

MSC E-VISORY

Issue #05-12

March 8, 2012

State of New York Office for People With Developmental Disabilities
Courtney Burke, Commissioner
Distributed by: Division of Person-Centered Supports
Gerald Huber, Acting Deputy Commissioner

The MSC E-Visory is an electronic advisory which provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please share this issue with all MSC Service Coordinators and others as appropriate.** In order to receive an email notification when a new MSC E-Visory is posted, please sign up for our mailing list (listserv). Listserv information and past issues can be accessed via the following link:
http://www.opwdd.ny.gov/wt/publications/wt_publications_mscevisories_index.jsp

In This Issue:

Materials for MSC Supervisors Video Conference – March 14, 2012

The Spring MSC Supervisors Video Conference is being held on March 14, 2012

AM Session
9:30 am – 12:00 pm

PM Session
1:00 pm – 3:30 pm

Topics include:

- MSC Hot Topics
- MSC Training Initiatives Update/OPWDD Website
- 1115 People First Waiver Update
- CHOICES Update
- Housing Initiatives
- Division of Quality Improvement (DQI) Updates

NOTE: There will be no handouts. The PowerPoint that will be referenced during this video conference is attached to this e-visory.



Andrew M. Cuomo, Governor



Courtesy Burke, Commissioner

NYS Office For People With Developmental Disabilities

Putting People First

MSC Supervisors Spring Video Conference

March 14, 2012



NYS Office For People With Developmental Disabilities

Putting People First

AGENDA

- MSC Hot Topics
- MSC Training Initiatives Update/OPWDD Website
- 1115 People First Waiver Update
- CHOICES Update (MSC Electronic Record)
- Housing Initiatives
- Division of Quality Improvement (DQI) Updates

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NYS Office For People With Developmental Disabilities

Putting People First



Welcome and MSC Hot Topics

Eric Pasternak, MSC Statewide Coordinator
Eric.Pasternak@opwdd.ny.gov

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MSC Training Initiatives Update and the OPWDD Website

Presented by: Lynda Baum-Jakubiak

OPWDD Services

PEOPLE FIRST
 1115 DEMONSTRATION WAIVER

Presented by:
 Maryellen Moeser

Topics

- 1115 Waiver Status Update
- InterRAI for Needs Assessment
- The difference between Case Studies vs. Pilot Projects and Timeframes
- Care Coordination

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Current Status of Waiver Development

- CMS Negotiations Continue
- Detailed Responses to CMS Questions Available Soon
- Case Study Planning Underway
- Pilot Application and DISCO Contract being developed
- MOU with DOH to be developed
- Public Briefings being planned for spring

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Decision to utilize InterRAI for Needs Assessment

- The waiver design team recommended a comprehensive, strengths-based needs assessment to support a true person-centered planning process and No Wrong Door service access.
- OPWDD has chosen to adopt the InterRAI suite of assessment tools.
- No licensing fee is required.
- The interRAI organization will assist NYS to adapt the tool to the needs of our service population.
- DOH is using same suite for its uniform assessment tool.
- Needs assessment is likely to remain a state function.

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Uniform Assessment as Foundation for Equity/Resource Allocation

Selected the InterRAI suite to assess the needs of individuals and inform the care planning process

WINTER 2012

Test case studies to inform (not replace) person-centered care planning in high-quality settings

BEGIN SPRING 2012

Make the assessment tool automated and integrated into developing technology system & as a tool for Care Coordination

Dependent on SUNY/IBM funding 2013

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Rolling Out New Needs Assessment

Case Studies
Pilot Projects
All New Comers
Statewide Reassessment

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Moving to Managed Care

- 1. Focused Case Studies – 2012 - 2013**
- 2. Pilot Projects – 2013 - 2015**
Initially, most pilots will be “partially capitated,” focusing on delivery of long-term support services. May have some early innovators with full capitation for integrated care that addresses both long-term care and health care.
- 3. Regional Roll-Out – Beginning in late 2014 -2015**
As DISCO and network capacity allows expansion in additional regions across the state.
- 4. Begin move to integrated services statewide –**
In later years of the five-year waiver, as DISCOs can assume responsibility for integrated care.

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Focused Case Studies

Purpose – to immediately begin to test key reform concepts on a small scale

Tested concepts – assessment tool, care planning process, documentation practices, new measures of individual outcomes, global budgeting

Participating Agencies – high performing agencies

Schedule - One year of study beginning with CMS approval, formal evaluation

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Pilot Projects

- Anticipate that most will be partially capitated DISCOs.
- Some may be prepared to provide comprehensive care (fully capitated).
- Enrollment will be voluntary.
- Subject to outside evaluation.
- Will form the basis for statewide roll-out of initial, non-Pilot DISCOs beginning in 2014/15.

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ID/DD Community requires unique managed care features

- A culturally competent network
- Independent advocacy both within and outside the DISCO
- Protections to ensure choice exists within the DISCO's network of providers
- Assurance that the person-centered planning process is implemented

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DISCO Expectations

- Contracts will explicitly require that **all** individuals have the option of self-direction and an individual service budget (employer and budget authority)
- Establishment of robust provider networks for providing the full array of services to meet all levels of need
- Person-centered care coordination specialized for ID/DD population using a team approach
- **Possibly** performance standards related to things like employment for enrollees

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COMPREHENSIVE CARE COORDINATION

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Why change care management?

Currently:

- No single entity is responsible for a person’s entire service plan.
- Service coordination is characterized by person’s “point of entry” to services.
- Different processes, standards and other requirements within different agencies make access to services from multiple systems confusing.

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Why change care management?

The goal is to:

- Establish “No Wrong Door” access to comprehensive services for people in all parts of the state.
- Be able to identify the need to provide a “light touch” that can meet needs earlier and avoid the need for high cost, intensive services.
- Use a care management model to promote the provision of the right level of support in the least restrictive settings.



Comprehensive Care Coordination within the People First Waiver

Comprehensive care coordination is a person-centered interdisciplinary approach to addressing the full range of a person's needs, integrating habilitation, medical and behavioral health care and support services.

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Care Coordination vs. MSC

Elements that will remain the same:

- Core functions of coordination -
 - Care Planning Linking and Referring
 - Advocacy Monitoring Care Plans
- Ongoing training for care coordinators
- Care coordinators will have first-hand knowledge of the individuals they serve.



Care Coordination vs. MSC

Elements that will be different:

- Working with the individual & family, care coordinators will help identify individual outcomes that are measurable, with benchmarks and progress milestones.
- One-Stop for Services - The care coordination organization will eventually be responsible for coordinating all of the supports and services that an individual receives (e.g. medical, habilitation, and clinical).
- A team approach to care coordination with a strong voice for individuals and family members

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Key Elements of the Care Coordination Model

- True person-centered tools and methodologies to drive individualized service plans and outcomes
- A strong voice for individuals and family members - care plans will be shaped by their active involvement.
- Required education, training, & demo of competency for care coordinators
- Incorporate benchmarks to assess individuals' progress
- Ready access to care coordination whenever it is needed
- Procedures to access natural & community resources
- Information sharing across systems supported by a People First technology solution



Implementation Planning

A year of planning begins with waiver approval.

- Explore existing roles of MSC
Care Planning Monitoring Care Plans/Service Delivery
Advocacy Linking and Referring
- Find ways to provide continuity – either through the DISCO, OPWDD or service providers
- May need to develop a “supports advocate” for people living independently in community settings or in family homes.



Care Coordination Team

- Interdisciplinary team for each person
- Ongoing training in person-centered planning & self direction
- Team membership will be individualized, including professionals as determined by the needs of the individual (e.g. nurses, employment specialists)
- Each individual will have a designated care coordination team leader.
- Team members will know the individual.



Key Issues in Care Coordination

- DISCO's potential conflict of interest in service planning and service delivery
- Independent advocacy
- Retaining choice of provider

Electronic Information Exchange

What is it?

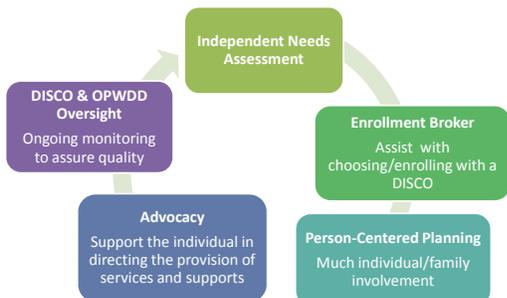
- A way for individuals and families to participate directly in information sharing.
- A way for providers or oversight entities to access needed information regarding an individual's care.

What are the benefits?

- Improved efficiency, continuity, safety and quality of care
 - Alerts to Family Members/Advocates of changes or events
 - Reduced need for redundant activities to satisfy multiple agencies
- Integrated data collection to support quality oversight of person-centered service delivery and cost management.

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Conflict-Free Care Coordination



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Ensuring Choice

- Choice of at least two different regional DISCOs
- Continuum of Self Direction options offered to all individuals by each DISCO
- Where two DISCOs do not exist, OPWDD is exploring the possibility of allowing people to “opt out” of managed care through self direction outside of DISCO.
- Individuals may maintain existing service providers to ensure minimal disruption to people’s lives.
- Tracking of system-wide capacity and performance, plus pilot project results – support development of stable infrastructure with choice and quality.



Electronic Information Exchange



- IBM/SUNY grant application to CMS – Health Care Innovation Challenge
- Allows a provider or oversight entity access to relevant information regarding individuals’ care and success.
- Can improve efficiency, continuity, safety and quality of care.
- Will connect statewide data and a DISCO’s data collection.
- Will support direct input from families, alerts to family members, alerts to care coordinators.
- Supports “No Wrong Door” access to cross system services.

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Transforming Quality Oversight

Key Components –



- Transform from Quality Management to Quality Improvement
- Maintain OPWDD and DOH oversight responsibility
- Add DISCO responsibility for oversight of providers
- Create meaningful measures of success – effectiveness of services, individual and family satisfaction, good governance, self review, support for workforce, etc.
- Make performance results transparent to public

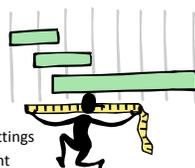
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Quality Metrics

During implementation planning, New York State will identify ways to measure quality in **health care and habilitative services**. Possible examples include:

- Rate of emergency department utilization
- Rate of hospitalization
- Hospital readmissions
- Access to routine health care
- Number of people living in less restrictive settings
- Individual satisfaction with living arrangement
- Increase in people with high-level of assessed behavioral needs being served in community settings
- Number of people served with paid, community employment



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Questions and Answers

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Where can I get more information?

People First Waiver Web page:
www.opwdd.ny.gov/2011_waiver/index.jsp

People First e-mail address for comments and questions: People.First@opwdd.ny.gov

People First Comment Line:
1-866-946-9733 or TTY: 1-866-933-4889

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Step 2. Maintaining and enhancing partnerships with various government and community agencies on certified and non-certified housing models.

- Maintain and strengthen the existing network of public and private partnerships.
- Seek new partnerships in the supportive housing industry across the spectrum.

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Step 3: Facilitate the transition from certified to non-certified housing options through the use of outreach, education and counseling.

- Strengthen OPWDD’s HUD-Approved Housing Counseling program statewide.
- Implement creative, multi-cultural outreach and marketing strategies.
- Educate all New Yorkers on the variety of non-certified housing options available.
- Provide counseling to individuals with developmental disabilities on all facets of community living - include families.

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Step 4: Continue to work with the Supportive Housing sub-group from the Medicaid Redesign Team (MRT) on housing options for those receiving various housing services funded through Medicaid.

- Expand supportive housing units statewide.
- Advocate with developers who receive Tax Credits to ensure “set-aside” of supportive housing units.

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Step 5: Expanding and enhancing Family Care options as we move into the Waiver.

- Review existing policies, practices and regulations.
- Meet with existing family care providers.
- Learn about challenges, barriers and opportunities.
- Create new and innovative outreach and marketing strategies.
- Expand existing family care options statewide.

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Step 6: Ensure the continued implementation of wrap-around housing activities.

- Mortgage counseling
- Pre and post housing counseling
- Financial education
- Rental assistance counseling (NYHousingSearch.gov)
- Down payment and closing costs assistance (Assets For Independence Matched-Savings Program)

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DQI UPDATE:

**Presented by:
Deb Burkhardt**



Mark your Calendar! June 14, 2012



MSC Supervisors Video Conferences are held quarterly (March, June, September, December). Additional information will be announced via the MSC E-Visory. Registration is through the OPWDD Training Catalog.

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Please provide your feedback on this session.

*An evaluation form was provided with
the video conference materials.*

*We are especially interested in your
ideas for upcoming session topics.*

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**Evaluation Form:
MSC Supervisors Video Conference
March 14, 2012**

Please check a rating for each statement:

The session objectives were clearly explained.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session effectively met its stated objective.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session materials helped me to understand the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session content increased my understanding of the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The subject matter will be useful to me in my job.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The presenter was knowledgeable about the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The presentation style contributed positively to the program.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The length of the session was appropriate.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What were the positive points of this presentation?

What improvements could be made to this presentation?

Recommendations for future topics:

Name (optional) _____

Title _____

Location _____

Thank you for your feedback!

Please leave this form at the training site or return it to Lynda Baum-Jakubiak via fax or email by March 28 to:

FAX: (518) 473-0054

EMAIL (scanned copy) to Lynda.Baum-Jakubiak@opwdd.ny.gov