People First Care Coordination Decision-Making Process for Care Coordination Organization (CCO) Enrollment
Medicaid Service Coordination (MSC) Information Session 15

Decision-Making Process for CCO Enrollment

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OPWDD
Info Session Updates

• Sessions 1-14
  – Posted on the OPWDD Website

• Session 16 – June 6, 2018
  – Topic – To Be Determined

• Session 17 – June 20, 2018
  – Topic - To Be Determined

For viewing or registration go to the OPWDD website at:
https://opwdd.ny.gov/opwdd_services_supports/care.coordination.organizations

Information sessions count towards current annual Medicaid Service Coordinator professional development hours.
Choices to be Made

- Care Coordination Organization
- Care Management Service
  - Health Home Care Management
  - Basic HCBS Plan Support
Timeline

• May 15, 2018 – MSC agency determines who has not been enrolled in CCO

• June 1, 2018 – At least three attempts to contact decision-makers must be made. Forms should be signed for enrollment
  – If decision-makers are in discussion with Medicaid Service Coordinators regarding enrollment but have not yet signed forms, request for decision from designated decision-makers is not required

• June 30, 2018 – All decisions need to be in CHOICES
Importance of Enrollment

• It is important to ensure an individual or guardian understands that enrollment in a CCO and selection of either the Health Home Care Management Service or Basic HCBS Plan Support is necessary in order to maintain eligibility for OPWDD HCBS services
Decision-Making Process

- On May 4, 2018 OPWDD sent an e-mail to the field that outlined the steps in the decision-making process for enrollment in CCOs

- Email included
  - Decision-making memo
  - MSC tracker for enrollment
  - Developmental Disabilities Regional Office (DDRO)/Developmental Disabilities State Operations Office (DDSOO) contact information
  - CCO contact information
Three Potential Decision-Maker Scenarios

• Individuals can make an independent decision

• Individual is not able to choose, but has a decision-maker available

• Individual is not able to choose and has no identified decision-maker, or the decision-maker is unavailable or is not responsive
Question: Does the Legal Guardian Have to Sign?

If the individual has the ability to choose a CCO and a care management service or can do so with the assistance of supported decision-making, then that person will make his or her own enrollment decisions.
Process for Individuals Not Able to Make Decisions for Themselves

If an individual lacks the ability to choose a CCO and does not have a guardian lawfully empowered to enroll him or her in a CCO, then any of the following parties may, in the order listed:

- An actively involved spouse
- An actively involved parent
- An actively involved adult child
- An actively involved adult sibling
- An actively involved adult family member
- The Consumer Advisory Board (CAB) for the Willowbrook Class members, but only for members of the Willowbrook Class
Question: Can a Individual’s Advocate Sign Consent for a CCO and Care Management Service?

If an individual’s advocate is not one of the parties listed who are able to make decisions, the advocate may not be the decision-maker.
Process for Consent When a Decision-Maker is Unavailable

If an individual lacks the ability to make a choice, does not have a guardian lawfully empowered to enroll him or her in a CCO and select a service, and there are no parties available to make timely decisions:

• The chief executive officer (CEO) of the agency operating the individual’s residential facility or sponsoring the Family Care home, or a designee of the CEO, may make enrollment decisions
Process for Consent When a Decision-Maker is Unavailable

- If the individual’s residential facility is operated by OPWDD, the CEO of the agency is the director of the DDSOO that operates the residential facility.

- If the individual does not reside in a certified residential setting, the DDRO director for the region encompassing the individual’s residence may make enrollment decisions.
When to Utilize a CEO/Director Decision-Maker

• After a minimum of three attempts to contact the individual, guardian or other authorized decision-maker have been made and documented

• Documentation
  – Must have been submitted to the decision-maker with the individual’s packet of information
  – The contact attempts have been documented in notes or an agency developed form by the Medicaid Service Coordinator
Notification to DDRO

• In the event the MSC agency cannot reach an individual or legally appointed guardian, or the individual or legally appointed guardian is refusing to make an enrollment decision, the MSC agency must notify the appropriate DDRO contact of the situation in writing, and place a copy of that notification in the individual’s clinical record, prior to moving to another decision-maker.
Submission to Decision-Maker

• Required documents for submission
  – The person’s current Individualized Service Plan (ISP)
  – The individualized information letter
  – Consent forms (for both the Health Home and Basic HCBS Plan support)
  – Documentation of efforts to obtain a decision from the appropriate decision-maker (where appropriate)
Consent Forms - Adult

Highlighted fields to be completed by decision maker:

NEW YORK STATE DEPARTMENT OF HEALTH
Medicaid

Health Home Patient Information Sharing Consent

**Name of Health Home**

By signing this form, you agree to be in the Health Home. To be in a Health Home, health care providers and other people involved in your care need to be able to talk to each other about your care and share your health information with each other to give you better care. While being in a Health Home will help make sure you get the care you need, you will still be able to get health care and health insurance even if you do not sign this form or do not want to be in the Health Home.

The Health Home may get your health information, including your health records, from partners listed at the end of this form and/or from others through a computer system run by the **MSC agency will include RHIO information**.

A RHIO uses a computer system to collect and store your health information, including medical records, from your doctors and health care providers who are part of the RHIO. The RHIO can only share your health information with the people who you say can see or get your health information. PSYCKES is a computer system to collect and store your health treatment from your doctors and health care providers who are part of the Medicaid program. TABS/CHOICES is a computer system run by the New York State Office for People With Developmental Disabilities, that collects and stores information about your developmental disabilities.
Consent Forms - Adult

Highlighted fields to be completed by decision maker:

Please read all the information on this form before you sign it.

☐ I AGREE to be in the Health Home and agree that the Health Home can get ALL of my health information from the partners listed at the end of this form and from others through RHIO and/or through PSYCKES and/or through TABS/CHOICES to give me care or manage my care, to check if I am in a health plan and what it covers, and to study and make the care of all patients better. I also agree that the Health Home and the partners listed at the end of this form may share my health information with each other. I understand this Consent Form takes the place of other Health Home Patient Information Sharing Consent Forms I may have signed before to share my health information. I can change my mind and take back my consent at any time by signing a Withdrawal of Consent Form (DOH-5058) and giving it to one of the Health Home partners.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient’s Legal Representative

Date

Print Name of Legal Representative

Relationship of Legal Representative to Patient

(If Applicable)

(If Applicable)
Consent Forms - Adult

Highlighted fields to be completed by decision maker:

- Health Home Name
- Participating Partners
- Copy this page as necessary to list all participating partners
- Patient Initials: "MSC will list participating partners"
- Name of Participating Partner
- Name of Participating Partner

Page 3 of 3
Consent Forms - Children

Highlighted fields to be completed by decision maker

Form 1 of 2
Consent Forms - Children

NEW YORK STATE DEPARTMENT OF HEALTH
Office of Health Insurance Programs

**Instructions:** This form must be used for children less than 18 years of age who have been enrolled in a Health Home using Health Home Consent/Enrollment/For Use with Children Under 18 Years of Age (DOH 5200)*. This form outlines what, and with whom, health information can be shared. Section 1 of this form should be completed by the child’s parent, guardian, or legally authorized representative. Legally authorized representative for the purpose of sharing health information is defined as “a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person for the release of medical information”. Section 2 of this form is completed separately by the child with the care manager.

*Please note, children who are parents, pregnant, and/or married, and who are otherwise capable of consenting, should not use this form. Rather, they must use the Health Home Patient Information Sharing Consent form (DOH 5055)].

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<th>PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE INITIALS (ONLY INITIAL WHEN CHANGES MADE TO THE LIST OF PROVIDERS BELOW)</th>
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Highlighted fields to be completed by decision maker
Consent Forms - Children

By signing this form, I agree that:
1. The child listed above is enrolled in the Health Home listed above,
2. I have signed a consent for enrollment form with the Health Home indicated above for the child listed above,
3. I have had the chance to review the Health Home FAQ sheet and have had my questions answered,

4. The Health Home and anyone I have named in Section 1 of this form can share health information, as outlined in the instructions above, with each other. They may share information from before and after the date I sign this form, and
5. The child’s Health Home and Managed Care Plan, if applicable, can share information with those listed as providers above and with each other.

I can change this form at any time. If I make changes, I have to initial and date next to those changes. By crossing out information, I am taking away permission to share the health information that I previously allowed.

I understand that this consent form takes the place of other Health Home information sharing consent forms I may have signed before on behalf of the child. This consent stays in place until:

- I withdraw it, or
- The child is no longer eligible for a Health Home.
- The Health Home is no longer in business.

I can always take back this consent on behalf of the child by signing a Health Home Consent/Withdrawal of Health Home Enrollment and Information Sharing/For Use with Children Under 18 Years form (DOH 5202).

If I do not sign this consent form, I understand that the child’s information will not be shared.

Highlighted fields to be completed by decision maker
Consent Forms – Basic HCBS Plan Support

Name of the Person:
Medicaid Number (CIN#):
TABS ID:
CCO Name:

By signing this form, you agree to enroll in the Basic HCBS Plan Support care management service offered by the CCO named above. The Basic HCBS Plan Support care management service provides activities and assistance necessary to assist you in coordinating your developmental disability Home and Community Based Waiver Services and assuring necessary safeguards have been identified to protect your health and welfare. You, your care manager, HCBS waiver service providers, and others you feel are necessary will meet to develop the Life Plan annually and conduct a bi-annual review to maintain documentation supporting your HCBS waiver level of care eligibility determination. A person-centered planning process will be used to identify your valued outcomes and necessary supports and services. Your care manager will complete your annual Level of Care HCBS redetermination.

Your Life Plan will be reviewed at least twice in a twelve-month period. Both reviews must be face-to-face with you, your care manager, and others you feel are necessary. These review meetings can be held at your residence or at an alternate site mutually agreed to by you and your care manager. At least one of your Life Plan meetings must include all of your HCBS Waiver service providers and others as necessary or agreed upon. Additionally, two more contacts can be billed for Basic HCBS Plan Support if needed.

I understand that the Basic HCBS Plan Support care management service only coordinates my developmental disability services and is different from the Health Home Service. Your Care Manager will discuss and educate you about the benefits of Health Home Care Management, which is a more robust Care Management option available to coordinate care, combining developmental disability services and supports with health and wellness services.

This consent must be reviewed with you and others as necessary or as agreed upon at the time of enrollment in CCO Basic HCBS Plan Support service and once annually.

Signatures - By signing this form, I, my family member and/or advocate and Care Manager affirm that CCO Basic HCBS Plan Support service responsibilities were discussed. I also affirm I have made an informed choice and I was provided a copy of the Person-Centered Planning notice. By signing this form, I consent to enroll in the CCO’s Basic HCBS Plan Support service.

Individual ___________________________________________ Date ______________________

Family Member/Advocate ___________________________________________ Date ____________
Tracking and Submission

• The *MSC Tracker for Enrollment Decisions* template was provided as an attachment to the May 4, 2018 memorandum.

• The MSC agency **must** provide one completed template to each agency from which decisions are requested and it must include all individuals in need of a decision from that agency.

• The MSC agency CEO will submit this to each agency.
Where to Send Packets

Based on where the individual lives

• Voluntary-operated residential provider
  – Packets sent to the CEO of the agency operating the individual’s residential facility

• State-operated residential provider
  – Packets sent to the DDSOO Director for the region the residential facility is located in

• Individual does not live in a certified residential program
  – Packets sent to the DDRO Director for the region the person resides in
Common Reasons for Returned Submissions

- Missing Individualized Service Plan (ISP)
- Missing individualized information letter
- Missing documentation of three attempts to contact decision-maker
- Submission by individual Medicaid Service Coordinator instead of MSC Agency CEOs
- Packets submitted to incorrect decision-maker
- No tracker submitted
Transition to State Paid Care Management

• Any person currently receiving state-paid Service Coordination, will be enrolled in Care Management based on the affiliation of their MSC agency

• This will include Willowbrook individuals living in Intermediate Care Facilities (ICFs) and nursing homes, as well as other individuals

• A CCO selection form in CHOICES cannot be completed for these individuals
Willowbrook Enrollment – Process Flow

For Class members fully represented by the CAB and others who will need the CAB as their decision makers

- The CEO of the MSC agency/or designee completes a spreadsheet with identifying information for all Willowbrook Class Members on their MSC caseloads. This includes those class members whom the CAB fully represents, as well as those who are not fully represented by the CAB.
Willowbrook Enrollment – Process Flow

• The CEO of the MSC agency/or designee sends the completed spreadsheet along with the packet of information for those that CAB needs to make a decision for to Antonia Ferguson for distribution to the appropriate local CAB representative
Willowbrook Enrollment – Process Flow

Send Packets to:

Antonia Ferguson
Attention: Consumer Advisory Board
1050 Forest Hill Rd
Staten Island, NY 10314

Packet includes:

• ISP
• Individualized information letter
• Consent forms

In addition to the packet – Willowbrook trackers should also be sent
Willowbrook Enrollment – Process Flow

• After the Medicaid Service Coordinator schedules a meeting with the CAB representative, they and the class member will discuss the information and relevant materials with the Medicaid Service Coordinator to determine the enrollment and selection of an appropriate CCO for the class member
Willowbrook Enrollment – Process Flow

• The Medicaid Service Coordinator documents the decision for CCO and level of service in the CHOICES system.

• The Medicaid Service Coordinator provides the signed consent forms and other required documents to the CCO of the person’s choice.
For Class Members with Decision-Makers Who Are Unavailable or Unresponsive

- The Medicaid Service Coordinator makes efforts to obtain a decision from the identified decision-maker based on the list of decision makers in the emergency regulation. All efforts must be documented and can include phone calls, emails and letters.

- After three unsuccessful attempts to obtain a decision from the identified decision-maker, the Medicaid Service Coordinator notifies the CEO of the MSC agency that a decision is needed from the CAB.
For Class Members with Decision-Makers Who Are Unavailable or Unresponsive

- The CEO of the MSC agency/or designee sends a new spreadsheet with identifying information for people who need a CAB decision along with the packet of information to Antonia Ferguson. The packet includes:
  - The individualized informational letter
  - The individual’s current ISP
  - The consent forms (Health Home Care Management and Basic HCBS Support)
  - Documentation that three attempts were made to obtain a decision
For Class Members with Decision-Makers Who Are Unavailable or Unresponsive

- The Executive Director of the CAB or designee will discuss the information with the Medicaid Service Coordinator and reviews the relevant materials and completes the consent forms.

- The Medicaid Service Coordinator documents the decision for CCO and level of service in the CHOICES system.

- The Medicaid Service Coordinator provides the consent forms and other required documents to the CCO of the individual’s choice.
Willowbrook Tracker

• All Willowbrook class members should be entered onto a spreadsheet/Willowbrook tracker and sent to Antonia Ferguson at:

  Antonia Ferguson  
  Attention: Consumer Advisory Board  
  1050 Forest Hill Rd  
  Staten Island, NY 10314
Thank you – Questions?
Care.coordination@opwdd.ny.gov