



Transformation Panel

MEETING TITLE: Transformation Panel: Our Path Forward

DATE/TIME: September 9, 2015

- Kerry A. Delaney, Acting Commissioner, Office for People With Developmental Disabilities
- Charles A. Archer, Evelyn Douglin Center for Serving People In Need, Inc. (EDC-SPIN)
- Gerald Archibald, The Bonadio Group
- 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
- 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 (video)
- Arthur Webb

Absent:

- 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
- Joann Lamphere, Deputy Commissioner, Person-Centered Supports
- Kevin Valenchis, Deputy Commissioner, Enterprise Solutions
- Megan O'Connor, Deputy Commissioner, Quality Improvement
- Diane Woodward, Statewide Assessment Coordinator
- Greg Roberts, Director of Legislative and Intergovernmental Affairs

Other State Staff:

- John Ulberg, NYS Department of Health

KPMG

- John Druke
- Andrea Cohen
- Betsy Lynam

WELCOME AND OVERVIEW OF THE MEETING: ACTING COMMISSIONER DELANEY

- Welcome and thank you for joining us today
- Today we are going to discuss the public forums – where we go next with the panels and the sub committees
- We want to discuss where are with managed care and the next steps
- We want to talk about our path forward and the next few meetings to wrap up the Transformation Panel

PROGRESS TO DATE AND UPCOMING MEETINGS

- Reviewed Transformation Agenda areas of priority regarding services:
 - Self-direction
 - Employment
 - Integrated Community Residential Support
 - Discussed possible alternate models for system adoption of managed care in our system and what it needs to account for
 - Established subcommittees for housing, self direction employment/transportation, workforce and care coordination
- Today we will hear about the work of the subcommittees
- Two additional meetings of the Transformation Panel are being scheduled:
 - Wednesday, October 21 – we will be discussing input and feedback from regional public forums. We will catalogue the discussion and OPWDD will issue a response. The Panel will have an opportunity to address these comments as well. We will also be talking about system sustainability and the considerations for long term sustainability
 - Wednesday, November 4 – we will continue discussion of sustainability and focus on making recommendations
- Unfinished business
 - Follow-up discussion before November 4, by conference call will cover sheltered workshops
 - Throughout the month of October there will be listening sessions on the transition from workshops to integrated employment models. The panel will regroup after this.

PANEL FEEDBACK

- There is still work to be done and discussion around the options for people to have good days that don't fit into employment or integrated work approach or day hab programs. We need to talk about what happens to them and other types of day activities that can be made available
- The ratio of day hab staff to individuals must be sufficient for people to be out with others in a safe environment.
- Center based programs do not have spaces opening up in them for new people.
- We need to further explore the interpretation of Day Hab without walls and what that means for the individuals we serve
- The physical space available in different regions should be assessed, this will help with program discussions
- To meet mandates of community integration we want individuals to have multiple opportunities to do different things. There is a conflict between the mandate for integration and available resources and we need to be honest about it and name it – we rely on the people who support individuals with developmental disabilities to make integration a reality
- OPWDD responded that they will go back and do a deeper dive and look at analysis of community day hab without walls

- We need the flexibility to staff and resource our programs to meet the different and unique needs of individuals coming into the program
- We need to look at the middle of the spectrum – not just institution or community based programs– we need more flexibility in the middle to help people to progress and grow. We need flexible units of service delivery. The DDRO Directors should be part of that discussion
- We need to think of the person as a whole, how to address their full needs.

TRANSFORMTION PANEL AND PUBLIC FORUMS

- To be held September 17 to September 30
 - Opportunity for stakeholders to provide feedback prior to the issuance of the Panel's recommendations
 - We will need to ensure maximum attendance by Panel members at each public forum
 - Public comments will be analyzed and summarized
 - We want people to know they are being heard and we will address their comments
 - We want the Public to see the Panel members and we will have space for all Panel members to sit at the front
- The following discussion questions were posed to help frame the conversation:
 - How can self-direction help you take control of your supports and services?
 - What do you think would help more people find and keep jobs in the community?
 - How can we better plan to meet your residential support needs in the community, now and into the future?
 - What ideas do you have for reforming the existing system so it will be sustainable and flexible enough to help meet people's needs into the future?

TRANSFORMTION PANEL AND PUBLIC FORUMS: PANEL FEEDBACK

- We need to ask a question for the high need families and the people who don't fit into more specific categories. We need to acknowledge people who have more significant needs and abilities and see to it their needs are addressed
- We have not addressed the question, "What is going to happen when I die?"
- Families think the rest of the questions are too theoretical
- When we talk about sustainability, we want to define what it means and what has been done over the past year, and what it means going forward, and tie some of this together and show people what we are doing and have an honest conversation about what we are not doing and why
- We want to target the subcommittee areas – self direction, housing, and sustainability
- Families feel like they are on their own, and we need to help them see the hope and the places they can go
- We are concerned the residential registration list initiative has not reached everyone
- At the meeting on sustainability OPWDD will talk about what we are hearing. OPWDD needs to ask you for help on how to structure the conversation about sustainability.
- Sustainability can be financial sustainability. We can think about the next 20 years, but there is also the next 6 months. We know different DDRO's are doing things differently. We need to look at long-term sustainability through short term hope and actions we can take today. Some of it is fixable today – and we need to know what we can't fix today, and can address in the long term
- We need to be much more inclusive of people with more significant needs
- We will hear about the workforce and the possibility of providers having a hard time recruiting and retaining staff. There are a lot of vacancies.

- There is some thinking about the role of the Justice Center investigations of staff.
- Impact of Justice Center on recruitment must be reviewed
- In addition, minimum wage is going up and our average wage is still lower
- The onboarding processes takes too long, and doing all the background checks, finger printing, etc, take a long time. There are built in obstacles and this impacts the ability to recruit.
- With regard to the listening sessions, if you're not on the OPWDD listserv or connected to an advocacy group, you might not hear about the listening sessions .The outreach might not be broad enough.
- We are not planning for 65 or retirement age and what happens to older members of the community and mobility issues

SUBCOMMITTEE REPORT AND DISCUSSIONS

- There are five active subcommittees of the Transformation Panel:
 - Housing (supportive, community integrated)
 - Employment-related Transportation
 - Workforce
 - Care Coordination
 - Self-Direction
- Certain themes run through the work of all or most of the subcommittees. They include the following:
 - Removing barriers
 - Operational guidance and clarity
 - Public outreach and education
 - Desire for greater flexibility
 - Reinvestment of savings
 - Staff training in non-certified models

Housing Subcommittee

- The group identified several major practical areas of concern to focus on in expanding non-certified housing supports. An exercise to identify barriers and solutions was conducted regarding:
 - More flexibility in meeting varying needs
 - Medication administration in non-certified settings
 - PRA levels for people with higher needs
 - How a household is defined for purposes of rent payment
 - Education, training and recruitment of self-direction brokers
- Preliminary Guidance:
 - Clarifying rules, definitions, and protocols for community habilitation and services used to support non-certified housing
 - Public outreach to demonstrate non-certified options are available and secure
 - Scenarios regarding alternatives to the IRA model
 - Pay attention to people with the highest needs—if it works for them it will work for everyone
- Panel Discussion
 - Behavioral health issues also need to be discussed
 - We should be considering the START program and progressing this program to meet our clients' needs

- We need to think about local issues related to housing, this changes by region – a blanket program will not address all regional issues
- When thinking about downstate areas, housing cannot succeed

Employment/Transportation

- Priorities include:
 - Travel training
 - On-demand transportation
 - Paratransit
 - Short-term solutions
 - Non-congregate solutions
 - Urban/rural split
 - Reinvestment

- Provider Association research:
 - Survey conducted to ascertain from member agencies experiences with and barriers to public transportation being used to support an individual employed in the community

- Transit service feedback:
 - Session held to gain feedback on a potential transportation options to support people's community employment

- Preliminary Guidance:
 - Study/review replicable models throughout the state for transportation generally, travel training programs & curricula
 - Advocate with paratransit organizations and DOT to expand services for people with disabilities
 - Explore on-demand transportation for people with developmental disabilities, including linking to existing services like Uber

- Panel Discussion
 - BIP Grant looked at assistive technology (GPS alerts) and researched best practices. This should be leveraged
 - Need to be more involved locally and attend public transit meetings to help educate the transit community on what our needs are
 - A study on transportation if being sent out for RFP to be developed by December 2016

Care Coordination

- Priorities include:
 - Conflict free case management
 - Standards of care and safeguards
 - Integrated services

- Preliminary Guidance:
 - Recognize that care coordination is a system with many components
 - Consider incorporating healthcare services from the beginning
 - Continue to remind people that the intent of care coordination is to include all services

- Panel Discussion

- It is important to talk about the difference of a Medicaid Service Coordinator (MSC) and a Care Coordinator. This will work differently in the future and there is a need for more clarity around the roles.
- An MSC can't bill for things a care coordinator might be able to. We want to see this role expand and not shrink
- We want care coordination to be looked at as a component of managed care.
- Plans are definitely interested in having this role and seeing it expand
- The success of the model requires care coordination
- There is some need for regulatory relief – streamlined requirements and the elimination of duplications in the system will help. There is a need for more data exchange and good IT
- Managed Care will be voluntary, and so will care coordination. How will these two work together? We need careful planning and communication to the MSC around these changes and the impact on their role

Workforce

- Priorities include:
 - Training, especially for community site
 - Recruitment
 - Credentialing and career ladders
- Preliminary Guidance:
 - Provide guidance for how training is built into self direction and community habilitation rates
 - Promote the DD field as an employer and focus on recruitment
 - Find ways to attract workers in a competitive marketplace
- Panel Discussion
 - We need a PR campaign on how important the work is that people do in our community, and how much it is valued. We need to highlight the positives
 - Justice Center involvement should be explored

Self Direction

- Priorities include:
 - FI model operation and IT
 - Training and education for participants, brokers and public (housing subcommittee took this on)
 - How to handle emergencies
 - Circles of support – maintaining without family involvement
 - People with complex needs
 - Service planning and use of community habilitation
- Preliminary Guidance:
 - Make changes to administrative and data processes to streamline FI operation and IT (offline work ongoing)
 - Expand training and education, and improve communications (OPWDD established workgroup to focus on communication strategy)
- Panel Discussion
 - There is still a lot of confusion around self direction and how it will work
 - There is a need for a clear guide that families and providers can refer to

- There needs to be a link between self direction and managed care that shows how valuable self direction is and how it will be aligned with value based payments

WHAT WE AIM TO ACHIEVE THROUGH THE TRANSITION TO MANAGED CARE

- Establish programmatic design for OPWDD’s managed care model, incorporating options that will work best for those we serve
- Envision fully integrated, quality services supported by networks of high performing providers that know the DD population
- Enable service delivery and regulatory flexibility to meet people’s changing needs throughout their lifetimes
- Achieve timely implementation of key Transformation
- Agenda outcomes of community living, employment, and independence/self-direction
- Leverage investment of providers in “DISCO” networks

KEY MANAGED CARE GOALS

- Conflict-Free Case Management
- Integrated and Coordinated Care
- Value-Based Payments

ISSUES RAISED TO CONSIDER IN THE TRANSITION TO MANAGED CARE

1. Administrative costs
2. Demonstrating that people will receive the services they need
3. Ensuring that care coordination will enhance service coordination
4. Guaranteeing robust advocacy
5. Ensuring transparency through regular publication of quality/satisfaction outcome data
6. Incentivizing transformational goals and also providing services for people with complex needs
7. Ensuring maximum flexibility
8. Work towards aligning payment method with desired outcomes

PANEL DISCUSSION

- Mercer is providing financial analysis and looking at the different risk profiles and levers that can be used in Managed Care
- We want to look at ways to reduce administrative costs
- We want the new model to generate savings and have those savings be reinvested into the system
- There is still some confusion about which waiver we should be using and how we can get the most benefits

NEXT STEPS:

- Subcommittees continue to meet
- Work on an analysis of managed care (ongoing)
- Public forums
 - Let Neil know which ones you can attend
- Upcoming meetings on October 21 and November (date TBD)
- Discuss forum feedback, long-term sustainability, and recommendations for implementation
- Teleconference prior to November meeting to cover integrated employment transition