DDAC Response to 5.07 Plan

INTRODUCTION

The Developmental Disabilities Advisory Council (DDAC) is pleased to submit its initial response to the OPWDD 5.07 draft strategic plan. We appreciate the aspirational tone; acknowledgement that inflexible service models, systems rules, and limited service offerings that exist today negatively impact the system's ability to offer a truly person centered life plan; that people with complex needs and underserved communities are not well served; and the commitment to an annual evaluation. We view this as a first year kick off and we are committed to working with OPWDD and the various stakeholders to ensure that the plan as a "work in progress" is a living document subject to revision and improvement.

The OPWDD vision statement places people with developmental disabilities at the center of the system of services and supports, stating:

> That people with developmental disabilities enjoy meaningful relationships with friends, family, and others in their lives, experience personal health and growth, live in the home of their choice, and fully participate in their communities.

Our shared goal is for the people we support to have choices and enjoy a good and healthy life, so we should be able to work together to make that happen starting with the most fundamental aspects, which include:

- Ensuring there is a mutual understanding of the needs of the people supported and their families, what a "good" system of services and supports looks like, and "who" and "what" OPWDD strives to be in order to write a roadmap to get there.
- Creating space for innovation rather than exclusive focus on existing services and supports.
- To further improve and strengthen supports and comply with the requirement of part 5.07 of Mental Hygiene Law Section 13.05, OPWDD must recognize the DDAC as an advisory body and key stakeholder in moving to the platform of the future. Productive conversations and meaningful collaboration involve active listening and reciprocal discussion.

COMMITTEE COMMENTS AND RECOMMENDATIONS

The DDAC has utilized our committee structure to review and develop our recommendations in response to the draft strategic plan. Presented in no particular order, these recommendations represent our collective effort to be cohesive in our approach and avoid conflicting recommendations, while simultaneously trying to address the unique concerns of each committee.

In general, all committees found the draft to be more aspirational than strategic, and lacking specific, measurable outcomes that would aid in future assessment of progress.

Additionally, much discussion was had within committees regarding the importance of understanding quality. Quality of life is vastly different from quality defined by regulatory compliance. In fact, regulations often limit choice and opportunities as over-regulation creates a risk averse environment that is an obstacle to enabling/allowing people supported to take risks to learn and grow. Adding quality of life measures that demonstrate people's lives are improving will enable us to show that the money being spent is having a real impact.

Employment and Meaningful Activities Committee Recommendations

This committee is still in its formation stages within the DDAC but have started to define their scope. Key concerns include the need to better define what employment and meaningful community activity is, the need to agree upon metrics by which to measure service delivery and employment outcomes, and the need for data transparency.

Systems Committee Recommendations

The Systems Committee has organized their response to the draft document under four headings:

- Underlying principles and values;
- General comments related to the plan architecture and content;
- Elements felt to be important that are missing or undervalued;
- The process used to develop it.

PRINCIPLES & VALUES

If all the items in the draft were studied and then fixed, would people be able to live their person-centered plan? We believe the answer to that is **No**. This over-arching objective should be the vision for the future and drive the direction of work.

Prior to OPWDD's release of the draft plan, the Systems Committee met frequently to discuss essential values/philosophical underpinnings of a system of supports and services. The committee consensus: guiding principles are essential to ensure high quality, person-centered supports, and services consistent with 14 CRR-NY 636-1.2 can be attained. Essential values/philosophical underpinnings:

- Move away from programs to a platform where people can design the life they want and actualize/live it. Person-centered planning happens. But most services as currently offered and regulated do not allow a person to actualize their plan. Self-direction services are one option that enables people to live more individualized lives. However, there need to be changes to SDS to increase access and assure sustainability after families are gone. The system needs to enable living the person-centered plan for everyone.
- Funding methodologies that actively promote innovative solutions and tools including technology are needed. Creating unique approaches will "free up" our valuable Direct Service Professionals (and funds) to provide face to face care when/where needed at a higher rate of pay commensurate with the work they do.
- People need choices about how they live their lives-- who to live with, when and what to eat, when to shower, go to bed, how to spend their day. For people living in certified settings, these basic choices are often controlled by others, and when an agency owns the property and provides the services, all choice has been lost. Housing and supports need to be unbundled. Strong and effective Care Management is necessary to ensure transparency regarding services offered and available through any/all providers. Informed choice also requires full disclosure about pros/cons of working with any particular provider, e.g., publishing admin/fringe rates for FI services. Exercising choice (the ability to move, choose roommates, change supports and services) should be able to be done with relative ease and minimum administrative hurdles. Real choice will push providers to better meet the needs of the people they are supporting, improving quality of life for the person.
- Our current system measures quality only through a compliance lens. Was the activity documented, do people get out in the community, etc. While proper documentation is necessary, it cannot stop there. A quality system incorporates:
    - Documentation compliance
    - System metric measurements – such as, can you get enrolled and receive services in a timely manner
    - Documentation of true choice from the person's perspective
    - Credentialing of providers (similar to how a university gets certified to offer a particular major)
    - Ongoing engagement of people receiving services and their families.

These points are aligned with OPWDD's vision, values, and guiding principles but go deeper, detailing some specific "behaviors" that are fundamental if we want to walk the talk. The Systems Committee has spent much time discussing these principles and frameworks that honor those principles within a flexible system of the future. The Committee welcomes the opportunity to pursue this further in partnership with OPWDD.

ORGANIZATION & CONTENT

Strategic plans contain top priorities and goals for policy and planning with specific and measurable objectives that are achievable. These action plans must be task based with timeframes and accountability. The draft contains numerous references to studying, exploring, evaluating, promoting, examining, data gathering with few corresponding strategies and outcomes or reports and timeframes. Without the detail, there is no way to "regularly evaluate and track progress on the initiatives and activities." We understand that substantive change and improvement takes time but if we are to hold each other accountable for an improved system of supports, we must state our strategies/actions and expected outcomes with greater clarity.

The draft is fragmented and lacks a platform that pulls it all together as a cohesive system; it lacks a road map. Some specific concerns about the lack of cohesiveness and general organization include:

- Expansion of options and opportunities, systems change, and innovation are related to quality; they should all be linked even if they are presented separately.
- Elements of a continuum of care for people with complex behavior appear in multiple sections of the draft; they should be linked.
- Combining workforce issues with technology and information management infrastructure does not seem to make sense. Given the workforce challenges, it requires its own goal.
- Infrastructure development, shareholder engagement, and Diversity, Equity, and Inclusion (DEI) efforts are better aligned with systems change and innovation.

The draft cites use of the American-Rescue-Plan-Act (ARPA) one-time funding for much of the "analysis" work including developing a state-wide continuous quality improvement strategy for case management and studying self-direction, so it is important that the specifics related to exploring and studying are clearly articulated. The Committee agrees reference to ARPA funding should be included but suggest that it be addressed separately and with specificity because of the timeframe.

MISSING or UNDERVALUED ELEMENTS

The plan lacks some key components of a full continuum of care to support those with the most complex behavior and/or co-occurring behavioral health needs. Most importantly, singular examples will not serve the numerous individuals or regions. Ensuring a full continuum exists in each geographical area of the state is essential to reducing health inequities experienced by those in under resourced or rural areas.

While investment in certain components (expansion of inpatient and community supports) are helpful, they will not provide robust opportunities to provide early identification and stabilization or be responsive to crises. A comprehensive and integrated continuum across the age span involves:

- cross systems collaboration
- specialized multi-discipline service providers
- inpatient, step-down, and stabilization
- outpatient and other community supports
- use of evidence-based interventions.
- staff training
- adequate reimbursement
- ease of access at any point in the continuum, and to receive more or less intensive support WITHOUT delays, loopholes, or need for extensive paperwork or waitlists.

The draft fails to recognize fundamental barriers to accessing cross systems support that exist within both the OPWDD and behavioral health systems:

- lack of understanding and appreciation of the basic differences in the systems and how they operate
- belief that presenting problem behavior is attributable to the disability with no consideration that it could be a symptom of an underlying behavioral health condition separate from the disability
- misconceptions and distrust fueled by past experiences

Family support and respite services are highly valued by families and can prevent out of home placements. We agree with the Family Supports Services Committee that it is alarming that these services, along with community habilitation, have not been included as part of OPWDD's strategy to strengthen the foundation of its systems of supports. Equally alarming is the lack of attention to building a continuum of care for people with complex medical needs.

There is no acknowledgement that basic processes and system infrastructure need improvement to make the experience for individuals and family members better. This

includes access, eligibility, authorization, timely response, and dispute resolutions. We urge OPWDD to take each of these actions:

- Review and discuss concerns and recommendations related to front door information sessions previously submitted by the DDAC on behalf of the systems committee.
- Address concerns raised about the validity of the CAS as currently administered, the accuracy of information recorded, and the lack of transparency in the algorithm used to calculate tiers.
- Establish a cohesive connection between the needs assessment, data, services, supports, funding, rate setting, enabling services (transportation for example).

Communication, data transparency, integration and coordination are essential to delivering quality services to ALL people with intellectual and developmental disabilities.

- Translation, plain language, and other efforts underway to reach underserved communities are important and commendable, Attention to other aspects of communication with all stakeholders is needed. Engagement with all stakeholders must be documented and tracked. A gap analysis is necessary to define where specific stakeholder groups are missing.
- Accurate and consistent messaging from all levels of OPWDD is needed; recordings & minutes of all public meetings summarizing topics discussed and agreed upon actions/next steps should be posted in a timely manner.
- OPWDD must be accountable to collect data around agreed upon service metrics to include which services are actually being delivered (not simply authorized) and should make this information public. OPWDD must project increased use of services and resultant budget impact. Data must be used to support innovation and creation of the system of the future through reinvestment of any dollars saved.
- Data should be timely, relevant, and meaningful to show what is and is not working. OPWDD must be fully informed regarding current use of services (not simply service authorizations); able to project increased use of services and resultant budget impact; and use data to support innovation and creation of the system of the future through reinvestment of any dollars saved.
- Improved integration and coordination with other service systems is more than talking with those system representatives and participating in meetings. Specific strategies are needed.
- Messaging about OPWDD's role as it relates to children has been inconsistent over the years. The draft cites a substantial increase in the number and expenditures for children receiving OPWDD services. References to waiver services and care management for children seem to indicate that other systems should support them. OPWDD must consider its interconnectedness, establish,

and fortify relationships with other systems, and should not look to divest itself of responsibility for children living with a developmental disability.

Internal DEI training of staff on implicit bias is not sufficient. Training and recruiting a DEI officer does not equate to fundamental change and implementation. OPWDD should demonstrate its commitment to the people supported, their families, and the workforce through action:

- Engage in an organizational assessment of cultural competence, within the I/DD system both internally and externally.
- Develop meaningful, actionable, impactful policies and strategies for improvement and hold themselves accountable.
- Include small, community-based organizations when planning strategies to improve the responsiveness of services to marginalized communities. These organizations with their minimal administrative structure and grassroots vs. bureaucratic culture, often have the most direct contact with underserved individuals but the least amount of resources to devote to organizational assessments of cultural competence, professional development, etc. It is laudable that significant investments are being made to utilize Georgetown University to improve the cultural competence of OPWDD and their provider network, but smaller agencies that wish to improve their DEI efforts should not be left with only self-assessment tools at their disposal. Background knowledge and points of reference are essential when conducting self-assessments and without trained, professional guidance these efforts can not only fail, but lead to serious issues within organizations when highly sensitive and difficult conversations are facilitated by well-meaning, but untrained individuals. All entities with which OPWDD contracts or who are provided Family Support Service dollars to deliver programming to individuals with disabilities and their families should have the opportunity to be included in these efforts and benefit from the investment.

The role and responsibilities of OPWDD should be fully articulated to include its authority in managing, regulating, and funding supports and services.

PROCESS

The array of responses that might have shaped the priorities for the draft plan was limited because:

- The draft is based on public comments addressing a specific set of questions; and

- The method used to prioritize topics from stakeholder meetings and testimony skewed the results. Priorities were based on "…order in which topics were discussed, the amount of space or number of comments dedicated to particular topic areas, and the emphasis placed on topics. Each group's input was coded for the top three priorities…;" and
- The draft was released on May 27th, the Friday of a three day holiday weekend with hearings set for June 8 (less than two weeks and just six business days) leaving little time for the public to prepare testimony; and
- Regional forums that began in June limit participation; they are only open to people that attend in person with no platform for the public to view each Region's input; and
- The DDAC is referenced only as a stakeholder group rather than as the advisory body established in Mental Hygiene Law Section 13.05. Under Section 5.07, the DDAC has specific duties related to the development and implementation of comprehensive, five-year plans to provide recommendations for priorities and goals to guide planning, resource allocation and evaluation processes for state and local services, and it is empowered to hold public hearings and meetings. The DDAC has not been involved with the planning or holding of public hearings, meetings, or forums, and its recommendations for priorities and goals to guide planning submitted in June 2021 have been largely ignored.

Housing Committee Recommendations

Over the last six years the Council has made a series of recommendations to the Commissioner regarding housing. Some of these have been adopted, others have been commented on favorably but not acted upon. We urge OPWDD to revisit these recommendations in full; they will not be repeated here.

The draft 5.07 report devotes limited space to housing, even though it is the main expense and core of OPWDD services. Independent or non-certified housing continues to be difficult to create, and in fact, with each ADM becomes ever more difficult. People with I/DD and their families face impossible hurdles and little support to create viable housing rooted in best practices.

The most recent Council recommendation to the Commissioner sums up our work: ***OPWDD needs to partner with stakeholders to develop and articulate a housing policy.*** What we have now is not working.

Family Support Services Committee Recommendations

The Statewide Family Support Services Committee (the Committee) recognizes the profound physical, psychological, and financial challenges families, biological and

otherwise, face in supporting their developmentally disabled loved ones at home. We also recognize the important role families play in supporting what we believe to be the most widely utilized housing option for New York's developmentally disabled, living at home with family caregivers.

We recognize that this role is critical to the success of the systems that care for developmentally disabled people in New York State and ask that a plan to support families via Family Support Services (FSS) be added to the 5.07 Strategic Plan.
To assist with this inclusion the Committee offers the following modest recommendations as a starting point in working to strengthen families, and by extension the system as a whole:

- Engage in an effort to better understand the role families play in supporting our current systems of care in a way that is objective and data driven.
    - Determine the number of families who are supporting developmentally disabled loved ones at home and the number of families being served by FSS. This data should be stratified by age of the family caregivers, tracked over time, and shared publicly.
    - Determine the number of developmentally disabled people who are being supported at home by family caregivers. Stratify this by age and level of care needed, track it over time, and share it publicly.
    - Determine the number of developmentally disabled people who are OPWDD eligible but not waiver enrolled. For these people FSS may be the only suite of OPWDD service available to them and their families. Stratify this by age and level of care needed, track it over time, and share it publicly.
    - Develop and implement a methodology to produce a data driven illustration of the cost differential between supporting a person at home with family caregivers versus placement in more restrictive settings and share it publicly.

- Enhance FSS's ability to support families by ending the long standing moratorium on the FSS RFP Process.
    - Approve regional budgets for FSS to be further broken down to the FSS Advisory Council level based on regional input and experience.
    - Keep local advisory councils informed of amounts under contract.
    - Maintain collaboration between Developmental Disability Regional Offices, local FSS Advisory Councils, and other local stakeholders in working to identify unmet need, and in developing effective and accountable programs to support families who may be struggling to keep their loved ones safe and living at home.

- Enhance transparency throughout the decision making process.
    - Include expenditures on FSS in OPWDD's five year cost data, stratified by region.
    - Actively engage with the Committee at the outset of new and potential FSS initiatives, and ongoingly to the greatest extent possible.
    - Provide data driven analysis and/or subjective rationales for any changes to FSS policy and/or procedures.

Self-Direction Committee Recommendations

DDAC's recently reconvened Self Direction Committee includes members and subject experts from care coordination organizations, fiscal intermediaries, provider agencies, brokers, housing navigators, parent support networks, and people with lived experience. The committee represents the entire state, and its collective experience is extensive.

Respectfully, our comments and recommendations regarding self-direction and the 5.07 Plan are brief. This does not reflect the extensive work already done by the group to consider the benefits and potential of the program, to define its challenges, and to start considering potential action steps which may serve to improve and strengthen self-direction. In addition to the recent re-boot of this committee, the inability to meet with the full DDAC to present the results of our work to date for their consideration and feedback limits our ability to respond as fully as we may like at this time.

We note the following:

- The 5.07 Plan is not person centered for people with complex levels of support.
- The 5.07 Plan's strategy of outside consultant(s) dismisses stakeholders who have made innovative, constructive, and informed recommendations for years.
- The 5.07 Plan does not address the sustainability of self-direction, particularly when a person's circle of support ends.

And make the following specific recommendations:

- OPWDD needs to prioritize developing an actionable plan for improvement and sustainability within the self-direction program. The timeline for developing and implementing the action plan needs to be short.
- There is much expertise already available to New York State in this regard, particularly from those who are using, providing and administering the program already.
- The DDAC Self Direction Committee seeks a more active and defined role, collaborating with all stakeholders, OPWDD and its consultants.

Health and Wellness Committee Recommendations

To "experience personal health" it is necessary to have in place a healthcare system that meets the unique healthcare needs of people with disabilities. The 5.07 plan appropriately touches on several areas of specific concern to the DDAC Health and Wellness Committee including but not limited to:

- The need to enhance behavioral services, crisis services and services to individuals with complex needs.
- The need to address gaps in services (healthcare is a service in our view) and increase community integration (in the delivery of healthcare).
- The impact of social determinants of health.
- The need to improve health services and access to health services in general, including the role of article 16 and 28 clinics.
- Cooperation with DOH.
- Strengthening of care coordination (in our view this is critical to efficient healthcare delivery).
- Focus on care management for children, including children's crisis service in cooperation with OMH.
- Efforts to enable a person to be at the center of decision-making and use of supported decision making.
- Vaccine hesitancy of staff.
- Data access and transparency (we assume will also extend to the healthcare realm).
- Review of OPWDD's transition to managed care.

General Recommendations

- OPWDD should designate an individual responsible for all Healthcare related matters. OPWDD should take a leadership role in advocacy for quality healthcare for the NYS IDD population and actively engage DOH, OMH and other agencies in improvement efforts.
- OPWDD should seek the advice on healthcare related matters from the DDAC through its Committee on Health and Wellness, as well as the Taskforce on Special Dentistry and the Medical Taskforce.

Work of the Health and Wellness Committee is informed by several taskforces and workgroups. A summary of their recommendations follows here:

Complex Behavior Workgroup Recommendations

- We applaud OPWDD's effort to broaden the existing continuum of support through a collaboration with the NYS Office of Mental Health (OMH) including the specialized Residential Treatment Facility (RTF) operated by Our Lady of Victory; plans to develop specialized, inpatient psychiatric units for children; and partnership with the Conference of Mental Hygiene Directors (CLMHD) to launch a pilot that will address the challenges of supporting people with co-occurring conditions in our local communities.

A shared vision for the future is needed that includes agreement on fundamental principles and guidance that can be operationalized in the field. We recommend the following:

OPWDD, OMH and OASAS Should:

1. **Issue a joint statement of a renewed intent to collaborate**, affirming that
   - children and adults living with a developmental disability presenting with problem behavior can also have one or more co-occurring diagnosable behavioral health disorders; and
   - problem behavior is generally not attributable to the disability; and
   - people with co-occurring conditions require services from multiple systems and have the right to access them (when program-specific criteria are met).

2. **Collaborate on models for crisis services for individuals with complex behavioral and mental health needs.**

   - CSIDD is not a crisis service. It is misleading to families seeking a crisis response for their loved one who may or may not be enrolled, and it is unclear how it compares with other services such as hotlines and mobile crisis.
   - Caregivers who need crisis services require immediate, responsive, well-trained clinicians to alleviate the crisis at the time of the event. Models such as CSIDD that have extensive delays to service provision and promote caregiver training and coordination of services are insufficient in directly stabilizing an individual (and a family) in crisis.
   - Specific to children, it is difficult to understand why the minimum age to receive CSIDD support is six and CSIDD resource centers for planned or emergency 24/7 only accommodate adults while OMH services and treatment (including inpatient admissions) can begin at age four. It does not make sense that a child could be inpatient but not receive less restrictive OPWDD services.

3. **Convene a time-limited advisory council or workgroup tasked with examining issues and recommending actionable, meaningful strategies to build co-occurring competency across systems, to include stakeholder groups and not be led by OPWDD to:**
    - Establish learning collaboratives
    - Address regulatory, policy, and reimbursement barriers to access and provide guidance
    - Create a handbook outlining supports available in all three systems

OPWDD should:

1. **Establish acuity-based models of community supports (all forms of respite, community habilitation, family support services) with increased rates of reimbursement** to facilitate access by people with complex behavior, increased hourly rates of pay and training for DSPs, and support the cost of specialized clinicians. There is an acuity-based rate for intensive respite however, the rate and requirements impede its viability. If rates cannot be increased for waiver services, allow reimbursement for costs of service delivery currently not billable. OPWDD leadership is aware of an existing model within current rates that can be replicated.

2. **Allow for reimbursement when 2:1 staffing is needed to maintain safety,** so families do not have to be the second "staff."

3. **Provide training for families on basic prevention and intervention strategies to manage problem behavior safely** using evidenced based approaches.

4. **Promote mental wellness of people supported, families and the workforce**

    Events that began in 2020 have contributed to the significant uptick in substance use, depression, and anxiety. We all need opportunities and tools to process exposure to the barrage of images on tv of people with COVID connected to machines; violence in the form of hate attacks, police, and mass shootings; cope with vicarious trauma. We are concerned that providers and CCOs have missed the significance and impact and OPWDD has been largely silent. Working with OMH and OASAS, OPWDD should raise awareness, provide information on the signs and symptoms of behavioral health concerns, tools to have difficult conversations, promote training and resources available outside of the OPWDD world e.g., OMH webinars, Mental Health First Aid, ACES, trauma informed practices, stages of change.

5. **Promote the importance of**
    - **coordination and consistency between delivery of habilitative activities and teaching methods/strategies** used in a child's educational setting to minimize problem behavior that may arise from conflicting approaches and the abrupt ending when aging into the adult system; and
    - **the value of teaching fundamental skills across all settings and services in the early years** e.g., teaching ways to communicate wants and needs, waiting, accepting "no" can reduce patterns of learned problem behavior that become extremely difficult to break in adulthood.

6. **Use annual county plans to inform its planning efforts**, and not simply reference them. Many include innovative, successful, and transformational program models to support children and adults with complex needs.

Dental Taskforce Recommendations

- Immediate action be taken to ensure that any patient insured by any NYS Medicaid program including but not limited to managed care programs, have access to routine operating room care within a case dependent reasonable period of time. If care cannot be scheduled in a case dependent reasonable period of time, dental plans have an obligation to find alternative treatment at out of network facilities as geographically close to the members residence as possible. Network access must be adequate to meet the need.
- OPWDD and NYSDOH convene a special work group to include members of the IDD community to study and track regional access to dental operating room services. The work group should examine alternatives to operating room services, reimbursement for services, and availability of trained dental providers. An action plan for improvement should be developed. Consideration should be given to immediate development of a NYS hotline to assist individuals in finding providers and overcoming administrative obstacles they may encounter.
- The number of available specialized training fellowships in special needs dentistry should be increased. Specialty training, particularly for dentists treating adult patients, is lacking. NYS hospitals and dental schools are best suited to house these needed programs. Increasing the available number of providers will improve routine care and early intervention of dental disease, which can ultimately decrease the number of patients needing dental rehabilitation under general anesthesia.
- Alternatives to the use of operating room anesthesia must be explored. NYS Dentists must have access to a course in oral sedation geared for special needs patients and serving as a path to licensure for use of this modality.
- Oral Health Caregiver training needs to be part of all new hire and yearly training programs.

- Every individual must have an oral health plan. If the plan calls for additional preventive cleanings or fluoride varnish applications, the plan itself should be proof of medical necessity regarding Medicaid reimbursement. This is an effort to reduce administrative burden on clinics specializing in treatment of IDD patients and improve quality and efficiency of care.

Medical Taskforce Recommendations

- Continued use of Medical Taskforce in efforts surrounding prevention of unnecessary deaths, emergency room visits and hospitalizations.
- Continued exploration in use of available data and new data sources for the improvement of healthcare outcomes.
- Work with DOH to acknowledge extra adaptations, time, expertise necessary to provide quality health, oral health and complex behavioral care to the IDD population.

CONCLUSION

As previously mentioned, it is the opinion of the DDAC that the current 5.07 strategic plan is an aspirational document, not a definitive guideline to achieve well defined specific goals. The 5.07 plan says that in order to make the OPWDD vision a reality it "requires sustained attention to the system of supports and services." It is our expectation this sustained attention to the system of supports and services will occur, that it will be driven by data and an understanding of the most pressing needs faced by the individuals OPWDD serves (to include the needs of their family caregivers), and that room for innovation will be highly prioritized in this process. It is also our hope that the DDAC will be utilized as a stimulus in defining and realizing OPWDD's vision for improvement.