

# **Top Ten Recommendations from The Coalition for Whole Person Supports with Related Examples**

- 1. Increase and expand pilot programs that show proof of concept and results for the various models on the Whole Person Supports site; continue to pilot all proposed models with an RFP process for innovation funding and evaluation.**
  - a. Seek federal waivers or permissions that allow PACE-like models for persons with I/DD
  - b. Allow a CCO+ model that improves care coordination across agencies and funding streams
  
- 2. Strengthen culture of self-direction, personal choice, and person-centered care across all services and models.**
  - a. Allow any individual with I/DD to use self-direction
  - b. Allow self-directed style services with paid management.
  - c. End the silo-ing of the broker and care manager and allow a position that blends these two functions. Individuals would be dually trained and credentialed as both MSCs and Brokers. They would provide both services to the individuals on their caseloads
  - d. Scale pilots that have allowed different models of housing that are more flexible. Features of pilot models may include for example:
    - Allow families to create a special needs trust that allow individuals with I/DD to stay in their family home and provide enough funding to support on-going maintenance services and care from a paid-neighbor or other trusted support.
    - For individuals with I/DD who want to live together, allowing the creative use of the multiple self-direction plans, so they individuals can hire a “residential manager” to coordinate the staffing plans of the home, doctor’s appointments, and maintenance.
    - Allow a model that uses Community Habilitation with a stand-by staff person. This person could be called within a few hours and would be pre-trained on the goals and safety needs of the individual.

- Allow an Agency with Choice model which allows the bundling of services to covered an entire hour or shift of support rather than 15 minutes.

**3. Emphasize collaboration among state agencies to enable blended funding models allowing for customized, flexible supports.**

- a. Allow I/DD providers that create best practices to avoid hospitalizations to receive a bonus payment for savings achieved and re-invest a portion of the remaining savings to provide services for additional individuals in the OPWDD system.

**4. Implement an Interdisciplinary Team (IDT) or similar approach across programs, with specialized coordinators consulting on complex cases.**

- a. Develop Standardized IDT Protocols – Create uniform guidelines for when and how an IDT is convened, membership composition, decision-making processes, and documentation requirements.
  - Launch pilots in residential, day habilitation, and employment programs to ensure cross-setting applicability.
  - Update OPWDD’s case management and incident review tools to flag high-complexity cases for automatic IDT review.
  - Assess outcomes after 12 months (e.g., care plan effectiveness, crisis reduction, family satisfaction) and refine protocols for statewide rollout.

**5. Explore repurposing existing state-owned properties for pilot programs, particularly for I/DD populations.**

- a. Conduct a State-Owned Property Utilization Assessment to identify and prepare underused or vacant state facilities for pilot programs serving individuals with intellectual and developmental disabilities (I/DD).
  - Assess each property for structural condition, accessibility, zoning compliance, and suitability for residential, day, or community integration programs.

**6. Identify additional support models to replicate in areas not highlighted (e.g., for people with autism and aggressive behaviors).**

- a. Launch an Innovative Support Model Replication Initiative focused on expanding proven interventions for underserved populations, including individuals with autism and aggressive behaviors.
  - Conduct a statewide and national scan of effective support models (e.g., positive behavior support frameworks, crisis stabilization programs, specialized residential models) with demonstrated outcomes for individuals with autism and complex behavioral needs.
  - Convene clinicians, behavior specialists, providers, and family advocates to assess transferability of models to New York's regulatory and funding environment.

**7. Apply coalition-generated ideas across all relevant agencies (DOH, OMH, etc.) where appropriate.**

- a. Establish an Interagency Implementation Task Force to coordinate the adoption of coalition-generated recommendations across OPWDD, the Department of Health (DOH), the Office of Mental Health (OMH), and other relevant state agencies.

**8. Explore ways to broaden the roles of Direct Support Professionals (DSPs) by introducing credentials (e.g. in complex medical care or behavioral support).**

- a. Expand on the current ARPA-funded DSP certification program being piloted in voluntary agencies across the State to include additional providers and their DSPs.
- b. Allow DSPs with professional certification through the National Alliance for Direct Support Professionals (NADSP) to perform additional functions and compensate them for this expanded role.

**9. Work to increase DSP salaries with a minimum pay standard (accounting for geography, experience, credentials) and consider higher pay for care managers.**

- a. Implement a Statewide DSP and Care Manager Wage Standardization Initiative which is tied to a living wage calculation to establish a minimum pay floor that accounts for geography, experience, and credentials, with targeted increases for DSPs and care managers.

**10. Find ways to elevate the role of DSPs and recognize their importance as professionals.**

- a. Launch a DSP Professional Recognition & Advancement Initiative to formally elevate the status of Direct Support Professionals as essential members of the healthcare and human services workforce.
  - Establish a statewide title (e.g., Certified Direct Support Professional of New York) with clear competency standards and recognition in state workforce classifications.
  - Create structured advancement pathways linking experience, credentials, and pay increases, similar to nursing or social work career models.
  - Partner with advocacy groups to launch a multimedia campaign highlighting DSP success stories and their impact on individuals with I/DD.