



## Transformation Panel

MEETING TITLE: Transformation Panel: Managed Care  
DATE/TIME: May 5, 2015

### Panel Member Attendees:

- Kerry A. Delaney, Acting Commissioner, Office for People With Developmental Disabilities
- Gerald Archibald, The Bonadio Group (via conference call)
- Nick Cappoletti, Developmental Disabilities Advisory Council Chairperson, Parent
- Donna Colonna, Services for the Underserved
- Susan Constantino, Cerebral Palsy Associations of New York State
- Barbara DeLong, Parent
- Stephen E. Freeman, Freeman and Abelson Consulting
- Ann Hardiman, New York State Association of Community and Residential Agencies
- Steve Holmes, Self-Advocacy Association of New York State, Inc.
- Steven Kroll, NYSARC
- Clint Perrin, Self-Advocate
- Peter Pierri, Interagency Council of Developmental Disabilities Agencies
- Rob Scholz, Deputy Director of Contracts, CSEA
- 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)

### 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

### Other State Staff:

- Donna Cater, Department of Health
- Jim Huben, New York State Developmental Disabilities Planning Council
- Lou Raffaele, Division of the Budget

### KPMG

- John Druke
- Andrea Cohen

## **WELCOME AND OVERVIEW OF THE MEETING: ACTING COMMISSIONER DELANEY**

- Welcome and thank you for joining us today
  - It is important to understand the context in which we are discussing managed care. There are a number of initiatives underway that impact people with developmental disabilities. For example, DSRIP is focused on reducing unnecessary hospital visits by 25%. The State Health Innovation Plan (SHIP) aims to help achieve more integrated care for all New Yorkers
  - There is “innovation fever” and this has an impact on OPWDD. It presents us with an opportunity to make sure that we have a seat at the table – and that we are part of the broader discussions that are taking place
  - All of these initiatives are taking place within the broader MRT plans, and this includes managed care and utilizing the DISCO model
  - We need to look at how this model is best designed to maximize the benefits for the people we serve
  - The next three panel meetings, including today, will be structured to discuss:
    - The benefits we can achieve, the design of DISCO and program elements
    - System Oversight and Funding – and how we envision these to work
    - Recommendations related to managed care
  - If anyone on the Panel has recommendations for potential subject matter experts to be brought in, please let us know and we will contact them; the panel identified several suggested presenters with experience in implementing managed care plans
  - We are committed to moving forward with the DISCO model, but we can discuss additional options for certain geographic areas and how the events that have occurred since the DISCOs were introduced affect how they are implemented now (e.g., the impact of Article 44 requirements)
  - We recognize we are dealing with change and do not have all the answers, and this is difficult for individuals and families. We need to stay open and transparent as we talk about recommendations and a pathway forward
  - The Panel discussed that there is a level of distrust between families and OPWDD, due to some of the ambiguity, and recognized the importance of addressing this head on, including how to involve families in the process and addressing this during the listening sessions
- **THE FOLLOWING NOTES PROVIDE A SUMMARY OF THE DISCUSSION THAT TOOK PLACE RELATED TO THE STATUS AND BENEFITS OF MANAGED CARE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**
  - Overview of the Managed Care Model: Presentation by JoAnn Lamphere
    - We need to look at the way State policy goals are influencing managed care and how we implement this program to best meet the needs of the people we serve
    - The benefits of applying managed care to the provision of care for our population includes, integrated care – breaking down the silos between the different services offered, bringing greater focus on outcomes and effectively measuring outcomes, increasing the accountability for the outcomes that are being provided, and generating savings that can then be reinvested in providing more services for individuals
    - We need to continue to learn and improve care together on behalf of people with developmental disabilities. Collaboration is very important
    - The managed care framework is built on the Medicaid package, including both waiver and State funding. Funding must be reflective of the services people are currently getting. We need to work within what has been approved by the State and meets the requirements required by CMS
    - We want to help meet the goals of improved population health and bring more value to the people we serve

— Overview of the Managed Care Model Panel Discussion

- The Panel noted it is important to highlight why we need the DISCO model, and what value will be achieved through managed care. It is important to be able to explain this to families – what is unique and otherwise not available through the current system that will be achieved through managed care. Many families believe that we currently have a good relationship with the healthcare system.
- OPWDD has always envisioned a fully integrated benefit package. One of the things we should examine is the timing of integration of healthcare services. OPWDD is trying to look holistically at a persons' needs and remove some of the silos that exist within the system.
- The Panel noted that timing is very important. There are a number of systems that are undergoing change and this has an impact on individuals and their family's lives. We need to make sure that the foundational pieces of identifying the outcomes we want and quality measures are in place. We also want to make sure the providers in the community are ready to respond to new system changes.
- It is important to outline the steps we need to take, and the right order to take them, to get to the vision we want.
- Confidence in the system is driven by a number of elements, the system moving in the right direction, having access to the required services, and room for innovation. Right now the system is under a lot of pressure and the smallest unit of service is being assessed. There is more auditing and less innovation, and a lot of focus on regulations and compliance. This is a significant roadblock to creating a person-centered system.
- Innovation and the desire for our services to be part of the larger transformations going on are important.
- There are a number of initiatives that we need to explore further, including value based payments: the steps required to implement and support this – as well as whether or not this is the best way forward. It is important that OPWDD is at the table for this discussion with the Department of Health.
- The Panel discussed the importance of focusing on person centered planning and bringing together multidisciplinary teams to best serve individual needs. We need to make sure the basics are covered and that we understand how managed care is going to enhance what is already in place.
- Members of the Panel noted that OPWDD can learn from other departments that have already moved forward with managed care. This is important to understand the challenges and to make sure enough time is spent on stakeholder engagement and working with individuals and families on understanding the impact this will have.
- Within the DISCO model we need to manage risk and the role of providers. It will be important to identify all of the steps involved to achieve a successful model.
- Access to care is also important. We need to make sure that people are able to access the services they need, when and as they need them.

— Discussion on Evidence Of Managed Care Performance:

- The Panel discussed how different populations are doing under managed care. It was noted that Medicare has one the largest populations utilizing managed care, and is widely studied.
- The Panel noted that individuals and families all have different needs, and we want to make sure that flexibility and those unique needs are met under the new system.
- There is a potential to transition slowly, and one part at a time; we need to transition in a gradual way.
- The Panel noted that families are fearful of managed care, because they don't understand the impact it will have on the current programs. It was also based on the

- healthcare model, which is inappropriate for people with developmental disabilities who need a habilitative model
  - The Panel requested to see more evidence of where managed care has worked, and the value it has provided to people with a developmental disability.
- Discussion of the Design of the DISCO Model, Open Discussion: The Programmatic Design of Managed Care for People with Developmental Disabilities
- The Panel discussed the benefits, and historical discussion related to the 1115 and 1915 waivers. Some of the differences include:
    - 1115 provides more flexibility than the 1915 because there are less restrictions
    - The flexibility of an 1115 waiver allows for more innovation in design
    - The requirements related to an 1115 waiver are very proscriptive, as it relates to meeting goals, both programmatic and financial
  - The Panel noted the importance of making sure OPWDD integrates into the larger strategy within the State as it relates to Medicaid
  - Experiences in other states are interesting – and there are lessons that New York can learn from. However, New York State is very different in size, scale, scope, and rates. These differences need to be considered when developing comparisons and understanding why different states are using different waivers.
  - The Panel noted the importance of understanding the expectations of CMS, both related to the waiver and related to compliance, in determining the next steps forward
  - The Panel asked the question about how bundled payments would be considered within the different waivers. More research and analysis is required around this topic, for example for both individual services and for day services. Different programs may require different approaches.
  - The Acting Commissioner noted that the design team will do additional research into the different waivers and the impact on OPWDD. This is an ongoing discussion and a learning process for all involved. We want to make the right decisions and we will explore this further.
  - In thinking about care coordination we need to make sure we focus on the individual first
  - The new assessment tool, CAS, has been the product of a lot of good work. We need to work to make sure this is both standardized and normalized. We also need to focus on rate setting and the “front door” to make sure people have access to services.
  - The Acting Commissioner suggested at the next Panel meeting we will walk through an individual’s journey through the system to understand the points of access and the journey. Potentially we can have this meeting over a conference call. OPWDD will go back to review.
  - The Panel requested additional information on what the “end state” vision looks like. Understanding what the goal is we are working towards will help frame the dialogue. This will help from an individual, family, and provider perspective. It is important to understand how managed care fits into this vision.
  - Providers have expressed concern about how day services will be addressed under managed care, and how payments will work. This requires further exploration.
  - It is important to understand what quality metrics will be used, and where the data will come from. Some of this work has already been done. It will be important to confer with both Providers and families around these metrics.
  - Providers are worried about the required IT systems to support data analytics. Many providers don’t have the resources to invest in extra technology systems.
  - In developing a new model, we need to account for the full spectrum of care. For individuals who only need a few services, to those that require 24/7 support.

- With regards to managed care, we need to look at what the transition phases are – from assessment, access, quality measures, and payment
- We want to continue to look at how people can get the support they need in the communities that they live in.
- Advocacy within managed care is not clear. People need to be able to advocate for the services they want and need. This concept needs to be explored further.
- IT investments are needed. It is not clear at this time if this will happen at the provider level or at the DISCO level
- There is a lack of data in the current system, and more is needed to understand progress that is being made and resources.
- It is important to design a system that supports providers and pays them in a manner that correlates to the important work that they are doing. We want to make sure we have well trained, capable employees.
- Communities and families feel distrust as a result of the ambiguity in the system. We need to give people hope in the future model.

#### **NEXT STEPS**

- Panel members to identify any other resources or speakers that can present to the Panel
- OPWDD to outline a draft vision for Panel to review and discuss at the next session
- OPWDD to outline the process steps of a person accessing care under the new system to review with the Panel.
- The Panel will discuss system oversight and funding at the next session