



Transformation Panel

MEETING TITLE: Transformation Panel: System Goals
DATE/TIME: June 30, 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
- Nick Cappoletti, Developmental Disabilities Advisory Council Chairperson, Parent
- Sheila Carey
- 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 (videoconference)
- Arthur Webb

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
- Meghan O'Connor, OPWDD, Deputy Commissioner, Division of Quality Improvement
- Eric Harris, OPWDD, Data Analyst for Medicaid Claims

Other State Staff:

- Robin Hickey, Developmental Disabilities Planning Council
- Lou Raffaele, Division of the Budget

KPMG

- John Druke
- Andrea Cohen
- Betsy Lyman

WELCOME AND OVERVIEW OF THE MEETING: ACTING COMMISSIONER DELANEY

- Welcome and thank you for joining us today.
- What was presented at the last panel was a snapshot in time to understand what the different components are and what they mean
- Today we will look at potential incremental steps and what can we do on the path to moving towards a Developmental Disabilities Individual Support and Care Coordination Organization (DISCO) environment
- We want to achieve our goals of conflict free case management, coordinated and integrated care, and value based payments

MANAGED CARE ASSUMPTIONS OF OPWDD SERVICES DISCUSSION, CONTINUED

- OPWDD noted that the discussion will be focused on the service assumptions that go into savings estimates and how to achieve them, while improving the support that people will receive services
- Non-medical load costs and potential for reducing them should be explored further
- It is important to think about realistic solutions that are needed in these areas
- Estimates and analysis has been done on the impact of people moving from one service to another. For example moving from Intermediate Care Facilities (ICFs) to home and community based services (HCBS). This movement of people will impact the costs of programs
- Modelling was based on the services being accessed for people with various support needs

ICF to HCBS residential supports:

- It was assumed that about 11% of individuals currently living in ICFs might choose to transition into community settings, which were assumed to cost 25% less than ICFs.
- There are also costs related to the physical property of facilities as well as costs related to services being provided in smaller settings with more diversification
- The panel noted that discussion should stay focused on person centered care and person centered planning
- It is important to understand what the obstacles may be for people living in ICFs to move into community based settings, and to work with the individuals and their families to address these obstacles.
- We need to focus on getting the right people to voluntarily start the transition process before a mandatory date is set. We need to focus on voluntary enrollment and who are the people that are going to enroll in the DISCO.
- We need to think about new people entering the system as well as people already receiving supports from OPWDD.
- We need to discuss the housing component, as this is a critical component. We don't have enough flexibility in the system if we do not have housing options
- There are a number of issues that will impact program and policy levers. Foundational pieces need to be put in place and that include housing, employment supports, ICF transitions and moving from day hab to employment
- There is an impact on costs and resources. There can be increased costs if the ICF stays open and is underutilized.
- Assessment of needs should be ongoing and adjusted accordingly
- We need to engage families, providers, individuals, and help them identify their desires and choices
- We need education and communication to let the different stakeholder groups know what changes are taking place

- The numbers being presented today by OPWDD are just a snapshot. This is being presented for illustrative purposes
- It will be important to look at the resources available and the supports required to both support the transitions, and individuals once they are in the community
- The Panel raised the concern about employment opportunities and making sure people have options to support themselves when they transition into the community
- Assistive technology is an important enabler and needs to be continually explored. The Panel noted the importance of using technology to support employment, housing, and more independent living.

REVIEWING THE SCENARIO OF TRANSITION OVER THE NEXT 5 YEARS

- Savings assumptions were based off estimated savings to behavioral and physical healthcare services (\$87 million,) and transitions related to residential services, ICF settings, and other HCBS waiver services.
- To achieve the identified savings only a small portion of the overall enrollees would be assumed to decide to transition.
- While the potential for savings may be even greater, these assumptions reflect conservative estimates contextualized within the full range of possible transitions.
- The Panel noted the need to further explore the rates being set for managed care and how savings in the system are being used to support service delivery
- It is important to watch the fluctuation of demand over the five years; how will voluntary enrollment impact rates and service delivery?
- How will need demand be met in managed care? People are entitled to services and this will impact costs and availability and rates
- We can look at other States to see how self-direction has impacted transition to managed care and the impact it has had on individuals
- The Panel noted the importance of having a system focused on transparency and quality and making sure people are getting the same level of services
- It is important to look at the families that are not being served or are underserved, the way that managed care will help support them access the services they need, and the impact that managed care has on people who have unmet needs.
- The transition to the new model creates fear and uncertainty for individuals and families. How will moving to managed care help these families?
- OPWDD acknowledged the concerns related to capacity and there is work underway to look at the registration lists, create better plans for services, and increase access
- This is not about shrinking capacity in the system but instead about showing how we can make sure people can come through the front door into effective community based services and not access unnecessarily restrictive services
- The model of current service delivery will change, but we will not stop supporting people who need our help at any level
- The Panel noted that while the model is focused on diversion to day habilitation, other options are available such as employment or other meaningful activities. It is important to look at the individual needs and determine the best mix of services for that person.
- The Panel noted that managed care should not change the underlying assumption of people accessing services from State of Federal government. Individuals need to be assessed for the services they require and the managed care model needs to work to make these services available.
- There is a need to provide conflict free assessments and have separate delivery. This is a key value of the new model
- OPWDD noted that the idea or goal behind the model is to:
 - Do a better job of meeting people's needs and helping to reduce crisis

- Use the new assessment tools to finely tune the reimbursement models based on actual need.
- In going through managed care, people will undergo an assessment and this process should be explained to families and individuals. The outside perception of how the model works does not take into account all these considerations. There remains a lot of confusion about waitlists.

- **SYSTEM GOALS: CONFLICT FREE, INTEGRATED CARE MANAGEMENT; VALUE BASED PAYMENTS**

- These goals are foundational to the model we will develop and move towards.
 - Conflict Free Case Management. This is a requirement from Federal Regulations. Managed care will help us achieve this.
 - Integrated and Coordinate Care: We want to work towards holistically meeting a persons' needs, regardless of the model that is in place. There is a need for care coordination as a systemic function.
 - Value Based Payments: Managed care can act as a vehicle to help drive value based payments which, in turn, will increase focus on overall quality of services. There are complex steps to move this forward and managed care will help start this process.
- The goals of transformation are to support person centered planning and help people meet their goals and the outcomes that are important to them

- **TRANSITIONAL MODELS OF MANAGING CARE DISCUSSION**

- The transition to managed care will take some time, perhaps we cannot just move to fully capitated rates on day one.
- There are ideas or processes that can be put in place in interim to help get to the ultimate goal – we can also learn from other models.
- Further discussions are underway related to how savings will be defined and how they will be invested back into the system. Ongoing discussion is also required for benefits and rates. This has already been noted by the Panel.
- The DISCO will have a different operating infrastructure than the Fully Integrated Duals Advantage (FIDA)
- Nationally, FIDA's are having some trouble negotiating payment and the structure of getting funding into the system. We can learn from these models
- We can also learn lessons from the dual enrollments that are going on across the state and complexities related to realizing savings.
- The language of managed care is different from the language of other system and we need to focus on the individual and meeting his or her needs. It is important to keep this in mind when developing the new model. For example, care is a medical word versus services and supports.
- We can also learn lessons from the Health and Recovery Plan (HARP) model, and how the full spectrum of services can be delivered effectively. There are different services included in this model related to mental health and substance abuse.
- The HARP model also came out of the Medicaid Redesign Team (MRT) waiver with the support of the behavioral health work group. OPWDD has a community based waiver service and the goal is to focus on the outcome for individuals.
- The Health Home model can also provide insights into what success can look like. The care management system can be used to help develop a care management system for OPWDD.

- Health Homes illustrate that a care management system is effective and they have high enrollment rates. This intervention looks to help individuals who are not connected or working in the system. It helps to make connections with services. This can help with individuals in the developmental disability communities.
 - Individuals in the health homes often share similar challenges to people with a developmental disability. This can help with learning lessons.
 - Health homes used a waiver to help develop their model. More assessment should be done here for lessons and opportunities for OPWDD
 - We can also explore how health homes is using MAPP as a tool for performance reporting and possibilities for OPWDD to help capture outcomes and incentivize the right behaviors
 - Under the Health Homes model there are strong opportunities for families to build strong relationships with service providers and have a clear understanding of the program and how the system works to help deliver care
 - Health homes are an example of many entities working together and as a collective. This helps with supporting various aspects of care.
 - There are a number of opportunities to explore in health homes and their applicability to the DISCO model.
- **NEXT STEPS:**
 - Continue to think about the health home and other models and explore where the DISCO can leverage opportunities and strengths
 - Listening sessions are still being planned within the communities. Dates are being set to accommodate scheduling.
 - Sub committees will continue to follow up on employment, housing, care transitions to bring recommendations and ideas to the panel