



Transformation Panel

MEETING TITLE: Transformation Panel: Managed Care II
DATE/TIME: May 21, 2015

Panel Member Attendees:

- Kerry A. Delaney, Acting Commissioner, Office for People With Developmental Disabilities
- Gerald Archibald, The Bonadio Group (via conference call)
- Donna Colonna, Services for the Underserved
- Susan Constantino, Cerebral Palsy Associations of New York State
- Barbara DeLong, Parent (via conference call)
- Stephen E. Freeman, Freeman and Abelson Consulting
- Ann Hardiman, New York State Association of Community and Residential Agencies
- Steven Kroll, NYSARC
- Clint Perrin, Self-Advocate
- Peter Pierri, Interagency Council of Developmental Disabilities Agencies
- Michael Seereiter, New York State Rehabilitation Association
- Seth Stein, Moritt, Hock & Hamroff
- Arthur Webb

Absent:

- Charles A. Archer, Evelyn Douglin Center for Serving People In Need, Inc. (EDC-SPIN)
- Nick Cappoletti, Developmental Disabilities Advisory Council Chairperson, Parent
- Steve Holmes, Self-Advocacy Association of New York State, Inc.
- Rob Scholz, Deputy Director of Contracts, CSEA

OPWDD Staff:

- Neil Mitchell, Special Assistant to the Commissioner
- Diane Woodward, Statewide Assessment Coordinator
- Helene DeSanto, Deputy Commissioner, Service Delivery
- Joanne Lamphere, Deputy Commissioner, Person-Centered Supports
- Kate Marley, Director, Waiver Management
- Kevin Valenchis, Deputy Commissioner, Enterprise Solutions
- Deb Franchini, Director of Advocacy Services
- Jennifer O'Sullivan, Director of Communications

Other New York State Staff:

- Donna Cater, Department of Health
 - Sheila Carey, DD Planning Council
 - Robin Hickey, DD Planning Council
 - Lou Raffaele, Division of the Budget
 - John Ulberg, Department of Health
- KPMG
- John Druke
 - Andrea Cohen

WELCOME AND OVERVIEW OF THE MEETING: ACTING COMMISSIONER DELANEY

- Welcome and thank you for joining us today. I would like to start out with two topics today: the community meeting that occurred on Tuesday, May 19th, and the vision of supporting people with developmental disabilities.
 - A number of family members asked members of the Panel to discuss progress on the discussions to date and share their concerns. Families have a lot of concern about addressing the day to day needs of the people they care for.
 - The Panel members that attended the meeting shared what they heard at the meeting.
 - The Panel agreed that engaging families and community members earlier on in the discussion related to transformation would be beneficial to both families and the Panel.
 - It is important to recognize and address the concerns that have already been raised, as well as provide an opportunity for input into future recommendations
 - In addition, there are a number of conferences and other group meetings that are already scheduled. These meetings might be an opportunity to engage people in the dialogue as well.
 - OPWDD will start to work on a format and schedule to support regional dialogues in communities before draft recommendations are issued.
 - Acting Commissioner Delaney discussed the vision setting to help set the context for transformation, and outlined the goals of moving to an integrated model that supports people to live the lives they choose, and experience good health, growth, and relationships.
 - The Commissioner's remarks are included here:

Good morning and welcome,

We have much to accomplish today in terms of discussion on managed care. But before we get to that, many panel members in the last meeting asked the question and expressed the sentiment “where is all this going”; “what is the vision behind all this work we are doing”. That gave me pause, and caused me to step back and really evaluate what we’ve said about transformation; and how much people truly grasp the vision for transformation that’s been established. Essentially, the vision is that at the end of all this, people with developmental disabilities will be accepted as part of our lives and communities, living the lives they choose and experiencing good health, growth, and personal relationships just like anyone else rightly expects out of life. We focus on employment, on living in the community, on self-direction because they are some of the outcomes people have told us they want. We’ve made progress towards making this vision a reality for many people by helping them get jobs, helping them leave institutions for better lives and taking control of meeting these needs through self-direction. But we haven’t been able to make these a reality for everyone in our system.

We want to focus on the quality of a person’s experiences and therefore the quality of the services provided to help them have those experiences. The way our system is currently set up and, quite frankly, the FFS Medicaid system cannot get us there. We think that by providing fully integrated, quality services, supported by networks of high performing providers whose task is to focus on good health, growth, personal relationships and achieving the outcomes important to people they serve, and who

have the flexibility to meet people's need in ways we simply don't have today, we can get there. That is why we selected managed care as a vehicle for helping with the achievement of the vision, and that is why we are still committed to it today.

I asked the panel to come together to help make this vision a reality because I believe that we can come up with real strategies to advance this vision, which some of you I think have had long before it became OPWDD's. It is what people have really been asking us for---as a person with a developmental disability, challenging us to do better; a parent who has had these hopes and dreams for their children; or as a provider of services with deep and longstanding connections with the people you serve.

So in some ways I think today's agenda is a fitting way to resume our conversations. We are stepping back and looking at how managed care will work from the perspective of the person. Then we are looking at those quality measures that we hope will ensure that providers are doing what we've asked them to do.

- The Panel then discussed the importance of sharing this vision with community stakeholders to help everyone understand what we are working towards

- **THE FOLLOWING NOTES PROVIDE A SUMMARY OF THE DISCUSSION THAT TOOK PLACE RELATED TO A PERSON'S ENTRY TO AND EXPERIENCE WITH MANAGED CARE**

- Overview of the Managed Care (DISCO) Process: Presentation by JoAnn Lamphere and Kate Marley

- Please refer to the OPWDD website to download and view the referenced diagram
- The goal of the process map is to outline what changes and what stays the same under the new model
- The left side has the basic steps that people go through before accessing services
- The right side has examples of the different responsibilities of the DISCO and how the different pieces will come together. This is just a sample list for illustrative purposes. It is not meant to be exhaustive
- The goal is to design a system to better serve people with developmental disabilities. We want to look at managed care from a person centered perspective, and how this will impact individuals, families, providers, etc.
- The large circle in the middle is the focus
- Enrollment Steps:
 - 1) Eligibility will continue to be determined by the regional office
 - 2) Assessment will be done utilizing the CAS tool to achieve a conflict free assessment. OPWDD is responsible for the initial assessment and an assessor will engage with the person and the family to complete the CAS. The tool is intended to record the needs of people with developmental disabilities. The integrity of the tool remains the responsibility of OPWDD.
 - The CAS tool is currently being validated. The goal is for OPWDD to be using the tool by Jan 1, 2016 for newly eligible adults although a delay of a couple months is anticipated.
 - The CAS will look at a person in a holistic way, use a person-centered process, and capture health and long term needs

- Information gained from the CAS will be integrated with other information to inform the person-centered planning process
 - Everyone will receive the same core assessment, but there are more specialized modules to explore additional individual needs
 - 3) Individuals and families will work with an Enrollment Broker to discuss the various options available. Entering into managed care is voluntary. Plans will not be able to advertise to families and can only offer information about a plan upon request of the individual or family
 - 4) Families and individuals make the decision on a care plan
 - 5) Enrollment into the DISCO is started
- The Components in the DISCO:
 - 1) Specialized assessment is completed between the plan and the family / individual, if needed.
 - 2) Develop and update care plan: all individuals will have plan of care that will be meeting their needs. This is fundamentally different under managed care because the plan will be more person centered, and designed with the individual and the family at the center.
 - The Panel asked about the rate setting process under this new model. The individual assessment will generate a result (e.g. a score), and a corresponding budget will be built around it.
 - Further work is underway to develop the different mechanisms that will impact budgets and rate setting
 - A care plan is broader than defining Medicaid services, it is about what the person may want or need to self-actualize. It could be something arranged in the community they live in to meet their goals. Further analysis is needed.
 - 3) Design and Updating of the Care Plan: The electronic individualized service plan (EISP) is an important component. The days of filing cabinets are over; we want to move to portals, and web based databases and systems that better protect privacy and allow quick access to information. This will also support gathering and reporting against metrics. A more sophisticated system will help drive increased efficiency for more effective care, and more communication.
 - 4) Organized Service Delivery: capacity is a critical issue members believe the State needs to focus on. This is not the focus of managed care providers. Developing better housing alternatives is key. The DISCO will manage all services close to home and be more flexible. The focus is on how care is organized and how the assurance of care and service delivery happens. This will also be enabled through IT tools.
 - 5) Assure delivery of quality services: The plans responsibility is to assure the delivery of quality services. The point is to capture data in an ongoing way and then analyze, monitor, and provide feedback to support correct action. Data will also be reported to the public so individuals and families can choose the best plan that supports the outcomes they need. We want to focus on the quality of the experience of the individual and need to communicate that in meaningful ways. It is important to explore how we get this information to individuals and families, without it being overwhelming.
 - The Panel asked how metrics would consider both regulatory requirements and quality metrics. This will be discussed in more detail at a later stage. However the intent is to use measures that are appropriate to our population and have measures that are related to achieving the goals of individuals with developmental disabilities.

6) CAS Re-Assessment: This will occur each year or when a significant or “sentinel” event (which impacts a person’s setting or capacity) happens. This will trigger the feedback loop.

- The managed care plan is responsible for the provider network. This includes making sure there is an adequate network of professional providers available, that they have the required credentials, training, and provide ongoing quality oversight and reporting to various agencies on the changes. The DISCO will help manage the overall network and ensure high performance.

— Overview of the Managed Care (DISCO) Process: Panel Discussion

- The Panel noted that the diagram is a helpful tool to understand how the new model will work
- The diagram can help serve as an educational tool, however there are some details and updates that need to be made – including adding in more information related to the regulatory requirements
- Different audiences will need different levels of detail and information – OPWDD can work on making updates and changes
- There is a need to make the list of services on the right hand side more inclusive to show the benefit of having all provides under one network
- Families will need access to information related to managed care. This can include scripts for the staff helping them, services in the network, and information on the quality of care
- There is some concern on behalf of the providers related to people who may voluntarily leave the plan, and the impact this will have on budgets and service planning. This is an important consideration for the financial model
- It is important to make sure providers in the healthcare system are sensitive to serving people with developmental disabilities
- We need to make sure the community understands and respects the needs of each individual. Continuity of service is also an important factor and should be considered when writing the next waiver. Stability and predictability has a consequence on rates and claims as well.
- The Panel asked if it is anticipated that families and individuals can shop around and get the best plan. We want to support everyone to make informed choices regarding plans, and receive good quality data to help in making decisions. So people can look at a number of factors:
 - The types of outcomes
 - The robustness of the network – ensuring providers in the network to meet an individual’s unique needs
 - The service quality
- It might be possible to explore greater flexibility in different plans with different providers in the network. This exists right now with Medicaid Advantage. People have a right to basic services, and depending on the plan have the possibility of getting extra services. This model can be explored further.
- The developmental disability community is not familiar with the Medicaid Long Term Care (MLTC) package. They need to be educated on the rich array of services and how these services work. Families also need to be educated on how OPWDD and the DISCO will all come together to offer an integrated package.
- Managed care provides the opportunity to move away from fee for service and look toward value based payments.
- It is important to help providers invest in technology so they have the capacity to respond and measure the outcomes required. It will be important to start thinking now about interoperability, using the MAPP portal, and alerts and connectivity.

- Discussion on of Quality Measures Related to Managed Care: Presentation by JoAnn Lamphere and Kate Marley
 - Quality measures need to be at the individual level and at the system level
 - The approach that we have to quality, and our overall objective, is to improve the quality of life for individuals and families through ongoing monitoring and looking at our system performance.
 - We will incorporate perspectives from National Council on Disability and use measures that are relevant to and valid for the DD population.
 - We want to use standardized tools
 - It is important to look at encounter data, and look at the number of times a person is receiving services. Ongoing monitoring and adjusting the services accordingly is important
 - The DISCO is focused on quality management
 - There are three domains for quality measurement:
 - 1) Process Measure
 - 2) Performance Measures
 - 3) Outcomes
 - OPWDD will remain the program certifier
 - DISCO report cards will be used to evaluate performance at the systems level
 - Satisfaction surveys will be used to look at how satisfied with care and quality of life individuals and families are.
 - POM (Personal outcome measures) will be used for annual coordination reviews
 - DISCOS will work with providers related to grievance and complaints and look for patterns and opportunities to address the problems
 - We are not moving away from CQL

- Discussion of the of Quality Measures Related to Managed Care: Panel Discussion
 - Employment is always used as the example when we look at performance measures. We don't see performance measure examples for the complex, hard to measure situations. For someone who is dependent on help 24/7 the performance measures will be very different. We need to have examples to share with families with more complex needs.
 - The Panel suggested engaging families in the discussion of what type of outcome measures are important to them
 - An investment is required to develop the measures, and roll them out. We need resources and technology to support this
 - We need to refine some of the examples that have already been developed
 - We can't assume everyone wants to work, or can work, when we develop measures
 - We need to make sure our lives are not over-measured. The outcome isn't the measurement, we want to make sure people live the lives they want to be living and not get lost in the outcome data.
 - It is important to clarify who will play what role in the credentialing process, ie CMS, State, Providers etc. We need to make sure regulatory requirements are met
 - Joining a network can also be performance based, to help maintain a certain level of quality
 - More work is required to understand all of the connection between the Justice Center – there will be a level of coordination required here
 - Real time tracking through managed care will help provide positive value to families and individuals

- OPWDD is exploring how reporting will roll out over year 1 and year 2, and going forward etc. How this will be rolled out over the long term will take further consideration
- Under managed care there will still be fee for service payments until value based payments can be established
- The Panel reiterated the importance of outlining the benefits of managed care and how this new model will support families and individuals and where the flexibility will come from.
- In addition to managed care, there is a need to review the regulatory requirements related to reporting and monitoring to make sure they align with the new objectives and goals and are not overly burdensome to deter from innovation and flexibility
- Under the new managed care model is it not entirely clear where the risk sharing for providers is – and how this will be addressed while a fee for service model is still in place
- The new model will help to align incentives. The evaluation of these incentives needs to be understood and all entities must be working towards the same goal of supporting an individual to achieve his or her personal goals
- We need to build a system that is responsive when something goes wrong, when someone gets evicted, or when an incident happens, to make sure everything is stable for people. We need to know if the system can be flexible enough to respond quickly
- It is important to track and measure what happens after an incident and how the plan of care is adjusted
- The Panel asked about the role of OMIG going forward and the extent to which they will be involved in audit and reviews. It was discussed that OMIG would continue to stay involved in a similar capacity as they are now. However, some changes will be required, for example it is not clear what encounter audits will look like.

NEXT STEPS

- OPWDD is going to look at developing other examples of outcome measures, and explore more complex cases. Barbara DeLong has offered to support this process and provide insight
- OPWDD will start to work on a format and schedule to support regional dialogues in communities to gather input from providers, families, and individuals on a more accelerated schedule
- OPWDD will take the feedback provided from the Panel and update the managed care model placemat