



Division of Person Centered Supports

PEOPLE FIRST UPDATE

(OCTOBER 2, 2013)



Balancing Incentives Program (BIP)

Purpose: to provide grants & enhanced FMAP to states to increase access to non-institutional long-term supports/services

Program Goals:

To help states develop new ways to support more people in community settings

To support structural changes that increase institutional diversions and access to long-term supports/services

With MFP, BIP is part of CMS's strategy to redesign long-term supports/services.



Balancing Incentives Program

Requirements:

States must have spent less than 50% of their total Medicaid medical assistance expenditures on non-institutionally based long-term supports/services.

States must implement structural changes:

- a “No Wrong Door/Single Entry Point” system.

- Conflict-free case management

- Core standardized assessment

States must use the enhanced FMAP only to provide new or expanded HCBS.

Quarterly reporting



Allowable Ways to expand HCBS

- Increase waiver slots/clear waitlist
- Fund new services
- Increase rates to attract more providers
- Create No Wrong Door/Single Entry Point structure
- Host meetings with Stakeholders
- Training & Staffing
- Technology for referrals and coordination across agencies
- Equipment for assessors

Unallowable Ways to expand HCBS

- Brick and mortar construction of NWD/SEP sites
- Nursing home capacity building
- Replacing existing state HCBS commitments (i.e., MOE provision)



Balancing Incentives Program

NYS (including OPWDD) proposes to use the BIP funding to:

Increase community-based service opportunities for individuals with developmental disabilities.

Transition and divert individuals who are elderly and/or disabled from institutional to community-based settings.

Develop additional housing options to support high need/high cost Medicaid recipients in stable, sustainable and safe community environments.

Expand Money Follows the Person opportunities for individuals to transition out of institutional settings into community-based, non-institutional residential settings.



BIP Workgroups

No Wrong Door - Huber

Coordination of Integrated Care through DISCOs
Build on our CHOICES platform

Standardized Assessment - Woodard

Developing CAS through Case Studies.

CAS aligns with DOH's UAS-NY, both built on interRAI

Conflict-Free Case Management - Bishop

DISCO Contract Language – will separate care planning from funding decisions for individuals, ensure meaningful choice of service providers, opportunity to change DISCOs and a fair, centralized appeals process



Balancing Incentives Program Information

http://www.health.ny.gov/health_care/medicaid/redesign/balancing_incentive_program.htm



Money Follows the Person

October 2, 2013



MFP Goals

| Calendar Year | People Transitioned | ICF Residents Contacted | School Districts Contacted |
|---------------|---------------------|-------------------------|----------------------------|
| CY 2013 | 65 | 300 | 134 |
| CY 2014 | 215 | 800 | 134 |
| CY 2015 | 280 | 1,000 | 134 |
| CY 2016 | 315 | 1,200 | 134 |
| Total | 875 | 3,300 | 536 |



MFP and De-institutionalization Plans

| Setting/Year | MFP Transition Goals (4 years) | | | | |
|--|--|---|------|------|-------|
| | 2013 | 2014 | 2015 | 2016 | Total |
| Total Annual Goal | 65 | 215 | 280 | 315 | 875 |
| Individuals leaving Finger Lakes & Taconic DCs (148 total) | 44 We expect to exceed this goal with 55 qualifying placements. | Per the Transf. Agreement, 44 of the 148 individuals leaving these settings this year must transition to MFP-qualifying settings. | | | |
| Gap – We expect to meet the 2013 goal of 65 with other individuals leaving DCs, community ICFs & SNFs. | 21 | | | | |



Status to Date

| PLACEMENT GOALS and PROGRESS | | | | | | | |
|------------------------------|-----------|--------------------------|-----------|-------------------------------|----------------------------|------------------------------|--------------------------------|
| Actual Placements | | | | Goal for 2013 | Overall Demonstration Goal | | A Look Ahead |
| August | September | Total Placements to Date | 2013 Goal | Progress Toward 2013 Goal (%) | Overall Goal | Progress toward Overall Goal | Transitions Planned in October |
| 12 | 6 | 30 | 65 | 46% | 875 | 3% | 9 |



Achieving MFP Goals

- Some of the MFP transitions will occur by converting ICFs into 4-bed IRAs.
- We are currently analyzing the ICFs in each region by size and examining ISPM scores in order to plan yearly regional MFP goals.
- We are also analyzing past data to determine how many individuals appear to leave ICFs and go to private homes.
- Development of non-certified housing opportunities will also play a critical role.



Plans for Cross System Implementation

- DOH and OPWDD are collaborating to develop a statewide contract for two MFP functions:
 - Peer-based outreach** to individuals residing in institutional settings.
 - Regional Transition Resource Centers** to support transition planning and reporting of data.
- Probably one statewide contract
- Tentative Timeline:
 - Release RFA this fall
 - Contract to start in Spring 2014



Current MFP Activities

- Mapping of Referral and Transition Processes
- Development of RFA (with DOH) for peer outreach, transition resource centers
- Identification of Yearly regional MFP goals
- Establishment of efficient data collection to support needed reporting
- Preparation for CMS's October Site Visit – will be visiting an early MFP participant and possibly an ICF that will convert to IRA.



Current MFP Activities

- Development of internal (OPWDD) outreach materials (Message is not about MFP, but about Transition to Community).
- Planning for SANYS's fulfillment of peer outreach in 2013, beginning this month
- Held first joint Stakeholder Advisory Committee last week.
- Beginning to inform providers - communication from Commissioner Kelley to go out this week
- Developing provider information for OPWDD website, online data collection



MFP Leadership Dashboard

10/1/2013

| PLACEMENT GOALS | | | | | | | |
|-------------------|-----------|--------------------------|-----------------------------|-------------------------------|----------------------------|----------------------------------|--------------------------------|
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CMS Negotiations Continue

- Weekly discussions with CMS continue.
- Discussions review issues related to details in the ongoing submissions of deliverables per the Transformation Agreement and the 1915 c waiver amendment.
- The outcome of the OPWDD's negotiations around voluntary rate rationalization will determine the actual timeline for pre-enrollment into DISCOs and enrollment into developmental disabilities fully integrated duals advantage (FIDA) program.



OPWDD's JAD Sessions

- OPWDD leadership continues to hold intensive joint application design (JAD) sessions to explore critical decisions related to implementing managed care.
- JAD sessions are focusing on enrollment, communications, data collection and usage, quality review, credentialing of providers, and information technology needs.



Ongoing Preparation

- Developing plans for pre-enrollment and enrollment communications – mailings, mailing schedules, scripts for phone calls, brochures, etc.
- Hiring a Medical Director
- Examining OPWDD staffing needs
- Tracking CMS responses to all submitted transformation documents, submitting follow-up information as requested
- Examining possibility for providing support for DISCO start-up costs via a grant program using BIP funds
- MOU to support specialized FIDA is under development.



Next Steps

- Continue discussions with CMS to finalize waiver agreements
- Establish strategies for ensuring continued achievement of transformation commitments
- Issue updated Request for Applications for DISCOs - TBD
- Develop and propose needed regulation
- Continue to prepare for implementation of managed care
- Continue dialogue with stakeholders about system transformation