



August 24, 2011

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Introduction: The meeting was the second for the Steering Committee and was focused on three key areas. Design team chairs presented preliminary recommendations from their teams for consideration and comment by the committee. The Commissioner presented areas that crossed several design teams and that require consensus as we proceed with the waiver design. Additionally, next steps were discussed related to the waiver development process and OPWDD comprehensive planning activities.

The presented content is summarized in the PowerPoint and the design team summaries that are posted along with this document. These minutes are meant to capture the feedback provided by the Steering Committee members and the general discussion content during the meeting.

Initial Comments: Positive feedback was given regarding the comprehensiveness and the transparency of the information available to stakeholders regarding the waiver development process and design team deliberations. It was noted that the People First Web page is kept up to date and has comprehensive and understandable material that clearly identifies pertinent information.

Concern was raised that many families have expressed fear about losing services and supports. It was suggested that a *Question and Answer* be developed that addresses parents' concerns in plain language.

Much of the discussion at the Steering Committee meeting centered around the role of a care management entity that would receive Medicaid payment and coordinate the full spectrum of Medicaid services in concert with individuals with developmental disabilities and their families. Because the intent is that these new, specialized entities will be formed by organizations that have experience working with individuals with developmental disabilities, for discussion purposes these specialized care management entities will be known as Developmental Disabilities Individual Services and Care Coordination Organizations (DISCOs). Based on individual choice, the DISCO might provide services directly or services might be provided by other providers that have a contractual arrangement with the DISCO for the provision of a broad array of long-term care services and health care services.

Design Team Presentations – Steering Committee feedback:

Access and Choice

- The Steering Committee concurred with the recommendation to pilot assessment tools, however, cautioned that the pilot projects should engage a broad based group of individuals with a variation of need levels so that the evaluation is adequately representative.
- The need to ensure that choice is inherent in the support models was reinforced.
- Practicing innovation to meet personal outcomes is integral to the concepts of self direction and person-centered planning.



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- It was suggested that there be significant efforts to ensure that access to supports is maximized and that answers related to eligibility be provided in a timely manner.
- It was raised that the initial assessment should be unbiased and not influenced by the resource allocation that is ultimately established based in whole or in part on the assessment results. The independence and accuracy of the assessment process might be enhanced by having an entity other than the DISCO completing the initial assessment, building in other “firewalls,” or ensuring careful oversight and validation of results.

Care Coordination

- Based on the *Design Team Parameters* document, the care coordination function is within the DISCO. This document is available on the People First Waiver webpage at www.opwdd.ny.gov/2011_waiver/images/waiver_design_parameters_list.pdf.
- A question was raised about how to pay for the “more elaborate” care coordination model. The answer, from Commissioner Burke and design team member Mike Rogers, included anticipated outcomes that are inherent in the waiver concept, such as:
 - Administrative efficiencies
 - A broader array of support options will balance the levels of support in a manner that increases capacity and decreases cost
 - Improved coordination of care will result in a reduction of acute hospitalizations for physical and behavioral health, thus reducing costs
 - Maximizing natural and generic community support options
- It was recommended that there be significant investment in families as the core natural support. In particular, families will benefit from the expansion of flexible funding streams.
- A Steering Committee representative recommended that, in addition to the DISCO directly providing care coordination, care coordination might also be provided by a subcontracting provider within the DISCO’s network.
- It was felt that the term “whenever possible” be clarified as it related to the opportunity for individual choice of providers.

Services and Benefits

- It was recommended that the design team more clearly identify what was meant by “access to quality health and dental care as necessary to meet individual’s needs.”
- There was feedback regarding the need to develop supports that avoid the overuse of emergency rooms and other high cost treatment. Particular focus on the need for adequate mental health supports in the community was identified.
- There was recognition that people and/or their families fear moving to less restrictive settings and that there is a need to ensure that people can change their minds if it does not work out.
- Several Steering Committee members raised the need for adequate housing supports and related flexible funding.



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- Current rules about who can provide what type of support can get in the way of innovation and the provision of flexible supports, such as medication administrative in an uncertified setting. These rules should be reviewed and changed to promote flexibility in the waiver design process.

Fiscal Sustainability

- There were a few comments related to the incorporation of health care services into the waiver and the challenges of finding medical providers who are knowledgeable of individuals with developmental disabilities and are willing to take the reimbursement rate for services. It was recommended that OPWDD be proactive in fostering effective partnerships for the provision of health care.
- There was a great deal of discussion on the suggestion of using for-profit providers in the network within the DISCO. It was identified that having more providers to choose from would provide greater competition, with commensurate quality improvements to attract customers. Also, the broader the options, the greater the choice. The pros and cons and some possible restrictions (profit caps) were discussed. Note: individuals served today use for-profit providers (e.g., home health aides or personal care aides), and in order for individuals to enjoy continuity of service provision, these types of providers would need to be among the subcontractors within a DISCO's network. Purchases of adaptive and durable equipment are also currently made from for-profit merchants.
- The DISCO will need to serve a sufficiently large number of individuals to ensure that financial risks and service needs can be effectively balanced within the capitated rates. It was discussed that the most effective size and grouping of individuals would need to be tested during demonstrations.
- The health home model of care coordination was discussed. It was agreed that the clinical team approach is consistent with the principles put in place by OPWDD. The concepts of the health home are integral to the identified "essential components of care coordination." The role of the health home services within the People First Waiver is being evaluated.
- There was discussion on how the capitated rates would be established and that initially, there may be the need to factor in agency historical cost data in addition to aligning funding with individual needs.
- Clarification was provided that the DISCO would receive the capitated per member per month reimbursement and that there could be a variety of payment methodologies established between the DISCO and members of the provider networks. It is OPWDD's intent that better methods of reimbursing all service providers (DISCOs and subcontractors) can be established within the People First Waiver to support an increased focus on individual outcomes and minimize administrative costs for all providers.
- Concern was raised that achieving anticipated cost efficiencies, particularly from for-profit providers, could have a negative impact on efforts to improve wages for direct support professionals (DSPs). It was recommended that the DSP—as the key support in many individuals' lives—must be more highly valued.



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Quality

- Feedback regarding the quality matrix identified that the provision of person-centered planning should be more evident in the level three section of provider measurement.
- The point was made that this is the time to evaluate regulations and practices that get in the way of flexible, person-centered supports and to make appropriate revisions so that supports can most closely align with people's interests and needs.

General Discussion: Commissioner Burke presented the key cross cutting focus areas in a summary format so that the participants would be familiar with the concepts and still have some time to engage in a more general discussion of issues. The concepts included independent advocacy, risk, and pilot project design issues. The following points were made in the general discussion period:

- Integrated technology systems that span the newly proposed structures and that enhance communication, record keeping, and quality improvement activities are essential to ensure quality outcomes for individuals. It was identified that OPWDD is actively evaluating information technology needs and effective systems that are currently in place at some agencies.
- The value of being the payer of services and the care coordination entity was articulated as bringing leverage to care coordination, thus enhancing individuals' access to needed services.
- There was discussion about the assessment process. While it was understood that there is a need to complete an assessment to set a resource level, there was discussion about the continual need for assessment as part of the care coordination function to ensure that the care plan is appropriate for people and continues to be effective in delivering the desired personal outcomes.
- There was discussion of the role of independent advocacy for individuals. Steering Committee members identified practices that could be helpful for complaint resolution such as establishing an office of the advocate within the DISCO.
- The need to ensure that a system of clinical supports that can effectively meet the needs of individuals with complex needs was highlighted by several Steering Committee members. It was noted that we need to ensure assessment teams that can develop services and respond to changes in the person's clinical profile. The particular needs of individuals with dual diagnoses were identified as requiring responsive, evidence-based treatment methods of support.



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Next steps:

- The recommendations of the design team, having incorporated Steering Committee feedback where appropriate, will shape the waiver request to CMS. Through the CMS discussion process, continued public engagement will take place.
- The state 5.07 plan process will focus entirely on the People First Waiver design.

Through the months of September and October, the 5.07 plan will be finalized through public hearing input, and the final report will be presented to the Steering Committee.