

Orange County Community Supports Initiative (OCCSI) Instructions for Making a Request for Service-**Revised 3.7.18**

Criteria

- Orange County Resident; and
- Authorized for Community Habilitation, CH-R, CH-CIHS, CH-WCS and/or Respite; and
- Unserved or Under-served; and
- Looking to connect with one or more of the six participating agencies

Preparing to Make a Request for Service

- Understand the Initiative goals, strategies and implementation phases.
- Review the authorization form, permissions/roles for exchange of information.
- Understand that individuals currently on provider rosters may be removed if not served for three months or longer. This does not change the authorization.
- Prioritize those not receiving any OPWDD services.
- Schedule time to meet with your families and send information in advance for their review.

When You Meet

- ✓ Explain that OCCSI is a choice but the only way to connect with services through the six providers.
- ✓ Review the initiative and what it's attempting to achieve.
- ✓ Explain the differences between CH and Respite.
- ✓ Explain that families get "a break" (respite) when CH is provided; they do not need to be present.
- ✓ Bring a copy of the profile and to review the data it collects (see blank copy on the website)
- ✓ Ask about preference if any for staff and provider. Indicating "no preference" may result in obtaining services more quickly.
- ✓ Ask about exclusion of providers.
- ✓ **This is the time to have difficult conversations. See examples below.**
 - Discuss realistic expectations-preference for type of staff, environmental concerns, etc. that could complicate or prevent service delivery.
 - "Right- Size" the hours authorized to meet current need. Service authorizations are flowing and changes are easily made; it is not necessary to ask for more hours in the hopes of getting some. Do the hours exceed the person's availability? Sometimes the DDRO is authorizing too few hours to result in desired outcomes. Sometimes individuals or families want too few hours or may want service at a time that is unlikely to be staffed e.g., 6-8am, Sunday mornings only, one hour a day
 - "Right-Size" the Service Type- Are they authorized for CH but really looking for a sitter or something not provided through CH?
- ✓ **If they choose OCCSI, review and obtain the signed authorization form.**

Examples of When Difficult Conversations are Needed

Joe Smith is 16, 6ft. tall, 225lbs, needs to work on waiting and requires a behavior intervention plan with SCIP-R core personal intervention techniques but the family will only allow female staff. This preference will impact a provider's ability to deliver service. He will likely be unserved.

Jill Smith is authorized CH but when the provider meets with the family, they find that they want the staff to help her find a job. This is not a billable service for CH.

Jim Smith is authorized for CH, a regularly scheduled service designed to teach skills. The family does not want any demands placed on him and wants to use the service whenever they need it. The appropriate service for Jim is respite, not CH.

Josh Smith is a 6 year old engaging in daily tantrums lasting 30 minutes involving spitting, throwing objects and biting himself when he needs to transition from something he likes to do to a chore or non-preferred activity. DDRO has authorized just four hours or 16 units weekly. Addressing this need requires regular, consistent intervention and teaching. Four hours is not enough to result in behavior change.

Jack Smith lives in an IRA and attended a day hab program with 1:1 staffing due to aggression and self-injurious behavior but they were unable to manage him there. He has an authorization for CH-R of 2080 annual hours or 39 per week. While some people do much better 1:1 away from a loud, busy center-based program, how can one CH staff be expected to fill that much time out in the community with no back up staff available to assist when needed? Perhaps CH-R is not the solution.

Jean Smith is enrolled in CH-CIHS but the parents have not attended required training, the clinical team member provided strategies and a plan that the parents are not able or willing to follow. Jean may be a candidate for traditional CH.

Joyce Smith is authorized for CH and needs to work on hygiene and showering however, the home environment is small, busy with three younger siblings, the one bathroom sink has not been in working order for months and roaches were sighted. It will be extremely difficult to staff and provide services under these conditions.

Jennifer Smith has been authorized for CH. The family has rejected all three staff offered by the provider for various reasons that do not seem realistic. Staff may not be offered again.

Jane Smith is authorized for 780 hours annually (3,100 units) but she has a part-time job after school and weekends plus she is involved in two different weekly family support social/recreational programs. She is only available to use about six hours per week (24 units per week, 1248 annually).

Do the Math for Jane Smith

There are four units in one hour.

Convert an authorization of 780 annual hours to units: $780 \times 4 = 3,100$

Convert 780 annual hours to weekly hours: $780 \div 52 = 15$

Convert 15 weekly hours to weekly units: $15 \times 4 \text{ units} = 60$

Convert 60 units per week to annual units: $60 \times 52 = 3,100$.

Jane is only available six hours per week.

Six hours $\times 4 = 24$ units per week

Six hours $\times 52 = 312$ hours annually

312 hours $\times 4 = 1,248$ units annually

Making a Service Request is a Two Step Process

Submission of the Profile & Required Documentation = Request for Service

Having one centralized location allows for data to be monitored and analyzed; it allows for measurement of success and data based decision making. This is the new way requests for service are made to the participating providers of community habilitation and respite. This process applies to all MSCs including those that work for one of the six participating providers.

Step 1- Supporting Documentation---Do this BEFORE submitting a profile!

Scan as PDF all of the following five documents (both sides if two-sided) and send to the Orange County Department of Mental Health (OCDMH) to OCCSI@orangecountygov.com prior to submitting the profile.

- Signed OCCSI Authorization for Release Form
- DDRO Service Authorization
- Full ISP with All Attachments- Per DDRO, indicate Provider and Effective Date as TBD
- Level of Care
- Notice of Decision
- Educational Assessments and Plans (IEP, psych, OT, PT, SLP, ABA) for those enrolled in school

Notification of receipt will be sent via occsi@orangecountygov.com as an automatic reply. If incomplete, you will be notified within one week via email. This documentation is stored securely at the OCDMH separate from the profile database. If there is a preferred provider, the documentation is forwarded to that provider. If the preferred provider is unable to meet the need after approximately 90 days, or there is no preferred provider, the documentation will then be shared with any of the other providers that indicate they have staff (except those that have been excluded). **The profile will not be viewed by providers without complete supporting documentation on file with the OCDMH.**

Step 2- Profile of Person in Need of Support

Go to <https://dss.orangecountygov.com/occsi>

It is important that you have all information required to complete the profile. Once started, you will not be able to stop, save or return for completion at a later date.

Most fields default to NA so it may not be necessary for you to change each one to a yes/no.

Profile data is not deleted. Once fully staffed, the record will be de-activated but can be activated again as needed.

If you are an MSC working for a participating OCCSI provider, your supervisor will have the option of running reports on status for profiles submitted by the agency and updating data entries. If you are not working for a participating provider, you may request a status report or update from the Department of Mental Health.

When done, you will click "insert" BUT before you do, print the profile

To Print- Click File Print on your web browser, use Control-P or right click the page to print out the form

The Orange County Department of Mental Health will provide notification of receipt within five business days via email. **The profile will not be viewed by providers if incomplete.**

Tips for Completing the Profile

Section VIII - Problem Behaviors- This is defined significant risk of harm to self or others. This includes both “regularly occurring”, routine, daily or weekly and low frequency behaviors that meet criteria of significant risk to self or others.

Section IX - Behavioral Health Conditions This is defined as mental health or substance abuse conditions

Section XI - Current Services Authorized and Receiving NOTE: 1 Unit = 15 Minutes

The Four Items Bolded Must Be Completed For CH + Additional Four for Respite

Community Habilitation:

Current CH Provider:

CH Approved Units: per week (see the math for converting)

Currently Provided Units: per week For “currently provided” indicate 0 if receiving none; if partially served, indicate the number of units receiving

IBS: intensive behavior supports

OASAS: e.g. substance abuse counseling

OMH: e.g., mental health counseling, psychiatry, PROS, drop in center, Hudson House, peer advocate, family partner, etc.

Current Services Notes: Insert here anything you think providers need to know about current services and other services not listed above such as personal care. Also indicate if CH has been authorized and you are requesting CH-Coordinated In-Home Supports (CIHS) or CH-Wrap Community Services (WCS).

Section XV - Sensitive Information-insert here anything that may be helpful in matching staff to the individual, e.g., family stressors, family dynamics, trauma history, etc.

Section XVI - Preferences, Special Requests and Other Factors That Could Impact the Staff Matching Process

Open to working with any of the six participating providers (There is no preference):

Check “YES” if open to any of the six providers. If there is a preferred provider, click” NO” here

Provider Preference:

If a preferred provider is indicated, others will not attempt to fill the case. If the preferred provider is unable to identify staff after approximately 90 days and the individual/family is still not open to other, the status could become “unserved by choice”.

Provider Exclusion: If yes, please list below “Other Factors That Could Impact...”

To Print Before Inserting (Submitting) - Click File Print on your web browser, use Control-P or right click the page to print out the form

Insert Cancel

Troubleshooting

Most errors reported appear to result from one of the fields having the incorrect data formatting or a numerical field having text in it. Example: DOB should be reflected as 1/1/2018. If you have an error after inserting you no longer have access to view and edit it for security purposes however, technically the data is saved. You can use the back arrow in the web browser to see what was entered, correct it without the need to complete a new profile. You should never use the back button unless there is an error or else the data may be saved multiple times in the system.

Errors should be reported with screenshots to:

Thomas A. Tejeda
Senior Network Specialist
Orange County DSS IT Unit
Phone: (845) 291-4393
E-Mail: ttejeda@co.orange.ny.us

Screen shots can be taken by having the window you want to capture active and use the key combination of ALT-Prt Scn. You can then open the email and paste the screen shot into the body of the email.

Please forward any questions, concerns to: OCCSI@orangecountygov.com Disregard the automatic reply that confirms our receipt of supporting documentation.

Thank you for your patience as we begin this new process.