



2018 LIFE SKILLS SYMPOSIUM

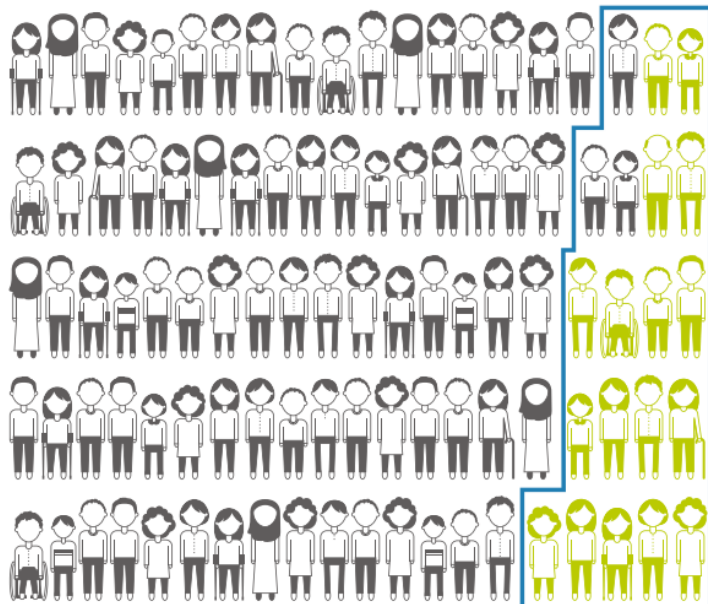
John Maltby



THIS MORNING

- Breaking down the diagnostic & service silos and why
- Funding based on the person
- New residential approaches
- Some suggestions for Advocacy

7.37 million people in the United States had Intellectual or Developmental Disabilities (IDD) in 2016



20% 1.49 million people with IDD were known to or served by state IDD agencies

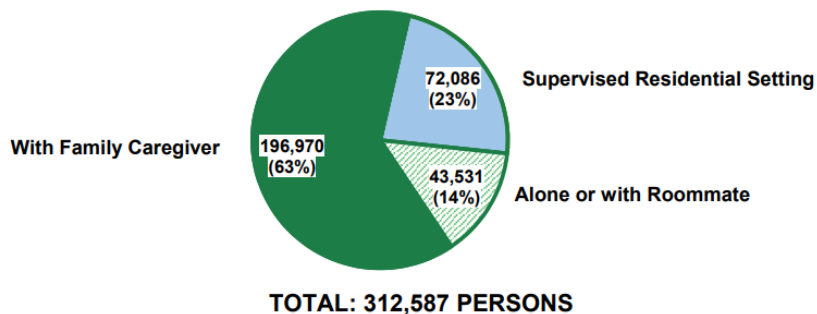
17% 1.23 million people with IDD received long-term supports or services through state IDD agencies

2.26% of 15MM = 339,000, OPWDD serves 126,000

https://risp.umn.edu/sites/risp.umn.edu/files/2018-08/RISP2016_WEB.pdf

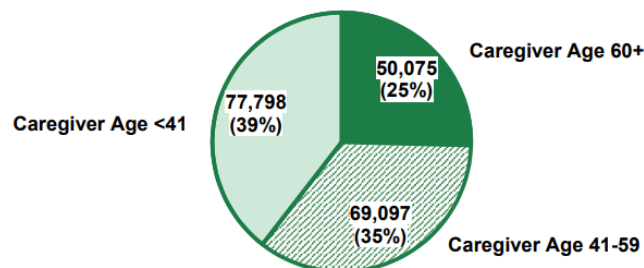
NEW YORK

ESTIMATED NUMBER OF INDIVIDUALS WITH IDD BY LIVING ARRANGEMENT: FY 2015



Braddock et al. 2016, based on Fujiura 2008, 2012

ESTIMATED NUMBER OF INDIVIDUALS WITH IDD BY AGE GROUP LIVING WITH FAMILY CAREGIVERS: FY 2015



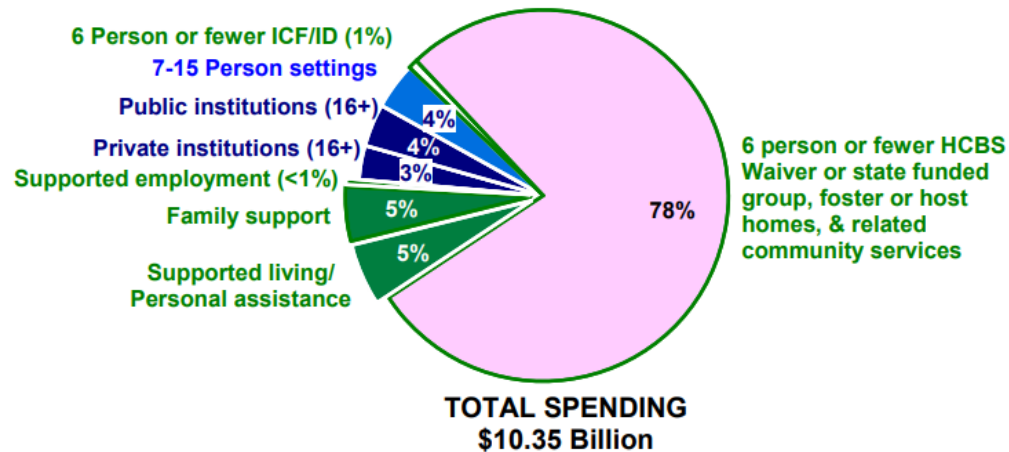
Braddock et al. 2016, based on Fujiura 2008, 2012

<http://stateofthestates.org/documents/NewYork.pdf>

RESIDENTIAL SPENDING

NEW YORK

SUPPORTED LIVING, FAMILY SUPPORT, AND SUPPORTED EMPLOYMENT
AS A PERCENTAGE OF TOTAL SPENDING: FY 2015



REACHING EVERYONE

“OPWDD Expansion of Existing Rental Services Program are showing major savings on average. (MRT Final cost report 1)”

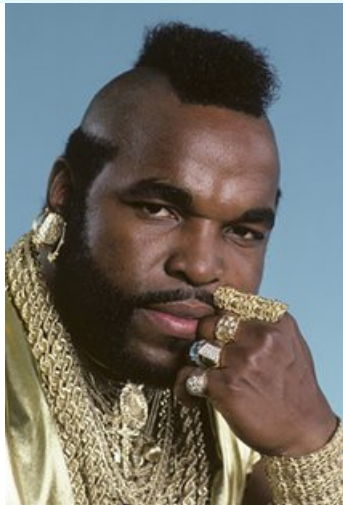
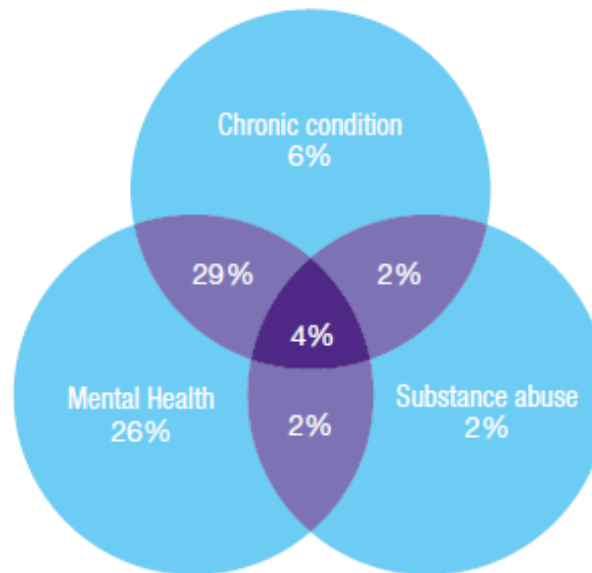


Figure 16. Overlap Between Types of Chronic Conditions among Office for Persons with Developmental Disabilities Expansion Program Enrollees



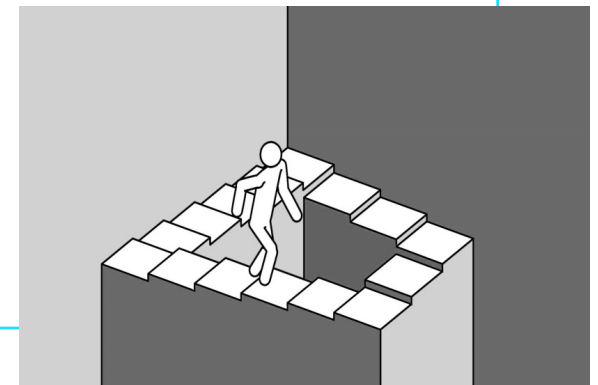
2016 AHAR

EXHIBIT 7.9: Disability Status
Adults Living in PSH, 2010-2016 (in %)

Disability Type	2010	2015	2016
Any Type of Disability	78.8	82.3	86.6
Dual Diagnosis	17.3	25.3	28.8
Mental Health	24.2	32.5	36.7
Substance Abuse	11.9	8.4	9.8
Physical Disability	13.2	23.5	26.6
HIV/AIDS	6.4	6.7	7.7
Developmental Disability	3.3	5.6	6.2

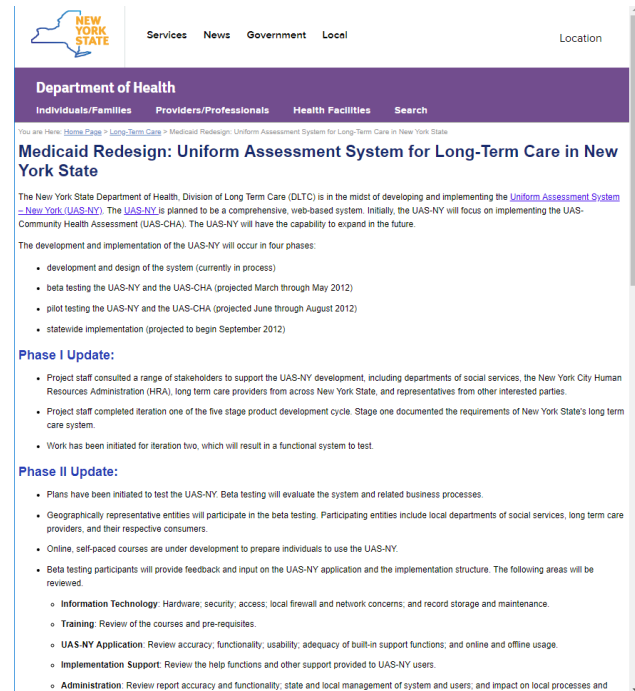
CURRENT SYSTEMS ARE NOT SUSTAINABLE

- It is too expensive, and the Feds want their money's worth.
- Affordable Care Act requires Person Centered Planning
- It is too Segregated. CMS wants smaller settings and the DOJ is (was?) applying Olmstead more aggressively
- Capacity is finite, but we are only serving 50% of the likely population, and there will be more.
- A model founded on cheap unskilled labor and high turnover does not create a career path or satisfactory support.
- Federal Policy is directed at Money Follows the Person
- Best practice and research advise smaller settings
- People don't want to live this way



A FUNCTIONAL APPROACH TO SERVICES & BUDGETS

- CMS requires a functionally based assessment system
- We are beginning to use it
- It is essential to managed care
- It is essential if we are to direct people to the most appropriate services or supports.



The screenshot shows the New York State Department of Health website. The header includes the New York State logo and navigation links for Services, News, Government, Local, and Location. Below the header is a purple navigation bar with links for Individuals/Families, Providers/Professionals, Health Facilities, and Search. The main content area is titled "Medicaid Redesign: Uniform Assessment System for Long-Term Care in New York State". It includes a breadcrumb trail: "You are Here: Home Page > Long-Term Care > Medicaid Redesign: Uniform Assessment System for Long-Term Care in New York State". The text describes the development of the Uniform Assessment System (UAS-NY) by the New York State Department of Health, Division of Long Term Care (DLTC). It mentions that the UAS-NY is a comprehensive, web-based system planned to be implemented in phases. The development and implementation of the UAS-NY will occur in four phases: development and design of the system (currently in process), beta testing the UAS-NY and the UAS-CHA (projected March through May 2012), pilot testing the UAS-NY and the UAS-CHA (projected June through August 2012), and statewide implementation (projected to begin September 2012). The page also includes two update sections: "Phase I Update" and "Phase II Update", detailing the progress of the system development and testing.

Medicaid Redesign: Uniform Assessment System for Long-Term Care in New York State

The New York State Department of Health, Division of Long Term Care (DLTC) is in the midst of developing and implementing the [Uniform Assessment System - New York \(UAS-NY\)](#). The [UAS-NY](#) is planned to be a comprehensive, web-based system. Initially, the UAS-NY will focus on implementing the UAS-Community Health Assessment (UAS-CHA). The UAS-NY will have the capability to expand in the future.

The development and implementation of the UAS-NY will occur in four phases:

- development and design of the system (currently in process)
- beta testing the UAS-NY and the UAS-CHA (projected March through May 2012)
- pilot testing the UAS-NY and the UAS-CHA (projected June through August 2012)
- statewide implementation (projected to begin September 2012)

Phase I Update:

- Project staff consulted a range of stakeholders to support the UAS-NY development, including departments of social services, the New York City Human Resources Administration (HRA), long term care providers from across New York State, and representatives from other interested parties.
- Project staff completed iteration one of the five stage product development cycle. Stage one documented the requirements of New York State's long term care system.
- Work has been initiated for iteration two, which will result in a functional system to test.

Phase II Update:

- Plans have been initiated to test the UAS-NY. Beta testing will evaluate the system and related business processes.
- Geographically representative entities will participate in the beta testing. Participating entities include local departments of social services, long term care providers, and their respective consumers.
- Online, self-paced courses are under development to prepare individuals to use the UAS-NY.
- Beta testing participants will provide feedback and input on the UAS-NY application and the implementation structure. The following areas will be reviewed.
 - **Information Technology:** Hardware, security, access; local firewall and network concerns; and record storage and maintenance.
 - **Training:** Review of the courses and pre-requisites.
 - **UAS-NY Application:** Review accuracy, functionality, usability; adequacy of built-in support functions; and online and offline usage.
 - **Implementation Support:** Review the help functions and other support provided to UAS-NY users.
 - **Administration:** Review report accuracy and functionality, state and local management of system and users; and impact on local processes and



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health, DOH

Office for People With
Developmental Disabilities

KERRY A. DELANEY, J.D.
Acting Commissioner, OPWDD

Draft Transition Plan for Home and Community-Based Services (HCBS), Health Home Care Management for Individuals with Intellectual and/or Developmental Disabilities (I/DD), and the Development of Specialized Managed Care



- 2021: Downstate mandatory enrollment will proceed in a region when the State confirms that there is choice of plans in a community that can support the needs of individuals with I/DD and promoting a Value Based Payment (VBP) methodology that furthers the transformation outcome of the Commissioner's Transformation Panel
- 2023: I/DD residential services become a part of the capitation rate for Downstate I/DD Specialized Managed Care Plans and Mainstream Managed Care Plans. I/DD Targeted HCBS move to some form of risk basis within I/DD Specialized Managed Care Plans and Mainstream Managed Care Plans



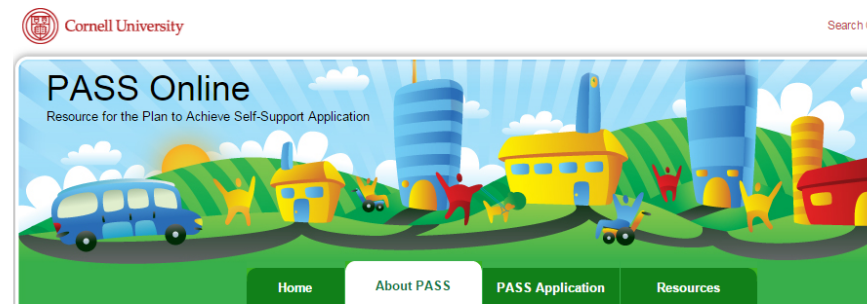
SO?

- We are not meeting the need now
- The need will grow
- Managed care financial imperatives are implacable
- Within 5 years Market based Managed Care will provide residential services
- They might also be more equitable
- What do we need to think about to be prepared?



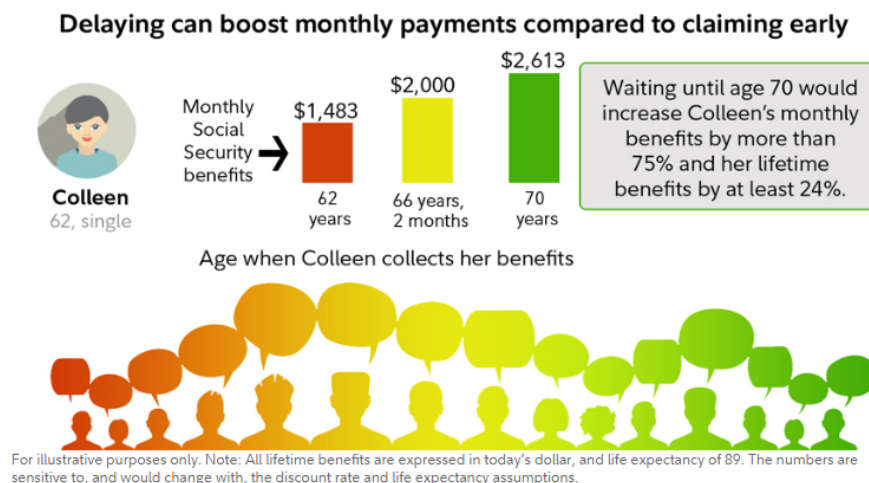
1. UNDERSTAND HOW TO MAXIMIZE A PERSON'S INCOME

- E.g. Paid Time off not included in Substantial Gainful Activity (SGA)
- Plan for Achieving Self Support (PASS)
- Impairment Related Work Expense
- Special Conditions
- Subsidies
- Earned Income Tax Credit
- Maximize Family Childhood Disability Benefit



PARENTS! – THE POWER OF CHILDHOOD DISABILITY BENEFIT

Anyone know another benefit of CDB?



$\$849 * 50\% = \425
 $\$849 * 75\% = \$637 \times 40 \text{ yrs} = \$305,760$
 $\$3,680 * 50\% = \$1,840$
 $\$3,680 * 75\% = \$2,760 \times 40 \text{ yrs} = \$1,324,800$

For a person where Disability occurred before Age 22
 What is the difference between a parent taking the minimum Social Security at age 62 and one taking the maximum at age 70?
 $\$849 * \text{a month vs. } \$3,680$
<https://www.fidelity.com/viewpoints/retirement/social-security-at-62>



POWER OF CHILDHOOD DISABILITY BENEFIT (II)

In the Matter of Mary O., Fair Hearing Decision No. 3945750N (February 25, 2004)

- Soooo what Happens?
- Kicked off SSI?
 - Effect?
- Medicaid Eligibility?
- First Person trust?
- Congregate Care?

Community Medicaid (Non-MAGI)*

When a person with a disability places their excess or surplus monthly income (also called a spend-down) into an SNT, the local Medicaid program must adjust the person's Medicaid budget to eliminate their spend-down for Community Medicaid. This has been true in NY State since February 25, 2004, when the State Department of Health issued a fair hearing decision allowing use of the NYSARC trust to eliminate the spend-down of income.

The decision relies on an old amended directive of the State Department of Health – a letter dated September 23, 1997 that amends directive 96-ADM-8, titled “OBRA ’93 Provisions on Transfers and Trusts.” The 1997 letter states: “While most exception trusts are created using the individual's resources, some may be created using the individual's income, either solely or in conjunction with resources. Income diverted directly to a trust or income received by an individual and then placed into a trust is not counted as income to the individual for Medicaid eligibility purposes.”

Modified Adjusted Gross Income (MAGI)

2. UNDERSTAND HOW TO PRESERVE SAVINGS

- Earned Income Disregard
- Individual Development Accounts and Matched Savings
- First Person Supplemental Needs Trust
- Third Party Supplemental Needs Trust
- ABLE Accounts



THE BENEFIT ADVISER

ONLINE LEARNING

The Yang-Tan Institute offers online courses on disability and employment support practices critical to supporting people with disabilities in the workplace.



"Online learning provides an affordable, convenient, and learner-friendly environment for today's busy professional."

Ray Cebula

ONLINE COURSES ON

Disability and Employment Support Practices



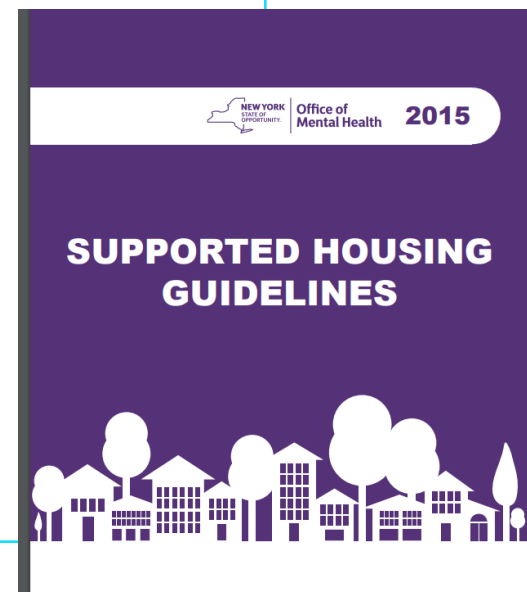
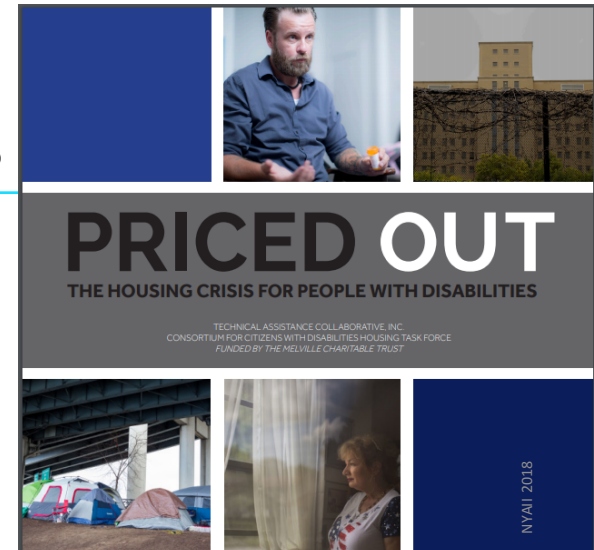
HOME
PROJECTS
ONLINE LEARNING
CONSULTATION
RESEARCH
EVENTS
PEOPLE

NYAI 2018

There are two types of Benefit Adviser

3. UNDERSTAND NEW HOUSING OPTIONS

- Affordable Housing;
- “A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.”
- Supported Housing – Section 8, Individual Supports and Services,
- Supportive Housing. “Housing plus support”



4. UNDERSTAND NEW MODELS OF OWNERSHIP. E.G. HOYO

Upside

- Ownership & control
- Low Cost Long term financing
- Community involvement
- Potential Equity



Office for People With
Developmental Disabilities

**OPWDD Home of Your Own
(HOYO) Loan Program for
Homeownership**

**Program Guide & Basic
Facts**

Downside

- No Maintenance funds
- Downside risk
- Liquidity
- Exit strategy
- Succession for Guardians or Advocates
- Medicaid Lien

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FAMILIES OWN

Upside

- Ownership control
- Autonomy
- Stable mortgage
- Assured residence



Downside

- Maintenance
- Downside risk
- Liquidity
- Exit strategy
- Governance & Functions
- Succession

ENTITY OWNS

Upside

- Control
- Continuity
- Funding options, equity, or loan
- Liquidity
- LIMITED LIABILITY
- Tax advantages

Downside

- Corporate Tax filing
- Board maintenance
- Scalability



"Before I get started, who here knows the difference between an L.L.C., your ass, and a hole in the ground?"



GOOD NEWS

- In some parts of the State more non-certified housing is happening than certified
- This is the best time in generations to create affordable and supportive housing in New York
- OPWDD is actively engaged in creating this housing

ADVOCACY- MY TOP TEN

1. Individualize budgets in Certified settings
2. Address the myth that Certification is the only safe option
3. Address the ISS inadequacy
4. Create a “Comfort Letter” for Lenders & Landlords
5. Provide Housing Navigation
6. Increase options for people staying at home
7. Increase access to Assistive Technology
8. Get rid of the 15 minute increment
9. Encourage ABLE accounts
10. Make transportation more flexible



HOUSING NAVIGATION

- What is Housing Navigation?
- Housing Navigation as a Waiver Service.



Housing Navigation Services

"Housing Navigator service could be a reimbursable service under the following parameters:

1. Self- Directing:

"People who are self-directing their services with Budget Authority may elect to use up to \$3,000 in 100% state funding for items that are not Medicaid-fundable. This budget category is called "Other Than Personal Services" or OTPS. Housing Navigation ("HN") services; housing access start-up services, development of an individual housing action plan and or implementation of the housing action plan are eligible to be funded through OTPS for people with Self-Direction budgets.

Where HN services could also be delivered by a Broker or Community Habilitation (CH) staff as part of their responsibilities for those services, those Brokers or CH staff may not separately charge for HN services through OTPS. To summarize; HN services can be provided by the Broker or the CH staff, if qualified, or be paid separately as OTPS. The Broker or CH staff may not separately charge a person they provide HN services to through OTPS."

2. Support Broker:

If you are a Support Broker, and HN is part of someone's plan, you can bill for HN work performed at the Support Broker rate. Housing navigation work is typically work that could be completed within the broker role. Brokers could do housing related tasks and be reimbursed through an SD plan. The billing would be for the broker service – the tasks completed would be housing related.

3. Community Habilitation Services:


If an individual is receiving Community Habilitation (CH), and the ISP includes Housing as a goal and Housing Navigation (HN) as a way to get to it you can pay for that time with Comm. Hab. If direct, then it must be in person and focused on a specific ISP goal. If Indirect then it must also align with the goals. The methodology for covering the indirect cost would vary based on whether the CH staff support is through agency supported/purchased or through self-hired staffing. The provider or FI would need to manage the indirect elements of the service depending on the method used. Again, the service provided is CH not HN the CH service needs to relate back to a valued outcome and activity under the service to meet that outcome."

*Housing Navigators- professionals that have expertise in the development and implementation of an individual housing action plan.

CONTACT INFORMATION

- https://nyhrc.org/form.php?form_id=13

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