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Welcome Access and Choice Design Team Members

June 20, 2011



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



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Kickoff Meeting Access and Choice **PM Meeting Objectives**

- Overview of briefing material related to Access and Choice Design Area -- confirmation of our mutual understanding of where we are today in this area
- Overview of Design Team Charter and guiding principles for this design area
- Brainstorming of Key Questions in Charter as Starting Point for Design Work



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Design Team Kick-Off Meeting June 20, PM Agenda

- **Introductions and Go Around** 1:00-1:15
- **Overview of Briefing Material Related to Design Team** 1:15-1:45
- **Guided Brainstorming and Prioritization of Key Design Areas** 1:45-3:30
 - Review of Work of Design Team in Relation to Charter
 - Guided Brainstorming and Prioritization
- **Plan Agenda for Next Design Team Meeting** 3:30-4:00



Snapshot of Program Enrollments

	As of 3/31/2011 Approximate TABS Enrollments
Campus Total	1,313
Community Homes (IRAs/CRs)	34,697
Family Care	2,424
Family Support Services (FSS) and At Home Supports (ISS, Respite, recreation, other FSS supports)	41,844
Community Habilitation (formerly At Home Residential Habilitation)	11,201
Supported Employment	9,012
Day Hab	45,806
Prevocational Services	9,989
Sheltered Workshop	8,500
Clinics (A16, IBR)	41,322



Snapshot of Program Enrollments

	As of 3/31/2011 Approximate TABS Enrollments
Medicaid Service Coordination (MSC)	81,796
Plan of Care Support Services (PCSS) (HCBS waiver service that provides assistance maintaining a service plan)	1,364
Home and Community Based Services (HCBS) Waiver	73,317
Care at Home Waivers	520
Consolidated Supports and Services (CSS) (individualized services)	464



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Access and Choice in OPWDD's Service System

Where we are today



Eligibility for OPWDD Services

Section 1.33 (22) MHL

- defines “developmental disability”
- is the basis for determining eligibility for OPWDD funded services

This definition will not change as a result of this process



Current Process to Access OPWDD Services

- Determination of OPWDD eligibility (determined through review of individual's diagnosis, age of onset and adaptive skills and deficits) processed through the DDSO.
- The expectations and factors to consider in determining eligibility are consistent across the state.
- Three Step Eligibility Process through each DDSO. DDSO receives requests for services and administers the process for deciding and communicating on eligibility.



In addition to OPWDD eligibility, there are requirements for access to the OPWDD Comprehensive HCBS Waiver

1. Developmental Disability Diagnosis
2. Eligibility for an ICF/MR Level of care (need reestablished annually)
3. Eligibility/enrollment in Medicaid
4. Appropriate living arrangement (person's own home/apartment or relatives/other person; family care home; OPWDD certified residence)



Tools Currently Used in OPWDD's System for Various Purposes That Relate to Needs Assessment and Service Planning

- DD Eligibility Assessment Tools—According to OPWDD Guidelines and Requirements
- ICF Functional Assessment
- Developmental Disabilities Profile (DDP) 2 and 4
- Intensive Behavioral Services (new waiver service uses pieces of the CAANS DD to assess eligibility for this new short-term service)
- ICF/MR Level of Care Instrument and UR Review (required for continued eligibility for the HCBS Waiver and ICF residences)
- Person-Centered Planning Process and Individualized Service Plan (for HCBS Waiver Services)
- Functional Analysis, Behavior Support Plans, Clinic Treatment Plans—A16 clinics, A28 clinics, and agencies



Developmental Disabilities Profile (DDP)

- DDP1—registration and movements
- DDP2--Designed to document key characteristics of persons with dd simply and briefly—includes a range of information on diagnostic, adaptive, maladaptive and medical issues and skills and challenges.
- DDP4– Identifies Unmet Needs
- DDP used in OPWDD’s system for over 20 years.
- Linked to OPWDD’s Tracking and Billing System (TABS) database—every individual served in the system has a record—currently 123,000 (68% have a full DDP2 personal profile).



Developmental Disabilities Profile (DDP)

- The DDP2 was initially developed to inform ICF and Day Treatment (DT) rate-setting methodologies—it could be argued that it has some institutional bias.
- Today, the DDP2 is still used to inform and/or determine reimbursement levels in certain programs such as ICF/DD, DT, Family Care, IRA rate appeals/price adjustments for staffing needs.
- DDP2 is used as a basis/resource for determining personal resource accounts/individualized budgets for the Consolidated Supports and Services (CSS) and Portal pilot programs.
- At an aggregate level, the DDP2 data is used for research and planning purposes and to inform policy makers.
- Other than with CSS/Portal pilots, the DDP is not linked to individual assessment and individual needs/resource allocation or person-centered planning in a meaningful way that is driven by OPWDD requirements/infrastructure. Various providers may use the DDP2 as a resource within their own agency structures to assess and serve individuals.



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Example of How DDP Data Can Inform Policy Making

- 9% of people living in supervised residences resemble people in supportive settings
(January 2011 analysis of select DDP characteristics for individuals living in supportive living arrangements and individuals living in supervised living arrangements)
- 36.8% people on residential wait list have needs similar to people in supportive settings
(January 2011 analysis of select DDP characteristics for individuals living in supportive living arrangements and second quarter 2010 residential wait list)

Note: Supervised residences have 24 hour staffing



DDP

Stakeholder Criticisms about the DDP

- Deficit based model
- Inconsistent results depending upon who is administering it
- Duplicative—required too many times in too many settings—why needed?
- Insufficient training on how to administer it
- Since DDP results may relate to provider reimbursement levels, it could be construed that incentives exist to skew results
- The DDP validity can be called into question due to potential bias from those completing them

OPWDD Preliminary Policy Staff Analysis

- OPWDD heavily invested in infrastructure of DDP
- Strong need exists to revamp agency DDP support system i.e., training investments, audit and control frameworks
- Past studies have indicated that the DDP can successfully predict support staffing needs
- Has inter-rater reliability
- DDP likely needs to be enhanced to capture key areas such as natural supports and community safety needs
- cursory review of other state approaches to needs assessment practices finds that the simple majority do not allow for decentralized form completion (done by providers themselves)



Some Challenges Faced in Current System Related to Access and Choice

- The breadth of available service options varies by geographic location;
- Resource availability for approved supports and services is frequently less than the service demand;
- The infrastructure to support more individualized service options is not well developed and differs geographically;
- Current administrative practice can limit portability and the individual's choice of services and providers;
- Choice is restricted to the available options;
- The payment systems and funding are largely committed to institutional or less integrated/less flexible service systems;



Other Challenges Faced in Current System Related to Access and Choice

- Gaining access to the appropriate supports when a person's needs cross system boundaries (e.g., mental health and developmental disability);
- OPWDD has numerous providers all with varying areas of expertise; accessing the provider of best fit is a challenge;
- Accessing clinical evaluations needed to establish developmental disabilities is expensive and often made more difficult by lack of qualified practitioners in more rural areas;
- Needs assessment tool (the Developmental Disabilities Profile) inconsistently applied; and
- Priority needs are not consistently managed across districts and agencies resulting in varying access to individuals.



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Other Challenges?



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Access and Choice in OPWDD's Service System

Where are we headed?



Vision for the Future System

Minimize reliance on institutional care by enhancing specialized community-based services so that people in institutional settings can successfully transition to the community.

*Provide enhanced care coordination and **person-centered** planning*

Establish valid needs assessment and equitable resource allocation

Create streamlined and flexible service delivery structures

Modernize financial and administrative platform to be more person-centered and encourage efficiency and accountability

Improve access and choice through “No Wrong Door”

Provide enhanced supports for families enabling individuals to reside in less restrictive settings

Measure quality outcomes at the system and individual level





Guiding Principles

Respect for Individuals and Families

- The needs of families will be respected and supported.
- Cultural diversity will be respected and supported.
- Individuals' rights – including the right to live in the least restrictive environment – and opportunities for choice will be safeguarded.
- Fair opportunities for dispute resolution will be available to all individuals, families, and providers.

Care Coordination

- All services provided to individuals, including those funded outside the waiver, will be coordinated.
- Services will be provided pursuant to a comprehensive plan intended to assure the individual's well-being and achieve specific goals.
- Individuals and families will be afforded easy access to needed services.

Realigned Incentives

- Financial support will be directed to individuals, **not** to programs or institutions.
- Predictable funding levels.
- Operational transparency and full disclosure.
- Funding will support program flexibility to reflect individuals' changing service needs.



Access and Choice Design Team Charge

Purpose and Scope

To make reform recommendations related to waiver and service access and eligibility that addresses each individual's choices and goals, health and safety needs, and rights in the most appropriate community setting with an equitable level of resources/services appropriate to each individual's unique needs.

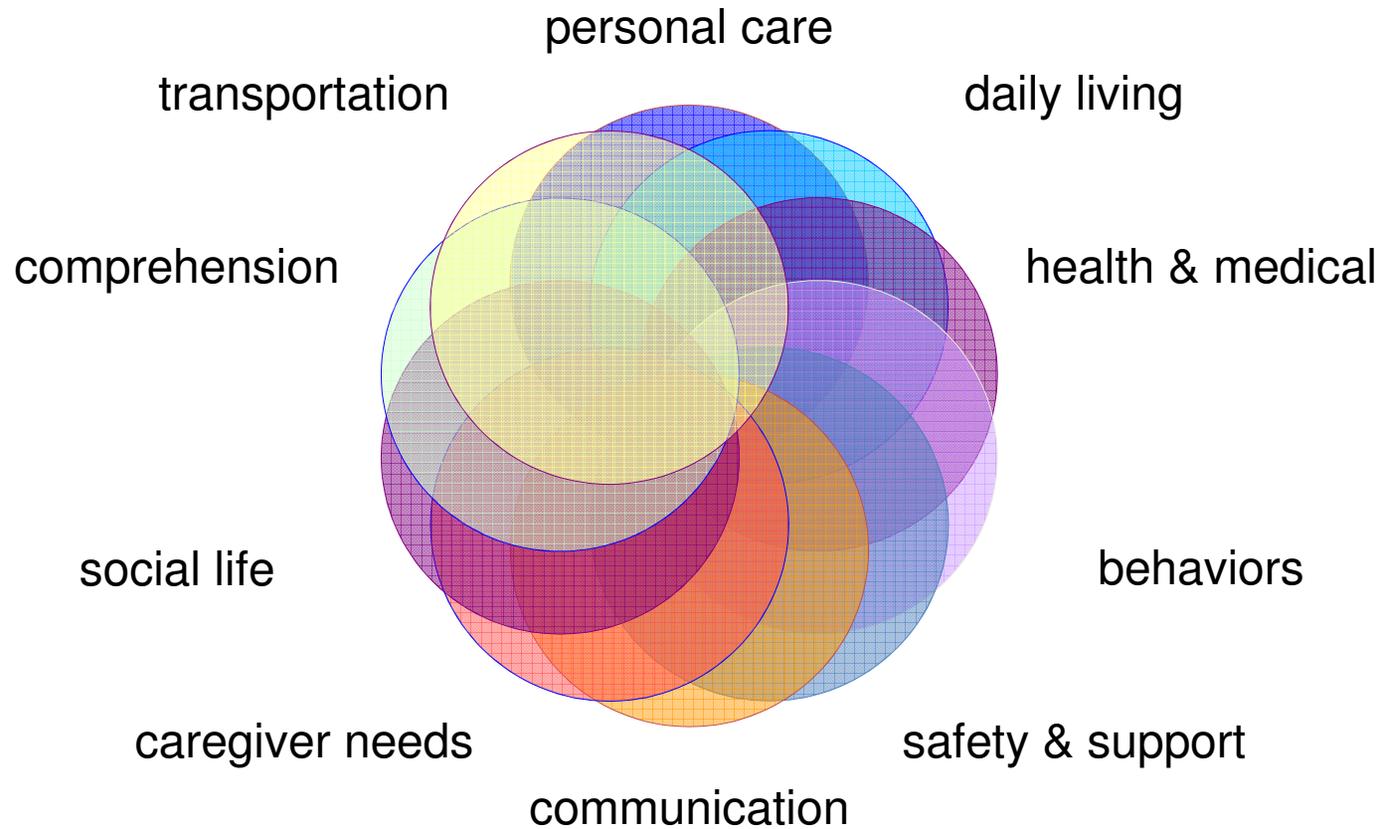
Key Design Areas

*Eligibility and Needs
Assessment*

"No Wrong Door"

*Role of State in Needs
Assessment and Resource
Allocation*

*Individual Choice and
Care
Management/Managed
Care*





Question(s) for Brainstorming

- What are the factors and support needs that should be considered in a needs assessment instrument that will drive resource allocation decision making for people with developmental disabilities?

Consider needs of subpopulations (e.g. dually diagnosed; medically frail; children; people with risk issues; people who are aging; etc.)

- What are the factors that should be considered in the administration of a systems-wide needs assessment that will drive resource allocation decision making?

Consider characteristics of entities/organizations and people that should be charged with administering the needs assessment system (e.g., independence from service delivery or care coordination entity)?



Next Step—Look at Needs Assessment Tools from Other States/Systems to see if our brainstorming is missing anything

- Supports Intensity Scale (SIS)
- Inventory for Client and Agency Planning (ICAP)
- CT Level of Need Assessment and Screening Tool (LON)
- Child, Adolescent and Adult Needs and Strengths (CAANS) DD
- Florida Questionnaire for Situational Information



Other Key Questions from Charter

- What should the state and/or OPWDD's role be in the needs assessment process?
- How often should needs assessment be done? What factors should trigger a reassessment?
- How should changes in life circumstances and individual goals relate to the needs assessment process?
- What aspects of individual choice should be built into our system in a care management environment?



Other Key Questions from Charter

- What should “No Wrong Door” look like and how should it work?
- How should information technology work to best support information sharing and access through “No Wrong Door” both within OPWDD’s service system and across systems?



Initial Design Team Work Schedule

Kickoff Meeting: June 20th

2nd Meeting: Week of July 11th

3rd Meeting: Week of July 26th
(optional meeting)

1st Report to Steering Committee due Aug. 1st

4th Meeting: Week of August 10th

5th Meeting: Prior to Sept. 2nd

2nd Report to Steering Committee due Sept. 5th



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Design Team Reports

Tentatively Due 8/1 and 9/5

- **Status Report Template:**
 - Meetings and Activity During the Reporting Period
 - Progress from the Design Team Charter/Recommendations or Outcomes of Discussions during the Report Period (provide detail)
 - Discussions/Recommendations/Outcomes and/or Deliverables Planned for the Next Reporting Period
 - Design Team Questions and/Issues/Obstacles (note any unanswered questions, issues etc. that are obstructing the ability of the design team to move forward)
- **From the Report Templates, one final summary of the initial design Team work will be prepared that will encompass the work of all five design teams related to the charters—September 2011**



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Public Resources

People First Waiver application Web page:

www.opwdd.ny.gov/2011_waiver

People First email address for comments
and questions: People.First@opwdd.ny.gov

People First comment line:

1-866-946-9733 or TTY: 1-866-933-4889