

MSC E-VISORY

Issue #35-11

November 29, 2011

State of New York Office for People With Developmental Disabilities
Courtney Burke, Commissioner
Distributed by: Division of Policy and Enterprise Solutions

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 – December 2, 2011

The Winter MSC Supervisors Video Conference is being held on December 2, 2011.

AM Session
9:30 am – 12:00 pm

PM Session
1:00 pm – 3:30 pm

Topics include:

- CHOICES Implementation Update
- People First 1115 Waiver Update
- Monthly Community Habilitation
- MSC Training Initiatives Update

Materials for
MSC Supervisors Video Conference
December 2, 2011



Andrew M. Cuomo, Governor



Courtesy Burke, Commissioner

NYS Office For People With Developmental Disabilities

Putting People First

MSC Supervisors Winter Video Conference

December 2, 2011



NYS Office For People With Developmental Disabilities

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AGENDA

- CHOICES Implementation Update
- People First 1115 Waiver Update
- Monthly Community Habilitation
- MSC Training Initiatives Update

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NYS Office For People With Developmental Disabilities

Putting People First



Welcome

Eric Pasternak, MSC Statewide Coordinator
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 NYS Office For People With Developmental Disabilities
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CHOICES Implementation Update

Presented by:
Steve Barmash

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PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Presented by:
Maryellen Moeser

 Governor Andrew Cuomo
 Governor George Pataki
 Governor Eliot Spitzer

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PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Welcome!

Topics

- 1115 Waiver Overview from 5.07 Plan
- Timeline and Important Next Steps
- Questions and Answers

PEOPLE FIRST
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What is the People First Waiver?

- The OPWDD People First Waiver is an 1115 Demonstration Waiver.
- 1115 Waivers allow states to use Medicaid money in ways that are not usually allowed under federal rules.
- The 1115 People First Waiver will allow NYS to continue receiving federal Medicaid money for services while we look for better ways for people with disabilities to lead lives that are meaningful, productive and important to them.



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The People First Waiver is an opportunity to:	The People First Waiver is <u>NOT</u> :
<ul style="list-style-type: none"> • Redesign the system to better support people's health, life skills, and personal outcomes through increased flexibility. • Focus on principles of person-centeredness, choice, quality, and community. • Align the services of OPWDD with other agency and community services and with NYS's healthcare reform. • Ensure fiscal sustainability of the service system. 	<ul style="list-style-type: none"> • Something that will happen overnight. • An answer to every problem we may face. • A Medicaid Block Grant to cap spending on individuals. • A means to achieve budget reductions. • A means to restrict or expand eligibility.

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So, Why do an 1115 Waiver?

It's not just about the here and now.

Its about where we are **now** and where we'll be in a **decade** and the years following that.

Its about coming together as a community to plan for a future that is shaped by us, not 'for' us.



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Medicaid Expenditures for People with Developmental Disabilities Growing Faster than the Average Rate of Inflation

OPWDD Medicaid Expenditures	6.2%
Inflation Rate	3.26%
Difference	2.94%

Average percentage growth from Annual Growth in CPI-U (Northeast urban) (All Items) (SFY 05-06 TO SFY 09-10) - 3.26% from 2005 through 2010

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Long Term Federal Forecast

Total Deficits and Surpluses
(Percentage of gross domestic product)

Source: Congressional Budget Office.

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Increasing Percent of DD Population Served is over 50+, and/or has Multi-System or Complex Needs that Generally Drive Higher Per Capita Medicaid Expenses

Why is the People First Waiver so Important?



- Our world is changing. More and more people are living in their communities, but OPWDD's financial base is still tied to our institutional structure.
- Instead of using funding methodologies that are tied to bricks and mortar, resources should be tied to individuals and based on need.

What are the take aways from these factors

- We Must Create a New Fiscal Platform to Support Current and Future Needs
- The people we serve will continue to need MORE access to cross system services
- This means our service system needs to be able to work seamlessly with services provided by other service systems



WHERE ARE WE AT WITH 1115 DESIGN AND WHAT DOES THIS REALLY MEAN?

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Vision for the Future

To establish a person-centered service system that delivers coordinated care with funding that is transparent and targeted to needs.

Three Main Elements of Reform:

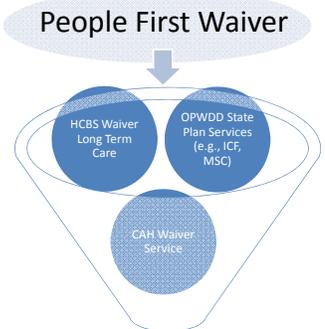
- 1. Creating a Person-Centered, Demand-Oriented System**
 - Valid Needs Assessment
 - Equitable Resource Allocation
 - Choice of plans, providers and services
- 2. Enhanced Care Coordination and Person-Centered Planning**
 - "No Wrong Door"
 - Designed to meet the needs of people with developmental disabilities
- 3. Modernized financial platform**
 - Transparent funding streams that support individuals, not programs



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People First Waiver



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What will remain the same?



- ✓ Open communication and collaboration
- ✓ OPWDD will continue in its oversight role
- ✓ Health, safety, and rights will continue to be of paramount concern
- ✓ Our service providers will be the foundation of the new service delivery system

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What will be different for individuals?

Assessment tools that are strengths-based will lead to person-centered comprehensive care plans that will inform and determine equitable resource allocation



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What else is different for Individuals?



- There will be service models that continue to meet individuals' needs, but at a lower cost.
- Greater flexibility in where, when, and how services are delivered.
- Greater access to needed supports across service system.
- Easier mechanisms for self-directed services options.

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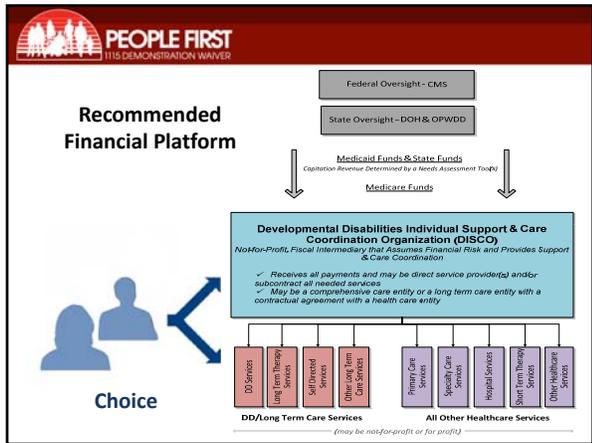
REFORMED CARE MANAGEMENT

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How will the System be different?

- ✓ Services will be financed and paid for in a new way. Capitated care management funding will allow:
 - The broadening of service categories.
 - More innovative community support options.
- ✓ Care coordination will be a team approach.
- ✓ Quality will be measured consistently based on personal outcomes and other performance measures.



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How will the System be different?

- DISCOs will receive a known and predictable capitation rate for each individual served.
- Payments will encourage administrative efficiencies and enhance focus on the individual and his/her supports, rather than providers and programs.
- Shifting from a fee-for-service system allows service providers to focus on serving people with all levels of need and equalizing access for all individuals.

DISCOs

- Are a not-for-profit entity with experience working with people with developmental disabilities.
- Are the fiscal intermediaries, care coordinators, and sometimes direct-service providers.
- Reimburses subcontractors through contracts, sub-capitation or other arrangements for all services.

DISCOs

- Will ultimately assume full financial risk for meeting each person’s service needs within its capitation revenue.
- Initially, there may be some form of “risk mitigation strategy” while they gain experience operating in a risk environment.



COMPREHENSIVE CARE COORDINATION

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Comprehensive Care Coordination within the Care Management Infrastructure

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 Model

- True person-centered tools and methodologies to drive outcome achievement
- Team approach to care coordination
- Education, training, & demonstration of competency for team members
- Incorporate benchmarks in the care plan to assess the progress that an individual makes
- Access to care coordination whenever it is needed by the individual
- Procedures to find and develop neighborhood resources



Benefits of Care Coordination

- Minimize the fragmentation of cross-system services that exists today by giving DISCOs the ultimate responsibility to ensure that each person’s full range of needs are met.
- Effectively coordinate the right level of supports and services for each person.
- Help drive individual outcomes achievement through true person-centered methodologies and strengths-based needs assessment tools.

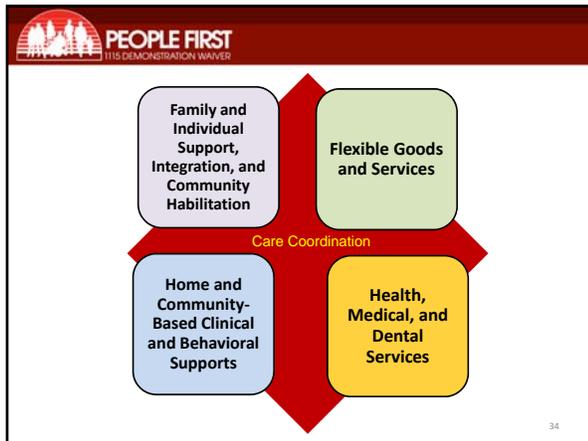


RESTRUCTURING OUR SERVICES

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People First Waiver Services

- Broader more flexible range of community-based service options.
- Life plan with self-direction opportunities through real and ongoing person-centered planning for all enrollees.
- Encourage employment, citizenship, life-long learning.





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**Flexibility to Innovate
New Options for Supporting People**

- Increased flexibility and stronger connections fosters innovation.
- Shared living opportunities.
- Innovative residential options.
- College Experience Model.

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The primary outcome of our service system is a richer life for people with developmental disabilities.

ENHANCING AND ALIGNING QUALITY INFRASTRUCTURE

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Enhancing and Aligning the Quality Infrastructure

- Accountability for Health and Safety
- Measuring Quality
 - Quality will focus more on the identified personal outcomes for individuals receiving services.
 - Agencies will establish systems to address self-assessment and quality improvement
 - An agency's quality rating will be made available to the public through a variety of means.

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The Quality Scale

- Defined benchmarks which differentiate one level of quality from the next.
- There are five levels: At level 5, an agency has an aggressive action plan for self-correction and self-improvement. At level 1, an agency requires OPWDD monitoring and is just meeting regulatory requirements and is at risk of early alert status.



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The Quality Scale's six domain areas

1. Individualized Services, Planning, and Service Delivery
2. Protections, Health and Safety, Rights and Environmental Supports
3. Supporting Family, Natural supports and Community connections, Community Inclusion
4. Workforce Performance
5. Quality Improvement Plan
6. Governance and Leadership

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Timeline and Important Next Steps in the People First Waiver

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Request for Information

NYS CR NEW YORK STATE CONTRACT REPORTS

YOUR OFFICIAL SOURCE FOR NEW YORK STATE CONTRACTING OPPORTUNITIES

Category: Grants & History of Funds Availability

Issue Date: 11/13/2011 Contract Number: C11142011

Request for Information (RFI) – People First 1115 Demonstration Waiver

Description:
The New York State Office for People With Developmental Disabilities (OPWDD), in announcing the availability of a Request for Information (RFI) that will gather critical input regarding the development of a Request for Proposal (RFP) for the People First 1115 Demonstration Waiver. The RFI is intended to gather input from interested parties regarding the People First Waiver in the program for long-term care services for individuals with developmental disabilities. The RFI is intended to gather input from interested parties regarding the People First Waiver in the program for long-term care services for individuals with developmental disabilities. The RFI is intended to gather input from interested parties regarding the People First Waiver in the program for long-term care services for individuals with developmental disabilities.

REGULATORY INFORMATION - TIME TABLE:
Informational Copy of the RFI Document Available for Download:
Tuesday, November 15, 2011
RFP Document Available for Download:
Tuesday, November 15, 2011 - Wednesday, November 30, 2011 (5:00 PM)
Final Submissions and Submission Form Available for Print and Final Submission of RFI:
Thursday, December 1, 2011 - Friday, December 2, 2011 (5:00 PM)
Answers to Submitter Questions Available for Viewing on Web page:
Friday, December 2, 2011

Discussion On Site:
Information regarding an Informational Copy of the RFI Document is available at the OPWDD People First Waiver RFI.
http://www.opwdd.org/contracting/Details.aspx?id=1617295

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11/13/2011


**Questions
And
Answers**


**Thank
You**


Putting People First

Monthly Community Habilitation

**Presented by:
Lisa Kennedy**

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What is Monthly Community Hab?

- New waiver service that will allow for greater choice and flexibility for meaningful community integration opportunities.
- One of the goals: To eliminate some of the barriers that govern residential habilitation and day habilitation (e.g. start Day Hab before 3pm).
- As individuals move beyond services in the home, “Comprehensive” residential habilitation does not encompass the entire array of services that an individual may receive.

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Eligibility

- Monthly Community Hab is available for individuals receiving both Residential Habilitation and Day Habilitation from the same provider.
- Only those residing in Voluntary-operated Supervised IRAs or CRs are eligible.
- Individuals enrolled in State-operated IRAs are not eligible.
- Individuals enrolled in SEMP/Prevocational services are not eligible.

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Two phases of Community Hab

- **Community Habilitation I**
 - Hourly service
 - Takes place in non-certified settings
- **Monthly Community Hab (CH II):**
 - Monthly unit of service
 - Takes place in certified or non-certified settings
 - Can take place at night or on the weekends; no timeframe barriers

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Individual's Choice

- It is an individual's choice to receive Monthly Community Hab or to continue to receive their discrete day habilitation and residential habilitation services.
- It is both the MSC's and provider's responsibility to ensure that the individual is made aware of their service options.
- Expectations of community integration and inclusion to safeguard against isolation.

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Individual Outcomes

- Provide the individual with greater choice and flexibility for meaningful community integration opportunities and activities.
- Increase an individual's ability to vary his/her schedule of activities based on their wants and needs.

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Provider Outcomes

- Establish greater efficiency in service delivery and staff deployment.
- Streamline documentation and efficiency in administration and billing.
- Create increased ability of providers to design and deliver more innovative and person-centered habilitation services for individuals.

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OPWDD Outcomes

- Promote highest quality cost-effective services.
- Eliminate barriers to innovation and promote individualized and flexible service delivery opportunities.

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Current Status

- Regulations published on September 27, 2011 to allow for a January 1, 2012 effective date.
- OPWDD is working with DOH to ensure that the necessary systems changes are put into place to allow for appropriate billing of Monthly Community Habilitation. Implementation likely to be pushed back to February 1, 2012.
- Habilitation Plan Administrative Memorandum is being finalized and will be shared soon.
- Statewide Video-Conf. Training for Providers will be held during week of January 16th.

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MSC Training Initiatives Update

Presented by: John Triller



<http://www.opwdd.ny.gov/>

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Mark your Calendars!

March 14, 2012 and 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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Thank You!

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
December 2, 2011**

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 this form via fax by December 16, 2011 to:
Lynda Baum-Jakubiak at (518) 473-0054