



## Access and Choice Design Team Meeting Summary

<b>Access and Choice Design Team</b>		<b>Date of Meeting:</b> July 13, 2011
<p><b>Present:</b>                  Joe Gerardi; Gerald Huber; Lauren Lange; John Maltby; Maryellen Moeser; Chris Muller; Chris Nemeth; Shelly Okure; Wendy Orzel; Bradley Pivar; Peter Smergut; Nicole Suto; Bob Vasko; Barbara Wale; Al Coley.</p> <p><b>Absent:</b>                  Shameka Andrews; John Gleason</p>		
Discussion Topics	Summary of Main Discussion Points, Considerations, Recommendations, Next Steps, etc.	
Welcome and Background:	<ul style="list-style-type: none"> <li>• The team reviewed the June 20<sup>th</sup> Access and Choice Design Team discussion and approved the meeting summary.</li> <li>• Maryellen Moeser presented a brief overview of the discussions of the June 20<sup>th</sup> meetings for Care Coordination; Services and Benefits; Quality; and Fiscal Sustainability. All meeting summaries are available on the People First Waiver Web site.</li> </ul>	
Discussion of “Design Team Parameters”:	<p>Jerry Huber reviewed the attachment, “Design Team Parameters” to establish a common understanding on the overall framework for the People First Waiver.</p> <p><u>Managed Care</u></p> <ul style="list-style-type: none"> <li>• Much of the group’s discussion of the design team parameters focused on the transition to a managed care structure. Some members expressed apprehension about the transition stemming from the perception that managed care is equivalent to rationed care. There were also questions about whether managed care organizations (MCOs) serving people with developmental disabilities will be</li> </ul>	



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	<p>non-profit entities and whether or not the MCO can deny services.</p> <ul style="list-style-type: none"> <li>• It was acknowledged that the current thinking is that voluntary agencies will continue to be the service providers, and some will be qualified to be MCOs. Since the group previously recommended that needs assessment be independent and the design parameters reinforce the independence of assessments and resource allocation, MCOs should not be able to deny needed services.</li> <li>• This discussion culminated in the group acknowledging that part of their charge is to make recommendations about enhancing choice and flexibility within the managed care environment so that individuals have access to the supports and services that they need to live a richer life.</li> </ul>
<p>No Wrong Door Presentation and Discussion:</p>	<p>Lauren Lange presented a PowerPoint overview of states that have developed a “No Wrong Door”. See 7/13/11 PowerPoint for details.</p> <p>This presentation helped the group to <b>conceptualize a “No Wrong Door”</b> for the People First Waiver as a service system that will likely continue to have <b>multiple houses</b> (e.g., State Education Department, Department of Health, State Office for the Aging, Office of Mental Health, Managed Care Organizations, providers, etc.) and multiple doors within each house (i.e., eligibility is one door and guidance on supports and services is another door). The challenge is how to coordinate eligibility, access, and information on options through a single entry point that links the houses and the doors within the houses so that it ALWAYS leads individuals down the right path the first time; and once the person is “in” necessary information can be transferred from place to place to facilitate information sharing in the best interests of the person.</p>



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**Some general characteristics of a “No Wrong Door” from Aging and Disability Resource Center (ADRC) materials:**

- 1) Highly visible and trusted places where people can turn for the full range of options
- 2) Help people access and understand their needs and to assist them with making informed choices regarding their options
- 3) Streamlined eligibility determinations that create an administratively effective, efficient and seamless process regardless of what agency/program someone ends up eligible for or the types of services they are eligible to receive
- 4) Linkages between and among major pathways (organizations/systems) that people travel when transitioning from and between one pathway to another
- 5) Help people to quickly arrange for the care and supports they are seeking and need
- 6) Include peer mentoring/natural supports

The group felt that in order to truly have a “No Wrong Door” single entry point that enhances access to service options for people with developmental disabilities through multiple houses/across systems without silos, it is essential to:

- **Provide early access to the “No Wrong Door” (as early as possible** even if the person is not yet eligible for OPWDD services under the Mental Hygiene Law) such as at the time the child first enters “the system” whether it is through Department of Health for Medicaid or Early Intervention Services, or first through the State Education System.

An “**early touch**” is needed for all individuals and families. Open the door early and wide with a “lighter touch” to establish appropriate expectations and to



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provide information on the full range of options. The cautionary note is that the worst thing that can happen is contacting people earlier, but having nothing to offer them.

- **Coordinate with State Education Department/System and Early Intervention:** Dialogue must increase between OPWDD, Early Intervention and the State education system, so that families of individuals with developmental disabilities within Early Intervention and the school systems will be informed about what support is available to them now, and what expectations to have for the future. Many parents do not understand the difference between the entitlements offered through SED and eligibility for adult services. There is also a current tendency for transition officials to guide individuals toward the largest provider in the region because it is well known, rather than provide the full range of options. There is wide variation across the state in how transition is supported. We need to be able to start earlier to point individuals and families in the right direction before they get to the wrong door. Make contacts earlier in the person’s life, and set the stage for better integration.
- **Facilitate and enhance peer mentoring** so that young families will have better access to information from people who have been there to help them navigate the full range of options, systems and pathways to make informed decisions.
- **Re-assess level of care and provide greater access to self-directed services:** reassess level of care determination as people within the system might need less restrictive settings. This would make room for people waiting for services. Greater access to self-directed services should decrease



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	<p>reliance on more restricted settings.</p> <ul style="list-style-type: none"> <li>• <b>Information management system that provides for comprehensive cross-systems assessment tools and electronic records:</b> See recommendations below on gathering information with standardized cross-system assessment tools.</li> </ul> <p>Bob Vasko presented a brief overview of the <b>CHOICES</b> system that OPWDD is building for electronic records which will include the developmental disabilities profile and all service coordination records, including the Individualized Service Plans (ISPs). There was some discussion of whether CHOICES could be or would be utilized for OPWDD’s People First Waiver to facilitate “No Wrong Door”, however, to be fully effective as a single entry point/No Wrong Door, CHOICES would need to link across systems and include standardized assessment tools.</p> <p>There was also mention of the Department of Health (DOH) Medicaid Redesign project to develop a uniform assessment tool for long-term care services. The team needs to determine whether this project will include the people served within OPWDD’s system.</p>
<p>Recommendations from the team on the essential components of a “No Wrong Door” for the People First Waiver include:</p>	<ul style="list-style-type: none"> <li>• <b>State level structure:</b> The team acknowledged that to ensure maximum effectiveness and cross-systems functionality, creating “No Wrong Door” is the responsibility of the highest level of government.</li> <li>• <b>Characteristics:</b> There must be <b>buy-in</b> from all in charge of government agencies. It must be <b>user friendly, person-centered, acronym free</b> and <b>silos free</b>. It must also provide for streamlined,</li> </ul>



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standardized paperwork and processes for cross-systems entry and be sensitive to people who do not have access to the Internet. Therefore, **various media** are necessary to get to the same place.

- **Up-to-date information and resources and interface with all in-state and national resources:** Whatever is built for the People First Waiver “No Wrong Door” must provide continuous access to up-to-date information and be **able to connect/interface** with all the other “No Wrong Doors” that have been created by other state and federal/national agencies (e.g., MY Benefits-Office of Children and Family Services; NY Makes Work Pay) and those that are created in the future such as the Insurance Exchange required by the Health Care Reform Act to be implemented by states by 2014. As discussed above, the interface must start as early as possible and not be limited to people now eligible for OPWDD services.
- **Multiple development methods/media:** the People First Waiver “No Wrong Door” should use all communication tools available, including: a Web portal such as that created in Virginia (see PowerPoint); telephone; walk-in; provider network; animation/videos; sign-language, and translations to other languages, blogs; “live chat,” etc. and be regularly updated for new technologies.
- **Web-based Component:** As a first step, the team would like to see the creation of a viable Web-based portal to become part of a multifaceted “No Wrong Door” for the People First Waiver that connects to a statewide “No Wrong Door”.
- **“No Wrong Door” should gather information with standardized tools as well as provide information:** Individuals should not have to tell their story multiple times to multiple agencies and individuals. The system should be able to gather the essential information to make a comprehensive



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assessment at the point of entry and make this information available to all who need it across systems.

- **Facilitate seamless transition from State Education Department services:** When young adults transition to adult services they often undergo multiple assessments within various silos in order to access adult services. In accordance with the above recommendation on standardized tools, the “No Wrong Door” should provide for comprehensive assessment within and across all the silos.
- **Ongoing cross-system training and marketing:** One of the most important components to facilitate “No Wrong Door” is to ensure that there is ongoing training across all systems for all care coordination and service staff and administrators charged with helping people access supports and services. The people at the front door must know how to approach/respectfully converse with families and provide generalized public education. The people answering phones for any agency and service system must be able to provide the right information the first time. Staff must be trained in appropriate interviewing techniques.

“No Wrong Door” must be **marketed** to the general public and others that support people with developmental disabilities such as pediatricians, social workers, psychologists and other community resources. These community resources must also be connected to the No Wrong Door so people know of availability.

- **Inclusion and availability of Quality Ratings and Rankings:** The People First Waiver “No Wrong Door” must include access to quality review information so that individuals can make an informed choice between and among providers of service (see Florida and Tennessee for examples).



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	<p>This should also include satisfaction ratings from individuals receiving services.</p>
<b>Next Steps and Action Items:</b>	<ul style="list-style-type: none"><li>• The July 29<sup>th</sup> (9:30 AM-2:30 PM) meeting will focus on individual choice in a managed care environment.</li><li>• The August 16<sup>th</sup> meeting will focus on the research from the Technical Subgroup on Assessment Tools.</li><li>• <b>Action Item:</b> Determine how the MRT on Uniform Assessment Tools applies to the People First Waiver.</li></ul>