NEW YORK STATE | Office for People With Developmental Disabilities

STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

2025-26 COMMUNITY TRANSITION FUNDING ONE-TIME PAYMENT AGREEMENT

A community transitional funding payment will be made by the Office for People With Developmental Disabilities ("OPWDD") to qualifying Providers for person(s) they are willing and able to support and who qualify as follows:

Community Transitional Funding Payment of $100,000 for each person who:

- Has completed or will complete by August 2026 their educational program from an approved residential school placement and are unmatched from previously issued Letter of Intent (LOI) and/or Certified Residential Opportunity (CRO) Referrals and will be served in an existing vacant opportunity; and

- Has been reviewed and approved by the Regional Office.

Community Transitional Funding Payment of $200,000 for each person who:

- Has been deemed ready for discharge from an Intensive Treatment Facility (ITO), is on the CRO list, is unmatched with a provider and will be served in an existing vacant opportunity;

- Has been in the hospital as of 12/31/25 and been deemed ready for discharge, is on the CRO list, is unmatched with a provider and will be served in an existing vacant opportunity; or

- Is a Willowbrook class member who has been discharged to a Skilled Nursing Facility (SNF) and has indicated a desire to return to the community and will be served in an existing facility.

- All people must be reviewed and approved by the Regional Office.

By execution of this Agreement, the Provider commits that it will provide residential services to the person(s) as qualified above based on the following criteria:

- Use an existing backfill opportunity/vacancy to support people who have completed their educational program from a residential school no later than 10/31/26;

- Use an existing backfill opportunity/vacancy to support the person(s) being discharged from an ITO and/or hospital no later than 07/31/26; or

- Use an existing backfill opportunity/vacancy to support Willowbrook person(s) ready for discharge from a SNF no later than 07/31/26.

- For any qualified person identified above, the Provider understands that the person(s) must be served for a period of at least one year from the date of placement to retain the full incentive payment.

By execution of this Agreement, funding must be used to prepare the Providers to support the person. Examples of appropriate uses of the funds include but are not limited to: higher wages/one-time bonuses to direct support and/or clinical staff who will support the person, hiring additional clinical expertise, and/or purchasing technology aids. One-time transitional payments will not be cost-reconciled, however, payment for each person may be recouped as follows:

- The full amount of the transitional payment will be recouped for placement(s) that do not occur by established dates.
- Up to the full amount of the transitional payment may be recouped if Providers do not safely serve each person for a period of at least one year from the date of placement.

By execution of this Agreement, the Provider further understands and accepts that:

- Awards under this initiative will be eligible for funding up to ten (10) total people. The number of people in each category should be identified in the signature section of the Agreement.
- These are one-time funds and shall manage service provision in subsequent periods within amounts provided for by established reimbursement policies in effect.
- This document does not waive or alter a Provider's obligations under OPWDD regulations, the New York State Mental Hygiene Law, or any other applicable laws, rules, or regulations.

Please return the completed attestation electronically to LocalAssistanceInquiries@opwdd.ny.gov by 11:59 p.m. EDT on February 26, 2026. When submitting the signed attestation, please reference "Community Transition" in the subject line of the e-mail.

Name of Provider: _____

Federal ID#: _____ Corp ID: _____ SFS Vendor ID#_____

Street Address: _____

City and State: _____

Zip Code: _____

Number of Vacancies: _____

Number of Persons to be served: _____

2026 Graduates and Age Outs: _____

Other Long-Term Settings: _____

Name of Officer of Agency Board of Directors/Governing Body_____

Signature: _____

Title/Role (e.g., President, Treasurer): _____

Date Signed: _____

Name of CEO or Executive Director: _____

Signature: _____

Date signed: _____