



October 18, 2012

Comment Line: 1-866-946-9733
E-mail: people.first@opwdd.ny.gov

Needs Assessment

Regarding the Coordinated Assessment System (CAS), are other departments such as OMH and OASAS, for example, being trained in the interRAI tool?

The CAS is being completed by Assessment Specialists who are OPWDD staff trained in all the supplements of the tool. At this time OMH and OASAS staff are not completing assessments for individuals receiving OPWDD supports and services. In addition, the Assessment Specialists will be assisted as needed by staff persons with expertise in the areas covered by the supplements and the agencies you mention.

Fiscal Reform

How was the sample for fiscal platform review determined? How do we know we have a representative sample of agencies supporting individuals with all levels of need?

The “Modernizing the Fiscal Platform” (MTFP) Work Team was charged with providing a foundation for a new rate reimbursement system that will promote equity, sustainability, alignment of the financial platform and incentives for desired program outcomes for the developmental disabilities service system. The team reviewed the existing rate reimbursement structures that have been in place for the past several decades and decided to explore the current relationship between costs in all of the various rate components by analyzing a sample of agency general ledgers. This analysis would allow OPWDD to build a new, consistent approach to setting the rates needed to support the full range of individuals with developmental disabilities. The MTFP work group worked collaboratively with OPWDD to carefully select providers to participate in the general ledger/cost component analysis. In selecting the participating agencies, OPWDD’s and the work team’s objective was to determine a comprehensive and representative cross-section of voluntary providers and supports and services. Both groups gave consideration to agency size, program locations, types of programs, individuals served and unique service delivery situations.

If I get \$200,000, what happens if I run out of money?

DISCOs will receive a capitated payment for each person enrolled. This means that the DISCO will receive a standard rate for each person they support, or a “per-person” rate. This funding is not dedicated to a particular individual. Rather, the rates will be determined in such a way as to enable the DISCO to meet all of the service needs of all of its members. There is no individual limit or cap on the money that can be spent on an individual’s services. So, if the needs assessment and service planning indicate that an individual needs a particular service, he or she will receive the service even if it costs more than the capitated payment to the DISCO. DISCOs will be required to manage the total funds they receive to meet all the needs of their enrolled members, those with high levels of need and those with lower levels of need.

A Consolidated Supports and Services (CSS) Plan can usually support an individual at a much lower cost than traditional services. CSS is also philosophically closer to the People First Waiver. Why, when “traditional dollars” get freed up, doesn’t some portion of those dollars get allocated to CSS so that more people on the waiting lists for services can be served?

OPWDD recognizes that a CSS plan can usually support an individual with a high degree of individual satisfaction at a lower cost than traditional services. Additionally, it is felt that CSS is philosophically close to the stated objectives of the People First Waiver in its focus on person-centered planning, individual responsibility, self-determination, and fiscal accountability. To that end, Phase 3 of the Individual and Community Supports initiative focuses on looking into how OPWDD can work with voluntary agencies and with individuals in the community and in certified residential settings seeking individualized services plans to make it easier for dollars currently committed to “traditional” services, both in certified settings and in the community, to be used to support individualized services plans, including Consolidated Supports and Services CSS Plans.

Care Coordination

The slide says the Care Coordination Work Team recommended “no grandfathering allowed.” But the questioner did not hear what Commissioner said about the slide.

The Commissioner’s statements reflected the content of the slide – the Care Coordination Work Team, after careful deliberations, recommended there should be minimum responsibilities and qualifications for the lead care coordinator of at least a bachelor’s degree (in any field) and one year of experience working with individuals with developmental disabilities. The team also recommended that “grandfathering” of existing Medicaid Service Coordinators (MSCs) without this level of education not be allowed for this position. Despite these specifications, it is OPWDD’s intention that overall care coordination and the core functions of care coordination (care planning, ensuring effective service delivery to meet a person’s needs, cost management, oversight and coordination of the care coordination team) may be delivered through any number of variations of personnel depending on how the care coordination entity (i.e., the DISCO) designs it. With this in mind, OPWDD anticipates that while many of today’s MSCs do not possess the necessary educational background to serve as a lead care coordinator, they will engage in care coordination activities within care coordination teams or other operational units within the DISCOs.

With the uncertainty of Care Coordination and who the employer will actually be, do you have suggestions for current MSC providers to keep MSCs from jumping ship? When would we have a sense of the other roles current MSCs could play in this new system (especially those without a bachelor’s degree)?

The services now provided within Medicaid Service Coordination (MSC) will transition to “care coordination” within the People First waiver. These changes will not be fully implemented until the new DISCO structure is implemented statewide in the later years of the waiver. There will be many opportunities for the talented staff who now serve as Medicaid Service Coordinators to continue to play important roles in the lives of individuals and families. OPWDD anticipates that DISCOs can execute care planning, ensuring effective service delivery to meet a person’s needs, cost management, oversight and coordination of the care coordination team through any number of variations of personnel. For example:

- We expect that most Medicaid service coordinators will provide care coordination within a DISCO;
- In addition, there is an important role for independent advocacy, both within and outside a DISCO, and today's Medicaid Service Coordinators will be well positioned for this role;
- New flexible services will mean that more people can live independently, but may need specialized community supports to live successfully. DISCOs could use today's service coordinators to help a person navigate leases, household finances and connecting with neighbors and community resources;
- Flexible family supports could include the opportunity to work one-on-one with a "community specialist," which is another possible role for today's Medicaid service coordinators.

My understanding is that Care Coordination will be the responsibility of the DISCOs. If that is the case, it will replace the MSCs. What is the transition plan for this change? The transfer of Care Coordination will impact the finances of the existing agencies. Is there any plan for compensation to the existing agencies to ease the financial impact and to avoid putting at risk the existence of some agencies?

Provider agencies will remain the critical component of the managed care system. During the transition to managed care, DISCOs will eventually be responsible for coordinating the person-centered care planning and the full range of supports and services an individual needs. The transition from today's fee-for-service system to the managed care infrastructure of DISCOs will be a careful, deliberate and slow process, beginning first with pilot DISCOs that coordinate long-term supports and services only. DISCOs will be required to establish robust networks of providers that can meet the full range of needs of the individuals in the service system. Thus, there is opportunity for agencies who currently support individuals to continue to do so in managed care, as a member of a DISCO's network of providers. During this phase it will be important for provider agencies to pay attention to the pilot DISCOs, how they form and operate with networks of provider agencies. After the pilot phase, DISCOs will be established that will coordinate comprehensive care for individuals with developmental disabilities. OPWDD expects this process to take several years as DISCOs gain experience and build network capacity in all regions of the state. Today, provider agencies are encouraged to examine their current areas of expertise and specialty and begin discussing with other providers the possible opportunities to work together either as a DISCO or as part of a DISCO's provider network.

Is the fiduciary responsibility of the Lead Care Coordinator to the individual and their needs or to the fiscal piece of cost management? (Comment: if both, it would seem to have the potential of a conflict of interest in a real person-centered plan).

The primary focus of the Lead Care Coordinator will be on the individual. To make sure this is the case, the People First Waiver will include a significantly enhanced quality oversight and improvement system. This new system will measure how well providers support people to achieve their individual goals, as well as how effectively the agencies operate, govern themselves, and support the direct care workforce, among other things. The new system will provide detailed information on agency performance to the public to support informed decision making and choice. It will also offer recognition and enhanced roles within the system for providers who demonstrate the highest levels of performance. In addition, the new needs assessment protocol will provide up-to-date and accurate information about each person's abilities and needs to inform resource allocation, service planning and service delivery, ensuring that services are delivered in the right way and provide the right level of support for each person. This

reform will shift the system's focus from funding service categories to providing the necessary services to meet each person's identified needs.

Some of the managed care entities already in place do not fully understand their responsibility to provide/fund all of the complex medical and in-home supports (i.e., nursing) that our families need, and they are "experienced" in providing insurance coverage already. How do we expect DISCOs to ensure and fund complex care when they do not have this type of experience already? How is OPWDD making sure they are trained and prepared to provide DD services but also physician, hospital, emergency and in-home care?

Because the transition from solely providing long-term supports and services to providing comprehensive care is so significant, OPWDD is planning a careful, methodical and supported transition that will ensure continuity of care for the individuals we support. DISCOs will be specialized managed care organizations with strong roots in the OPWDD service delivery system. They will be required to have experience serving individuals with developmental disabilities, which means they will come from within our current service system. As the coordinators of care within the new service system for this population, the DISCOs will interface with providers of non-OPWDD services such as behavioral health supports and Department of Health Long term care services, as well as medical providers. There may be several models of cooperation that can be developed to integrate health care with long-term supports based on regional resources. OPWDD is working now to forge an understanding of managed care expertise, especially as it relates to integrating acute and primary health care and to explore possible relationships between future DISCOs and established, successful health care entities in New York State. DISCOs will provide the specialized comprehensive care coordination for individuals with developmental disabilities that is not available today.