



January 17, 2013

Comment Line: 1-866-946-9733
E-mail: people.first@opwdd.ny.gov

Benefits and Services

In rural areas, will DISCOs actually be able to achieve a robust network of providers?

The DISCO contract will require a DISCO to demonstrate the adequacy of its network to meet the anticipated needs of its enrolled members. Specifically, the DISCO must meet the standards required by 42 CFR 438.206 for availability of services; 42 CFR 438.207 for assurances of adequate capacity; and applicable sections of Mental Hygiene Law, Public Health Law and regulations. Each DISCO is required to have a minimum of two (2) providers that are accepting new enrollees in each county in its service area for each type of service unless the county has an insufficient number of providers licensed, certified or available. When service providers are not available to provide needed services, DISCOs will also be subject to regulatory provisions that prescribe procedures and circumstances for providing “out of network” services.

In addition, providers of covered services to which an enrollee must travel must be geographically accessible for the enrolled population. Acceptable travel times will be described in the DISCO contract in the coming months. Exceptions will be allowed in cases where the needs of the person require service delivery from a provider with specialized skills and that provider is not located in the service area.

To support employment, transportation for individuals will be a significant concern/barrier in rural areas. What are some ways this will be addressed?

OPWDD recognizes that transportation is often an obstacle to successfully pursuing community inclusion and employment. As the agency develops new mechanisms for supporting greater employment outcomes for the individuals it supports, it will explore possible ways to overcome the transportation barrier in support of more responsive employment supports, pre-vocational and school to adult transition services.

Many states that have entered the managed care model have also maintained a small number of ICFs. Has OPWDD considered maintaining ICFs for the people with the greatest needs [e.g. total care, g-tube feed, nebulizers etc.] and who currently live in Life Safety Code Health Care settings?

OPWDD will begin participating in NYS DOH’s Money Follows the Person Demonstration which allows individuals residing in nursing homes and other institutional settings (such as ICF/DDs) to receive supports in small, community-based settings. Therefore, OPWDD will begin to identify individuals currently served in ICF/DDs who may be able to be supported in more integrated settings and offer those kinds of community-based, non-institutional opportunities to them. Individuals will not be forced to select community-based waiver services, but will be provided opportunities as they are available and appropriate to meet an individual’s identified needs and goals.

Managed Care Operations

What specific policies will govern the DISCOs?

Managed Care operations in New York State (NYS) are governed by Public Health Law Article 44 and NYS Department of Health (DOH) regulations, Subpart 98-1, as well as NYS Social Services Law Section 364-J and federal managed care regulations contained in Part 438 CFRR. OPWDD's establishment of DISCOs will comply with these statutes and regulations and require additional specialized provisions to be effected through OPWDD regulation and the DISCO contract.

If someone has private insurance (i.e., an adult child dependent on parents' insurance) how would this effect their budget/waiver services under the People First Waiver?

Under federal law, Medicaid is the "payer of last resort" – meaning coverage through private insurance must be exhausted before Medicaid will reimburse the service. Medicaid will be billed for any services not covered by private insurance. This will not impact an individual's budget/waiver services in any way.

If someone elects to "opt out" and not have a DISCO in place (self direct their own services) would their budget be the same? And would this person's services all be considered "out of network" or could they still receive services directly from their current providers at the same rate the DISCO would get?

The pilot DISCOs will operate with voluntary enrollment, meaning only those who choose to participate in managed care will do so. However, beginning in 2015, OPWDD will establish permanent DISCOs across the state as provider capacity allows. At this time, enrollment will be mandatory and all individuals receiving HCBS waiver services will begin to be served through a DISCO. At this time, we don't anticipate that individuals will have the opportunity to "opt out" of managed care. Self-direction will also be provided and funded through the DISCO.

How will a DISCO system affect someone who is their own representative payee for their SSI benefits?

Individuals who are their own SSI payee will continue to receive their SSI benefits the same way as they do today. However, individuals who receive benefits other than SSI could have a Medicaid spend-down required and would have to pay the spend-down amount, probably as a premium to the DISCO, to remain eligible for Medicaid.

Quality

What will the role of OPWDD be in ensuring that people receive the services they want and/or need?

OPWDD will oversee the operations of DISCOs and specifically require quality reporting that speaks to how well a DISCO is supporting individuals to achieve their desired outcomes. A DISCO will be required to develop and implement a Quality Improvement Plan and report to OPWDD on its quality improvement activities and progress. OPWDD has recently decided to incorporate the use of the [Personal Outcome Measures](#) (POMs) created by the Council on Quality and Leadership into OPWDD quality oversight of DISCOs. These Personal Outcome Measures have been shown to accurately reflect an individual's quality of life by ascertaining things like how an individual is able to exercise his/her

rights, choose and realize personal goals, and choose where and with whom they live. OPWDD will be requiring DISCOs to receive training in the collection of POMs data and report on how well they support individuals to achieve 21 distinct Personal Outcome Measures. OPWDD has posted a fact sheet on CQL's POMs on the People First Webpage

(http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/documents/POMs_fact_sheet_clean).

What will the appeal process be for someone who is not happy with their services? Will there be a neutral, independent process apart from the DISCO entity?

New York State managed care law and regulation require managed care organizations to provide a structured grievance and appeals process and to inform all enrolled individuals about the availability of the process and how it works. The process allows for informal resolution of complaints at the provider level and also for formal filing of grievances with opportunities for outside review and/or Medicaid fair hearings. The process is quite broad, allowing individuals to file grievances about anything about their care and treatment with which they are not satisfied, receive answers within specified timeframes, and file appeals of those decisions. The process is managed primarily by the managed care organization (i.e. the DISCO), with the exception of external appeals and fair hearings which occur outside of the organization. In addition, managed care regulations require managed care organizations to track and report to the state the status and outcome of the grievances they receive. New York State is also examining the possibility of establishing an independent ombudsman program for all of managed care.