



PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Public Briefing

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Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



Agenda

- Why New York is pursuing the People First Waiver
- Critical System Reforms within the Waiver and What they Mean
- Brief Review of Waiver Development to date
- Next Steps in Waiver Development



PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Why is the People First Waiver Necessary?

It's not just about the here and now.

It's about where we are **nOW** and where we'll be in a **decade** and the years following that.

It's about coming together as a community to plan for a future that is sustainable and shaped by us, not 'for' us.





Why reform?

Our System Needs:

- To improve quality and outcomes for individuals by offering **greater flexibility** in how we support people.
- To offer **more community living options** for individuals who still reside in institutions.
- To support **more people and families each year**.
- More **who are aging**, more with **autism spectrum disorders**, and more with **complex medical needs**.
- To restructure for **fiscal sustainability**.



The People First Waiver and NYS Medicaid Reform

- New York's Medicaid Redesign Team (MRT) and changes in State law
 - Expanding Medicaid Managed Care Enrollment
 - Establishing Mandatory Managed Long-Term Care Plan Enrollment
- The waiver will take advantage of the best parts of managed care, while avoiding the “medicalization” of our specialized system of support for people with DD.



Vision for the Future

A person-centered service system that delivers coordinated, comprehensive care to meet identified need and measures true effectiveness.

Main Elements of Reform:

1. Creating a Person-Centered, Demand-Oriented System

Big Change: **Need-focused service planning**
Equity across NYS
Self-Direction available to all

2. Enhancing Care Coordination and Person-Centered Planning

Big Change: **Cross system coordination of comprehensive services**
Ready access to one person for all care coordination needs

3. Enhancing Community-based Services

Big Change: **Supports for higher levels of need in community**

4. Modernizing the Financial Platform

Big Change: **Funding individual's service needs, not service allocations**
means everyone is served.





Basic Financial Facts about the Waiver

- Comprehensive - includes all funding for all Medicaid Services used by people with developmental disabilities
- Secures current funding levels, not more
- Allows NYS to carefully structure a more sustainable system to support people during times of fiscal challenge



Critical Reform: Supports & Services

- Enhanced community-based supports
- Habilitative supports based on interests and needs
- Broader residential support options, including supports in non-certified settings
- Increased respite and behavioral support to families
- Developing intensive, community-based clinical supports and services that can successfully support individuals with greater needs in community settings
- Provision of institutional services for short-term, intensive treatment and stabilization





Critical Reform: Supports & Services

This means:

- No one has to leave their home.
- Not likely to be new homes developed now, **BUT** will be new support options.
- People can experience more integrated settings.
- People can keep their current providers.
- There will be some provision for “out of network” services.
- DISCOs will be required to support all levels of need.
- Family Support Committees will continue to advise OPWDD regarding family supports.



Critical Reform: Needs Assessment

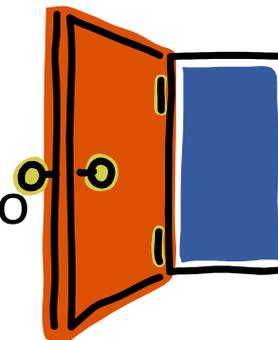
- New interRAI Assessment Suite will be phased in thoughtfully:
 - Starting with case studies,
 - Moving next into DISCO pilot projects,
 - Next into use with all new comers to the service system, and
 - Eventually, over time, to be used with those currently receiving services.
- Will be independent, delivered by OPWDD
- We will be careful not to disrupt lives, but to note opportunities for greater integration and independence based on needs, strengths and desires.₁₀



Critical Reform: Needs Assessment

This means:

- OPWDD's system will link to the DOH's Uniform Assessment to create "No Wrong Door" access to comprehensive services.
- OPWDD will have a consistent and valid way to identify service needs for greater equity in the system.
- OPWDD will begin training state staff for the assessor role.
- The interRAI will inform – not replace - person-centered planning.
- Everyone will eventually have opportunity for reassessment and more individualized services.





Critical Reform: Care Coordination

- “No Wrong Door” – allowing individuals and families to enter NYS service systems from any point of entry
- Funding that targets individual needs (not service categories) through a care coordination entity.
- A person-centered, interdisciplinary team approach.
- Care plans will be shaped by the individual, family and advocates.
- Essential components of care coordination team:
 - Quality, person-centered planning, training of care coordinators
 - Cross-system coordination
 - Ease in accessing team, one person to address all questions
 - Advocacy
 - Special consideration for Willowbrook class



Critical Reform: Care Coordination

This means:

- MSC will transition to Care Coordination.
- Many MSCs will provide care coordination.
- Others may provide independent advocacy.
- Other possible future roles include independent living specialists or community specialists to work one-on-one with individuals.
- Cannot guarantee that each MSC will continue to serve their current individuals.



Critical Reform: Fiscal Efficiency & Accountability

- Capitation model – DISCOs are funded to meet each individual's needs
- DISCO as fiscal intermediary & provider of services
- Financial incentives for quality outcomes
- If pilot projects demonstrate medical savings, we want savings to be used to support expanded habilitation supports.
- Initially, may be some “risk mitigation strategy” while DISCOs gain experience.



Critical Reform:

Fiscal Efficiency & Accountability

This means:

- The DISCO will assume full financial risk for meeting each person's service needs within its capitation revenue.
- No limit for spending on any individual; capitated rate does NOT equal limited services.
- DISCOs will be required to serve people with all levels of service need; they cannot drop high-cost people.
- Choice - At least two DISCO choices for everyone
- All individuals will have option to self-direct an individual budget.
- Individual advocacy & due process rights are preserved.



Critical Reform: Improving Quality

The new waiver will:

- Measure quality by meaningful outcomes –
 - Individuals' progress**
 - Support for direct care staff**
 - Effective governance**
 - Individual/family satisfaction**
- Create a Quality Rating Scale that is available to the public
- Use new technology to improve coordination of care & services and personal outcomes



Critical Reform: Improving Quality

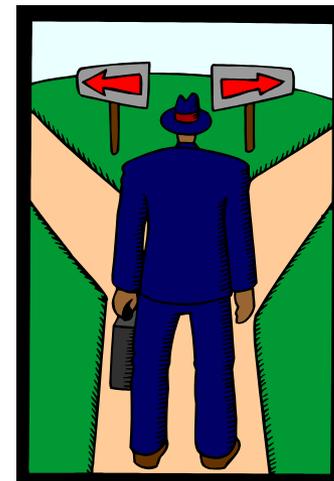
This means:

- Continuing accountability for health and safety
- Quality will focus more on the identified personal outcomes for individuals.
- Agencies will establish systems for self-assessment and quality improvement.
- An agency's quality rating will be made available to the public through a variety of means.



Supporting Choice within Managed Care

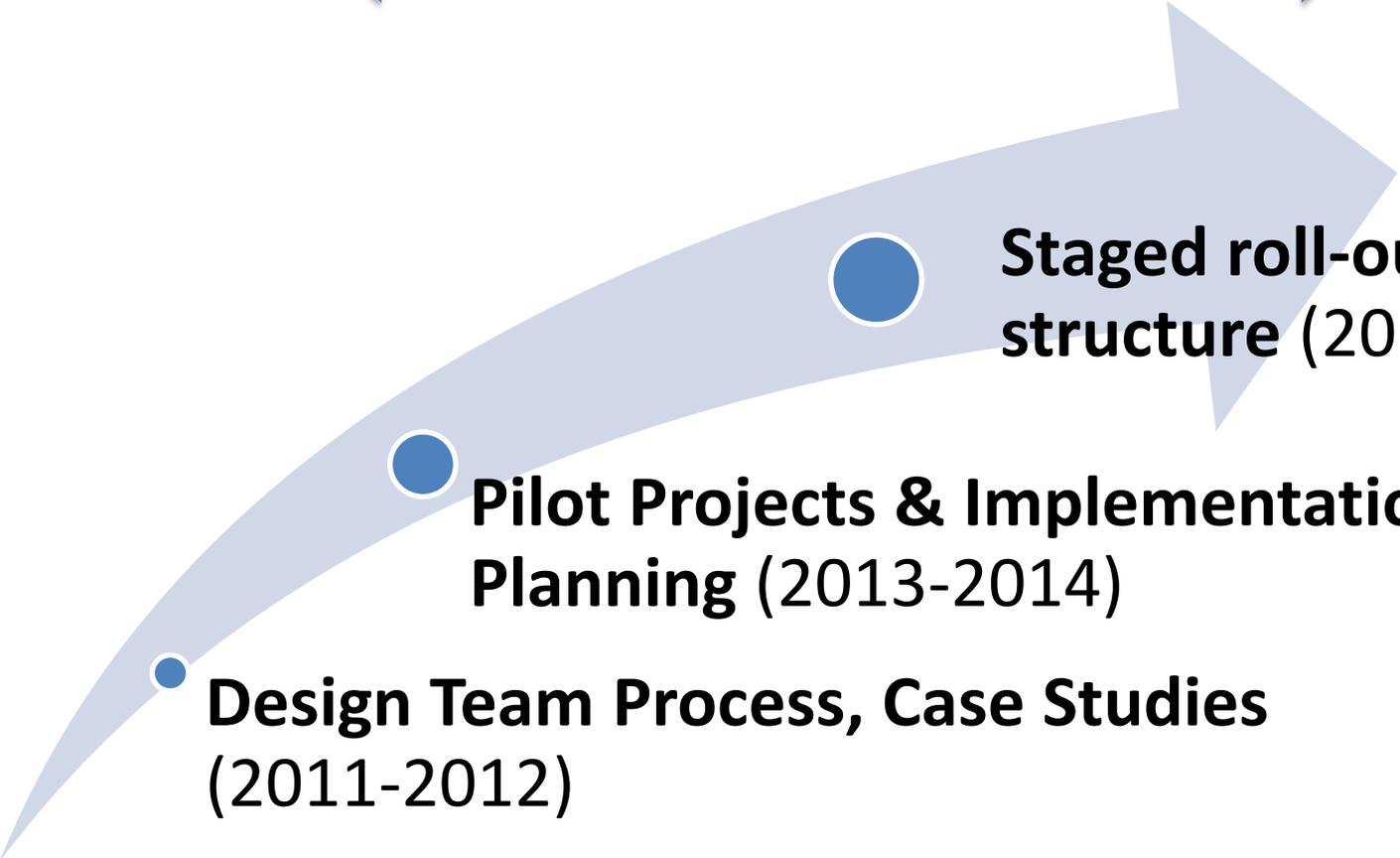
- Due process rights continue.
- Independent advocacy continues.
- New access to data on agency performance.
- New, valid needs assessment performed outside the DISCO will identify each person's needs.
- Enhanced person-centered planning process with greater input from individual & family.





A Five-Year Reform Process

← **Evaluation** →



**Staged roll-out of DISCO
structure (2015 +)**

**Pilot Projects & Implementation
Planning (2013-2014)**

**Design Team Process, Case Studies
(2011-2012)**



Focused Case Studies

Purpose – *to immediately begin to test key reform concepts on a small scale*

Tested concepts – *assessment tool, care planning process, documentation practices, new measures of individual outcomes, global budgeting*

Participating Agencies – *high performing agencies*

Schedule - *One year of study beginning with CMS approval, formal evaluation*



Pilot Projects

- Anticipate that most will provide traditional OPWDD services (partial capitation)
- Some may be prepared to provide comprehensive care (fully capitated)
- Enrollment will be voluntary
- Subject to outside evaluation
- Will form the basis for statewide roll-out of initial, non-pilot DISCOs beginning in 2014/15.



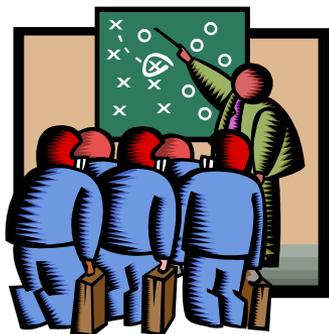
Waiver Development Process

Activity	Date
Listening Sessions Public Forums	Spring 2011
Steering Committee & Design Team Process	Summer 2011
Public Briefings 5.07 Plan Hearing	October & November 2011
Request for Information	November & December 2011
Preparation for Case Studies	November 2011- Present
CMS Negotiations	June 2011 - Present



Next Steps

- Continued negotiations with CMS to finalize a waiver agreement.
- Preparation for Pilot Projects: Analysis of RFI input, Pilot Application Process
- Development of Implementation Plan and Advisory Body
- Extensive Continued Public Dialogue
 - Bi-monthly Updates with Provider Agencies
 - Monthly updates with individuals and families
 - Continued use of Web page



Next Phase: Implementation Planning

- Establishment of Public Workgroups and internal workgroups to develop Implementation Plan
- Transition oversight from Steering Committee to Developmental Disabilities Advisory Council
- Additional public input opportunities



Where can I get more information?

People First Waiver Web page is accessible via
OPWDD's home page: www.opwdd.ny.gov/

People First e-mail address for comments
and questions: People.First@opwdd.ny.gov

People First Comment Line:
1-866-946-9733 or TTY: 1-866-933-4889