



PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Welcome Access and Choice Design Team Members

July 29, 2011



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



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Commissioner



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Meeting Objectives

- ❖ Define/describe the essential aspects of individual choice that should be integrated into the People First Waiver.
- ❖ Charter Q. **“What aspects of individual choice should be built into a care management model for individuals with developmental disabilities?”**



Our Agenda

I. Welcome and Background

- Approve Summary from 7/13 meeting
- Updates on other Design Teams and Technical Workgroups
- Set foundation for discussion/recommendations: Background on Care Management, Context on Choice and System Challenges

II. Strategies and Tools in other States to Enhance Choice and Flexibility

- Tennessee
- Arizona
- Vermont

III. Discussion and Recommendations

- Handout 1
- Handout 2



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Updates

1. Approve Summary of July 13th Meeting
2. Updates on Design Teams and Technical Workgroups
3. New Technical Workgroups





New Technical Workgroup

Self-Direction and Individualized Budgets within Managed Care team will:

- ❖ Investigate how other states have designed and implemented self-direction and individualized budgets within managed care particularly Tennessee and Michigan.
- ❖ Recommend design features and parameters for self-direction and individualized budgets within the MCO model that should be considered for piloting



Self/Participant/Consumer/Family Direction

“Consumer-direction is not one model of service delivery but a variety of approaches with a common goal of moving the decision-making authority for services closer to the consumer who receives those services” (CRS Report for Congress-Long-term Care: Consumer-Directed Services Under Medicaid)

Budget Authority: participant exercises decision-making authority and management responsibility for a participant-directed budget from which the participant authorizes the purchase of waiver goods and services that are authorized in the service plan.

Employer Authority: participant exercises choice and control over workers who furnish supports by directly selecting and supervising them.



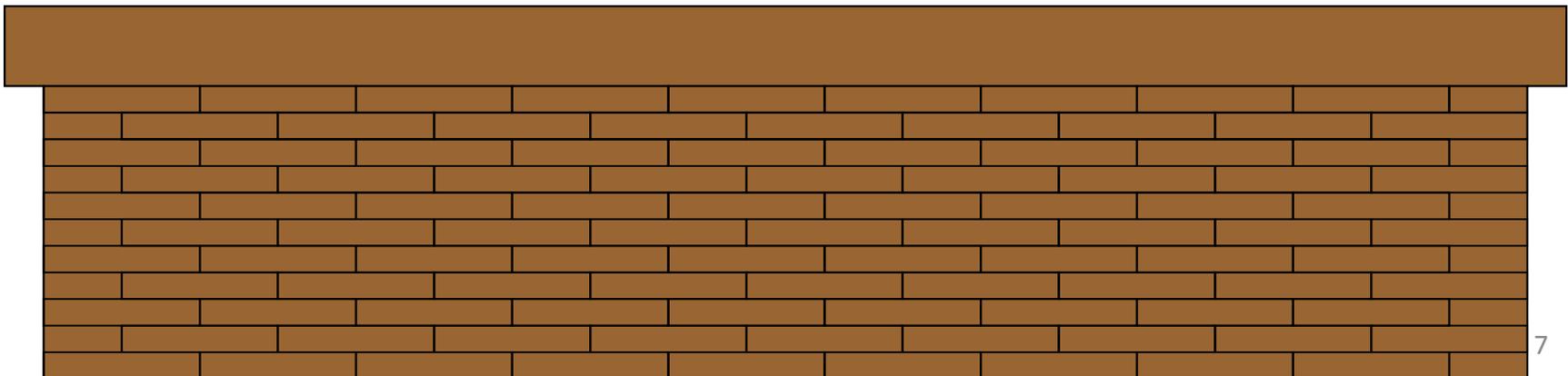
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Setting the Foundation for Today's Recommendations and Discussion

❖ Review Related Design Team Parameters

❖ Context on Care Management

❖ People First Waiver commitments to Individual “Choice”





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Setting the Foundation for Today's Recommendations and Discussion

Materials we will use during the meeting:

Worksheet 1: Waiver Commitments Related to Choice

Worksheet 2: Individual Choice Chart



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Design Team Parameters Most Relevant for Today's Discussion on Choice



- ✓ **Care Management
and Care
Coordination**
- ✓ **Individual Choice
and Self-Direction**



Care Management in New York

Medicaid Redesign Team Definition (Modified)

Care management applies systems, science, incentives and information to deliver care that best meets individuals' comprehensive physical, behavioral and social supports needs effectively. The goal of care management is to improve coordination of care while providing cost effective, non-duplicative services, and to ensure that emphasis is placed on the whole person, as opposed to certain aspects

OPWDD Implementation

“Good” managed care is when care coordination supports an individual in receiving the supports they need to live as independently as possible. Bad managed care is when services are limited to save money. We want good managed care.





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Bad Care Management





Aspects of Bad Care Management

- ❖ Limited or no choice of providers
- ❖ Rationed or poor-quality care
- ❖ No opportunity for input
- ❖ Insurance companies use financial control to place limits on the options available to individuals and care providers



"Your insurance just called. They don't cover 'having a bad day.'"



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Good Care Management





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Aspects of Good Care Management



- ❖ Transparency
- ❖ Choice between range of providers and flexible, person-centered care options
- ❖ Comprehensive care coordination
- ❖ Provides the infrastructure for a comprehensive, integrated and holistic approach



Aspects of Good Care Management

- ❖ People entrusted with providing care are apprised of the medical history and personal narrative of the individual seeking supports and services
- ❖ As discussed last week, the ability to provide an “earlier touch” to those who will be eligible in the future
- ❖ More opportunity for preventative care which will lead to less costly/restrictive services
- ❖ Elimination of fee for service (It could be argued that the fee for service system incentivizes the provision of costly services and procedures)



Some Context on “Choice”

- ❖ “For generations, persons with developmental disabilities have had their choices limited. Today, OPWDD is committed to improving people’s quality of life by empowering them to make their own choices and follow their own dreams to the extent possible” (OPWDD People First Briefing Book June 2011)
- ❖ With Choice Comes Responsibility
- ❖ Dignity of Risk
- ❖ How to balance the right to choose with the right to be protected from unnecessary physical, psychological or social harm?



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Informed Choice

(as articulated by OPWDD's Informed Choice Workgroup 2009-10)

“A person has made an informed choice when he or she has made a decision based on a good understanding of the options available and a good understanding of how that decision may affect his or her life.

A person can make an informed choice on his/her own or may ask family members, friends, or others for assistance if the person needs help making a good decision. Informed choices can be about everyday things like what to wear, or big life changing things like where to live, what kind of work to do, or who to be friends with. These decisions can also be about what kinds of services or supports someone wants or needs, and where and how to get them.

When making an informed choice, a person should understand the possible risks involved and what can be done to reduce the risks. A person should also realize that his/her ability or desire to make choices may change over time, or may be different for different kinds of decisions. Personal choices should be respected and supported by the people involved in the person's life.”



Challenges Faced in Current System Related to Choice

- The breadth of available service options varies by geographic location;
- Resource availability for approved supports and services is frequently less than service demand;
- The infrastructure to support more individualized service options is not well developed and differs geographically;



Challenges Faced in Current System Related to Choice

- 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.



Waiver Commitments “Choice”

- ✓ Use of more flexible payment systems within care management environment that allows **more individual control over choice of care and providers**
- ✓ Reimbursement methodologies that ensure **choice between plans and within plans choice of providers**
- ✓ Ample opportunity for self-direction including both employer and budget authority



Waiver Commitments “Choice”

- ✓ Appropriate diversity of providers in line with individual interests in aligning their cultural, community, and family histories with a **provider of choice**
- ✓ person-centered principles and person-centered systems of care
- ✓ Provider network standards that ensure individuals can exercise **choice** among services and service providers, recognition of culturally and linguistically relevant supports, adequate medical/dental specialties



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Key Questions to Consider

See Worksheet 1

How should independent advocacy be designed to ensure individuals can make informed choices?



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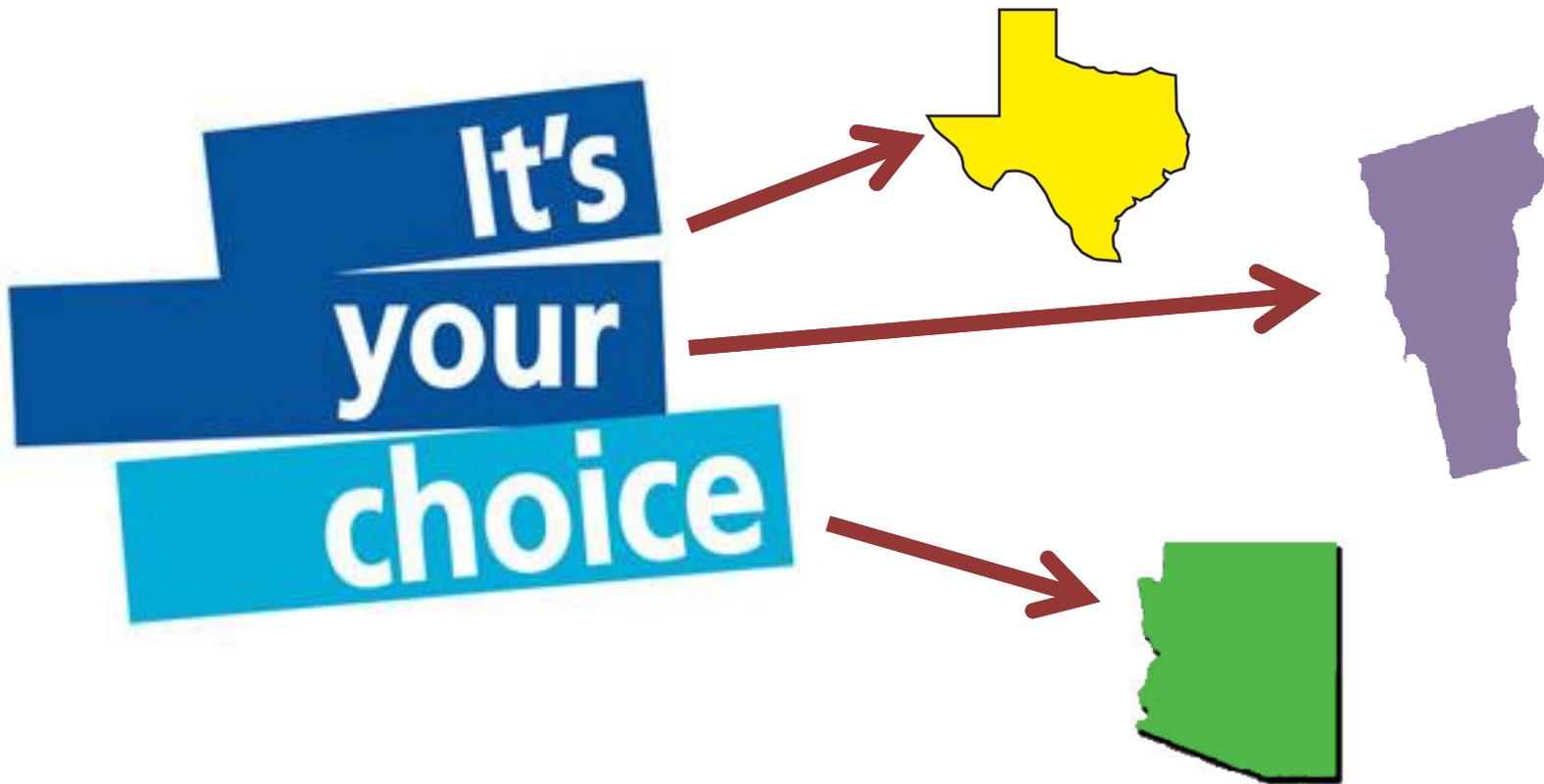
Initial Discussion: Ideas and Recommendations?

Worksheet 1 and 2:

What do we need to ensure is included in the People First Waiver and the Care Management/Managed Care Organization Contracts so individuals have appropriate choices and flexibility to best meet their individualized needs?



Tools and Strategies to Enhance Choice and Flexibility: Examples from Other States





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Tennessee : TennCare CHOICES in Long Term Care Program





Key Aspects of TennCare CHOICES in LTC Program

- ❖ Simplified access using a single entry point, in addition to a streamlined and expedited process has lead to increased enrollment
- ❖ Comprehensive care coordination across acute and long-term care services
- ❖ Integration of long term care services with existing managed care delivery system
- ❖ More community based residential alternatives have lead to increased transition from restrictive settings to community settings
- ❖ Continuous quality improvement strategy across acute/LTC continuum

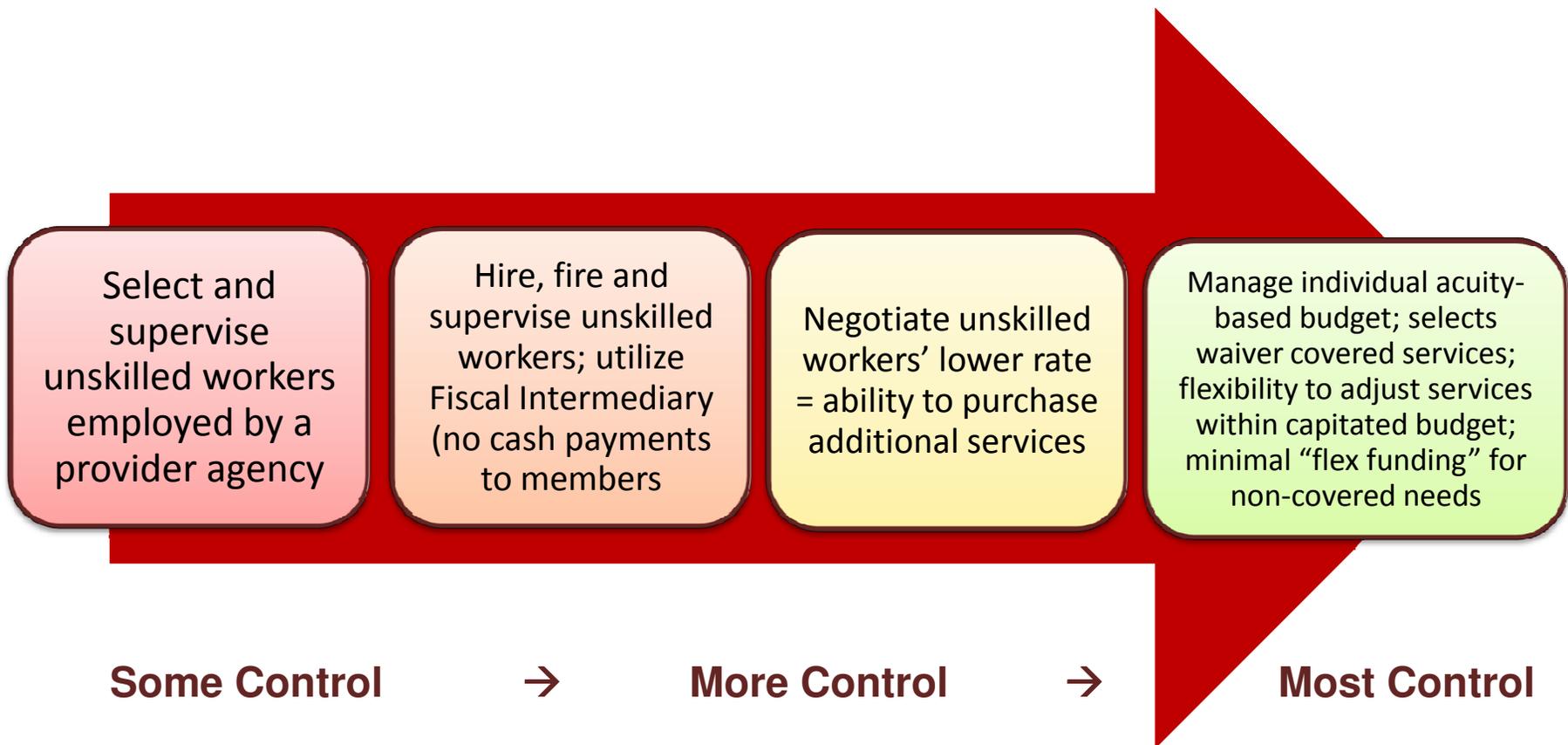


Self Direction in Tennessee

- ❖ Self direction allows individuals to select, direct, and employ caregivers (personal care, attendant care, homemaker, in-home respite, companion care)
- ❖ Employees may be friends or family members
- ❖ As part of self direction, individuals who choose to employ workers for specified services will also have the ability to supervise the performance of certain healthcare tasks, including: oral, topical and inhaled medications
- ❖ The services authorized by the Managed Care Organization are based on the individual's need, not on cost
- ❖ Services support, but do not supplant existing natural supports
- ❖ Individual may use an unpaid representative to assist with Consumer Direction
- ❖ MCO is required to present all consumer direction options



Consumer Direction Continuum in Tennessee





Care Coordination in Tennessee

- ❖ A continuous process of assessing needs, identifying supports and services, ensuring timely access, facilitating access to other social support services and assistance
- ❖ Integrated care model that includes supports and services in areas ranging from medical to social
- ❖ Addresses physical, behavioral, functional and psychosocial needs, encompassing coordination of all physical, behavioral, and long term care services
- ❖ Comprehensive, holistic, and person-centered



Care Coordination in Tennessee

- ❖ Care coordination is the contracted responsibility of MCOs
- ❖ Each individual has a care coordinator (primarily nurses and social workers)
- ❖ May subcontract, but MCO or subcontracted entity may not also provide direct services
- ❖ On-the-ground and face-to-face with minimum contact requirements



Arizona Long-Term Care (Cabinet Level Agency)

- ❖ Highly Community Based System—85% of individuals live in non-certified settings
- ❖ Over 3,000 providers and 600 individual/independent providers
- ❖ “Qualified Vendor System” No RFP—if qualified, entity is in and can add services at any time.



Self-Directed Attendant Care Option in Arizona

Member self-direction represents a philosophical approach to service delivery that maximizes a member's ability to:

1. Identify their own needs
2. Determine how and by whom their needs are met
 - a. Choose which tasks to receive from their Attendant Care Worker (ACW)
 - b. Select the days and times for service delivery
 - c. Hire, manage, and terminate the ACW of his or her choice, including family members (excluding spouse and parents of minor children)
3. Define what constitutes quality of care



Components of SDAC Service

- ❖ **SDAC Services** – Attendant Care Worker (ACW) performs typical tasks such as homemaking, personal care, and general supervision. The ACW may also provide limited skilled services under specific circumstances.
- ❖ **Training of member** – Individuals are trained how to hire and supervise employees
- ❖ **Training of ACW** – Universal precaution and HIPAA privacy regulation training is mandatory for all ACWs. Other training is covered if identified as a need
- ❖ **Fiscal and Employer Agent (FEA)** - The FEA provides fiscal management services and procures workers compensation insurance for the member's caregiver(s).
- ❖ **Case Management (CM)** – The CM collaborates with individuals to help them meet their goals and be successful in the SDAC service. The case manager is responsible for advising the member (education, providing information related to available resources, and authorizing services as determined appropriate and cost effective through the assessment and service planning process)



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Vermont – Some Strategies to Consider:

- ❖ Extensive Shared Living system—
77% of all residential options at
average cost below \$30,000
- ❖ Maximizes natural and community
supports
- ❖ Flexible Funding
- ❖ Direct Support Worker Registry





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Vermont Shared Living

What Shared Living Looks Like

Shared living is not a single model of residential support, but instead can be configured to meet the specific needs of an individual. There are a number of variations to shared living where the individual with a developmental disability lives in the home of a home provider. An individual can live with a single adult home provider, with two adults (married or not, with or without children), or in a household that has more than two adults.

The key to shared living is the flexibility that accommodates a wide variety of living and support arrangements. Depending on the individuals and their circumstances, it may be advantageous to have two individuals getting support in one home, or it may be preferable for an individual to be the only person in the home who needs support. The shared living provider may be a similar-age peer who acts like a roommate, or an older person who acts like a parent or grandparent.



Vermont Flexible Family Funding

- ❖ Reflects an acknowledgement that families, as caregivers, offer the most natural and nurturing home for children and many adults with disabilities.
- ❖ Care and support provided by families are of benefit to the individual, as well as to the service system.
- ❖ By avoiding the need for more intensive and costly out-of-home services, Flexible Family Funding has assisted families to continue to support people with developmental disabilities at home.



Vermont Flexible Family Funding

- ✓ Funding is provided to eligible families of individuals with developmental disabilities to enhance their ability to live together. These income-based funds, determined by a sliding scale, are used at the discretion of the family.

These funds can be used for any legal good or activity that the family chooses; such as:

- **Family Respite**
- **Assistive Technology**
- **Home Modifications**
- **Individual and Household Needs (clothing, heating, rent, etc.)**
- **Recreational Activities**



Developmental Disability Service Options in Vermont

| Agency-Managed Services | Shared-Managed Services | Self-Managed Services | Family-Managed Services |
|---|---|---|--|
| <p>Developmental disability service provider manages all of a person's services, whether it is by the Designated Agency, a Specialized Service Agency or other contracted provider. This is the most common method of how services are managed.</p> | <p>Developmental service provider manages some, but not all, of the services for the person or family. For example, the service agency may provide service planning and coordination and may arrange for other services, such as home supports, while the person or a family member manages the community and work supports separately.</p> | <p>Individual manages all of their services. The individual is responsible for hiring staff and overseeing the admin responsibilities associated with receiving funding (contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency). Fiscal and Supportive Intermediary Service Organizations can help people who self-manage and will do many of the bookkeeping and reporting responsibilities of the employer.</p> | <p>A person's family member chooses to manage all of his or her developmental disability services. The same responsibilities and resources for self-management services are also associated with and required for family-managed services.</p> |



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Vermont – Rewarding Work Registry

<http://www.rewardingwork.org/State-Resources/Vermont.aspx>

“The RewardingWork.org registry provides the only comprehensive and current list of people in Vermont who are ready to provide direct care in your home. **This is a free service for everyone in Vermont who needs support to help them live independently.**

You can get names, telephone numbers, and availability of Direct Care Workers for full- or part-time work, and learn if they can work days, evenings, or weekends.

[Click here to find how it works!](#)”



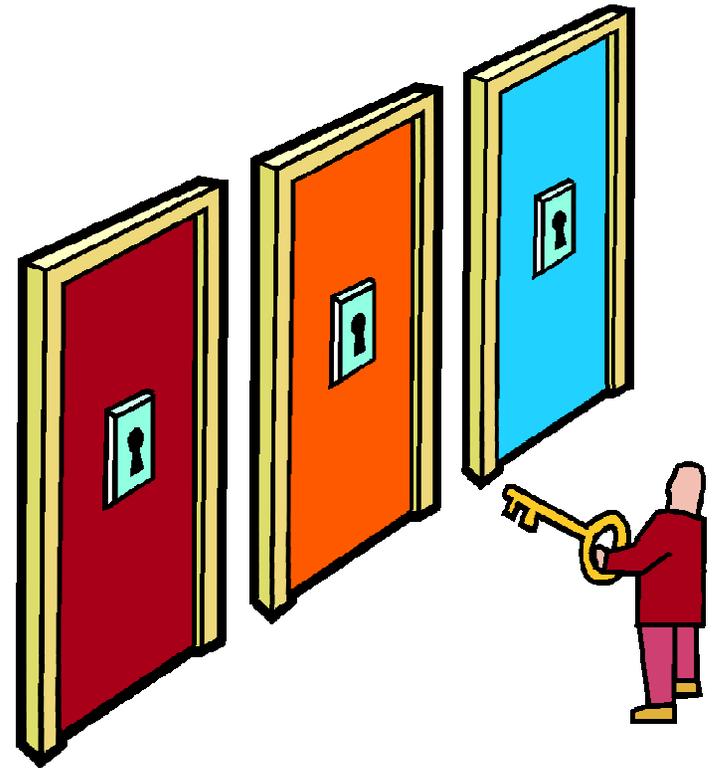
Summary of Tools and Strategies Used in Other States to Enhance Choice and Flexibility

- ❖ Variety of options and tools for individuals to decide who one's direct support workers are—ability to hire and direct friends, neighbors and family members and support in doing so
- ❖ Flexible Funding
- ❖ Extensive education and training of all stakeholders
- ❖ Individualized budget including stipend
- ❖ Shared living and other innovative non-certified residential approaches
- ❖ Strategies for maximizing natural and community supports (Arizona, Vermont, Tennessee).
- ❖ Rewarding Work Registry



Discussion and Recommendations

1. Essential Aspects of Choice to include in People First Waiver
 - Systems level
 - Individual level
2. Components that should be included in Care management and service provider contracts
3. How should we design independent advocacy?





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Sources

<http://content.healthaffairs.org/content/16/4/194.full.pdf>

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<http://www.azahcccs.gov/shared/Downloads/SDACbrochure.pdf>

<http://www.ddas.vermont.gov/ddas-programs/programs-dds/programs-dds-addl-webpages/programs-dds-management-options>

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<http://www.ddas.vermont.gov/ddas-publications/publications-dds/publications-dds-documents/dds-publications-other/shared-living-individual-home-supports>

<http://www.ddas.vermont.gov/ddas-policies/policies-dds/fff-guidelines>



Next Steps

1. Make Assignments
2. Continue with subgroup work
3. Upcoming Meetings:
 - August 16th 9:30-2:30
 - August 29th 10:00-3:00
4. Draft Report for Steering Committee due August 5th