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July 29, 2022

Kerri E. Neifeld  
Commissioner  
New York State Office for People with Developmental Disabilities  
44 Holland Avenue  
Albany, NY 12229

Submitted electronically: [planning@opwdd.ny.gov](mailto:planning@opwdd.ny.gov)

RE: 2023-2027 Draft Strategic Plan pursuant to Mental Hygiene Law Section 5.07

Dear Commissioner Neifeld:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, welcomes the opportunity to comment on the OPWDD 2023-2027 draft strategic plan.

Hospitals and health systems play a pivotal role in care for individuals with intellectual or developmental disabilities. In 2015, the Department of Health [reported](#) that an estimated one in 21 hospitalizations in New York state involved people with I/DD. Consistent with research cited in your strategic plan, our members report this number is increasing.

HANYYS appreciates the diligent and thoughtful process undertaken to develop the strategic plan. We especially commend OPWDD's focus on the advancement of care for children and individuals with complex care needs, and enhancement of crisis response services.

The draft plan describes transparency and evaluation as among the agency's highest priorities. We believe it is imperative that OPWDD also establish specific timeframes and measures and make progress toward stated goals publicly available on at least an annual basis. Doing so would provide OPWDD the opportunity to more readily communicate obstacles to reaching the plan's objectives and allow for collaborative development of strategies to address needs early.

HANYYS offers the following specific comments.

### **Complex care needs**

Hospitals are one of the most reliable indicators of gaps in care. In recent years, HANYYS members have shared concerns regarding the growing number of patients living with I/DD who also have complex care needs. These patients are profoundly impacted by what we call [complex case discharge delays](#).

Complex case discharge delays occur when a patient is ready for discharge but cannot leave the hospital because there are no safe discharge options. It is not uncommon for individuals with I/DD, especially children, to become stuck in hospitals for months or even years.

HANYS strongly supports OPWDD's plan to work closely with the Office of Mental Health to serve individuals who are dually diagnosed. We urge OPWDD to work with the Office of Addiction Services and Supports and DOH to ensure that individuals living with substance use disorders and/or other medical conditions also have access to care options. Further, we recommend that OPWDD work closely with other agencies to plan in advance for the best possible placement scenarios for patients with co-occurring conditions by recognizing they are the expectation, not the exception.

### ***Crisis response services***

When care needs exceed the capabilities of caregivers, immediate alternate care options are difficult or impossible to find, especially for individuals with I/DD. In these situations, they are often brought to hospital emergency departments as a last resort and housed there until safe care options become available.

The expansion of resource centers, crisis services, mobile crisis and technical assistance will help to address these challenges. However, HANYS also recommends that OPWDD offer timelier and more appropriate care transition options for individuals experiencing temporary or long-term changes in care needs. Hospitals have adapted to best support these patients but are expertly engineered to provide acute care in the short term. Hospitals are not equipped to provide the services and environment necessary to house individuals with I/DD for months at a time.

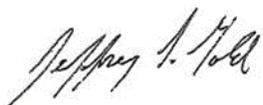
### ***Evaluation***

HANYS strongly supports OPWDD plans to expand initiatives focused on data transparency, research, innovation and evaluation. A stronger understanding of the population served, including the complexity of their care needs, and optimal service capacity will help better inform OPWDD care delivery planning. We also urge OPWDD to monitor the time between when placement is sought to when it is secured, and associated factors, to more quickly mobilize strategies to address gaps in service delivery. In addition, we ask that OPWDD include baseline data for each goal and objective in the strategic plan, targets and annual benchmarks.

### ***Flexibility and efficiency***

Last, HANYS strongly supports OPWDD's plan to identify strategies that increase flexibility and efficiency and to streamline administrative processes. We welcome the opportunity to continue supporting OPWDD's collaboration with hospitals and health systems and look forward to participating in ongoing stakeholder discussions.

If you have questions regarding our comments, please contact me at 518.431.7730 or [jgold@hanys.org](mailto:jgold@hanys.org), or Sarah DuVall, director, behavioral health, at 518.431.7769 or [sduvall@hanys.org](mailto:sduvall@hanys.org).



Sincerely,  
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Senior Vice President and Special Counsel, Managed Care and Insurance