



## **The 1115 Waiver**

- A Section 1115 Research and Demonstration Waiver
- An opportunity to:
  - Redesign services for people with developmental disabilities for increased focus on quality, choice and community to support better outcomes;
  - Align the developmental disabilities service system with New York's healthcare reform and implement comprehensive care coordination across service systems; and
  - Ensure the future sustainability of the service system.
- The waiver will eventually provide comprehensive services for Medicaid-enrolled individuals with developmental disabilities, including all Medicaid health care services and long-term care services within OPWDD system (DC, ICF, HCBS Waiver, CAH Waiver, MSC, clinic, day treatment, family support services) and also under the auspice of other state agencies (mental health services, nursing homes, personal care, etc.)

## **Major Reform Initiatives**

**Improved Access to Services** – Currently, access to services is shaped by the state agency or provider with which the person seeking services begins. Different processes, standards, and other requirements make access to services from multiple systems confusing. Using technology to support comprehensive care coordination, the waiver will support “No Wrong Door” to service access.

**Uniform Needs Assessment** – Currently, lack of a uniform and comprehensive assessment instrument results in inequitable access to services across the state. The waiver will establish a uniform needs assessment instrument and process that will support comprehensive person-centered planning for each individual and ensure that each person will receive services to meet their unique needs regardless of the level of care he or she requires or where they live in New York State.

**Care Management and Integrated Care Coordination** – In many cases today, no one agency or case manager is responsible for a person's entire service plan, and service coordination doesn't always coordinate the multiple services that a person may need from different service systems. The waiver will establish a Managed Care service delivery structure to provide holistic, person-centered planning, improved service coordination, and support better outcomes for people. The managed care model will align incentives so that care coordination organizations assist people to achieve greater success.

**A Sustainable Fiscal Platform** - The current fragmented “fee-for-service” system is inconsistent across providers, subject to budget variables, and lacks predictability which inhibits long-range planning. It is structured to maximize program enrollment and, as a result, discourages a true person-centered approach and the integration of medical, habilitative, and long-term care. With over 13.5 million Medicaid transactions in a single year, the fee-for-service system is also administratively complex, labor intensive, and expensive to administer.

Under the waiver, a capitation payment methodology that is actuarially based will enable the full integration of medical, habilitative, and long-term care. The new payment system will promote preventive and innovative care, remove the disincentive to serve high-need individuals, and by encouraging the delivery of the right level of supports in the right setting, will lead to better outcomes for individuals and improved efficiency.



**An enhanced menu of more flexible, community-based supports** (including clinical and behavioral supports) - This system adds unnecessary costs and makes it more difficult to coordinate comprehensive and integrated care. Under the new waiver, there will be a significantly smaller number of managed care entities and consolidation of provider organizations within more organized networks.

Additionally, the current service funding makes it difficult to focus on the whole person and integrate services across funding sources and systems. Individuals receive Medicaid Service Coordination as well as Medicaid State Plan services. These different funding sources and different Medicaid standards complicate service planning, increase administrative costs, and reduce effectiveness. The People First Waiver will redefine services in broader categories to allow greater flexibility in shaping person-centered plans that reflect each person's unique strengths, natural supports and needs.

**Reduced reliance on institutional settings** - The waiver will support OPWDD to develop enhanced, community-based clinical and behavioral supports for individuals and families that will improve the ability of many individuals to live successfully in their family home or in another community setting. This new service capacity will support the transition of more people from campus-based institutional settings to community settings with enhanced supports and further reduce the use of institutional services. It will be particularly important in providing appropriate services in the least restrictive settings for the increasing numbers of people diagnosed with autism spectrum disorders and those whose challenging behavior has previously limited their opportunities for community integration.

**An enhanced Quality Assurance System** - OPWDD monitors quality through its oversight of more than 700 not-for-profit providers and thousands of facilities. Traditionally, quality oversight has focused on compliance activities rather than on personal outcomes for people. The new waiver will establish a two-tiered approach to quality oversight that includes measurement of individuals' personal outcomes, satisfaction and quality of life. Care management entities will hold providers accountable for these quality outcomes as well as for health and safety, and New York State and OPWDD will provide quality oversight as well. The two outcome-focused quality assurance functions operating side by side will serve as another check and balance within the overall quality management framework. A new Quality Framework will track and report to the public meaningful measures of performance for improved transparency.

### ***Waiver Development Progress to Date***

- Extensive and Ongoing Public Outreach – Listening Sessions, Public Forums, Online Surveys, Face-to-Face Briefings, Online Videos, Public Hearings, Request For Information, Regional Waiver Discussion Boards
- Dedicated Web Page ([http://www.opwdd.ny.gov/2011\\_waiver/index.jsp](http://www.opwdd.ny.gov/2011_waiver/index.jsp))
- Established Steering Committee, Five Design Teams & Technical Workgroups that informed the 2011 5.07 Plan
- Extensive dialogue with federal Centers for Medicare & Medicaid Services to shape waiver design
- Request for Information solicited ideas for pilot projects
- Selection of interRAI integrated Assessment Suite to provide the core needs assessment in support of comprehensive person-centered planning
- Preparation for targeted case studies in which high performing agencies will test key reform concepts contained in the waiver related to needs assessment, care planning, documentation practices and outcome measurement

For more information on the People First Waiver, visit [http://www.opwdd.ny.gov/2011\\_waiver/index.jsp](http://www.opwdd.ny.gov/2011_waiver/index.jsp).