

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Family Care

Mandate:

Law: NY Mental Hygiene Law, Sections 31.03, 16.23

Regulation: 14 NYCRR Part 681

Mandated Funding Level:

None

Brief Description/History/Background:

Family Care is a licensed residential program that provides a structural and stable home environment within a family unit to a person with a developmental disability, offering support, guidance, and companionship. Family Care providers receive a monthly stipend to provide services within their house or apartment.

Family Care was established in 1931. The program provides residential and habilitative services for individuals with developmental disabilities individuals. The services are provided in private homes which must be certified by OMRDD. The program is operated directly by OMRDD staff in each DDSO and/or voluntary agencies (since early 1990s). Family Care is an HCBS waiver service.

Issues:

The number of people participating in Family Care has declined in recent years because it has become more difficult to recruit Family Care providers as current providers retire or age out of the program. While the number of people living in Family Care has declined, OMRDD sees this program model as a base upon which to build a growing, stable structure for community living for individuals with developmental disabilities. A task force was formed to assess the current program and to develop strategies to stabilize, enhance and expand the Family Care program, including incorporating lessons from national efforts to create "shared living" models. Family Care can serve a crucial role in balancing the service system; meet individuals' desires for person centered, community integrated services and supports; and move towards greater fiscal sustainability.

Population Served:

Individuals with developmental disabilities

State Operated: 2,243

Voluntary Operated: 473

Performance Measures:

1. To provide the most "home-like" residential setting possible for individuals living with a developmental disability and unable to live on their own.
2. To stabilize and eventually increase the number of individuals living in Family Care residences.

Declining Family Care Population			
FY	People	Decrease	
		Number	Pct.
01/02	4,044		
02/03	3,828	216	5.3%
03/04	3,640	188	4.9%
04/05	3,475	165	4.5%
05/06	3,213	262	7.5%
06/07	3,001	212	6.6%
07/08	2,768	233	7.8%

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Community Residences (CRs)

Mandate:

Law: NY Mental Hygiene Law, Articles 13 and 41

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

CRs are a licensed type of residential program that provides housing, supplies and services (such as assistance with daily living skills) to individuals with developmental disabilities. This type of residence is available with 24 hour on-site supervision, known as Supervised CRs, or in a model that does not require 24 hour staffing, known as Supportive.

Issues:

Today when expanding the residential service delivery system this model is rarely used. Instead, OMRDD utilizes Individualized Residential Alternatives (IRAs) which are a HCBS Waiver service. This model is preferred since it allows for more individualized services. It is also because of this characteristic that providers currently operating CRs are encouraged to convert their programs to IRAs. However, in the current fiscal climate this will present challenges since most conversions require additional funding. Therefore, as long as individuals continue to reside in remaining CRs adequate funding is needed to sustain high quality care.

Population Served:

This residential service is designed for people that are less medically involved than individuals residing in ICFs.

	Total	CR Supp	CR Supv
State Operated:	0	0	0
Voluntary Operated:	<u>415</u>	<u>146</u>	<u>269</u>
	415	146	269

Performance Measures:

Convert, where fiscally neutral, remaining voluntary CR opportunities to IRAs allowing individuals with developmental disabilities to receive the most individualized residential setting available.

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Program: Individualized Residential Alternative (IRA)

Mandate:

Law: Mental Hygiene Law, Articles 13, 16, and 41 & US Social Security Act, Section 1915©

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

IRAs are a type of residential facility that provides room, board and individualized protective oversight for individuals with developmental disabilities. This type of residence is available with 24 hour on-site supervision, known as Supervised IRAs, or in a model that does not require 24 hour staffing, known as Supportive.

Issues:

Today when expanding the residential service delivery system this is the predominant option chosen. Continued growth in IRA development is currently encouraged and promoted in order to provide residential opportunities not only for individuals on the Residential Registration list but also for those persons moving out of Developmental Centers. A majority of the funding for residential development each year, including NYSCARES and the Community Placement Process or CPP (used to facilitate DC Rundown), is ultimately allocated to this residential option. The 2007-08 Enacted Budget alone provided funding for 1,000 NYSCARES III opportunities over the next five years for individuals on the Residential Registration list; and the 2008-09 Enacted Budget included financial support for 225 voluntary and 189 state operated Community Placement Plan opportunities

Because there are individuals living in supervised IRA settings who would like to move to less restrictive residential settings OMRDD has encouraged local districts to work toward developing a wide range of new IRA options by focusing on individualizing services based on each person's needs, characteristics, and challenges. OMRDD is committed to developing the mechanisms to make this happen.

In light of the current hiring freeze it is imperative to also note that state operated IRAs need to sustain adequate staffing levels for health, safety and certification.

Population Served:

This residential option is for most people with developmental disabilities who are not able to live more independently.

	Total	IRA Supp	IRA Supv	
State Operated:	7,154	47	7,107	
Voluntary Operated:	<u>19,781</u>	<u>1,999</u>	<u>17,782</u>	Number of Providers: 248
	26,935	2,046	24,889	

Performance Measures:

Strive to develop sufficient opportunities each year to meet the demand for residential services as reported on the Registration List as well as development to serve those individuals moving out of Developmental Centers and other institutional settings.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Intermediate Care Facilities (ICFs)

Mandate:

Law: NY Mental Hygiene Law, Article 41.44 & US Social Security Act

Regulation: 14 NYCRR Part 681

Mandated Funding Level:

None

Brief Description/History/Background:

This type of residential facility provides housing and 24 hour support and services for individuals with developmental disabilities. Such services are comprehensive and include professionally developed and supervised activities and therapies planned for each resident by a interdisciplinary team.

Issues:

Today when expanding the residential service delivery system this model is not often used; except when developing Children's Residential Placement (CRP) opportunities. For all residential development, apart from CRP beds, OMRDD traditionally utilizes Individualized Residential Alternatives (IRAs) which are a HCBS Waiver service. This model is preferred since it allows for more individualized services and is a less medically involved model.

In light of the current hiring freeze it is imperative to also note that state operated ICFs need to sustain adequate staffing levels for health, safety and certification.

Population Served:

This residential service is used typically for people with high medical involvement and for children with developmental disabilities who live in homes located on school campuses (CRP program).

State Operated: 597

Voluntary Operated: 5,554

Performance Measures:

Review methodology to assure more cost effective use of ICF resources.

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Program: Small Residential Unit (SRU)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: 14 NYCRR Part 681

Mandated Funding Level:

None

Brief Description/History/Background:

A Small Residential Unit or SRU is an intermediate care facility with limited capacity designed for the purpose of providing small residential group settings on the grounds of a developmental center. Individuals may also have significant behavior issues. Only one SRU currently exists, at Sunmount DDSO. The intent is to transition individuals to smaller community settings.

Issues:

A major challenge has been effectively planning and implementing the transition of residents from the SRU back to their home DDSOs and communities. OMRDD has formed a board within the agency leadership that is developing consistent procedures and policies across all of the specialized campus based units, including those related to transitions.

In light of the current hiring freeze it is imperative to also note that these programs need to sustain adequate staffing levels for health, safety and certification.

Population Served:

Individuals with developmental disabilities

State Operated: 20

Voluntary Operated: N/A

Performance Measures:

- Individuals transitioned into a community setting.
- Maintain compliance with ICF certification standards.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Developmental Center (DC)

Mandate:

Law: NY Mental Hygiene Law, Article 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

A Developmental Center (DC) is a large, state operated ICF/DD authorized under section 13.17 of the New York State Mental Hygiene Law to provide housing, services, and supports for people with developmental disabilities. Developmental Centers are located on campuses and are considered institutional settings. Since Willowbrook, OMRDD has continued to downsize and close developmental centers, and to redefine and refocus its remaining institutional capacity to support people who present significant challenges and need specialized and intensive supports. It is remarkable that in 1967, 27,000 people lived in developmental centers. By 1987, when Willowbrook closed, the number was reduced to about 9,500. Today, less than 500 people remain in developmental centers with another 1,073 living within specialized units and receiving intensive care. OMRDD continues to work towards the closure of the remaining DCs

Since Willowbrook, 11 DCs have closed. The next announced closure, West Seneca Developmental Center, will allow the remaining 56 individuals to move from the institution into community homes. The ultimate goal is that individuals who are able will integrate into community settings with successful treatment and individualized plans. The Taconic Developmental Center (in Dutchess County) has also been approved for closure, allowing 62 people to move successfully to community homes with appropriate supports and services.

This leaves three DCs in the Bernard Fineson (Queens), Brooklyn, and Broome DDSOs for which formal closure plans must be developed, approved and implemented.

Current DC census numbers are:

B.Fineson	130
Brooklyn	96
Broome	133
Taconic	62
Western NY	56

Issues:

There has been increasing pressure over recent years to "run down" the census in institutional settings and transition to the greatest extent possible and appropriate and transition as many individuals as possible into more integrated settings. These pressures include, but are not limited to, the potential for Olmstead-related litigation if OMRDD "failed" to move individuals out of developmental centers into community homes. In addition to providing the best possible homes for individuals, OMRDD's rundown plans respond to external pressures to reduce the size of the institutional population.

The pace of rundown plans will depend on the future fiscal environment.

OMRDD needs to support individuals with DD in the most appropriate residential setting. This also requires maintaining adequate staffing levels for health, safety and certification during the hiring freeze.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Developmental Center (DC)

Population Served:

Individuals with developmental disabilities

State Operated: 479

Voluntary Operated: N/A

Performance Measures:

- Successful downsizing and closure of the West Seneca campus of the Western NY DDSO.
- Successful community placements of individuals currently residing in DCs.
- Efficient and effective management and utilization of campus workforce as DC rundown census.
- Maintain compliance with ICF certification standards.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Specialized Autism Programs

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Specialized units for individuals with Autism are certified as intermediate care residential facilities to provide habilitation and specialized services. Many individuals also have behavior problems in addition to being diagnosed with autism. Two Autism units currently exist, located at:

B. Fineson 26 individuals

Capital Dist. 45 individuals

Issues:

The ultimate goal is to successfully transition individuals currently residing in these institutional units into community settings back in the individual's home community. There is a need to continually provide expanded training to all levels of staff due to rapidly changing treatment/information; specialized needs make transition to community settings more difficult. Autism units are within OMRDD's comprehensive autism platform.

In light of the current hiring freeze it is imperative to also note that these programs need to sustain adequate staffing levels for health, safety and certification.

Population Served:

Individuals with developmental disabilities

State Operated: 71

Voluntary Operated: N/A

Performance Measures:

- Individuals transitioned into a community setting.
- Maintain compliance with ICF certification standards.

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Program: Multiple Disabilities Unit (MDU)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

An MDU is an intermediate care facility that provides residential and intensive behavioral and psychiatric treatment services for people who are dually diagnosed with a mental illness and a developmental disability. As with any institutional unit, the ultimate goal is to transition individuals to a community setting. Some institutional capacity must remain, however, so that individuals who are dually diagnosed with developmental disabilities and mental illness and referred by OMH can be admitted. Below is a list of MDUs and the numbers of people currently being served:

B. Fineson	80
Broome	17
Brooklyn	40
Staten Is.	36
Taconic	66

Issues:

In light of the current hiring freeze it is imperative to also note that MDUs need to sustain adequate staffing levels for health, safety and certification.

Among the competing priorities and issues that effect managing these units are: OMH demand for beds; limited opportunities to meet DDSO priorities; access to adequate psychiatric services both while the individual resides in the MDU and later upon movement to a community setting.

OMRDD is eager to undertake a multi-year plan for the restructuring or refinement of the mission and structure of all of the existing special units with an assessment of:

- Which units can be consolidated or downsized
- What the refined scope, purpose and projected lengths of stay are for the remaining units
- What impact this will have on the need for development of capacity in the voluntary sector
- How State employees could be reassigned to the extent that units are either restructured or downsized.

Many of these special population units have become "placements of last resort" for very challenging individuals. Developing willingness for communities, families and voluntary providers to accept the reintegration of some of these individuals will be a major challenge. OMRDD will examine incentives for program development and ensure the continued availability of crisis back up and intervention.

Population Served:

Individuals with developmental disabilities and mental illness

State Operated: 239

Voluntary Operated: N/A

Performance Measures:

- Maintain adequate capacity to accept OMH and community psychiatric hospital referrals.
- Individuals transitioned into a community setting.
- Maintain compliance with ICF certification standards.

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Program: Regional Behavioral Treatment Unit (RBTU)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

An RBRU is an intermediate care facility that provides treatment services for people with developmental disabilities who have significant behavioral challenges and require enhanced treatment/intervention. One unit exists, on the Brooklyn DDSO campus, serving 73 individuals.

Issues:

Intensive behavioral interventions are needed to support some individuals. The RBTU serves as an environment for determining an effective treatment strategy that will diminish the problematic behaviors. The goal is to develop the ability to successfully transition these individuals to community settings, supported by an adequate plan for managing their significant behavioral issues.

In light of the current hiring freeze it is imperative to also note that RBTUs need to sustain adequate staffing levels for health, safety and certification.

OMRDD is eager to undertake a multi-year plan for the restructuring or refinement of the mission and structure of all of the existing special units with an assessment of:

- Which units can be consolidated or down sized
- What the refined scope, purpose and projected lengths of stay are for the remaining units
- What impact this will have on the need for development of capacity in the voluntary sector
- How State employees can be reassigned to the extent that units are either restructured or downsized.

Many of these special population units have become "placements of last resort" for very challenging individuals. Developing willingness for communities, families and voluntary providers to accept the reintegration of some of these individuals will be a major challenge. OMRDD plans to look at incentives for program development and ensure the continued availability of crisis back up and intervention.

Population Served:

Individuals with developmental disabilities

State Operated: 73

Voluntary Operated: N/A

Performance Measures:

- Individuals transitioned into a community setting.

- Maintain compliance with ICF certification standards.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Special Behavioral Unit (SBU)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

An SBU is intermediate care facility that provides treatment services for individuals who have substantial behavioral needs and require enhanced treatment/intervention for these behaviors. SBUs exist on four DDSO campuses, serving the following numbers of individuals:

B. Fineson	8
Broome	11
Capital Dist.	6
F. Lakes	22

Issues:

Intensive behavioral interventions are needed to support some individuals. The SBU serves as an environment for determining an effective treatment strategy that will diminish the problematic behaviors. The goal is to develop the ability to successfully transition these individuals to community settings, supported by an adequate plan for managing their significant behavioral issues.

In light of the current hiring freeze it is imperative to also note that RBTUs need to sustain adequate staffing levels for health, safety and certification.

OMRDD is eager to undertake a multi-year plan for the restructuring or refinement of the mission and structure of all of the existing special units with an assessment of:

- Which units can be consolidated or down sized
- What the refined scope, purpose and projected lengths of stay are for the remaining units
- What impact this will have on the need for development of capacity in the voluntary sector
- How State employees will be reassigned to the extent that units are either restructured or downsized.

Many of these special population units have become "placements of last resort" for very challenging individuals. Developing willingness for communities, families and voluntary providers to accept the reintegration of some of these individuals will be a major challenge. OMRDD plans to look at incentives for program development and ensure the continued availability of crisis back up and intervention.

Population Served:

Individuals with developmental disabilities

State Operated: 47

Voluntary Operated: N/A

Performance Measures:

- Individuals transitioned into a community setting.
- Maintain compliance with ICF certification standards.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Center for Intensive Treatment (CIT)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

CITs are certified as Intermediate Care Facilities for individuals with a clinical diagnosis of mental retardation (ICF/MR). They are also considered "Designated Secure Facilities" as per the Criminal Procedure Law. CITs provide intensive treatment within the most structured and secure environments within OMRDD. There are two CITs, serving the following number of individuals:

Sunmount	81
Valley Ridge	58

Issues:

OMRDD's CITs must maintain adequate capacity in order to accept court referrals of individuals who cannot safely be served in another environment but who do not belong in prison because of their developmental disability. In addition, balancing security issues while maintaining compliance with ICF certification standards is an ongoing challenge.

In light of the current hiring freeze it is imperative to also note that state operated CITs need to sustain adequate staffing levels for health, safety and certification.

Population Served:

Individuals with developmental disabilities who are in need of the highest degree of structure, security and intensive treatment; included are people committed to OMRDD via the criminal justice system as well as people civilly committed to inpatient care via the Mental Hygiene Law.

State Operated: 139

Voluntary Operated: N/A

Performance Measures:

- Maintain sufficient capacity to accept court and civil commitment referrals.
- Maintain compliance with ICF certification standards.
- Maintaining security.
- Transitioning of individuals, where appropriate, to lower levels of structured and secured environments within OMRDD (e.g. RITs).

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Local Intensive Treatment Unit (LIT)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

LITs are certified as Intermediate Care Facilities for individuals with developmental disabilities. They are structured and intensive treatment programs that provide inpatient services designed to assist individuals who have progressed from more secure programs, such as CITs and RITs, or who require intensive treatment in a somewhat secure environment due to issues in other, less structured settings. LITs are located on several campuses serving the following number of individuals:

Brooklyn	38
Broome	111
F. Lakes	64
Sunmount	62
Taconic	60

In light of the current hiring freeze it is imperative to also note that state operated LITs need to sustain adequate staffing levels for health, safety and certification.

Issues:

The major issue for LITs is having community step-down options available for individuals who successfully complete the LIT program and are deemed appropriate for community living. Such movement is not only consistent with OMRDDs mission and values, but acknowledges the expectation of past and potential future litigation such as the Olmstead decision.

Population Served:

Individuals with developmental disabilities who have needs for intensive treatment in a setting that allows them to practice their relapse prevention skills, promotes increased community reintegration and maintains an appropriate level of structure and supports.

State Operated: 335

Voluntary Operated: N/A

Performance Measures:

- Develop community step-down options for LIT residents to transition to community living.
- Maintain compliance with ICF certification standards.
- Successful transition of individuals into community step-down opportunities.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Regional Intensive Treatment Unit (RIT)

Mandate:

Law: NY Mental Hygiene Law, Article 13, Sections 13.15, 13.17 & US Social Security Act

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

RITs are certified as Intermediate Care Facilities for individuals with developmental disabilities (ICF/MR). They are also "Designated Secure facilities" as per the Criminal Procedure Law. RITs provide intensive treatment within a moderately secure, highly structured in-patient setting. RITs serve individuals at the following DDSOs:

Brooklyn	51
F. Lakes	39
Sunmount	61

Issues:

Maintaining a balance between security and active treatment is an ongoing challenge.

for health, safety and certification.

Population Served:

RITs serve people who have made sufficient progress in a CIT (Center for Intensive Treatment) environment and warrant placement in a somewhat less secure but still highly structured environment. Individuals who make progress in a RIT will generally be referred to a LIT. People served in RITs include those committed to OMRDD from the criminal justice system, as well as people deemed to require inpatient care as per the Mental Hygiene Law.

State Operated: 151

Voluntary Operated: N/A

Performance Measures:

- Maintain compliance with ICF certification standards.
- Maintaining security.
- Transitioning of individuals, where appropriate, to lower levels of structured and secured environments within OMRDD (e.g. LITs).

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: At Home Residential Habilitation

Mandate:

Law: N/A

Regulation: 14 NYCRR part 635 - 10.4 & 10.5

Mandated Funding Level:

None

Brief Description/History/Background:

Funding provided through the HCBS Waiver is available to support approximately 8,000 individuals with developmental disabilities who live either with their families or independently. The goal of at-home residential supports and services is to help individuals with developmental disabilities attain their personal goals and to enhance their ability to develop certain life skills. This program provides assistance with the acquisition, retention and improvement of daily living skills and behaviors relating to life safety as well as the exploration of new experiences requiring an individual's need for hands-on assistance.

Issues:

This service may help an individual with developmental disabilities remain at home rather than move to a community residence. This benefits the individual and his or her family, and is generally lower cost than an out-of-home residential setting. This service is in high demand and supports OMRDD's core mission of helping individuals and their families lead richer, more independent lives. Unfortunately, it is increasingly difficult to meet the demand for this service due to the challenge of recruiting and hiring qualified direct care staff.

The major expansion of this service scheduled for February 1, 2009 is the linchpin for OMRDD's planned transition to community based, person centered services. Desired outcomes of this transition include providing individuals with more flexibility and control over their services (including the ability for individuals to hire staff independently), the expansion of the number of providers that offer this service, the rationalization of the payment structure and the equity of payment between providers.

Population Served:

Individuals with developmental disabilities that do not live in a certified residential setting.

State Operated: 4

Voluntary Operated: 8,503 (Number of Providers: 257)

Performance Measures:

Funding through NYS-CARES III will support 2,500 new at-home residential opportunities over a five-year period, with the new opportunities being accessed using a decentralized, streamlined process. A strong emphasis on this service will help maintain natural family structures and avoid or delay undesired out-of-home placement.

The major expansion of this service scheduled for February 1, 2009 is the linchpin for OMRDD's planned transition to community based, person centered services. Desired outcomes of this transition include providing individuals with more flexibility and control over their services (including the ability for individuals to hire staff independently), the expansion of the number of providers that offer this service, the rationalization of the payment structure and the equity of payment between providers.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Individualized Supports & Services (ISS)

Mandate:

Law: NY Mental Hygiene Law, Articles 13 and 41

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

ISS offers supports (including goods, services and rent subsidies) to enable individuals with developmental disabilities to live independently in their own homes in the community. This type of service exemplifies the direction that OMRDD's transformational agenda is heading. To assist those who live independently to enhance life skills and move toward personal goals, At-Home Residential Habilitation supports and services may be combined with ISS services to provide additional supports. This option allows the development of individualized and creative supports and services and is being encouraged as a residential opportunity that provides for greater independence and choice for as many people as possible..

Issues:

Currently this program serves only a small proportion of individuals in need of residential services. Although this program is promotes choice and independence, it has not been sought out by as many individuals with developmental disabilities as might be expected. As part of an effort to expand use of this service, OMRDD is developing a proposed shelter subsidy that will streamline access to this and other residential services and provide greater portability of funding for individuals.

OMRDD is seeking a continued promotion of full community integration and person centered supports. Thus, while ISS has been a small component of the overall OMRDD budget to date, the shift to a personal resource budget and the expansion of at-home res hab as an ancillary support will all result in a significant expansion of independent apartment living.

Population Served:

This service is provided to individuals who are able to live independently with appropriate supports.

State: N/A

Voluntary: 2,034

Performance Measures:

1. Increase use of ISS services as measured by growth in individuals with developmental disabilities served.
2. Collaborate with families and providers to allay concerns about more independent living options.
3. Implement a pilot shelter subsidy program to streamline ease and equity of access to the service.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
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Program: Supported Employment

Mandate:

Law: NY Laws of 1990, Chapter 53, Regulation: 14 NYCRR-Subpart 635-10, Subdivision 635-10.5(d)

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

This employment option allows people to be employed in a regular job in the community. Supported employment is paid competitive work performed by individuals with developmental disabilities who require supports to obtain and sustain employment. The work is performed in an integrated setting that provides opportunities for regular interactions with individuals who do not have disabilities and are not paid caregivers. The supports and services provided in supported employment may include: job development/job finding, situational assessment and reassessment, job coaching, skill training, improving work behaviors, mobility training, work-related socialization skills, and employer/co-worker training and support.

Issues:

The current unemployment rate among individuals with developmental disabilities, by some sources, approaches 85%, exponentially higher than that of the general population. It is totally unreflective of the number of people who have developmental disabilities who want to and are capable of work. Despite the expressed interest in employment, only 15% of approximately 55,000 people engaged in day services funded by OMRDD are employed. This number has not grown in the last four years despite the number of young adults transitioning from the education system who are able to and asking to work.

Unemployment robs people who have developmental disabilities of the hope of income and any level of self-sufficiency, the recognition as contributing members of their community's economic fabric, and their full engagement in those communities. It also reduces their capacity to contribute to the State of New York as taxpayers. It is also far more expensive. New York State currently spends, on average, nearly \$30,000 per year on individuals to attend day habilitation services with no connection to, or expectation of becoming employed. This contrasts with an annual cost of less than \$8,000 per individual to provide Supported Employment Services under our new SEMP pilot

OMRDD believes in the employability of people who have developmental disabilities. We have created a new Division of Workforce and Talent Development which has a *major platform that introduces the employment of people who have developmental disabilities as a workforce strategy and not a service strategy*. Like any employee, a person who has a developmental disability can be productive, given appropriate training and support. This public policy decision places New York State as among the first in the nation to adopt this approach to the employability of people who have developmental disabilities.

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Program: Supported Employment

OMRDD has taken major steps to focus on, and invest in, the employability of people who have developmental disabilities:

- Identified employment as one of four primary outcomes expected for New York's public policy and financing of supports and services to people who have developmental disabilities. (A home, meaningful relationships, and good health are the other three primary outcomes.)
- Redirected program research and policy development to focus on employment first.
- Invested a new \$12 million in this year's budget (\$6 million state share) to support hundreds of additional jobs for people who have developmental disabilities and offered providers the opportunity to reinvest other day services funding to leverage further opportunities for employment.
- Doubled the number of paid internships within OMRDD for individuals with developmental disabilities.
- Worked with NYSED/VESID, self-advocates and families, and the provider community to target gaps in policy and supports and services for young adults in transition to adulthood and employment.

OMRDD proposes a commitment to an "Employment First" policy that presumes that people who have a developmental disability are part of New York's workforce and labor strategy and a significant expansion of funding that supports people who have developmental disabilities in real, permanent jobs. The funding would be obtained through a multi-year conversion plan of sheltered workshops currently funded by NYSOMRDD and selected day habilitation programs. These job opportunities would offer supports shown by national research to improve the stability and success of individuals with developmental disabilities in the workplace including: job coaching, development of appropriate workplace relationships, job supports and transportation. Changing the public and professional perception of the employability of people who have developmental disabilities will require significant public education and public awareness. This can be handled through a variety of vehicles involving electronic and digital media.

The generation of significant numbers of new employment opportunities for people who have developmental disabilities will require concerted effort to demonstrate the economic viability they bring to the business world. This may be especially difficult – but all the more needed – in times of economic distress in the state.

Providers who currently operate sheltered workshops have a long history in their communities. For many families who have had family members enrolled for long periods of time, there will be great trepidation about disruption of daily schedules and personal relationships. It will be crucial to emphasize that this will be part of an overall transition that will allow individuals, as appropriate, to maintain stability of programming.

People who have developmental disabilities and their families have been very vocal in their dismay at the lack of serious investment in their employability. This would be seen among a large constituent group as a cost-effective, forward-thinking public policy decision that should lessen rather than increase state cost. Despite this trying fiscal environment New York has a moral obligation to remove barriers to greater self sufficiency to a ready, willing and able workforce. We have an opportunity to give voice to the tens of thousands of NYS citizens with developmental disabilities who are asking for an opportunity to dispel myths and obtain employment. The individuals OMRDD serves are adamant that they have something more in their lives than traditional "day services" – they want to experience the pride and responsibility of taking home a real paycheck and even paying their fair share of taxes.

From a fiscal perspective, we know from research both within NYS and across the country that when individuals have attachments to the work force, they are also more likely to reside successfully in less intensive community based settings and incur much lower public costs for care and support. This is the kind of wise, prudent fiscal investment that is consistent with the Governor's approach to New York State's budget.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Supported Employment

Population Served:

Individuals with developmental disabilities.

State Enrolled: 127

Voluntary Enrolled: 8,295 (Number of Providers: 147)

Performance Measures:

1. The Budget supports an initiative to enhance Supported Employment reimbursement to encourage expansion of this program. This will allow individuals with developmental disabilities -- currently receiving supports and services in sheltered workshops, prevocational or day habilitation -- to have the additional supports needed to succeed in an integrated work environment. Helping individuals with developmental disabilities achieve the goal of earning a paycheck and feeling valued as a contributing member of the community, is central to OMRDD's mission. Increasing the number of individuals in Supported Employment will serve as a performance measure.
2. In addition, OMRDD established a series of paid internships with various employers to allow people with developmental disabilities to gain valuable work training and experience that hopefully will eventually lead to a competitive employment position. Each intern is matched to an employment opportunity that makes maximum use of the individual's abilities. Growth in the numbers of internships will serve as a performance measure.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Day Habilitation

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Day habilitation services are aimed primarily at developing those activities and skills outside of a person's home that assist him/her in developing a full life in his/her community. Day habilitation can also serve as an opportunity for individuals to develop skills that will prepare them for employment.

Issues:

OMRDD is seeking to undertake a comprehensive restructuring of the day habilitation program to address two divergent issues:

- The conversion of some portion of these programs into more employment preparation and supported employment opportunities
- Development of programming that more adequately addresses the needs of the increasing number of senior citizens with developmental disabilities.

OMRDD needs to revisit the current financial platform for reimbursing day hab services to ensure that they support the outcomes individuals with developmental disabilities want.

Population Served:

Individuals with developmental disabilities.

State Enrolled: 4,106

Voluntary Enrolled: 36,620 (Number of Providers: 259)

Performance Measures:

To continue to work with Individuals with developmental disabilities to develop skills that help them become integrated into their communities and possibly lead toward employment opportunities.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Pre Vocational Services

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Prevocational services are aimed at preparing an individual for paid employment. Prevocational services teach such concepts as following directions, attending to task, task completion, problem solving, and safety. Basic understanding of job performance requirements is also an important aspect of prevocational services. The purpose of the service is habilitation rather than teaching a specific job skill. This service may be provided in an integrated community setting or at a sheltered workshop.

Issues:

The low employment rate among individuals with developmental disabilities suggests the need for these services to be more specifically linked to employment outcomes

Population Served:

Individuals with developmental disabilities.

State Enrolled: 168

Voluntary Enrolled: 9,025 (Number of Providers: 88)

Performance Measures:

OMRDD continues to strengthen the efficacy of pre vocational services in forming clear linkages to supported employment and emphasizing measurable outcomes, documented in the individuals programs plans with a projected timeframe.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Blended Day Services

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Blended services were initiated in 2004 as part of Options for People Through Services (OPTS) with the goal of providing more individualized services and expanding opportunities. Blended day services provide a combination of Day Habilitation, Prevocational and Supported Employment services or any combination thereof.

Issues:

The potential for this approach will continued to be explored, even in the light of current fiscal constraints

Population Served:

Individuals with developmental disabilities.

State Enrolled: N/A

Voluntary Enrolled: 867

Performance Measures:

To continue to support the employment of individuals in the community through this comprehensive service option that allows for the transitional stages of employment under one program structure.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Day Training

Mandate:

Law: NY Mental Hygiene Law, Articles 13.24 and 41, Regulation: 14 NYCRR Part 635

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

The day training programs were developed years ago to "bridge the gap" between day treatment and workshop programs; at the time, there was no way for a person to receive any type of pre-vocational programming under day treatment and thus there was a barrier to moving into a work program. A second round of day training programs were developed as senior citizens programs for people who wanted to retire from other day services, either sheltered work or day treatment programs.

Issues:

While this service model is not fully consistent with current agency priorities and approaches, OMRDD recognizes the need and challenge of developing an effective transition plan that addresses the needs of the current program participants. Exploration is underway concerning various options for integration into other programs across service delivery systems.

Population Served:

Individuals with developmental disabilities.

State Enrolled: 121

Voluntary Enrolled: 1,311

Performance Measures:

OMRDD does not support the placement of individuals into traditional day training programs and will encourage existing people in these programs to choose more appropriate community based day programs such as day habilitation.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Sheltered Workshops

Mandate:

Law: NY Mental Hygiene Law, Articles 13.24 and 41, Regulations: 14 NYCRR Part 635

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Sheltered workshops provide paid work to people with disabilities in a controlled and protective work environment. Workshops usually subcontract with businesses to provide meaningful work for people with disabilities. Workshop participants are typically paid at rates less than the minimum wage but are commensurate with wages paid to workers who are not disabled for doing essentially the same type, quality and quantity of work. Workshop employers must obtain a certificate from the U.S. Department of Labor authorizing the payment of less than minimum wages to workers with disabilities. Sheltered Employment funding is available through OMRDD contracts and through local assistance from counties. Transportation and clinical services are typically not included.

Issues:

While the currently operate sheltered workshops have a long history in their communities and have families and individuals consistent daily schedules and personal relationships, they do not offer the community integration and independence of competitive employment self advocates are demanding. As OMRDD continues to promote a shift from sheltered workshop approaches towards supported employment, it will be crucial to emphasize to individuals, parents, advocates and provider associations that this will be part of an overall transition that will allow individuals, as appropriate, to maintain stability of programming.

Population Served:

Individuals with developmental disabilities.

State Enrolled: 141

Voluntary Enrolled: 9,978

Performance Measures

The expansion of sheltered workshops programs is not supported and voluntary agencies, working with the families and the local DDSO, are encouraged to place individuals into more community based, integrated day and employment opportunities. Sheltered workshop enrollments will decline as individuals choose more appropriate day program activities.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Subchapter A-Day Treatment

Mandate:

Law: NY Mental Hygiene Law, Article 16.05 & US Social Security Act of 1935, Title XIX

Regulation: 14 NYCRR Part 690

Mandated Funding Level:

None

Brief Description/History/Background:

Day Treatment is a planned combination of diagnostic, treatment, and habilitation services provided to persons with developmental disabilities in need of a broad range of clinically supported and structured habilitation services. This service also focuses on providing community experience for people, but they must begin and end their day at the day treatment center. Services may include self care, prevocational training, remedial education, occupational and physical therapy, speech therapy, nutritional, psychological and medical services and others.

Issues:

Today when expanding the service delivery system with respect to day programs this model is rarely used. Instead, efforts are being made to expedite the conversion of the remaining day treatment programs to Day Habilitation (a HCBS Waiver service) since this model allows for more individualized services. The ability to continue to offer this service through Medicaid may be eliminated if CMS proposed regulations on outpatient services go forward.

Population Served:

Individuals with a developmental disability.

State Enrolled: 26

Voluntary Enrolled: 2,575

Performance Measures:

Convert, with fiscal neutrality, remaining voluntary Day Treatment opportunities to the Day Habilitation allowing individuals with developmental disabilities to receive day service in the most individualized setting possible.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Respite

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Services that provide temporary relief for families or other caregivers of people with developmental disabilities. Respite is offered in and outside of the home, is available during the day, evening, and overnight, is scheduled and time-limited, and is intended to allow families time for errands, personal and medical appointments, vacations, and other planned activities.

Issues:

This service is in high demand and supports OMRDD's core mission of helping individuals and their families lead richer, more independent lives. Unfortunately, it is increasingly difficult to meet the demand for this service due to the inability to recruit and retain qualified direct support staff. Finding resources in this difficult fiscal environment to support future expansion will be an issue but it is critical to support families who are caring for their loved ones at home.

Population Served:

Individuals with developmental disabilities.

State Enrolled: N/A

Voluntary Enrolled: 9,657** (Number of Providers: 199)

**Includes individuals enrolled in Family Support Services receiving respite services.

Performance Measures:

To continue in our effort to meet the growing demand for respite, funding to serve up to 1,600 individuals over a five year period has been allocated.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Article 16 Clinics

Mandate:

Law: NY Mental Hygiene Law, Article 16 Regulation: Part 679

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Article 16 clinics provide clinical services of principally a habilitative clinical nature (long term therapies) to individuals with developmental disabilities. The long term therapy disciplines may consist of dietetics/nutrition, nursing, occupational therapy, physical therapy, psychology (including services provided by Applied Behavioral Sciences Specialists-ABSS staff), rehabilitation counseling, social work, and speech and language pathology. Article 16 clinics may also provide medical, including medical specialties, and dental services. services to individuals with developmental disabilities. OMRDD has provided or overseen the provision of Article 16 clinics services for over 25 years. During the 1980's certification of new clinic facilities was suspended while the role of clinic treatment facilities in the continuum of care was clarified. IN 1992, OMRDD lifted the moratorium on the development of clinics as Article 16 services were considered a key to supporting individuals with Mental Retardation/Developmental Disabilities.

This was a key decision as OMRDD's continuum of care was continuing to evolve at the time as OMRDD began services under the HCBS waiver. Article 16 clinic services may be provided to collaterals (parents, family care providers) where the primary purpose of the service is to enhance the value of the clinical intervention to the primary clinic service recipient. Article 16 clinic services are currently reimbursed through a fee schedule methodology and billed based on duration of the face to face service to an individual with minimum time durations before billing is allowed.

Issues:

Department of Health (DOH) and other state agencies, including OMRDD, are reforming the certification logic for clinic services. A number of OMRDD Article 16 clinics are impacted by this reform in that they may become dual certified clinics, holding an operating certificate through OMRDD and also having an operating certificate for an Article 28 clinic through DOH. There are also some current Article 28 clinics certified by DOH which may become dual certified with an additional operating certificate issued by OMRDD. Some current Article 28 clinics could possibly switch from certification as an Article 28 clinic to certification as an Article 16 clinic. For any clinic provider impacted by a certification change, knowledge of the billing rules appropriate to the new/additional certification will be necessary to insure reimbursement for services provided. In addition to the certification reform, DOH is also beginning a multi-year initiative to change the payment methodology for clinical services to Ambulatory Patient Groups (APG). This new methodology is expected to result in higher payments for higher intensity services and lower payments for lower intensity services, however, specifics on the payment rates under APGs are not yet known.

The ability to finance these clinics through Medicaid may be effected by current CMS proposed rule making.

Population Served:

Individuals with developmental disabilities

State Enrolled: 12,688

Voluntary Enrolled: 29,754

Performance Measures:

Annually service authorization levels for a calendar year are reviewed. Annual service authorization levels establish the maximum number of units per year a clinic can bill Medicaid without first seeking Certificate of Need approval for expansion from OMRDD. During each calendar year, OMRDD monitors the billing to identify unusual patterns of billing and for early detection where revision to a service authorization level may be needed.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Medicaid Service Coordination (MSC)

Mandate:

Law: NY Mental Hygiene Law, Articles 13 and 41 Regulation: 14 NYCRR Part 635.5

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

MSC provides assistance to persons in accessing services and supports, provided by qualified service coordinators using a person-centered planning process. For people who have Medicaid eligibility, service coordination is usually provided through OMRDD Medicaid Service Coordination. For non-Medicaid eligible persons, service coordination may be available as a mirrored state funded or Family Support funded service.

Issues:

1) The central philosophical role of the MSC coordinator as ensuring the voice of the individual in all aspects of person centered planning and service integration has become a cumbersome one of managing paper and being seen as "another layer" in trying to get services planned and delivered. Extremely high turnover at the MSC coordinator level reduces the likelihood that the MSC and the individual have a strong relationship and instead may contribute to delays in services. A team is currently looking at the overall approach to promoting informed choice and continued relevance of MSC to this goal.

At a minimum, there is an increasing consensus of opinion that MSC is a growing cost with different levels of benefit across the population. OMRDD is engaging various stakeholders in assessing the viability of having different options for individuals depending on the settings in which they live, and other factors that mediate the need for more intensive MSC services.

2) CMS published an interim final rule regarding Targeted Case Management Services on December 4, 2007, which became effective March 3, 2008. This will require OMRDD to develop a 15 minute reimbursement methodology, develop documentation and billing standards, modify billing systems, and train providers in the new billing structure. Providers must then modify their internal billing systems. The advisability and feasibility of this rule was questioned by numerous states, including NYS. Based on these efforts, the TCM rule is currently under moratorium through April 1, 2009.

Population Served:

Individuals with a developmental disability.

State Enrolled: 10,951

Voluntary Enrolled: 64,118

Performance Measures:

A team is currently looking at the overall approach to promoting informed choice and continued relevance of the Medicaid Service Coordinator and the quality of relationship she/he has with an individual.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Care At Home Model Waiver

Mandate:

Law: NY Laws of 1989, Chapter 729; US Social Security Act, Section 1915(c)

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

The Care at Home (CAH) model waiver program is designed to assist families with a child with a complex health care need and developmental disability to maintain their children at home. Up to 600 children can be enrolled in the CAH waiver. An important aspect of this program is that parental income and resources are not considered when determining the child's eligibility for Medicaid. Services include case management, respite, environmental modifications, and assistive technologies in addition to MA State Plan services.

Issues:

The CAH waiver enables families to keep their developmentally disabled child at home, thereby keeping the family unit together and avoiding or postponing costly out of home placements.

Population Served:

Children 18 years of age and younger who are diagnosed as having a developmental disability.

State Operated: N/A

Voluntary Operated: 575

Performance Measures:

To continue to identify children with developmental disabilities who have complex medical, or other unique needs, who live with their families and utilize this funding at 100%.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Consolidated Supports and Services

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Consolidated Support Services (CSS) is a Home and Community Based Waiver (HCBS) service which offers the opportunity to self-direct supports and services by controlling the use of an individualized budget managed through a fiscal agent. CSS is a self-directed service option that empowers people with disabilities and their families to design and manage their services based on their individual needs and goals. With the assistance of a circle of support an individual develops a person centered plan and identifies the goals and outcomes he or she wishes to achieve. Using a Fiscal Employer Agent, CSS participants are able to control their own individualized and portable budgets in order to hire and manage their own staff, contract with agencies for supports and services, pay for transportation, and access community opportunities.

Issues:

OMRDD's transformation agenda was created over the past 12 months in partnership with self-advocates, families, the provider community and national and international experts. It is designed to realign the system to address the issues of customer demand (in terms of supports and services requested by significant portions of the service population), the capabilities of many of the people being served, self-direction and fiscal efficiencies. CSS, with its hallmark person-centered supports and portability of resources, is fundamental to the transformation agenda.

Several years ago, New York undertook a small pilot in this area called the Consolidated Community Supports Program (CSS), which to date is serving some 226 individuals. Designed to put control of service decisions in the hands of the customer (the person with a disability and/or their family member or guardian), CSS creates an individual budget for supports and services and offers the customer control of related decisions about what to purchase and from whom. Adapted from national research in health care and long-term care, this customer-centric approach to public and private support for health care has migrated in scale into health care in general. The resultant alignment of supply and demand and concomitant reductions in aggregate costs are widely supported in the literature. A related capacity on the part of the person with a disability to be able to take their budget from provider to provider when necessary or desired has also been proven to improve quality of care by introducing a modicum of competition in an otherwise controlled marketplace.

OMRDD's evaluation of this pilot, while limited to a relatively small market share, reveals that consistently, when the individual has greater control to purchase what they need rather than what is offered to them by providers, their annual costs are typically twelve percent (12%) lower than when a person with the same characteristics is served through the traditional mechanisms. This cost efficiency is achieved exclusively by creating the capacity for individuals to bundle and unbundle services. It does not reflect the much greater savings that would be achieved by encouraging an increasing shift away from highly supervised settings for both residential and day activities. This experience is supported by research from other states.

Population Served:

Individuals with developmental disabilities.

State Operated: N/A

Voluntary Operated: 226

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Performance Measures:

OMRDD's New Portal: Lives of Distinction will roll out an enhanced version of this CSS pilot to an enterprise level with the beginning of the new fiscal year. While OMRDD's transformation agenda was designed to move in this direction at a more measured pace, the fiscal crisis in New York has created the leverage to take this approach to scale in a shorter period of time than anticipated. This New Portal allows OMRDD the means to increase the number of people served while improving customer satisfaction, reducing per capita cost, and operating within no-growth or reduced budget cycles.

To borrow from the web-based world evolving around us, this new portal will be a means of increasing customer access to the supports and services they seek. With the launch of this new portal, OMRDD will commit to expedite the delivery of supports and services that are more person-centered and which support more people in less traditional settings, namely those non-certified residential, employment, day and recreational opportunities that people are requesting.

The primary features that make this new portal "new" include:

- It will be the portal used by all people accessing the system for the first time or transitioning from the education system, and also available for those who wish to significantly change their current living environment;
- Each person using this new portal will have a Personal Resource Account (PRA) (or individualized budget) that identifies the total dollar amount available for selected supports and services;
 - o Supports and services selected through this portal will represent current need with assurances that as people experience significant changes in their lives that additional resources will be available, within their unexpended PRA or, within limits, an adjusted PRA;
- Each person may choose to self-direct their plan and services (with other support if the person is not capable him- or herself) in a variety of ways or choose not to self-direct; and
- People requesting supports and services through this portal will be processed through a separate queue that is built around new business practices that are timelier, more customer-friendly, and streamlined while assuring appropriate public responsibility and accountability.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Family Support Services

Mandate:

NY Laws of 1984, Chapter 461

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Since its inception in 1984, the family support program has grown from serving 200 families to serving nearly 42,000 families. FSS Legislation was signed into Law on September 5, 1992 and is defined in legislation, Mental Hygiene Law 41.43, as a family-directed, statewide system of comprehensive family support services. The purpose of family support services is to enhance a family's ability to provide in-home care to their family members with a developmental disability. One of the services most often requested and provided is respite. Respite may be overnight, evening, after school, free standing, hourly or through reimbursement. Respite provides temporary relief from the demands of care giving, which helps reduce stress in the home, thereby delaying costly out of home residential placements. Approximately 56% of all FSS services are for respite including after school and reimbursement. In addition to respite, family support services also include programs such as; day and evening recreation (16%), family and individual counseling (9%), information and referral (6%) and other services such as transportation, case management, early intervention, and homecare (13%).

Issues:

This service category must continue to be grown. Continued efforts to maximize Medicaid funding for appropriate categories of family support services are necessary. OMRDD will also be moving forward with regulations to mandate applications for Medicaid services for all those receiving or applying for services to expedite this funding conversion.

Any decrease in services would greatly impact a family's ability to continue to provide care for their loved one at home. In addition, restraints on the workforce have and will continue to have a great impact on our ability to employ the number of people needed to provide these services. Competing resources will continue to grow and the quality of care being provided to our population may very well be sacrificed. We need to step up our ability to recruit the "right" people into the job market and then equally important our ability to retain them.

Population Served:

Individuals with developmental disabilities and their families.

The FSS program began by serving 200 individuals through a grant awarded by the Developmental Disabilities Planning Council (DDPC). Over the past 24 years this program has grown to serve close to 42,000 individuals and their families.

State Enrolled: N/A

Voluntary Enrolled: 41,445

Performance Measures:

In an effort to provide supports and services to families in the focus areas of respite and crisis intervention, the Budget provides funding for more than 3,000 new individuals. In addition, funding has been budgeted for services for individuals with autism and autism spectrum disorders; approximately 1,300 individuals will receive services as a result. Funds will be allocated at the local level in partnership with the local Consumer Councils.

Office of Mental Retardation and Developmental Disabilities
PROGRAM INFORMATION SHEET

Program: Executive Leadership

Mandate: None, but required to lead agency toward fulfillment of core mission.

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

OMRDD's executive leadership staff provides direct support to the Commissioner's capacity to lead the agency in a way that is mission driven, engages staff and providers and, most importantly, the people we serve in all phases of planning and implementation. Leadership staff promotes continuous improvement and upholds the highest integrity. As such, among the major activities that are directly staffed out of the Commissioner's and Executive Deputy Director's office are Consumer Affairs, Enterprise Solutions, Equal Opportunity/Affirmative Action, Forensic Services, Intergovernmental and Legislative Affairs, Internal Audit, Internal Controls, Investigative and Internal Affairs, and Public Information.

Issues:

Strong executive leadership is critical to focusing the agency's resources on critical aspects of the core mission during a difficult fiscal situation. Without leadership staff at full strength, the agency's ability to carry out its core mission and assure the integrity of all processes would be in jeopardy.

Population Served:

The agency as a whole and, by extension, the individuals with developmental disabilities that OMRDD serves.

Performance Measures:

Assures that performance measures developed for individual program areas are carried out effectively.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Counsel's Office

Mandate:

No specific statutory mandate, but office provides necessary legal advice and counsel to programmatic and operations throughout agency. In addition, consent decrees in litigation, such as Willowbrook consent decree, must be monitored for compliance by Counsel's Office, and Counsel's Office must ensure that agency is in compliance with all state and federal law to avoid other class action suits, such as Olmstead litigation.

Mandated Funding Level:

None

Brief Description/History/Background:

Counsel's office is divided into three bureaus: 1. General Legal and Administrative Support 2. Litigation and Human Resources Support and 3. Service Delivery and Compliance. The first is in-house counsel to the agency and is responsible for: reviewing site selection decisions of hearing officers and making recommendations to Commissioner on how to rule, as well as providing site selection training to hearing officers and necessary parties; advising agencies on real property legal matters and reviewing real property transactional documents; preparing agency papers concerning bond transactions; collaborating with the Attorney General's office on guardianship issues and issues regarding supplemental needs trusts relating to individuals served by OMRDD; providing legal oversight to the criminal background check unit, and reviewing certificates of incorporation of provider agencies. This bureau also provides the legal advice on all matters necessary to preserve federal funding for OMRDD services, including advising on federal and State law regarding Medicaid and Medicare. In addition, the bureau provides legal counsel to the Institute for Basic Research and is now engaged in efforts to structure the Autism Consortium. The bureau also is responsible for developing the agency's departmental bills, lobbying for their passage, and commenting on legislation of interest to the agency. The second bureau provides litigation support to the Attorney General's office in Article 78s, Court of Claims matters, retention hearings, Family Court matters, and federal court proceedings (including systemic challenges and class actions). This bureau is the labor/employment counsel to the agency, providing legal advice and counsel to both central office and the 11 DDSOs and representing the agency throughout the State before the Division of Human Rights. The third bureau is involved in issues concerning compliance with federal and state mandates regarding quality of care, Medicaid regulations, and corporate governance. In addition, the bureau is responsible for preparing the agency's case for fair hearings on eligibility determinations, addressing issues of access to medical records, patient confidentiality, end of life decisions, and consent to treatment, and advising the agency's Freedom of Information Officer. Finally, this bureau's Deputy is the agency's Ethic's Officer.

Issues:

At the current time, the most pressing issues for Counsel's Office are: staving off three potential systemic lawsuits – one under PASRR, a federal statute which requires OMRDD to provide "specialized services" to developmentally disabled individuals who are in nursing homes, another under the Olmstead line of cases, for the "failure" to move individuals out of developmental centers into community based housing and the last related to people with developmental disabilities waiting for out of home residential placement. In addition, Counsel's Office is to negotiate an end to the "long form audit" of the Willowbrook Consent decree, which is labor intensive and very costly in terms of annual legal fees to NYCLU. Counsel's Office is also continuing to deal on a daily basis with the legislative proposals, regulations, task forces, investigations, etc. which have grown out of the unfortunate death of an individual with developmental disabilities.

Another area of significant concern has been the backlog of eligibility hearings and the lack of sufficient staffing to handle the workload. These hearings have increased significantly in recent years, once the agency began to provide the requisite notice to individuals and their families of their right to a Fair Hearing upon denial of eligibility. Another pressing issue concerns the Criminal Background Check Unit, to which Counsel's Office provides legal oversight. We are re-examining the criteria for denial of employment, in light of a number of judicial losses, as well as a different philosophy of the current leadership. Lastly, Counsel's Office, working with Governor's Counsel, the AG's Office and outside Counsel have been and continue to be engaged in dealings with CMS proposed regulatory changes which could be devastating to New York's medical funding platform.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: Counsel's Office

Population Served:

Counsel's Office provides legal advice and counsel to all of OMRDD and also fields calls from voluntary agencies and from the public.

Performance Measures:

Examples include: Litigation which is resolved in our favor. Departmentals which are enacted into law. Reduction in backlog of eligibility Fair Hearings. Approval of State Plan amendments and HCBS waiver applications.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Division of Quality Management (DQM): health, safety, compliance and quality service oversight for persons with developmental disabilities (core activities directly relate to federal revenue protection)

Mandate:

Mental Hygiene Law Articles 13 and 16 (16.05; 16.11; 13.07); Center for Medicare and Medicaid Services (CMS) waiver requirements; Willowbrook permanent injunction MHL 13.07 (c) requires OMRDD to ensure that services are of high quality and effectiveness; and that personal/civil rights of persons receiving services are protected and that such services seek to promote and attain independence, inclusion, individuality and productivity for persons with mental retardation and developmental disabilities. MHL 16.05 (c) and (d) relates to issuance and renewal of operating certificates; and 16.11 relates to the visitation and inspection of facilities. The Federal CMS requires states to verify that providers meet required licensure and/or certification standards and adhere to other standards prior to furnishing waiver services and that the state verifies that providers continue to meet the required licensure and/or certification standards. The Willowbrook permanent injunction requires OMRDD to monitor class members residential and day programs which is the direct responsibility of DQM.

Mandated Funding Level:

Pursuant to MHL 16.11(a), OMRDD must visit every facility (there are over 6,000 facilities statewide) twice per year unless there is a history of compliance and high quality care in which case one unannounced visit per year is acceptable at a minimum. The Federal CMS requires OMRDD to verify that providers meet licensure and certification requirements on an ongoing basis. The Willowbrook permanent injunction requires DQM to closely monitor the residential and day programs for Willowbrook consumers in accordance with specific requirements of the injunction. At the present time, within our existing FTE level, DQM is only able to achieve one site visit per facility annually unless a second visit is deemed necessary. Any decrease to DQM's funding or FTE level will affect OMRDD's ability to achieve federal and state statutory mandates as described above and could put our HCBS waiver and other federal reimbursement for programs at risk.

Brief Description/History/Background:

DQM is responsible for monitoring regulatory compliance and certifying all programs including both state-operated programs and not-for-profit community residential, day and free-standing respite programs, Home and Community Based Services (HCBS) Waiver and Medicaid Service Coordination (MSC). DQM is also responsible for monitoring Willowbrook consumer services in accordance with the permanent injunction. DQM's mission is to ensure that persons with mental retardation and developmental disabilities are safe, healthy, and receive the services and supports they need and choose, in order to live the most fulfilled and independent life possible, in accord with all statutory and regulatory requirements. Quality management components are infused throughout the division's activity to compliment its regulatory and enforcement responsibilities. DQM is organized into the Bureau of Program Certification (BPC) and the Bureau of Compliance Management (BCM). BPC's core responsibilities include: conducting survey and certification activities; complaint investigation and follow up; utilization review; review of HCBS services in accordance with CMS requirements; and MSC reviews. BCM's core responsibilities include the assessment of voluntary not-for-profit agency fiscal viability, integrity and accountability through fiscal audits to ensure that the not-for-profit agencies licensed by OMRDD continue to maintain an acceptable fiscal condition and adequate fiscal management to provide for the ongoing health, safety, and welfare of persons served. BCM also conducts Medicaid billing and claiming reviews that result in the disallowance of Medicaid claims for any services that are not adequately documented or do not meet the Medicaid billing standards (state revenue protection function).

Issues:

CMS requires OMRDD to make assurances regarding our oversight of the care of the individuals served in the HCBS waiver for continued waiver funding. CMS's mandate requires OMRDD to verify that providers meet licensure and certification requirements pursuant to NYS MHL. To the extent that DQM is unable to fill existing positions, New York State puts the HCBS waiver funding and other federal funding at risk.

Population Served:

Individuals with developmental disabilities.

Performance Measures:

The Bureau of Program Certification (BPC) within DQM must visit every facility (over 6,000) twice per year except for facilities with three year operating certificates which require a visit one time per year. The primary purpose of these visits is to ensure that the facility is protecting the health, safety and welfare of the consumers. The Bureau of Compliance Management (BCM) within DQM conducts over 110 audits annually of voluntary not-for-profit agencies that provide services to the developmentally disabled to ensure that such agencies are properly utilizing governmental funding for the benefit of individuals served and can continue to maintain ongoing financial viability. Any risk to the agency's fiscal viability could jeopardize the health and safety of individuals served.

Office of Mental Retardation and Developmental Disabilities
PROGRAM INFORMATION SHEET

Program: Workforce & Talent Management

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

This division represents OMRDD on all matters related to labor relations, personnel management, training and criminal background check policies and procedures with senior managers and leadership of the Department of Civil Service (DCS), Governor's Office of Employee Relations (GOER) and Division of Budget. This includes confidential and highly sensitive matters related to the deployment of staff, and coordination and implementation of retirement incentive programs, etc. This division is comprised of the Bureaus of Personnel, Employee Relations, Criminal Background Check Unit and the Talent Development and Training Group (TDT). The division provides policy advice and technical expertise and assistance regarding interpretation of negotiated agreements and implementation of Civil Service law and regulations to the Commissioner and senior management in Central Office and the facilities. In addition, the division provides staff with the necessary training and development activities needed to perform their jobs with the highest level of effectiveness, efficiency and safety. The division also serves as chief liaison and negotiator with the public employee unions and OMCE which represent OMRDD's 23,000+ employees.

Issues:

The division's core mission is to ensure there is a talented and diverse workforce available to allow the agency to help people with developmental disabilities lead safe, healthy, and richer lives. As such, a primary function is the recruitment and selection of staff and the pursuit of administrative remedies to protect individuals and the State from misconduct such as abuse and neglect, fraud, theft, etc. By developing staffing and training strategies, the division ensures deployment of a skilled workforce in various titles that are directly responsible for the safety and health of individuals in the agency's care, maintenance of critical infrastructure, and compliance with Federal and State regulations in order to safeguard Medicaid revenue generation. Most functions performed by this division are directly related to legal requirements and contractual obligations, i.e., CBC Unit review of criminal history records and Office of Medicaid Inspector General databases in response to legislative mandates, the Employee Relations office protection of employee entitlements in accordance with Sections 33 and 34 of the negotiated agreement, and Personnel Office administration of the merit system, etc.

This new Division seeks to accomplish a number of major transformation goals:

- Bring about a more seamless service delivery system by better integrating the supports and services for State employees and Voluntary agency employees who are engaged in related or similar work.
- Fundamentally realign NYS's approach to supporting the employment of individuals with developmental disabilities

NYSOMRDD employs more than 23,000 individuals in a broad range of capacities, including direct care, clinical and medical staff in residential and non-residential settings for individuals with developmental disabilities, staff responsible for the maintenance and operation of a number of campuses statewide, regional and central office staff involved in all aspects of planning, managing funding and operating a complex statewide system of care and supports. These employees are located in over 750 work sites. These State employees are represented by 4 different bargaining units. There are an additional 75,000 individuals employed across the network of voluntary agencies providing services to individuals with development disabilities.

Office of Mental Retardation and Developmental Disabilities
PROGRAM INFORMATION SHEET

Program: Workforce & Talent Management

NYSOMRDD is embarking on major transformational change in how it offers supports and services to individuals with developmental disabilities. The Division will serve as lead for OMRDD as it positions itself to become a national leader in supporting individuals with developmental disabilities to lead richer lives. This person centered approach is driven by the simple but profound theme of "Putting People First." That theme encapsulates the vision for how those with developmental disabilities will experience our service delivery system; it is also recognition that this is only accomplished by being equally committed to the growth and retention of the employees that OMRDD at all levels. Major system transition will also call upon employees to participate in all aspects of systems change, often including evolution in their own roles, job scope and needed skills and competitiveness.

Thus the division not only manages all aspects of the personnel, human resources and training functions of a large state government agency, but also provides leadership in launching major new efforts in the areas of staff development and training; and engaging key stakeholder, including labor management committees in managing changing roles and functions.

The division directly manages activities in the areas of:

- Labor Relations
- Personnel management
- Talent recruitment and retention
- Training/professional Development
- Workforce values, diversity and cultural competence
- Special and integrated employment for individuals with developmental disabilities

Population Served:

N/A

Performance Measures:

There are various measures available to gauge this division's performance, including administrative error rates, adherence to contractual timetables, timeliness of transactions, effectiveness of training in maintaining certifications, vacancy rates

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Information Management Solutions

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Information Management Solutions (IMS) provides comprehensive information technology at the highest attainable quality at the lowest possible cost. IMS provides OMRDD with information systems which support the planning and delivery of services and the management of revenue support operations, and information systems which support the administration and operation of the OMRDD service delivery system, thereby enhancing the ability of OMRDD staff to provide quality service to individuals with developmental disabilities and support the health and safety of over 135,000 of New York's most vulnerable citizens.

Issues:

IMS plays a critical role in supporting the mission of OMRDD. IT resources enable the sophisticated and voluminous service recording and billing activities necessary to produce and maintain its multi-billion dollar revenue stream. OMRDD also depends heavily on IMS to ensure and enhance the quality of the services provided. Its communication network integrates its regional business offices, residential homes, service delivery offices, state agencies and outside business partners. IMS also assists in establishing accountability for the effective and efficient use of OMRDD funds.

Population Served:

OMRDD uses a centralized model to provide the IT services to 22,000 customers. These customers include OMRDD State staff and non-for-profit service provider organizations. The agency has over 1500 remote facilities distributed across the State. This includes 13 main Developmental District Service Offices and approximately 150 smaller district offices. All of these 1500 locations are provided network access to the Agency's data center located at 500A Balltown Road in Schenectady, NY.

Performance Measures:

Continuous effective and secure operation and maintenance of: 1) service recording and billing systems; 2) data, voice and video communication network; 3) additional support systems (e.g. QA, consumer cash, etc.). Customer satisfaction (agency staff, outside business partners).

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: The Division of Service Delivery and Integrated Solutions (SDIS) is the program operations arm of OMRDD that provides leadership and direction to the fourteen local Developmental Disability Service Offices (DDSOs).

Mandate:

The mission of this division is to develop and enact policies and procedures that ensure that all state and federal mandates, laws and regulations are adhered to by the DDSOs and all other service providers under the auspice of OMRDD. Our core responsibility is to ensure that all individuals are provided a comprehensive and integrated system of person-centered services, supports and advocacy that promotes not only their health, safety and well-being but also ensure they live richer lives.

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

The Division of Service Delivery and Integrated Solutions is divided into three geographic regions. Region one includes Capital District, Central New York, Hudson Valley, Sunmount and Taconic DDSOs. Region Two includes Bernard Fineson, Brooklyn, Metro and Staten Island DDSOs. Region Three includes Broome, Finger Lakes, Long Island, Valley Ridge and Western New York DDSOs. These DDSOs function as service providers. These DDSOs also coordinate and oversee the services and supports delivered in partnership with more than 700 not-for-profit agencies.

Issues:

Each of the three regions is overseen by an Associate Commissioner who is a member of the Central Office Leadership Team (COLT). These three Regional Associate Commissioners collaborate to direct a single, integrated program strategy that leads OMRDD to performance beyond competence. They strive to develop consistency throughout the agency in the core business of service delivery and oversight while empowering the local districts to advance both statewide and local priorities. More specifically, SDIS is charged by the Commissioner to assist the DDSOs to:

- * ensure that the services and supports are planned and effectively planned and implemented in accordance with each person's expressed preferences and life decisions while maintaining compliance with all state and federal regulations;
- * maximize their use of available resources to advance state-wide and local priorities;
- * ensure equity in the distribution of resources and access to services;
- * increase service provider's competence and capacity to serve people with diverse and challenging needs in a person-centered, effective and efficient manner;
- * expand and deepen partnerships and collaborations with people with developmental disabilities, their families, advocacy groups, provider agencies, the workforce, other state agencies and stakeholders;
- * ensure that individuals have access to services and supports that are culturally sensitive and are in the communities of their choice;

Population Served:

All New York State Citizens deemed eligible for OMRDD services and their families.

State Operated: N/A

Voluntary Operated: N/A

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: The Division of Service Delivery and Integrated Solutions (SDIS) is the program operations arm of OMRDD that provides leadership and direction to the fourteen local Developmental Disability Service Offices (DDSOs).

Performance Measures:

1. Expand **Family Support Services**, such as respite and crisis intervention, to benefit up to 4300 individuals in 2008-09 including 1300 individuals with autism and autism spectrum disorders (ASD).
2. Enhance services for individuals who are **dually diagnosed** through collaboration between the Districts and Office of Mental Health (OMH) Regional Offices and implementation of an OMR/OMH Collaborative Model.
3. Expand residential, day and at home opportunities over the next five years through NYS-CARES III:
 - a. Develop 600 new residential opportunities of which at least 37% (225) over a three year period are new non-traditional or less than 24 hour residential opportunities per year.
 - b. Increase at home opportunities by 2500 over the next five years, beginning with 480 in 2008-09.
4. Increase community residential opportunities for people living in institutional settings by developing 71 new state-operated and 75 new nonprofit opportunities in 2008-09.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Fiscal and Administrative Solutions

Mandate:

Established early in agency's history to support fiscal and administrative functions.

Mandated Funding Level:

None

Brief Description/History/Background:

This division provides fiscal and administrative services to OMRDD, including the development of the budget request, budget analyses and projections, and the development of budget strategies demonstrating effective utilization of resources. Through its Revenue Support and Costing bureaus, the division develops service rates and fees for all OMRDD programs and assures appropriate Medicaid billing and claiming for these services. The division is also responsible for administering OMRDD's capital needs, including determination of which projects should be bonded and identification of properties available for alternate uses. The division also supports the business function of central office and provides technical assistance on fiscal matters to the districts.

Issues:

In a difficult fiscal climate, budget, revenue and costing services are critical to assuring that funds are being used effectively and that Medicaid revenue is properly claimed. This group is essential to developing budget reduction strategies that address fiscal constraints while continuing to support the agency's core mission of helping individuals with developmental disabilities lead richer lives. Critical functions include working with the Governor's Office, DOB and other state agencies to stave off the potential revenue loss implications of several proposed CMS regulatory actions in Medicaid, and developing strategies to counter these proposals. In order to better support individuals with developmental disabilities, their families; OMRDD needs to overhaul its financial platform over a multi-year period. The current platform has been in place in many programs for over 25 years.

There is a need to develop the tools that foster greater responsibility on the part of families, individuals with developmental disabilities and the nonprofit providers.

Population Served:

This division supports the core mission of the entire agency through its development and maintenance of a fiscal platform that supports programs and services that help individuals with developmental disabilities lead richer lives.

Performance Measures:

Performance measure include: 1. Developing budget and funding strategies that support the agency's ability to carry out its core mission, 2. Securing appropriate Medicaid revenue for services provided through billing and claiming, and 3. Assuring that properties are maintained to meet health and safety goals and, when no longer needed, are sold or used in a manner that benefits the state.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Division of Policy and Enterprise Solutions

Mandate:

Planning mandates under section 5.07 of MHL. Coordination of MR Developmental Disabilities Planning Council per MHL 13.05. Mandated reporting, auditing and training related to the HCBS and Care At Home Waivers.

Mandated Funding Level:

None

Brief Description/History/Background:

The Division of Policy and Enterprise Solutions is the policy, planning and strategic leadership arm of the agency. The division's units are:

1. Behavioral and Clinical Solutions Unit provides an overall agency focus on consumer health and wellness as well as maintaining high levels of clinical competency in the system. Included in this unit are: behavioral services, health services, nutrition, and clinical services.
2. Strategic and Tactical Solutions provides the research, analysis, planning and development necessary to support OMRDD's transformative agenda. Included in this unit are: Research, Planning, Innovation and Practice Development, Waiver and Practice Development Bureau, and Policy Solutions.
3. The Institute For Basic Research provides ground breaking research to prevent developmental disabilities and improve the lives of affected individuals. Central office support for IBR is coordinated out of the Division of Policy and Enterprise Solutions.

Issues:

Reductions in this area would jeopardize the agency's capacity to generate federal revenue (i.e., HCBS Waiver and the Medicaid Service Coordination). DPES serves as the agency liaison with the Department of Health and CMS for HCBS Waiver operations. The Division coordinates the submission of the HCBS Waiver Application and mandated annual 372 reporting to CMS. In addition, as a condition of the operation of the HCBS Waiver, the Division conducts mandated audits of plans of care and provides training for state and voluntary providers. A key requirement for the maintenance of the HCBS Waiver is the assurance that all HCBS Waiver enrollees have a current plan of care, this is accomplished through our target case management service (MSC). DPES staff provide statewide coordination for MSC services.

Reductions in this area would have negative consequences for the quality of health and behavioral services available to support individuals with developmental disabilities. Reductions would also impact on the Agency's capacity for strategic long term planning and interagency collaboration.

Population Served:

Generalizable support for all populations. Specific focus on autism, aging, children, dual diagnosis and cross-systems cases.

Performance Measures:

1. Production of annual 5.07 plan and updates.
2. Maintain agreement with federal CMS for HCBS and CAH waivers.
3. Increase availability of quality health, clinical and behavioral supports.
4. Timely eligibility determinations at third step reviews, and consult with voluntary and state providers regarding individuals who are clinically challenging.
5. Develop enterprise level solutions for new individualized supports and services.
6. Produce collaborative solutions to cross agency issues with OMH, DOH, OASAS, Civil Service, DDPC, SED, and OCFS.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: Hepatitis "B" Program

Mandate:

Law: Chapter 580 of the Laws of 1999 - immunization for influenza and pneumococcal disease

Regulation: 29CFR Part 1910.1030, OSHA standards

Mandated Funding Level:

None

Brief Description/History/Background:

Provides reimbursement for the costs of shots and laboratory fees for employees whose occupational duties in OMRDD operated/certified programs or other work setting might expose them to blood or other potentially infectious materials. OSHA regulations (effective March 6, 1992) required each DDSO to establish bloodborne pathogen "exposure control plans" to ensure the safety of workers whose job duties could pose a hazard of bloodborne pathogen exposure.

Issues:

This program should be considered for incorporation into existing funding streams to minimize the administrative workload.

Population Served:

Persons employed in OMRDD operated/certified programs.

Performance Measures:

Each agency requesting reimbursement for Hepatitis B or influenza vaccine is required to submit documentation of the cost incurred for the service and a list of agency staff who received a flu shot and/or Hepatitis B inoculation.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: Medicaid Transportation

Mandate:

Law: US Social Security Act of 1935, Title XIX

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

The program was established in 1985 to transport eligible individuals with developmental disabilities to State-operated day activities.

Issues:

This program is an ineffective way to support transportation needs and OMRDD is exploring ways to fund this service through other mechanisms.

Population Served:

Developmentally disabled persons who must attend day services. Interested parties would include for-profit and not-for-profit vendors, persons being served, parents, some Family Care providers, and DDSO staff.

Performance Measures:

Providers are reimbursed on a monthly basis based on the number of trips provided. Local DDSO offices monitor the provision of services and adherence to all regulations regarding the transportation of individuals to and from programs.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Special Olympics

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

NYS provides state funding to support the expenses associated with the statewide Special Olympic Games. Among the uses of the grant funds are: training costs for Special Olympic athletes, organizing Special Olympic events/games, assisting local and state programs in public relations, education, fund raising and outreach.

Issues:

None

Population Served:

Special Olympic athletes from around the state.

Performance Measures:

Expenditure and program information is required throughout the contract process. Monitoring and oversight by the local DDSO office ensures that funds are being used for the intended purpose.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Epilepsy Coalition

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

The Epilepsy Coalition of NYS was formed to promote awareness of epilepsy and its consequences to public and private sectors in NYS and to provide more funding opportunities to the epilepsy system throughout the State with the goal of improving the quality of life for those who live with epilepsy on a daily basis.

Issues:

Although the objectives of this program are laudable, it is not clear that the program is necessary to the implementation of the agency's core mission.

Population Served:

Persons with epilepsy and their families.

Performance Measures:

Expenditure and program information is reviewed on a quarterly and annual basis to insure compliance with the intended purpose of the contract.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Voluntary Fingerprinting

Mandate:

Law: Chapter 575 of the Laws of 2004

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Chapter 575 of the Laws of 2004 requires OMRDD to conduct criminal background checks for new employees of every provider of service who contracts with or is otherwise authorized by OMRDD. Fees charged by the Division of Criminal Justice Services to conduct the background checks are borne by this account. Over 50,000 individuals are printed on average every year.

Issues:

None

Population Served:

N/A

Performance Measures:

Information on the number of criminal background checks (CBC) is supplied to OMRDD by DCJS on a monthly basis. Funds are transferred to DCJS based upon a review of the CBC data. OMRDD has CBC unit responsible for monitoring this program.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: Statewide Epilepsy

Mandate:

Law: N/A

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Epilepsy chapters across the state receive funding to support a variety of services to people with epilepsy including counseling, outreach, case management, information and referral, etc. In addition, the chapters provide education to various community groups and schools regarding persons with epilepsy.

Issues:

None

Population Served:

Persons with epilepsy

Performance Measures:

Expenditure and program information is reviewed on a quarterly and annual basis to insure compliance with the intended purpose of the contract.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: Institute for Basic Research in Developmental Disabilities (IBR)
George A. Jervis Clinic

Mandate:

Established by OMRDD in 1980

Mandated Funding Level:

None

Brief Description/History/Background:

The Jervis Clinic was established as a highly specialized diagnostic and research clinic. Its multidisciplinary team of physicians, nurses, psychologists and social workers conducts intensive and sophisticated diagnostic procedures and develops a treatment plan for conditions in people with developmental disabilities that primary care physicians have not been able to diagnose or treat. As a tertiary care facility, it provides care at the referral of primary care or secondary health care personnel. The clinic offers neurological examinations and evaluations; genetic evaluations, testing and counseling; autism evaluation; consultations for management of uncontrollable seizures; psychiatric and behavioral evaluations; psycholinguistic evaluations; and neuropsychological evaluations. The Jervis Clinic is one of 18 nationwide clinic members of the Fragile X Clinics and Research Consortium. Last year, the clinic had 2,105 visits by 1,080 individuals. Over 7,600 procedures were performed, and 8,100 encounters occurred.

Issues:

More precise diagnoses of mental retardation, autism and other developmental disabilities are possible as a result of recent developments in biochemistry and genetics, plus technological advances in neuroradiology and neurophysiology. These developments, with improvements in early intervention, behavioral science and special education, make it possible for people with developmental disabilities to lead richer lives. Diagnosis and early detection lead to appropriate interventions, which improve quality of life. Reductions in clinic staff and/or services would adversely affect the lives of the people served.

Population Served:

The clinic serves children, adolescents and adults with or thought to have mental retardation and associated genetic syndromes including Fragile X syndrome; Down syndrome; autism spectrum disorders, including Asperger's syndrome and PPD; progressive neurological disorders; seizure disorders and cerebral palsy.

Performance Measures:

As a member of the Fragile X Clinics and Research Consortium and the New York State Autism Consortium, translate research findings effectively into practice to benefit the population OMRDD serves.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Institute for Basic Research in Developmental Disabilities (IBR)
Research

Mandate:

- Law: a) Laws of New York 1958 - Mental Retardation – Research Institute Establishment - Chapter 912
b) Laws of New York 1962 – Research Institute for Mental Retardation – Chapter 669
c) Laws of New York 1977 – Title C – Mental Retardation and Developmental Disabilities – Article 13 Section 13.01

Mandated Funding Level:

None

Brief Description/History/Background:

IBR furthers the goals of OMRDD by conducting research into the causes of mental retardation, autism and other developmental disabilities and developing methods to improve the diagnosis, prevention and treatment of developmental disabilities.

IBR's goals are to provide the means to diagnose, prevent and treat developmental disabilities more effectively. Breakthroughs made by IBR scientists include: 1) identification of the genetic defect that causes phenylketonuria (PKU), 2) development of a prenatal screening test for fragile X syndrome, the most commonly inherited cause of mental retardation and 3) demonstration that taurine, a compound present in human milk not cow's milk, is essential for normal brain development. In addition to prevention, these breakthroughs have saved millions of dollars in treatment and care.

IBR's priority areas of research include autism and support of a New York State Autism Consortium, Down syndrome, early assessment and intervention, fragile X syndrome, neurodevelopmental disorders, inborn errors of metabolism, mental retardation and aging, basic neuroscience and molecular biology, neuroscience of early development, prevention (vaccines, diagnostic tests), and treatments (pharmaceutical therapy, evaluations, behavioral interventions).

Issues:

Developmental disabilities research presents a scientific challenge – to develop the tools and knowledge required to prevent these disabilities and to improve the lives of affected individuals and their families. Meeting this challenge requires an integrative approach combining the latest advances in genetics, neuroscience, behavioral and clinical science. Developing and improving the methods to prevent, diagnose and treat these disabilities will help people with developmental disabilities lead richer lives. Reductions in staff or program support would reduce IBR's ability to effectively compete for grant funding and would reduce specialized biomedical, psychological and laboratory services to the detriment of the people OMRDD serves.

Population Served:

Individuals with developmental disabilities and their families.

Performance Measures:

Help translate research into practice within specific developmentally disabled populations. Encourage adoption of proven evidence-based interventions. Facilitate public-private partnerships to test behavioral, pharmaceutical or therapeutic interventions. Promote dissemination of knowledge to researchers, policy makers and the developmental disabilities community.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Legislative Grants

Mandate:

Law: Chapter 54

Regulation: N/A

Mandated Funding Level:

None

Brief Description/History/Background:

Grants added to OMRDD's Budget each year for various not-for-profit agencies. The amounts and purpose of each grant varies by agency. Legislative Initiative forms are sent to OMRDD by the respective Legislative Fiscal Committees for each grant that outlines the purpose, amount and contact person. Grants can be used for services, equipment, renovations, etc.

Issues:

None

Population Served:

Individuals with developmental disabilities.

State Operated: N/A

Voluntary Operated: N/A

Performance Measures:

Expenditure and program reports are required to be submitted prior to the final payment being made to insure the purpose as well as the expenditures are acceptable and consistent with the Legislative intent.

**Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet**

Program: State Capital Program - Existing Facilities (002)

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

The Capital Program for facilities to serve the developmentally disabled dates back to the early-middle 1900s when institutional campuses were constructed to meet their needs. While the vast majority of developmental center residents have relocated to the community, many of these campuses are still in use today for special populations, day programs and administrative offices. In the last 30 years, the State has developed and operates approximately 1,100 homes and accompanying day programs in the community for developmentally disabled residents. The OMRDD Capital Program supports the preservation of both the campus and community facilities. The hard dollar appropriation and disbursements support smaller capital renovation projects, consultant fees and soft costs and construction for work such as demolition which cannot be bonded.

Issues:

Funding must be maintained to ensure the health and safety of all developmentally disabled occupants and the State staff supporting them and to preserve the State's assets.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: State Capital Program - Existing Facilities (389) On/Off Line

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

The Capital Program for facilities to serve the developmentally disabled dates back to the early-middle 1900s when institutional campuses were constructed to meet their needs. While the vast majority of developmental center residents have relocated to the community, many of these campuses are still in use today for special populations, day programs and administrative offices. In the last 30 years, the State has developed and operates approximately 1,100 homes and accompanying day programs in the community for developmentally disabled residents. The bonded on line disbursements support design and construction supervision expense for bonded capital projects (DASNY chargeback) and disbursements for OGS bonded construction projects.

Issues:

Funding must be maintained to ensure the health and safety of all developmentally disabled occupants and the State staff supporting them and to preserve the State buildings.

1. JN Adam Campus – Newark Campus – Holding state properties that are no longer needed by OMRDD. Detract OMRDD from its core mission and expand dollars needed to support people with developmental disabilities.
2. The timely development of community properties.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: State Capital Program - New Facilities (002)

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

In the last 30 years, the State has developed and operates approximately 1,100 homes and accompanying day programs in the community for developmentally disabled residents. The new facility hard dollar appropriation and disbursements are used to support the development of new and relocated State operated residences, day programs and agency offices in leased space.

Issues:

Funding must be maintained to ensure adequate residential facilities are available to meet the needs of New York State developmentally disabled residents. The facilities must provide a healthy and safe environment for all developmentally disabled occupants and the agency staff supporting them.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings. Residential and day programs must be available for developmentally disabled individuals seeking community services.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: State Capital Program - New Facilities On/Off Line (389)

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

In the last 30 years, the State has developed and operates approximately 1,100 homes and accompanying day programs in the community for developmentally disabled residents. The new facility bonded on line disbursements are used to support new residences developed with rehabilitation work managed by the DDSO staff. Expenditures are made against subfund allocations.

Issues:

Funding must be maintained to ensure adequate residential facilities are available to meet the needs of New York State developmentally disabled residents. The facilities must provide a healthy and safe environment for the developmentally disabled occupants and the State staff supporting them.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings. Residential and day programs must be available for developmentally disabled individuals seeking community services.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Voluntary Operated Residential Capital Program - Existing Facilities (002)

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

In the last 30 years, not-for-profit agencies have partnered with the State to develop thousands of community homes and day programs for developmentally disabled residents. The hard dollar disbursements for not-for-profit providers support capital renovation projects for their existing community facilities.

Issues:

Funding must be maintained to ensure the health and safety of all developmentally disabled occupants and the agency staff supporting them as well as the preservation of the buildings.

Population Served:

Individuals with developmental disabilities.

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Voluntary Operated Residential Capital Program - New Facilities (002)

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

In the last 30 years, not-for-profit providers have partnered with the State to develop thousands of residential and day programs in the community for developmentally disabled residents. The voluntary operated community facilities new facility hard dollar appropriation and disbursements are used to support the development of new residences and day programs including warehouse furniture, e-mods, etc.

Issues:

Funding must be maintained to ensure adequate residential facilities are available to meet the needs of New York State developmentally disabled residents. The facilities must provide a healthy and safe environment for all developmentally disabled occupants and the agency staff supporting them.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings. Residential and day programs must be available for developmentally disabled individuals seeking community services.

Office of Mental Retardation and Developmental Disabilities (OMRDD)
Program Information Sheet

Program: Voluntary Operated Residential Capital Program - New Facilities (389) On Line

Mandate:

To ensure all facilities used to support services for the developmentally disabled provide a healthy, safe environment. Codes and regulations that must be adhered to follow: 14NYCRR, New York State Uniform Code, New York City Construction Code, 2000 Edition NFPA Life Safety Code.

Mandated Funding Level:

None

Brief Description/History/Background:

In the last 30 years, not-for-profit providers have partnered with the State to develop thousands of residential and day programs in the community for developmentally disabled residents. While most not-for-profit providers obtain private financing for developing new community facilities, this appropriation is available to support IRA development as needed.

Issues:

Funding must be maintained to ensure adequate residential facilities are available to meet the needs of New York State developmentally disabled residents. The facilities must provide a healthy and safe environment for all developmentally disabled occupants and the agency staff supporting them.

Population Served:

Individuals with developmental disabilities

Performance Measures:

All facilities must meet the above stated codes and program certification as it related to the physical plant condition of the buildings. Residential and day programs must be available for developmentally disabled individuals seeking community services.

Agency Programs / Activities: Inventory and Key Data
Office of Mental Retardation and Developmental Disabilities (OMRDD)
(\$000s)

Relevance to Core Mission	Program Area	Program / Activity	FTE	People Served/Enrolled			FY 06/07			FY 07/08			FY 08/09			FY 09/10		
				State	Vol.	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total
	R	Residential Services/Supports																
		Community Homes																
High	1	Family Care (FC)	219	2,243	473	2,716	14,428	25,553	39,981	15,007	23,247	38,254	15,690	24,500	40,190	16,398	24,913	41,311
Medium/Low	2a	Community Residence-Supportive (CR Supp) - R/R	-	0	146	146	0	2,862	2,862	0	3,019	3,019	0	2,995	2,995	0	3,002	3,002
Medium/Low	2b	Community Residence-Supervised (CR Supv) - R/R	-	0	269	269	0	8,214	8,214	0	8,663	8,663	0	8,594	8,594	0	8,615	8,615
High	3a	Individual Residential Alternative Supportive (IRA Supp)	24	47	1,999	2,046	1,277	42,175	43,452	1,328	46,376	47,704	1,388	47,310	48,698	1,451	51,519	52,970
High	3b	Individual Residential Alternative Supervised (IRA Supv)	12,664	7,107	17,782	24,889	688,135	681,642	1,369,777	715,721	749,535	1,465,256	748,313	764,643	1,512,956	782,106	832,660	1,614,766
Medium	4	Intermediate Care Facility (ICF)	1,238	597	5,554	6,151	78,162	262,489	340,651	81,295	320,470	401,765	84,997	321,218	406,215	88,836	331,096	419,932
		Community Homes Total	14,145	9,994	26,223	36,217	782,002	1,022,935	1,804,937	813,351	1,151,310	1,964,661	850,388	1,169,260	2,019,648	888,791	1,251,805	2,140,696
		Institution Services																
High/Medium	5	Small Residential Unit (SRU)	68	20	-	20	5,233	-	5,233	5,443	-	5,443	5,690	-	5,690	5,947	-	5,947
High/Medium	6	Developmental Center (DC)	1,639	479	-	479	133,610	-	133,610	138,966	-	138,966	145,294	-	145,294	151,856	-	151,856
		Special Populations																
High	7	Autism	309	72	-	72	25,461	-	25,461	26,482	-	26,482	27,688	-	27,688	28,938	-	28,938
High	8	Multiply Disabled Unit (MDU)	417	239	-	239	33,382	-	33,382	34,720	-	34,720	36,301	-	36,301	37,941	-	37,941
High	9	Regional Behavioral Treatment Unit (RBTU)	165	73	-	73	13,570	-	13,570	14,114	-	14,114	14,756	-	14,756	15,423	-	15,423
High	10	Special Behavior Unit (SBU)	146	45	-	45	12,016	-	12,016	12,498	-	12,498	13,067	-	13,067	13,657	-	13,657
High	11	Center for Intensive Treatment (CIT)	624	139	-	139	49,955	-	49,955	51,957	-	51,957	54,323	-	54,323	56,776	-	56,776
High	12	Local Intensive Treatment (LIT)	786	331	-	331	63,442	-	63,442	65,985	-	65,985	68,990	-	68,990	72,106	-	72,106
High	13	Regional Intensive Treatment Unit (RIT)	399	153	-	153	32,482	-	32,482	33,784	-	33,784	35,322	-	35,322	36,917	-	36,917
		Special Pop Total	2,846	1,052	-	1,052	230,308	-	230,308	239,540	-	239,540	250,447	-	250,447	261,758	-	261,758
		Institution Services Total	4,553	1,551	-	1,551	369,151	-	369,151	383,949	-	383,949	401,431	-	401,431	419,561	-	419,561
		At-home Supports																
High	14	At-home Residential Habilitation (AHRH)	1	4	8,503	8,507	65	43,459	43,524	68	45,685	45,753	71	46,442	46,513	74	51,436	51,510
High	15	Individual Support Services (ISS)	-	-	2,034	2,034	-	11,697	11,697	-	12,763	12,763	-	12,478	12,478	-	12,852	12,852
		At-home Supports Total	1	4	10,537	10,541	65	55,156	55,221	68	58,448	58,516	71	58,920	58,991	74	64,288	64,362

Notes:
1) R/R = Reform and Review
2) People Served/Enrolled - as of June 30, 2008

Agency Programs / Activities: Inventory and Key Data
Office of Mental Retardation and Developmental Disabilities (OMRDD)
(\$000s)

Relevance to Core Mission	Program Area	Program / Activity	FTE	People Served/Enrolled			FY 06/07			FY 07/08			FY 08/09			FY 09/10		
				State	Vol.	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total			
	N	Non-residential Services/Supports																
		Day Programs																
High	1	Supported Work (SEMP)	18	127	8,295	3,422	944	9,889	10,833	982	10,396	11,378	1,026	10,569	11,595	1,073	20,705	21,778
High	2	Day Habilitation	1,522	4,106	36,620	40,726	89,999	322,642	412,641	93,607	353,964	447,571	97,869	362,537	460,406	102,289	394,004	496,293
Medium/Low	3	Prevocational - R/R	23	168	9,025	9,193	1,131	41,798	42,929	1,176	43,939	45,115	1,230	44,667	45,897	1,286	49,470	50,756
High	4	Blended Day Services	0	0	867	867	0	8,574	8,574	0	16,577	16,577	0	17,532	17,532	0	17,532	17,532
Medium/Low	5	Day Training - R/R	63	121	1,311	1,432	3,450	3,719	7,169	3,589	3,598	7,187	3,752	3,317	7,069	3,921	3,417	7,338
Medium/Low	6	Sheltered Work - R/R	10	141	9,978	10,119	576	70,573	71,149	599	74,191	74,790	627	72,279	72,906	655	74,447	75,102
Medium/Low	7	Day Treatment Subchapter A - R/R	18	26	2,575	2,601	2,057	14,330	16,387	2,140	7,000	9,140	2,237	6,847	9,084	2,338	7,052	9,390
		Day Program Services Total	1,654	4,689	68,671	73,360	98,157	471,525	569,662	102,093	509,665	611,758	106,741	517,748	624,489	111,562	566,627	678,189
High	8	Waiver Respite	-	-	9,657	9,657	-	12,847	12,847	-	13,505	13,505	-	13,729	13,729	-	15,205	15,205
Medium	9	Article 16 Clinics	352	12,688	29,754	42,442	26,644	30,473	57,117	27,712	22,808	50,520	28,974	30,537	59,511	30,283	31,259	61,542
Medium	10	Service Coordination	689	10,951	64,118	75,069	43,080	45,000	88,080	44,807	45,000	89,807	46,848	46,579	93,427	48,963	47,976	96,939
High	11	Care-at-home Waiver	-	-	575	575	-	1,661	1,661	-	1,845	1,845	-	2,069	2,069	-	2,139	2,139
	12	Self-Determination																
High		Consolidated Support Services/Residential	-	-	-	195	-	32	32	-	34	34	-	34	34	-	38	38
High		Consolidated Support Services/Nonresidential	-	-	-	31	-	86	86	-	90	90	-	92	92	-	101	101
		Self-Determination Total	-	-	-	226	-	118	118	-	124	124	-	126	126	-	139	139
High	13	Family Support Services																
		Respite (After-school programs, Reimbursement)	-	-	23,209	23,209	-	26,143	26,143	-	28,706	28,706	-	27,634	27,634	-	29,328	29,328
		Information and Referral	-	-	2,487	2,487	-	2,801	2,801	-	3,076	3,076	-	2,961	2,961	-	3,143	3,143
		Family and Individual Counseling	-	-	3,730	3,730	-	4,202	4,202	-	4,614	4,614	-	4,441	4,441	-	4,713	4,713
		Recreation	-	-	6,631	6,631	-	7,469	7,469	-	8,202	8,202	-	7,895	7,895	-	8,379	8,379
		Other (Transportation, Case management, Home Care)	-	-	5,388	5,388	-	6,069	6,069	-	6,664	6,664	-	6,415	6,415	-	6,808	6,808
		Family Support Services Total	121	-	41,445	41,445	6,626	46,684	53,310	6,889	51,262	58,151	7,205	49,346	56,551	7,531	52,371	59,902

Notes:

- 1) R/R = Reform and Review
- 2) People Served/Enrolled - as of June 30, 2008

Agency Programs / Activities: Inventory and Key Data
Office of Mental Retardation and Developmental Disabilities (OMRDD)
(\$000s)

Relevance to Core Mission	Program Area	Program / Activity	FTE	People Served/Enrolled			FY 06/07			FY 07/08			FY 08/09			FY 09/10		
				State	Vol.	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total
High	C	Central Coordination/Support																
		1 Executive Leadership	49	-	-	-	3,282	-	3,282	3,477	-	3,477	3,634	-	3,634	3,798	-	3,798
		2 Office of the Counsel	26	-	-	-	1,741	-	1,741	1,843	-	1,843	1,926	-	1,926	2,014	-	2,014
		3 Quality Management	171	-	-	-	11,452	-	11,452	12,126	-	12,126	12,679	-	12,679	13,251	-	13,251
		4 Workforce & Talent Development	73	-	-	-	4,889	-	4,889	5,177	-	5,177	5,413	-	5,413	5,657	-	5,657
		5 Information Management Solutions	158	-	-	-	25,530	-	25,530	28,003	-	28,003	29,279	-	29,279	30,601	-	30,601
		6 Service Delivery & Development	61	-	-	-	4,085	-	4,085	4,325	-	4,325	4,522	-	4,522	4,726	-	4,726
		7 Fiscal & Administrative Solutions	312	-	-	-	20,895	-	20,895	22,125	-	22,125	23,133	-	23,133	24,178	-	24,178
		8 Policy & Enterprise Solutions	35	-	-	-	2,344	-	2,344	2,482	-	2,482	2,595	-	2,595	2,712	-	2,712
		Central Coordination/Support Total	885	-	-	-	74,218	-	74,218	79,558	-	79,558	83,181	-	83,181	86,937	-	86,937
High	I	IBR																
		1 Jervis Clinic	38	-	-	-	2,323	-	2,323	2,669	-	2,669	2,705	-	2,705	2,827	-	2,827
		2 Research	147	-	-	-	12,981	-	12,981	13,831	-	13,831	14,547	-	14,547	15,204	-	15,204
		IBR Total	185	2,244	-	2,244	15,304	-	15,304	16,500	-	16,500	17,252	-	17,252	18,031	-	18,031
Low High Medium Low Medium Low	O	Other																
		1 Hepatitis B	-	-	-	-	-	385	385	-	165	-	-	170	170	-	175	175
		2 Medicaid Transportation	-	-	-	-	-	6,859	6,859	-	7,218	-	-	6,200	6,200	-	6,410	6,410
		3 Special Olympics	-	-	-	-	-	260	260	-	70	-	-	72	72	-	74	74
		4 Epilepsy Coalition	-	-	-	-	-	431	431	-	443	-	-	458	458	-	472	472
		5 Voluntary Fingerprinting	-	-	-	-	-	4,000	4,000	-	4,500	-	-	4,000	4,000	-	4,000	4,000
		6 Statewide Epilepsy	-	-	-	-	-	730	730	-	727	-	-	750	750	-	773	773
		Other Total	-	-	-	156	12,665	12,821	115	13,123	13,238	200	11,650	11,850	200	11,904	12,104	
Low	L	Legislative Grants	-	-	-	-	996	996	-	1,195	1,195	-	4,549	4,549	-	0	0	
		Total State/ATL	22,585	-	-	-	1,415,403	1,700,060	3,115,463	1,475,042	1,868,285	3,343,327	1,542,291	1,904,513	3,446,804	1,611,933	2,043,713	3,655,646

Notes:

- 1) R/R = Reform and Review
- 2) People Served/Enrolled - as of June 30, 2008

Agency Programs / Activities: Inventory and Key Data
Office of Mental Retardation and Developmental Disabilities (OMRDD)
(\$000s)

Relevance to Core Mission	Program Area	Program / Activity	FTE	People Served/Enrolled			FY 06/07			FY 07/08			FY 08/09			FY 09/10		
				State	Vol.	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total	State	ATL	Total
High	F	Capital Program - State/Voluntary Facilities																
	1	State Capital - Existing Facilities (002)	-	-	-	-	25,996	-	25,996	26,363	-	26,363	34,779	-	34,779	30,783	-	30,783
	2	State Capital - Existing Facilities (389) On/Off Line	-	-	-	-	6,070	-	6,070	3,446	-	3,446	63,144	-	63,144	75,550	-	75,550
	3	State Capital - New Facilities (002)	-	-	-	-	1,136	-	1,136	4,180	-	4,180	1,516	-	1,516	7,167	-	7,167
	4	State Capital - New Facilities (389) On/Off Line	-	-	-	-	1,456	-	1,456	1,300	-	1,300	12,586	-	12,586	13,540	-	13,540
	5	Voluntary Capital - Existing Facilities (002)	-	-	-	-	-	15,158	15,158	-	12,767	12,767	-	14,610	14,610	-	12,550	12,550
	6	Voluntary Capital - New Facilities (002)	-	-	-	-	-	2,976	2,976	-	3,940	3,940	-	3,900	3,900	-	4,200	4,200
	7	Voluntary Capital - New Facilities (389)	-	-	-	-	-	-	0	-	-	0	-	-	0	-	-	0
		Total Capital	-	-	-	-	34,658	18,134	52,792	35,289	16,707	51,996	112,026	18,510	130,536	127,040	16,750	143,790

Notes:

- 1) R/R = Reform and Review
- 2) People Served/Enrolled - as of June 30, 2008

CR - Supervisor	9,994,233	0.741564272		
CR - Supportive	3,482,998	0.258435728		
Total	13,477,231	1		

06-07	11,076,000	8,213,565.88		
		2,862,434.12		
		11,076,000.00		

07-08	11,682,000	8,662,954	supp	1,999	10%
		3,019,046	super	17,782	90%
				19,781	

08-09	11,589,000	8,593,988.35		
		2,995,011.65		

09-10	11,617,000	8,614,752		
		3,002,248		

IRA - Supervise	1,570,273,114	0.941732535		
IRA - Supportiv	97,156,921	0.058267465		
	1,667,430,035	1		

06-07	723,817,000	681,642,018.37		
		42,174,981.63		
		723,817,000.00		

07-08	795,911,000	749,535,283.76		
		46,375,716.24		
		795,911,000.00		

08-09	811,953,000	764,642,557.09		
		47,310,442.91		
		811,953,000.00		

09-10	884,178,000	832,659,189.44		
		51,518,810.56		
		884,178,000.00		