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Benefits and Services

When will Pathway to Employment services roll out?

Pathway to Employment services will begin in spring 2014.

What is the future of Family Support Services (FSS) that are grant funded? Will FSS (state dollars) be under the umbrella of MCOs?

The 1915 B/C People First Waiver continues to have 100% state-funded services outside the DISCO-managed benefit package. Any contract-funded FSS services will continue to operate as they do today, with FSS council oversight and subject to the availability of state resources.

What is the plan for IRAs with a capacity of more than 4 individuals? Will they be eradicated as is the plan for ICFs?

OPWDD does not have a plan for eliminating all IRAs with a capacity of four or more individuals. OPWDD's participation in the NYS Money Follows the Person Demonstration requires that OPWDD create opportunities for a total of 875 individuals to move from institutional settings (including ICFs – both campus- and community-based) and receive supports with a greater degree of community integration, which can include IRAs of four or fewer residents. This transition is expected to occur over the next three-plus years. IRAs for more than four individuals will continue to operate, and OPWDD will continue to assist people to access services that afford them greater individualization, community participation, and the option for greater control of their supports. OPWDD is currently discussing with CMS the transformation of its residential service options, including the ICFs, but there has not been a decision to eradicate all ICFs. It is expected that the number of ICFs will be reduced.

For individuals presently receiving traditional day services, since new modalities of service involve considerably fewer hours of service daily, how can we combine blended service to provide for a full day.

Services should be person-centered, and while individuals may supplement employment services with day habilitation or prevocational services, funding for such services will not be blended.

Transformation Agreement

In regard to 700 people in new employment, does Employment Training Program (ETP) count towards this final number? What was the baseline number for the 700 new opportunities?

Yes, ETP counts toward OPWDD's employment goals once the worker is hired by the business. The baseline reported to CMS on July 1, 2013 was 5,822 people receiving Supported Employment services who are working in integrated settings earning at least minimum wage.

Who is developing the care coordination guidelines that are presently under development? Is this under one of the teams, and is there opportunity for provider input? Do these guidelines

include/incorporate the principles of conflict-free case management? If care coordination is a function of the DISCO, how does that satisfy the requirement of being conflict-free?

Using the recommendations received by the Care Coordination targeted work team, a Division of Person Centered Supports workgroup is now developing guidelines for care coordination. The targeted work team was comprised of a broad representation of stakeholders. OPWDD is also analyzing and incorporating feedback from providers participating in the case study and will continue to develop strategies on how to best gather and incorporate additional stakeholder feedback. Principles of conflict-free case management are being incorporated in the development of these guidelines. The guidelines will outline OPWDD's role in completing the initial assessment. Based on beneficiary choices, the DISCO is ultimately responsible for the delivery of case management functions which can be delivered either by the DISCO or contracted to ensure delivery of services based on informed choice. OPWDD has embraced the Council on Quality and Leadership's Personal Outcome Measures (POMs) as one of the methods that will be used to determine the effectiveness of the care coordination activities in managed care organizations. Through the use of a consistent, valid, and person-centered measure of effective care coordination, as well as administrative firewalls separating assessment functions from care planning and care coordination, we are creating an oversight process that supports the elements of conflict-free case management practices.

Where are the "home-like standards" posted/listed?

The proposed CMS Home and Community-Based Settings standards are posted in a 2012 notice of proposed rulemaking in the Federal Register. These rules describe the type of residential settings that will be considered appropriate for Medicaid-funded delivery of services through 1915(i) plans and the Community First Choice (CFC) option. CMS has indicated that it intends to apply these rules regarding settings to all Medicaid HCBS programs, including Medicaid 1915(c) HCBS Waivers. The relevant section of the proposed rule is § 441.530 Home and Community-Based Settings, which can be viewed at:

<https://www.federalregister.gov/articles/2012/05/03/2012-10385/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider#p-637>

How much time is New York State requesting for the workshop closure plan to be complete? Are forums planned for input?

As part of the process of developing the Draft Plan to Increase Competitive Employment Opportunities for People with Developmental Disabilities, OPWDD solicited feedback from stakeholders and convened an Employment Committee comprised of parents, self-advocates and providers who made recommendations related to ways to transition high school students and workshop participants to competitive employment. The main components of OPWDD's workshop transformation are strategies for provider agencies to convert sheltered workshops to alternative business models and strategies for workshop participants to transition to integrated employment, retirement or other community inclusion options.

The draft employment plan shared with CMS proposes the need for a multi-year strategy to identify workshop participants who are: interested in competitive employment, ready to begin a discovery and assessment process that identifies the supports and services that will assist them in becoming employed, and ready to transition to NYS Adult Career and Continuing Education Services – Vocational

Rehabilitation (ACCES-VR). OPWDD estimates that 50 percent of workshop participants could successfully transition to competitive employment over six years. OPWDD regional offices will work with providers to engage workshop participants in many transition activities described more fully in the draft employment plan available at http://www.opwdd.ny.gov/opwdd_services_supports/employment_for_people_with_disabilities/draft-plan-increase-employment-oppo.

Transition to Managed Care

Please confirm that the first opportunity to receive the DISCO Request for Application will be August, 2013.

The timeline for the transition to managed care is currently being re-examined in light of ongoing discussions with the federal Centers for Medicare & Medicaid Services. A date for the release of a final Request for Applications has not yet been determined.

Is OPWDD working on any type of statewide electronic platform for integrated care management, similar to standardized assessment system and CQL/POMs?

It is not the intention of OPWDD to create a universal IT platform that would be accessed and used by DISCOs and providers. Rather, OPWDD intends to set standards for data and data sharing to obtain consistency in reporting of information and allow the use of existing IT infrastructure like the Regional Health Information Organizations (RHIOs).

How are the Joint Application Design (JAD) sessions different from or working with the three transformation teams (Managed Care Implementation, Provider Efficiency and Innovation and System Transformation)?

The JAD sessions are intensive, detailed discussions between OPWDD staff and leaders in which many of the details of system operations under the People First Waiver are being determined. JAD participants are examining the processes of communication, enrollment into DISCOs, person-centered planning, documentation and data collection, and quality oversight and improvement operations. The three work teams that were mentioned include broader membership, with OPWDD stakeholders involved, and have been chartered to essentially advise and guide key transformation activities underway such as the transition to managed care, fulfillment of the many commitments in the CMS Transformation Agreement, and development of new practices and procedures that will increase efficiency and effectiveness in the developmental disabilities service system operations.

Will updated Medicaid data books be generated and posted?

Yes, but it is not yet known when the updated data books will be available.

During the VC, it was noted that the actual rates for services moving ahead will be based on historical costs plus the current costs being developed/negotiated with CMS. What tool or set of actuarial tools will be used to determine the rate? Will these be made available, and will the work being done by Optumas be made public?

Developing actual DISCO premium rates will involve a series of steps and adjustments by the State's actuarial consultant, Mercer. This process is highly detailed and complex and can only be developed by a credentialed actuary, but the basic steps include:

1. Carefully reviewing preceding, concurrent, and prospective programmatic changes and making appropriate adjustments to account for their impact on costs. Examples would include:
 - a. Pending actions such as the ICF/DD rate adjustments currently awaiting federal approval.
 - b. Introduction of new waiver services such as Intensive Behavioral Services and Pathway to Employment Services.
 - c. Retirement of the OPTS program.
 - d. Potential impacts of the "rate rationalization/brick payment methodology" scheduled to begin implementation for residential and day services in October 2013.
2. Trending the historical base data forward to the DISCO implementation start-date (April 2014). This involves both the cost data itself and member months.
3. Analyzing and potentially adjusting for the anticipated geographic and demographic make-up of DISCOs in terms of counties served and the expected case mix of enrollees.
4. Finally, and most importantly, accounting for the costs and savings associated with a transition to managed care.

It was stated that OPWDD is working with the Department of Financial Services (DFS) regarding the establishment of reserve requirements for DISCOs. It appears that the requirements for most services will be similar to those established for MLTC services (5% of revenues); however, it was stated that because of the nature of certified residential supports (such as ICFs and IRAs), the 5% reserve requirement could be relaxed.

OPWDD is working with DFS to finalize the proposal for People First Waiver residential services to be excluded, at least in part, from the contingent reserve requirement for DISCOs. Consistent with Managed Long Term Care Plans, the premiums associated with Skilled Nursing Facilities (SNFs) would be excluded from the contingent reserve calculation. Intermediate Care Facilities (ICF/DDs), a developmental disabilities-specialized facility which is equivalent to Skilled Nursing Facilities (SNFs) would also be excluded in full. Finally, up to 50 percent of the premium associated with Individualized Residential Opportunities (IRAs) and Community Residences (CRs) certified residential programs may be excluded from the contingent reserve calculation.

What happened to the independent advocacy aspect of the Medicaid waiver? While firewalls were mentioned, nothing specific was stated concerning all the recommendations made by the targeted work teams.

While advocacy will be available through several parts of the new system (e.g. the care coordinator, regional OPWDD offices, and individually designated representatives, the Justice Center), many stakeholders have expressed the need for additional "outside" advocates to be available to assist individuals. OPWDD is working closely with the federal Centers for Medicare & Medicaid Services (CMS) to determine acceptable administrative and organizational firewalls for ensuring conflict-free case management. OPWDD will describe them in the DISCO contract and the Request for Applications. The Access, Enrollment and Advocacy Work Team specifically recommended that DISCOs inform enrolled members of their right to access and use independent advocacy resources, and to work cooperatively with such advocates. OPWDD will require DISCOs to do so. The new NYS Justice Center will also provide statewide independent advocacy for individuals enrolled in DISCOs as well as state-level oversight of advocacy and protection of the rights of individuals with developmental disabilities. Lastly, the Medicaid Matters proposal for a Medicaid Managed Care Ombudsman Program, known as

“Medicaid Managed Care Help Centers,” will assist people with disabilities or complex health needs, people who receive both Medicaid and Medicare, and those experiencing barriers to the services they need. The Help Centers will become an important program for supporting people with developmental disabilities.

Mention was made of subcommittees for the transformation process. Is there any role for parents/advocates?

All three workgroups include individuals with developmental disabilities, self advocates, and/or family members and representatives from provider agencies. In addition, the Transformation Workgroup has a subcommittee that will specifically focus on engaging families, securing their input, insuring their perspective is integrated into the Transformation Plan, and insuring that communications with families increases their understanding of what services will look like, how they will be implemented, and how planned changes can create value without being unmanageably burdensome for families to help maintain and manage.

How realistic is the timeline of January 1, 2014 for pre-enrollment in DISCOs, with coverage starting on April 1, 2014, if the final RFA is not released until the end of August and depends on CMS approval that will not occur until October 1, 2013?

The timeline for the transition to managed care is currently being re-examined in light of ongoing discussions with the federal CMS. A date for the release of a final Request for Applications has not yet been determined.

There are risk-adjusted rates for the Managed Medicaid Population and MLTC now. Will DISCOs be using either of these?

The final rate design for DISCOs is not yet established, but at this time, OPWDD does not envision that capitation rates will be risk adjusted based on assessment data like they are for Managed Long Term Care Plans.

Rates for rate rationalization were due to be announced July 1, 2013. What is the status of the announced rates, and when will the provider agencies receive this information? Is the effective date still October 1, 2013?

New York State and CMS continue to negotiate the details of the Rate Rationalization initiative.

Coordinated Assessment System (CAS)

Will the CAS scoring from the case studies be made available so people can see the data? We are putting a lot of faith into this tool, but without seeing the normed data, how can we "verify" that it is reliable and valid as a measure? When will the data (scoring, validity/reliability) be made available?

The CAS is based on a tool/group of tools that are valid tools in their own right. The CAS is unique to NYS OPWDD and, given that it is unique, we will undertake activities to validate the tool. OPWDD is in the process of soliciting external research entities to complete a validation study of the CAS. The CAS will not be used on individuals outside of the case study and validity study until the tool has been validated. Information regarding the validity study's results will be made available upon completion.

You were clear that the CAS isn't a funding tool, it's more of a resource allocation tool. This is still confusing. What is the distinction? Eligibility is clear, but then when a person enters the system through the Front Door and gets assessed via the CAS and then connects with a DISCO or chooses self-directed services, how does the per member per month (PMPM) rate relate to the assessment?

The CAS provides a summary of each individual's unique goals, supports, and needs. The CAS will be used to help determine resource allocation only after the validity of the CAS has been tested and verified. OPWDD will contract with an outside party to test the validity of the CAS, and expects that process to be complete in Spring 2014. If the CAS is deemed to be a valid and reliable assessment tool for individuals in OPWDD's service system, OPWDD will engage with partners and stakeholders to determine the appropriate use of CAS data in resource allocation for individuals' services. It will be one factor, but will not be the sole determinant of an individual's resources.

The DDP-2/CAS assessments produce an ISPM score. Conclusions are being drawn that not everyone needs 5 days of various day services. What if a person wants 5 days of services? What will a person do with their idle time?

The CAS does not produce an ISPM score. At this time, the CAS provides a written summary and not a score. The CAS will be utilized for care planning purposes and for determining resources once it has undergone validity testing and an appropriate method for calculating resource allocations for individuals has been developed. Decisions about the most appropriate support model for a person continue to relate to person-centered practices, and will include additional factors that will be determined through the planning process.

Quality Measurement

Supposedly people doing assessment can't be the ones providing or coordinating the services. What about Personal Outcome Measures (POMs), where direct care staff can be called upon to measure the outcome of the services provided?

An important component within the People First Waiver is "independence" of the care planning function. To that end, the waiver specifies that the state will implement an assessment tool that will inform the planning process. This independent assessment will create an accountability measure for the care planner, as it ensures that initial needs assessments are not done by the provider of services. There are many ways that the Council on Quality and Leadership's Personal Outcome Measures (CQL POMs) can be used, and people who are in a variety of roles can complete the interview process. However, OPWDD will require that the POM interview be completed by an interviewer with a certification from CQL. By requiring a certified interviewer, we will ensure that the information is valid and reliable and that there is consistency in how the information is obtained.

Miscellaneous

Please provide more information on the "No Wrong Door" across NYS agencies (OPWDD, OMH). What are the practical implications for individuals/families?

A No Wrong Door/Single Entry Point (NWD/SEP) system is a structural change required by the Balancing Incentives Program. The intent is to develop a statewide system to enable people to access all the long-term services and supports they need through any "door" they may approach – an agency, another organization, a coordinated network, or a portal. Whichever "door" is approached will be

equipped to provide consistent information on available community services and supports, determinations of financial and functional eligibility, or assistance with the assessment of needs.

The NWD/SEP system will make community services and supports more accessible by making it easier for people to learn about and be linked to services. The structural change will help increase statewide uniformity in how people are evaluated for services and how services are accessed. It should also streamline the manner in which information is collected and exchanged within the system.

Multiple state agencies are now participating on the NWD/SEP workgroup, which is coordinated by the NYS Office for the Aging, including the Department of Health, the Office for Mental Health, and the Office for People With Developmental Disabilities.

The NWD/SEP system will ensure that someone who needs OPWDD services can receive consistent information about the available services and supports and how to enter the service system regardless of where they first begin their journey.