

ACCOUNTABILITY PLAN
New York Office for People with Developmental Disabilities

Service Delivery System Transformation Plan

Start Date of Plan Period: April 1, 2013
End Date of Plan Period: March 31, 2014

Section A: Statewide Quality and Access Tests

This accountability plan details specific measures which will be used to actively track progress of the Transformation Plan, ensuring that quality and access are fostered throughout the transformation, including the transition to managed care. The state must directly monitor and assure that managed care cost coordination and control is not in any way a cause of diminished care quality or services access. To that end, the following Quality and Access Test grid lists ‘red flag’ indicators for the initial managed care pilots and other key Transformation agenda aspects. For any area showing simple downward direction or trend from baseline, OPWDD is alerted to follow up. This entails uncovering the meaning or cause, and where appropriate demanding remediation plans such as a Performance Improvement Project or PIP (PIP information is provided in the *DISCO Monitoring* section of the Evaluation Plan; also included there is a wider array of performance metrics and benchmarks that will be used for overall care coordination and service assessment). As summarized in the managed care Quality Strategy, the state must annually review and gauge each DISCO’s progress in addressing and improving identified problem areas. DISCOs will ensure the collection and validation of measures such as those listed below. These may be based on the newly devised Coordinated Assessment System (CAS), encounter data, survey data or other sources, and may be revised over time as the demonstration matures.

Initial Care Quality Measures (DISCO Pilots):

Focus Area	Outcome Areas	Quality and Access Test	
		Baseline Measures	Benchmark
A) Ensuring care quality is maintained and improved through the transition to managed care	Health and functional status of enrollees		0% change, or greater improvement (i.e. no reduction in quality, OR actual gain in care quality or outcomes)
	1. Rate of daily tobacco use among enrollees	CAS baseline (tobacco use)	
	2. Obesity rate among enrollees	CAS baseline (computed BMI)	
	3. Medication adherence for oral diabetes, hypertension (ACEI or ARB), and psychotropic medications	Percentages of enrollees with prescriptions for diabetes, hypertension, or mental illness who fill their prescription often enough to cover 80% or more of treatment time	
	4. Utilization of hospital	Number of emergency	

services	department visits, number of inpatient stays - eMedNY data, CAS item on Last Hospitalization)	
5. Percentage of adults with a chronic disease having any outpatient visit(s) this year.	Percent with chronic disease who also had an outpatient visit- CMS and eMedNY data	
6. Percent of beneficiaries with a preventive visit in past year (annual physical, obgyn exam, dental visit, and flu vaccination).	Percent of beneficiaries with specified preventative health visits -CAS prevention care items and eMedNY data	
7. Positive sense of involvement in home and in the community	Percentage of participants that plan and complete interactions with others in recreational/leisure activities, at home and/or community as identified in annual needs assessment- CAS Social Relationships items and score	
8. Participants who were physically restrained	Percentage of participants who were physically restrained during the year - RIA data (Restrictive Interventions Application), CAS interventions items	
9. Participants who were injured as result of physical restraint	Number and percent of physical restraints that resulted in injury	
10. Abuse and neglect incidence	The number and rate (per DISCO participant pool) of quarterly abuse and neglect reports	
11. The number of OPWDD state or voluntary staff placed on the Justice Center's Staff Exclusion List (SEL) for serious or repeated acts of abuse or neglect	The annual total of OPWDD staff placed on the New York State 'no hire' list.	
11. Council on Quality and Leadership (CQL), Personal Outcome Measures (or POMs)	DISCO to collect annual sample of POM enrollee data for 21 domains,	

		<p>regrouped and paraphrased here as: natural support networks; meaningful relationships; rights, respect and safety;</p> <p>fair treatment free from abuse and neglect;</p> <p>continuity and security;</p> <p>choice on: services, personal goals, sharing personal information, where to work and live; and</p> <p>an integrated /interactive life and environments with varied social roles</p>	
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Other Initial Quality Measures:

Focus Area	Outcome Areas	Quality and Access Test	
		Baseline Measures	Benchmark
<p>B) Ensuring care <u>quality</u> <u>outcomes</u> are maintained and improved through the OPWDD Transformation Agenda</p>	<p>Key Transformation Quality Items, Service System Wide (in addition to Managed Care monitoring)</p>		<p>0% change, or greater improvement (i.e. no reduction in quality, OR actual gain in care quality or outcomes)</p>
	<p>1. New York will show positive direction in system wide satisfaction trends for individuals receiving services</p>	<p>i. The number and percent of National Core Indicator (NCI) respondents who report on the Adult Consumer Survey that services and supports offered meet their needs</p>	
	<p>2. First phase (this calendar year) de-institutionalization efforts include New York's transition of 148 ICF residents to community-based settings</p>	<p>The number and percent of the 148 individuals who moved to community-based settings (meeting CMS HCBS settings standards referenced in the 1915(i) Notice of Proposed Rulemaking published in the federal register in April 2012)</p>	
	<p>3. Seven domains of quality of life of individuals transitioning from institutional care to care in a community based setting will be evaluated on an ongoing basis: <i>living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfaction, and health status</i></p>	<p>The Money Follows the Person Quality of Life Survey - compilation and analysis of survey data will allow for change score computations from start to end points of residential transition year</p>	

	<p>4. First phase employment goals (through 3/31/14) include New York increasing competitive employment by a net gain of 700 persons</p> <p>5. Long term employment goals include decreasing the number of people in sheltered work and the implementation of Pathways to Employment</p>	<p>The number and percent of the targeted gain (of 700) in those who are competitively employed</p> <p>Look back comparisons of program census from each Annual Progress Report on sheltered work and Pathways to Employment</p>	
	<p>6. First phase self-direction goals (through 3/31/14) necessitate that New York increase the current number of persons with IDD who self-direct their services by 1,245</p>	<p>The number and percent of the targeted gain (1,245) in those who self-direct their supports and services, with both employer and budget authority</p>	

Initial Access Measures:

Focus Area	Outcome Areas	Quality and Access Test	
		Baseline Measures	Benchmark
C) Ensuring access is maintained and improved through the managed care transition	1. Timely needs assessment for care planning and service delivery	Percentage of participants with an initial needs assessment completed within 90 days of DD eligibility determination - CAS data	0% change or greater improvement (i.e. no reduction in access, OR actual access improvement)
	2. Timely individualized service plans (ISP)	Percent of participants with care plans developed by specified timeframes – electronic ISP review (under development)	
	3. Enrollee rating of plan access	Baseline score rating earned re: how easy it is for members to get needed care or care coordination in a timely manner (DISCO customer satisfaction survey under development)	

Section B: Measurement Strategy

For oversight of the developmental disability service system, it is important to design a quality infrastructure that determines whether desired outcomes for individuals are achieved. This can be accomplished by enhancing the focus of quality oversight to how well individuals are progressing toward their personal goals, how satisfied individuals and families are with the services received, how well DISCOs (and fee for service entities) are promoting quality outcomes and quality improvement within their provider operations, and using data related to these measures to effect individual, provider, DISCO, and system improvements.

Progress toward the following broad based goals must be assessed to know how the managed care program is meeting objectives of the Transformation Agreement (as outlined in the Evaluation Plan).

- Making the system more person centered --supports and services that match each person's identified interests and needs, including opportunities for self-direction;
- Serving people in the most integrated settings possible;
- Provision of better integrated, holistic planning and supports to individuals;
- Measuring quality based on individualized outcomes.

More specifically, a core set of DISCO Specific Performance Measures must be implemented for monitoring service provision and system changes throughout the managed care pilot. In addition to QARR measures that are collected for all MCOs in NYS, a subset of performance measures around the special needs of developmentally disabled populations will be incorporated into the quality strategy for New York's Medicaid managed care program. Established by OPWDD, the DISCO specific performance measures address the following quality domain areas:

- Personal Outcome Measures- Assess the degree to which the DISCO's care coordination and supports provided are contributing to individual outcome achievement
- Individual Outcome Measures- Clinical and Functional Outcome Measures derived from data from the OPWDD Needs Assessment Tool based upon the InterRAI known as the Coordinated Assessment System, CAS, when fully implemented
- 1915 C Waiver Assurance Measures- Measures compliance with HCBS waiver assurances in accordance with CMS's evidentiary approach to quality reviews of HCBS waiver programs
- National Core Indicators- Measures performance of New York State's developmental disability services at the system's level and enables comparisons between New York State other developmental disability systems

Section C: Quarterly Report Format

Transformation Plan progress and accountability will be documented in a separate portion of the NYSDOH Partnership Plan quarterly report (an attachment labeled: *J. Developmental Disabilities Transformation Plan*). Specifically, OPWDD's progress report attachment will be placed within Section IV, Operational/Policy Development/Issues: Waiver Deliverables.

The Transformation Plan quarterly will address updates around the topical template below and speak to a 90 day look back period. Evaluation data and performance monitoring will cover both 'tracks' of the OPWDD system: the managed care pilot and the ongoing fee for service

structure. The narrative focus will be on progress and implementation details (accomplishments, significant program developments, issues and problems). A final section will collate numeric updates for all areas of mandated tracking named in the Transformation Agreement and Evaluation Plan. As stated in the Evaluation Plan, broad-based goals for this report out include:

- 1) Improved service quality (emphasizing person centered planning & personal outcomes)
- 2) People live in the most integrated setting possible, in accordance with the Olmstead Plan
- 3) Increasing integrated, competitive employment for those with developmental disabilities
- 4) Increasing the number of people who self-direct their supports and services
- 5) Successfully plan the initial managed care pilots