



Ongoing Dialogue with CMS:

Leadership from OPWDD, the Governor's office and DOH, have been actively preparing for and participating in meetings with federal Centers for Medicare & Medicaid Services (CMS). Discussion topics have included issues of quality oversight, financing, the managed care structure, and system integration. The purpose of the meetings was to more fully articulate the proposed changes to the system of care for people with developmental disabilities in New York State and to identify the benefits that the changes will bring to the people supported in the system. Additional meetings will occur in February, and OPWDD expects to post answers to CMS's questions on the Web page later this month.

Request for Information:

The Request for Information (RFI) closed on December 30, 2011. The RFI was used to solicit feedback from any interested stakeholder regarding the concepts and recommendations that were described within the OPWDD's Statewide Comprehensive Plan (5.07 plan). OPWDD received 251 responses to the RFI. Some of the responses were from groups of people with similar interests or perspectives such as multi-cultural provider agency groups and self advocacy groups. OPWDD is now analyzing the responses. The RFI analysis will be available in March and will be used to inform the process of structuring and selecting pilot projects that will test and demonstrate different care management models. The RFA will not be issued until CMS approves the waiver application.

Focused Case Studies:

To begin testing the concepts that are identified in the waiver, OPWDD will initiate case studies of key concepts within agencies that demonstrate high quality practices. Agencies that participate will:

- Test assessment tool(s) to determine their adequacy for informing quality person-centered planning;
- Develop standards for care planning and a related care plan template;
- Develop documentation practices that can help ensure the provision of supports for individual health and safety as well as the personal life outcomes desired by people receiving services; and
- Begin to identify good ways to measure the outcomes for people receiving services for the purpose of improving quality on both an individual and systemic basis.

The participating agencies will complete these focused activities with people whose current services may not be providing the most integrated or successful experience. OPWDD anticipates learning how changes in care planning and an increased focus on innovation in service delivery might support better outcomes. Additionally, agencies who participate in these case studies will develop alternative residential support options for people who are currently living in Developmental Centers. Case studies will not be initiated until the waiver application is approved.

Ongoing Communication with Stakeholders:

Gathering input from stakeholders across New York State is critical to the successful development of the new waiver. To support a productive two-way dialogue with as many parties as possible, OPWDD has appointed staff liaisons within each DDSO and local People First Waiver Discussion Boards made up of



people who receive OPWDD supports, family members, and other participants. Each month OPWDD will host a statewide videoconference (VC) to bring information to the Waiver Discussion Boards and hear their concerns and questions. The Discussion Boards are encouraged to share information with other individuals and families and to bring their concerns back to OPWDD as well. OPWDD is hosting similar bi-monthly videoconference updates with voluntary service providers and OPWDD employees.

Next Waiver Discussion Board Update:

Date & Time: February 14, 2012, 11 am – 1 pm **Topic:** Care Coordination under the New Waiver

The PowerPoint and a video of each presentation will be posted on the People First Waiver Web page (http://www.opwdd.ny.gov/2011_waiver/index.jsp) after each videoconference.

Frequently Asked Questions:

How will a new needs assessment process affect people currently receiving services?

A new needs assessment tool and protocol are needed to establish consistent practices in assessing individuals' interests and support needs across the state and to ensure that the system provides supports and services according to people's needs, rather than according to regional budget allocations. In the beginning of the waiver, small case studies will test a new needs assessment tool and protocols to determine how they can be used to achieve these goals. Over the next several years, OPWDD will begin to implement the new needs assessment tool for people newly entering the service system and develop a plan for reassessing individuals who currently receive services. Reassessment will be phased in over many years and will be carefully implemented to ensure that people's needs remain fully supported.

How will managed care result in greater efficiency and person-centeredness?

A managed care structure will reduce the number of administrative procedures required, many of which were related to Medicaid billing transactions, duplicative office functions related to multiple systems providing uncoordinated care to the same individual, and allow the sharing of certain common costs among service providers. These efficiencies are expected to support a more comprehensive care coordination team and a more thorough person-centered planning process that fully involves the individual and his or her family and advocates. As the new needs assessment tool and protocol inform service planning, and more flexible service categories allow service delivery that uniquely suits each individual's life situation, the new system will be more person-centered.

How will developmental disabilities service providers be able to afford the costs of medical care?

Eventually, when Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs) provide comprehensive services, the capitated rates they receive will be sufficient to ensure capacity for medical, dental and behavioral services as well as the traditional OPWDD habilitative, clinical and family supports and services. The rates will be established in collaboration with NYS Department of Health which, as the single state Medicaid agency, is responsible for setting managed care rates that are actuarially sound. Further, the new managed care service structure will be established in compliance with state and federal law and regulation pertaining to managed long-term care programs. OPWDD is exploring allowable strategies within these regulations for DISCOs to "ramp up" over time to the required level of fiscal reserves.