

## **Access and Choice Design Team Charter**

The purpose of the Access and Choice Design Team is 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.

Through its work, the Design Team will answer the following specific questions:

1. What is not working in the current developmental disability service delivery system related to access and eligibility that needs to be reformed in the People First Waiver?
2. Review the information provided from other states in relation to the following needs assessment and resource allocation questions.
  - Should the needs assessment process be independent from care coordination? Should it be independent of the entities that deliver services and receive payment for service delivery?
  - What are the various options for entities/organizations that should be considered to carry out the needs assessment? What are the advantages and disadvantages for each option?
  - What should the state and/or OPWDD's role be in the needs assessment process?
  - What are the factors and support needs that should be considered in assessment and the resulting resource allocation decision making for the various subpopulations (e.g., dually diagnosed; medically frail; children; forensics/risk issues; etc.)?
  - What are the options for how resource allocation decision making can be correlated to needs assessment (e.g., models for individual resource allocation; tiers – high, medium, low; etc.)?
  - Given that the federal government currently requires at least annual redetermination for ICF/MR level of care, how often should the People First Waiver needs assessment (and related resource allocation) decision making be reassessed/redetermined? What should trigger a reassessment?
  - How should changes in life circumstances and individual goals relate to the needs assessment process for people with developmental disabilities and various subpopulations?
3. Given that our system is moving to a care management environment with a specialized health home for care coordination for people with developmental disabilities:
  - What are the various options (and the advantages and disadvantages of each) to ensure that there is "No Wrong Door" for people with developmental disabilities (and the various



subpopulations such as children, medically frail, etc.) so that those who need services can access them no matter where they start in the process (e.g., voluntary agency, county social service department), and that people needing cross-system services have access to necessary services without regard to state agency auspice?

- What aspects of individual choice should be built into a care management model for individuals with developmental disabilities?
- 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?