



Office for People With Developmental Disabilities

JOINT ADVISORY COUNCIL MEETING

July 24, 2015 10:00am – 1:30pm

4th Floor Conference Room B - 44 Holland Avenue, Albany NY

Council Members in attendance: Douglas Hamilton (St. Regis Mohawk Tribe), Michele Juda (Parent to Parent), Lynn Winne (NYS DOH), Gerald Cohen (NYC Dept Health and Mental Hygiene), Donna Colonna (Services for the Underserved), Elizabeth Benjamin (CSSNY) via phone, Susan Dooha (CIDNY) via phone

DOH Staff: Teresa Keenan, Donna Cater, Monica DiGrado

OPWDD Staff:

Acting Commissioner Kerry Delaney, Neil Mitchell, Joann Lamphere, Kate Marlay, Alison McCarthy, Elyse Goodman, Tim Byers, Laura Fiato, Wendy Grant, Millah Musungu, Valerie Brown, Mary Beth Riley, Tricia Downes, Tamika Black, Maryellen Moeser

CMS: Melissa Seeley

Partners Health Plan/Medisked: Jan Abelseth (COO), Janet Zampella, Tom Hogan

Welcome

- Kerry Delaney, Acting Commissioner, OPWDD, opened the meeting indicating that the focus for the Joint Advisory Council is to review the various components for the formation of the managed care framework for people with intellectual and developmental disabilities in New York.
 - The Council was provided an update on the Transformation Panel, which was created in early 2015. The role of the Panel is to learn how to achieve new goals in community housing, self-direction and employment while at the same time assuring a system that will make these goals sustainable for new people who will enter the system in the upcoming years. The Transformation Panel is shaping clear and accurate recommendations as it provides input from multiple stakeholders.
 - A symposium will be held on Thursday, November 5 at the Empire State Plaza bringing together individuals, families and providers. It will showcase community activities and innovations in technology. Invitations will go out to stakeholders for this event. If there are families who would like to attend this symposium, contact Dianne Heck at dianne.w.henk@opwdd.ny.gov.

Updates and Discussion on the Fully Integrated Duals Advantage (FIDA-IDD) Demonstration

- Joann Lamphere, Deputy Commissioner, Division of Person Centered Supports
 - **Our focus** is on personal outcomes and what matters most to the individuals and families we serve. New York is the first state to launch a managed care program for the population we serve. The FIDA-IDD managed care demonstration will bring national attention to New York State to see the outcome of this program. We all have a stake in this FIDA-IDD program. It will provide an opportunity to learn and grow. The Joint Advisory Council provides significant knowledge and information with input to recognize where the risks are, what the analytics are, and the importance of language. The Department of



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	<p>Health has also been involved in the work toward implementation of the FIDA-IDD, and OPWDD is thankful for their assistance.</p> <ul style="list-style-type: none"> ➤ Kate Marlay, Deputy Director, Division of Person Centered Supports <ul style="list-style-type: none"> - In May, CMS advised OPWDD that it can move forward with the FIDA-IDD demonstration voluntary program. Work is progressing toward an implementation date of January 1, 2016 in a nine-county area including the five NYC boroughs, Nassau, Suffolk, Rockland, and Westchester Counties. This demonstration is only for dual eligible adults, those who have both Medicaid and Medicare, and are age 21 and older. At this time, the OPWDD is concentrating primarily on two things: care management policy and assessment. Modeled after DOH’s primary FIDA program, the FIDA-IDD will be supported systematically by a contracted enrollment broker and a contracted independent ombudsman. OPWDD will review the provider network to assure it includes the needed providers with DD experience.
<p>Care Management in FIDA-IDD</p>	<p>The presentation reviewed excerpts from the Draft Document Describing the Care Management Policy for Fully Integrated Duals Advantage Plans for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD).</p> <ul style="list-style-type: none"> ➤ Please refer to the OPWDD website to view this document. http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/opwdd-joint-advisory-council-managed-care ❖ Highlights include plan responsibilities, assessment and services planning information and the roles and requirements of the Interdisciplinary Team. ❖ Care Management is a team approach. The coordination of information with the Interdisciplinary Team (IDT) and the individual member is critical to the quality of care management. ❖ The IDT Lead is the care manager (RN, Licensed Social Worker, or Psychologist) and will ensure the integration of the participant’s physical health, behavioral health and community based or facility based long term support services and social needs in the community. The team will bring together all of individual’s needs and goals to maintain their function potential and quality of life.
<p>Care Coordination Demonstration Presentation</p>	<p>Jan Abelseth, Chief Operating Officer of Partners Health Plan (PHP) shared PHP’s Care Coordination Demonstration Final Report displaying data collected during PHP’s Care Coordination Demonstration Project.</p> <ul style="list-style-type: none"> ➤ Please refer to the JAC Meeting page on OPWDD website to review the report. http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/opwdd-joint-advisory-council-managed-care ❖ The purpose of the Care Coordination system is to collect and communicate health, safety and valued outcome data between and among providers and PHP on behalf of the individuals supported. ❖ The report is the result of a pilot that began in October, 2014 and provided data reporting from seamlessly integrated data sources, including care management assessments, life plans, provider service delivery, and notification of change messaging.



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	<ul style="list-style-type: none"> ❖ This study follows approximately 1700 individuals living in the nine Metro NYC counties of Rockland, Westchester, Bronx, New York, Richmond, Kings, Queens, Nassau and Suffolk who have enrolled in the PHP Care Coordination Pilot. ❖ The report shows important trends in population and provider characteristics which can be used to increase the effectiveness and efficiency of services for each individual, by setting, by staff person and by provider. Jan reported on a few data sets of particular interest; obesity rates, average number of medications per participant, CQL POMs data and level of supervision required at home, in the community and at night. <p>➤ PHP also presented the FIDA-IDD It’s All About Me (IAM) tool. It will be used as the comprehensive, person-centered assessment for care and support planning for the FIDA. It is written in person first language and describes the functional status, needs and wishes of a person with IDD across 24 domains and determines a recommended list of actions based on their current status. It has been reviewed and edited by CQL, self-advocates, government, leaders in the DD field, and 30 assessment specialists. I AM produces the following summary documents as a result of the assessment:</p> <ol style="list-style-type: none"> 1. A list of goals and actions which include safety and health related information as well as personal goals and dreams. These goals and actions are assigned to providers (i.e. DD, MLTC, Health Care) to implement and are monitored by PHP. 2. A list of care management tasks 3. A set of six narrative sections developed by the person, and/or their circle of support. They are: Introducing Me, My Home, My Work, My Health and My Medications (written by the nurse), My relationships and My Happiness. 4. A DME/POS list...what the person has and what is needed. 5. An Allergies List 6. A Contact List 7. Two lists specific to clinical outcomes and research with this population called: 1. My Preferences and 2. Supportive Routines.
Discussion	<ul style="list-style-type: none"> ➤ Susan Dooha of The Center for Independence of the Disabled (CIDNY) shared experience with providers in the DOH primary FIDA, indicating that providers have limited background or experience with reasonable accommodations. She requested the policies and procedures for the FIDA-IDD associated with Civil rights protections and offered assistance in the development of policies and procedures. OPWDD is pleased to share the ADA compliance policy to receive input. ➤ Discussion around PHP’s Care Coordination demonstration explored many areas including the importance of quality assessments and the individual’s participation and comfort with the interview experience.



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	<ul style="list-style-type: none"> ➤ Elizabeth Benjamin of CSSNY stated the current assessment process can be cumbersome and suggested consideration be given to potential opportunities for streamlining the assessment process. ➤ The group discussed marketing and expressed the need for general program information to be communicated to individuals and families on the FIDA-IDD program. OPWDD clarified that the education process will be a tiered approach with focus on general education for stakeholders and more detailed trainings for partners that will be affected by the 9-county demonstration. Particularly, the linkage between the FIDA-IDD enrollment broker and OPWDD Developmental Disability Offices in the FIDA regions will require extensive opportunities to learn and collaborate to ensure continuity of care and quality transitions for individuals. ➤ Douglas Hamilton of St. Regis Mohawk Tribe asked, with respect to tribal affairs, how will it affect them with providers? Where are the thoughts on this? OPWDD is interested in discussions with St. Regis as part of the broader move to Managed Care.
Next Steps	<ul style="list-style-type: none"> ➤ Request Susan Dooha’s input on the ADA policy and procedures and ADA provider compliance document.
Meeting Materials	<p>PHP Q3 Reporting Care Coordination Pilot Care Management Policy excerpts for JAC FIDA-IDD Announcement Letter ADA Poster for July 24 Anniversary Observance</p>
Next Meeting	September 2015 – Albany, NY