Simple Process Change; Administrative Action
Ensure supportive decision-making services are recognized as reimbursable and financially viable.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Examine the billing practices that may prevent supports via Comm Hab or different settings.	Administrative Action; Federal Waiver/Federal Approval

<b>Enhancing Natural Supports, Self-Direction, and Aging in Place</b>	
<b>Recommendation</b>	<b>Tags</b>
Reinforce the Circle of Support model to ensure individuals have control over their support systems.	Administrative Action
Explore live-in caregiver and paid neighbor models, with appropriate reimbursement structures that allow people to keep living in their home.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Ensure every person has the right circle/person who can help make decisions for supports when families are unable to do this. (Final decision should rest with the individual when capable).	Administrative Action; Other (Inter-agency/Community Partnerships)
Establish more opportunities to provide guidance, education, and respite options for families and parents.	Administrative Action; Funding Change
Reinforce circle of support model to make sure the individual has control (enhance care management/brokerage).	Administrative Action
Look for ways to maximize use of volunteers as part of the circle of support.	Administrative Action
Look at ways to form and maintain circles of support.	Administrative Action
Look at “connector” model from Canada to see how best to connect people.	Simple Process Change; Administrative Action
Add a budget line for House Managers in self-direction.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Residential habilitation is tied to certified residences – explore changing this.	Administrative Action; Federal Waiver/Federal Approval
ICF/IRA vacancies are slow to fill – could OPWDD consider using current licensed beds that are unfilled for respite?	Administrative Action; Funding Change; Federal Waiver/Federal Approval

<b>PACE &amp; Self-Direction</b>	
<b>Expansion and Scalability</b>	
<b>Recommendation</b>	<b>Tags</b>
Expand PACE to include a full range of services, including habilitation, housing, and medical services as a choice for people with I/DD.	Federal Legislation/Approval; Funding Change; Administrative Action
Explore pilot programs with multiple test groups to evaluate effectiveness across populations.	Administrative Action; Federal Waiver/Federal Approval
Address current limitations by increasing provider participation and testing expanded eligibility to include individuals with complex needs.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
<b>Self-Direction within PACE:</b>	
Implement self-direction within the PACE model, allowing individuals to designate hours for customized support based on their needs.	Federal Waiver/Federal Approval; Funding Change; Administrative Action
Develop a per-person capitation rate for flexibility and cost-efficiency, aligning with OPWDD for effective implementation.	Funding Change; Federal Waiver/Federal Approval; Administrative Action
<b>Funding &amp; Operations:</b>	
Blend funding sources to simplify financial management and increase flexibility for individuals, families and providers.	Administrative Action; Funding Change; Federal Waiver/Federal Approval
Investigate financial sustainability and long-term funding mechanisms, particularly for complex needs populations.	Administrative Action

<b>Care Management (SIP-PL-type model)</b>	
<b>Recommendation</b>	<b>Tags</b>
<b>Care Coordination and Collaboration</b>	
Establish a dedicated task force for alignment across key agencies and sectors.	Administrative Action
Increase programmatic flexibility and creativity, allowing care managers to customize services to individual needs.	Administrative Action
<b>Staff Training and Certification</b>	
Enhance training for care coordinators, ensuring cross-system expertise.	Administrative Action
Develop specialty certifications (e.g., complex populations, behavioral health) linked to pay increases for care coordinators and DSPs.	Administrative Action; Funding Change

Address care coordinator turnover by offering targeted support, mentorship, and opportunities for specialization.	Administrative Action
<b>Operations</b>	
Develop workload guidelines to maintain manageable caseloads, ideally reducing burnout and turnover rates.	Administrative Action; Funding Change
Integrate technology solutions to alleviate administrative burdens and enhance coordination efficiency.	Administrative Action; Funding Change
Standardize templates that allow for customized, person-centered care planning rather than strict, impersonal checklists.	Simple Process Change; Administrative Action

<b>Smoothing Transitions</b>	
Recommendation	Tags
<b>Role of DSPs</b>	
Emphasize the critical value of DSP staff in transitions by enhancing training and support for transitions.	Administrative Action
Develop clearer guidelines for staff proximity requirements, possibly incorporating on-call or beeper systems.	Administrative Action
Include DSPs, HHAs, and CNAs in transition planning to ensure continuity of care.	Administrative Action
<b>Housing Options</b>	
Continue to develop more flexibility in certified and non-certified supported housing options that provide greater individual choice (e.g., living arrangements) and independence (e.g., home-enabled supports and technology options).	Administrative Action; Federal Waiver/Federal Approval; Funding Change
Ensure that housing options allow for aging-in-place and community integration while maintaining necessary support.	Administrative Action; Funding Change
<b>Technology Integration</b>	
Incorporate technology-first approaches (e.g., remote supervision, smart home devices) in IRAs for enhanced safety and independence.	Administrative Action; Funding Change
Increase universally designed architecture in all facilities to support aging in place and disability needs.	Administrative Action; Funding Change
Consider privacy concerns with technology solutions (e.g., cameras), ensuring resident consent and customized use policies. (Refer to SANYS policy position on this topic).	Administrative Action

<b>Employment &amp; Day Program Enhancements</b>	
Recommendation	Tags
Implement an “Employment First” approach, with a spectrum of employment options and day activities tailored to individual abilities and interests.	Administrative Action
Develop personalized schedules to allow for more independent and fulfilling day programs, moving away from rigid timetables.	Administrative Action

Acknowledge the need for a spectrum of activities beyond traditional employment, including inclusive community engagement options.	Administrative Action
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<b>Enhanced Self-Direction</b>	
<b>Recommendation</b>	<b>Tags</b>
<b>Accessibility Improvements</b>	
Streamline guidelines for self-direction to make it easier for all to use.	Simple Process Change; Administrative Action
Address inequities by providing resources and support for families unable to participate due to time or financial limitations.	Administrative Action; Funding Change
Create a “circle of support” model that ensures continuity of care even when primary caregivers (e.g., parents) are no longer available.	Administrative Action
<b>Funding &amp; Operations</b>	
Review reimbursement structures to minimize upfront costs for families.	Administrative Action; Funding Change
Develop flexible funding options, including Direct Payments, Individual Service Funds, Arranged Services, and Combination Options, to provide tailored financial solutions. <ul style="list-style-type: none"> <li>• Option 1 – Direct Payments: Individuals receive funding directly to arrange their own care.</li> <li>• Option 2 – Individual Service Fund: A provider manages the budget, but the individual decides how it is spent.</li> <li>• Option 3 – Arranged Services: The local authority organizes care on behalf of the person.</li> <li>• Option 4 – Combination of Options: A mix of the above approaches.</li> </ul>	Administrative Action; Funding Change; Federal Waiver/Federal Approval
<b>Training and Support Modifications</b>	
Provide self-direction training to non-family support staff, emphasizing independence and person-centered care.	Administrative Action
Offer specialized training for supporting complex cases, ensuring adequate expertise and safety measures.	Administrative Action
Increase the number of care managers to enhance availability.	Administrative Action; Funding Change