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Questions from MMNY coalition members:

How will OPWDD measure quality in DISCOs as they are being implemented?

Within the People First Waiver and as part of its ongoing Quality Improvement Strategy, OPWDD's Division of Quality Improvement (DQI) will continue its site-based surveys of agencies to monitor service provision. In addition, OPWDD will begin reviewing how DISCOs provide care coordination and monitor the quality of services provided by their service providers. As part of these functions, OPWDD will further develop performance and outcome-based metrics to be used to measure DISCO performance. These new measures will focus on outcomes for individuals as well as individual and family satisfaction with services received and will include activities such as surveying individuals regarding the information they receive about their rights and the process to express concerns and objections; surveying individuals regarding their receipt of health care services based upon their Individualized Service Plan (ISP) and assessment; sampling individuals who were served by DISCOs that were provided education on self-directed service options and encouraged to make an informed choice of self-directed service options; and assessing the percentage of graduating students above baseline that transition from a high school into a Supported Employment program. OPWDD developed these measures with guidance from Delmarva, a national consulting group that has assisted numerous states in developing performance measures. OPWDD's focused case studies that begin in 2013 will also provide a valuable opportunity to test new performance measures and provide important feedback for advancing OPWDD's performance measurement.

The on-site Care Coordination Review will include a record review, interviews with the person and their advocates/circles of support, and interviews with DISCO personnel and staff engaged in the care coordination function. OPWDD will analyze the data gathered in these reviews to identify opportunities for improved service delivery at the plan and system level. DQI will also use data analysis to revise survey protocols to better measure person-centered values, service delivery outcomes, and other priority activities such as ensuring health/safety.

OPWDD will continue conducting the annual NCI surveys which have specific questions indicating individual satisfaction with services, and which help to identify areas within the system which need greater focus. Additionally, OPWDD will utilize an External Quality Review Organization (EQRO) to review and validate encounter data and the defined performance measures to ensure that results are accurate. The EQRO will also report on the strengths and weaknesses of DISCOs once the data is validated.

How will DISCOs and the 'People First' waiver ensure informed consumer choice?

DISCOs will be required to provide clear and understandable information about service options to their enrolled members. Part of the care coordinator's role will be to provide advocacy to the individual by assisting the individual to understand the services available and how they can be provided to meet his or her needs. OPWDD, as part of its DQI survey process, will confirm that individuals were given a choice of providers within the plan's network. In addition, as part of its ongoing "Employment First" initiative, OPWDD will be measuring the choice that individuals are given

to receive employment supports if they are interested in working. The annual NCI review will also collect data on the person's satisfaction with services and choice in services and providers.

The previous waiver model was designed to have a service coordinator chosen by each consumer to not only provide referrals and coordinate care, but to act as the primary formal advocate. Who will be responsible for this role once the DISCO care coordinators are providing the care coordination?

Care coordinators will be responsible for advocacy within their overall leadership on the care coordination team, serving as the primary point of contact for the individual and providing linkage and referral to services, coordination and monitoring of service delivery, record keeping and benefits management. In addition, advocacy will continue to be provided by other parties including the OPWDD regional offices, outside advocacy groups, the Justice Center, individuals' selected representatives, and Mental Hygiene Legal Services. OPWDD is now preparing applications for the 1915 b waiver and an amendment to the current 1915 c waiver and proposing establishment of a specialized advocacy entity that is independent from the DISCO. (See question below related to the ombudsman function.)

What assurances will be put in place to ensure cultural competencies amongst care coordinators?

New York State law and regulation require that managed care organizations accommodate individuals' communication needs by providing information in easily understood formats and in ways that meet the needs of people who speak a language other than English as a first language and/or who have a hearing, visual, physical or cognitive impairment. In addition, NYS must require each DISCO to make oral interpretation services available free of charge to each potential enrollee and enrollee. OPWDD's quality oversight will ensure that DISCOs are providing care coordination and service delivery in culturally competent ways and continually working to improve their performance.

Will people be able to maintain their longstanding relationships with their current OPWDD waiver service coordinators under the new 'People First' waiver? If so, how will it be designed?

It is likely that many of today's Medicaid Service Coordinators will transition into roles related to care coordination in DISCOs. However, as the DISCOs are formed from existing service providers, it is impossible to know which service providers will become part of which DISCOs. Therefore, while it is possible, it is not likely that individuals will retain their current service coordinator once they enroll in a DISCO.

Is OPWDD considering an ombudsman program to provide independent individual assistance and advocacy? (The state's application for an amendment to the NY Partnership Plan includes such a proposal for people with disabilities and chronic illness in Medicaid Managed Care.)

The Access, Enrollment & Advocacy Work Team is examining possible ways for the new service system to ensure independent advocacy for individuals. While advocacy will be available through several parts of the new system (e.g. the care coordinator, regional OPWDD offices, and individually designated representatives, the Justice Center), many stakeholders have expressed the need for additional "outside" advocates to be available to assist individuals. OPWDD, in its waiver application to CMS, is committing to the creation of an ombudsman function that is outside the DISCO.

How do you envision current providers making the transition to becoming DISCOs? What resources will be offered to help with that transition?

It should be noted that a separate entity will be established to be the DISCO, but with leadership and board membership that is drawn from experienced providers within the OPWDD system. In March

2013, OPWDD will issue a Request for Applications to become a pilot DISCO. In response, providers will submit applications that describe how they will provide care coordination and deliver services through networks of providers they establish. When the initial pilot DISCOs are authorized to begin operating, they will enroll members and begin receiving funds and providing services for every individual they enroll. The reimbursement rates will be established so that DISCOs can meet the full range of needs of their enrolled members. OPWDD is also working with the NYS Division of Financial Services to explore options for supporting pilot DISCOs to sustain fiscal risk if necessary, including the establishment of risk corridors.

What role will consumers and their advocates play in designing the new system to ensure their providers successfully transition so people can continue to receive services from known entities?

Individuals and advocates have been involved in every step of the process of developing the People First Waiver, either through participation in design teams, by submitting comments and testimony at hearings, briefings and statewide videoconferences, or more recently, by participating on targeted work teams. The new system of DISCOs is being developed from providers who currently support individuals with developmental disabilities. Moreover, OPWDD will establish pilot DISCOs that contract with existing providers to assure continuity of care for individuals. The DISCO contracts will require DISCOs to provide an explicit role for enrollees on their boards.

How will OPWDD guard against the conflict of interest presented by the model of providers as DISCOs? Will assessment, authorization, and care coordination functions be kept separate? Will this new model still operate under the traditional capitated system of managed care?

OPWDD will design several system components to address the issue of self-referral. First, as noted prior, the DISCO must have a separate corporate structure. Second, an independent, comprehensive and consistent needs assessment process that involves the people who know the individual best will ensure that people in all parts of NYS have access to the services they need. OPWDD will retain responsibility for conducting the needs assessment that will inform the DISCO's person-centered planning process. Third, clear and readily available information regarding service providers' performance will allow individuals and families to make an informed choice of service providers. Fourth, and most importantly, the person-centered planning process will actively engage individuals and their family members, advocates and direct care staff in decision-making. This process will be separate from the other functions of the DISCO. There will also be advocacy available from the regional offices of OPWDD and from both inside and outside the DISCO. And, finally, there will continue to be a due process grievance and appeals process for individuals and families who do not agree with service planning recommendations. The DISCOs will operate within existing managed care law and regulation and receive a capitated payment.

Will managed care capitation rates be available before the final RFA is out so providers can decide whether they can afford to apply to be DDISCOs?

Data will be available to all applicants regarding costs and utilization, but final capitation rates will not yet be approved by CMS when the final RFA is issued.

What is being done to address concerns that MCOs won't be able to recruit local specialists outside big cities, particularly in rural areas across the state?

DISCOs will be required to demonstrate the adequacy of their network of providers to meet the anticipated needs of their enrolled members, although the state does recognize that in more remote areas access is a challenge. OPWDD expects that the DISCOs will be better able to leverage and create

partnerships with the needed specialists than providers current can under the fee-for-service system, even if those specialists are scattered across a large area. In addition, they will be required to provide for out-of-network services when needed services are not available through their networks.

Where will funding for administrative and case coordination functions come from?

Funding for these functions will be contained in the capitated reimbursement rate paid to the DISCOs.

What is the plan for assessing how many people will have 24-hour support needs? Is information being analyzed so the right decisions can be made on how to provide for this group of people?

The new comprehensive needs assessment process will indicate individuals' strengths and needs. This information will be used in person-centered planning with the individual, his or her family, staff, clinicians and advocates. Until this new tool, known as the Coordinated Assessment System, is in use throughout the entire service system, however, OPWDD will continue to rely on the Developmental Disabilities Profile (DDP) and an enhanced person-centered planning process. The CAS will be used first in small case studies in 2013, and in the initial DISCO pilots with those who voluntarily enroll. Later, it will be rolled out across the state for all new comers and people who request it. It will be several years before everyone in the service system can be assessed with the CAS.

For young people transitioning from school to adult life, what will be different about their choices as a result of the 'People First' waiver?

In addition to the new comprehensive needs assessment process, students transitioning to adult life will also be afforded more community-based clinical services, more employment supports, and a more comprehensive person-centered planning process coordinated by a lead care coordinator who, by working with the student's family, teachers and others, can develop a plan of comprehensive services that are integrated and delivered according to the student's needs. It will also be easier to access services from other service systems such as medical services and behavioral health services, as well as the long-term supports and services typically provided by OPWDD.

Given the state's long-term plans for full integration of all Medicaid managed care services, what does OPWDD see as the long-range future for DISCOs (which can be provider based) vs. the commercial insurance-based medical care models?

DISCOs will be specialized managed care organizations that will ultimately provide comprehensive care planning and service delivery for individuals with developmental disabilities. They will be the long-term managed care service system for this population. They will need to interface with medical providers when the pilot DISCOs transition from providing only long-term supports and services to providing comprehensive care, including acute and primary medical services. There may be several models of cooperation that can be developed to integrate health care with long-term supports based on regional resources. OPWDD expects this transition to begin in parts of the state in 2015.

How does/will OPWDD manage the possibly competing goals of saving money vs. ensuring quality services?

OPWDD will improve efficiency within the system primarily by establishing a consistent approach to assessing needs and improving the ability of the system to plan and deliver services that respond to each individual's needs. By creating a more complete array of services and levels of support, individuals will be able to receive just the right level of support to meet their needs. In addition, by networking providers together, administrative efficiencies will occur. At the same time, OPWDD will develop new ways of measuring and reporting quality to the individuals and families we support. New

metrics will be developed that reveal how well individuals are progressing toward their goals, how effective their supports and services are at achieving the life they want, and what their levels of satisfaction are with their services. This information will be available to individuals and families so they will be able to see the effectiveness of different providers within the DISCO.

How do the state's obligation under *Olmstead* and DISCOs connect? How will the requirement that services be provided in the most integrated setting (which for most means their own home) be enforced and advanced?

OPWDD's provision of supports and services to individuals with developmental disabilities through DISCOs will be subject to the *Olmstead* decision. DISCOs will have to meet individuals' needs in the most integrated settings. The National Council on Disability published in 2012 its *Guiding Principles: Successfully Enrolling People with Disabilities in Managed Care Plans*. In this document, they recommend that institutional services be included in the managed care "benefit package" and that the managed care entity be liable for these services. The OPWDD design will include institutional services in the benefit package and make the managed care entity liable for the payment of these services, thus creating a strong incentive for them to develop and support alternative supports in the community.

How will the 'People First' waiver – and more pressingly, individual and community supports (ICS) – connect to the State Plan Community First Choice (CFC) Option? DOH, OPWDD, and OMH have already begun to design CFC. Through which door will people access services? How will CFC's requirement for a person-centered planning process coordinate with the care coordination component of 'People First?'

OPWDD is currently working with the NYS DOH to determine how to integrate the new OPWDD service system with the CFC option. People with developmental disabilities will access and receive all of their supports and services through the DISCO. All services provided will be planned with a comprehensive person-centered planning process coordinated by a lead care coordinator and supported by input from an integrated care coordination team.