

CP of NYS

Highlights of Two Collaborative Initiatives

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Presented by:

- Thomas Mandelkow, Executive Vice President, CAO, CFO, CP of NYS
- Marcel Martino, President & CEO, Inspire of Orange County
- Jill A. Warner, LCSW, Executive Director/CEO, Jawonio

CP of NYS

- 24 Affiliates located across New York State.
- Provide services and supports to almost 100,000 people with disabilities and their families across the State; employ almost 19,000 people.
- Affiliates were founded by families seeking services, and almost all Affiliates have been providing services in their communities for over 60 years.
- Our programs are funded through OPWDD (residential, day, Article 16 clinic, employment, respite, etc.); DOH (EI, Article 28 clinic, etc.); SED (pre-school, school age, ACCES VR, etc.); OMH (Article 31 clinic and other programs).

CP of NYS

While Affiliates have many collaborative activities and discussions underway - highlighting two today:

- **1) Management Services Solutions** - a management services organization (MSO) we have formed to create efficiencies and opportunities.
- **2) Clinic/Health Service Collaboration** - we are building upon our history of providing critical health services and seeking to ensure access to health services will be maintained in the future.

Management Services Solutions

*Helping providers achieve
efficiencies so they
can focus on their mission.*

Mission

- The CP of NYS MSO will provide disability services and other social services agencies opportunities for improving the quality of the services they offer through efficiencies in administrative services, program coordination, and advocacy and assistance in program design/operations.

Why Now?

- We have an unsustainable fee-for-service system
- 1915 (b)/(c) waiver - managed care environment
- Change in attitudes of provider agencies statewide - understanding that we need to increase efficiency by joining together
- CP providers learned valuable lessons in liability captive experience
- Leverage purchasing power

Challenges

- Cultural change necessary in our field and in social service agencies who are potential customers.
- Ties with local vendors/donors - can't leverage pricing to get better deals from your current vendor.
- Attain and hold traction with needed volume to be successful.
- Perception of “loss of control” for outsourced/shared administrative functions.

Opportunities/Strengths

- Focus on shared mission - achieving administrative savings to keep funding focused on people and services.
- Organizations collectively have significant purchasing power if centrally leveraged.
- Services will be built to meet needs - this model will develop services/contracts based on investor and customer input/needs. It is an interactive process that will only work by delivering services/goods for which there is value for our agencies.

Organizational Structure

- MSO is an LLC
- Board of Managers - 9 CEO's or CFO's from core group of organizations.
- Staff will include Executive Director and support, with additional staff added as projects/services necessitate.

Services

- Administrative/Support Services
- Group Purchasing/Contracting
- Professional Consulting Services

Administrative Support Services

- MSO will work with participants regionally/statewide to establish most efficient means to provide such services as:
 - IT
 - HR/Benefit Planning
 - Payroll/Timekeeping
 - Finance
 - Claims/Billing
 - Training

Group Purchasing/Contracting

- Goods - e.g., Direct Care Supplies, Transportation, DME, Energy/Utilities, Office Products, etc.
- Services -
 - Insurance
 - Accounting/Audit
 - Legal
 - Clinical/Specialty Services
 - Architect Planning

Professional Consulting Services

- Agency Management/Professional Employer Organization
- Board Training
- Compliance Service
- Coding Improvement
- Training

Priorities - Long-term Goals

- Establish centralized administrative functions statewide.
- Professional consulting/training services.
- Statewide/full use of goods and services contracts.

Summary of shared administrative services benefits

- Foster opportunities for collaboration, sharing of creative best practices across providers as centralized administrative functions are established.
- Decreased administrative costs will allow funds to be focused on people and programs.
- Increased efficiency of administrative services will allow for improved quality assurance programs across providers.

Clinic/Health Services Collaboration



CP of NYS - Health Services a Priority

- CP of NYS clinics have a tradition - over 40 years - of providing specialty medical care when community doctors were not available.
- As NYS transitions people with disabilities into a managed care model, CP of NYS Affiliates are working to ensure that the most frail - often the most in need and expensive to care for - will have access to needed services.

High Needs and Managed Care

- In a managed care environment where treatment decisions and service authorizations may not be made with a full understanding of the complex medical needs of our patients, we will work to ensure that our expertise in treating people with disabilities is part of care management networks.
- Because we want to ensure quality services are available in this managed care world, our clinics will seek to increase administrative efficiencies so that our patients who present high needs continue to be provided with specialty care.

High Needs and Managed Care

- Dental services and oral health have been a priority for CP clinics and there are very few dentists or clinics in the community willing or able to provide the special services necessary to provide good oral care for people with developmental disabilities.
- The special needs of people with developmental disabilities require resources above and beyond what the current Medicaid managed care approach will allow; this under-payment presents additional barriers for people with developmental disabilities to access care under managed care payments.

Hudson Valley Collaborative

- CP of Ulster County (Ulster, Greene, & N. Dutchess Counties)
- CP of Westchester (Westchester County)
- Hudson Valley CP Assn. (Putnam and Dutchess Counties)
- Inspire (Orange County)
- Jawonio (Rockland County)

Hudson Valley Clinic Collaborative

- Working together to form one clinic operation that will serve communities throughout their collective geographic area and share needed physicians and medical services.
- Centralized administration, while increasing availability of primary care and specialized clinic services for people with disabilities, to decrease administrative costs (e.g., billing, credentialing) so that funding can be targeted on services.

Federally Qualified Health Centers

- The Hudson Valley Collaborative will seek to become a sub-recipient of a federally qualified health center (FQHC) in their area.
- These federal health centers provide primary care, dental care, and other core services for under-served areas or populations. This sub-recipient arrangement is a key opportunity for our clinics to partner with community clinics (FQHC's) and combine the physician networks and high quality care associated with the federally funded community clinics (FQHC's).
- Our expertise in providing specialized complex care in our clinics will bring added specialized expertise to many community clinics.

CP Health Center Efficiencies

- Through Management Services Solutions, CP Affiliates will improve their clinics' efficiency.
- Our clinics also seek to achieve a federal designation to receive special funding as they come together to exchange information and establish collaborative mechanisms to meet administrative, IT and clinical quality objectives.

CP Clinics Collaborations

- In preparation for DOH's health home initiative, we are working to ensure network development in all areas of the State.
- Share best practices for care, we have developed protocols in treatment for people with disabilities.
- Medical Directors Council, formed 8 years ago, will continue to advise our clinics on complex specialty care and enhance the FQHC's we partner with.

Impact of Clinic Collaborations

- Improved access to quality health services for people with disabilities.
- Increased awareness, through FQHC's and other providers, of the specialty health care required by people with disabilities.
- Efficient use of administrative funds.
- Ensure high need, high cost people will have service sites and knowledgeable clinicians available in a managed care environment.

What will partnership accomplish?

- Leverage FQHC designation in support of its mission to provide primary medical care and related services to current patients with disabilities and families and people with similar needs.
- Expand its reach to provide primary medical care and related services beyond the current patients to the low-income and general population of a defined service area, focusing on chronic health conditions and disabilities.

What will partnership accomplish?

- Coordinate and improve service and medical support for a high cost, vulnerable population.
- Promote efficiencies through Management Service Agreements to share administrative resources.

Health Outcomes

- Expanded access resulting in improved health status of underserved patients.
- Coordination of services reducing duplication.
- Reduce use of emergency departments.
- Reduce length and frequency of hospital stays.
- Reduce re-hospitalizations.

Mental Health Services Collaboration

- CP Affiliates have provided mental health services for people with disabilities and other community members for many years.
- Several Affiliates, including Jawonio and Upstate CP, are taking the lead in providing mental health services in conjunction with specialized clinic services for people with developmental disabilities, as well as people with persistent and serious mental illness.

Mental Health Services Collaboration

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- Parents and advocates have been working with Jawonio/Upstate CP to develop such a system of specialized care. Statistics show a significant increase in the number of dual diagnosed individuals in need of these specialized services.
- The new system of care will allow the dually diagnosed individual to receive specialty/integrated care for both disorders.

These are but two of many . . .

- CP of NYS Affiliates in all parts of the State are working together and with others to prepare for changes in Medicaid funding.
- All our collaborative initiatives and decisions about activities and partners have been and will continue to be driven by our mission to support people with disabilities and their families as they live quality lives in their communities.