



PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Welcome Steering Committee

March 28, 2012



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



Meeting Objectives

1. Update on 1115 Waiver Activities
2. Moving to Managed Care Framework
3. Plan for Implementation Planning for Year 1 of the Waiver
4. Future of Steering Committee





Agenda

1:00 – 1:15 PM

- Welcome

1:15 – 2:15 PM

- Update on People First Waiver Activities

2:00 – 3:45 PM

- Moving to Managed Care Framework and Implementation Planning

3:45 – 4:00 PM

- Next Steps



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UPDATES



Request for Information (RFI)

- 251 responses
- Currently being analyzed, summarized, and posted on webpage
- Will be used to inform the process of structuring pilot project application



Stakeholder Communications and Input

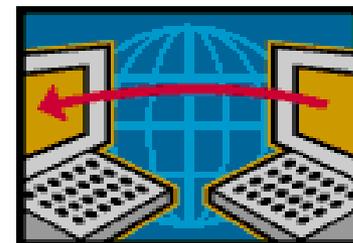
Discussion Boards, VCs, and Public Briefings



- Discussion boards: groups of individuals and family members representative of each DDSO who meet monthly via VC with OPWDD leadership to discuss key aspects of waiver reforms
- Every other month VCs for voluntary providers and OPWDD staff
- Statewide public briefings planned for April 2012 with commissioner and key leadership members



Innovations Grant for 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



CMS Communications



- Status
- Communications continue with CMS

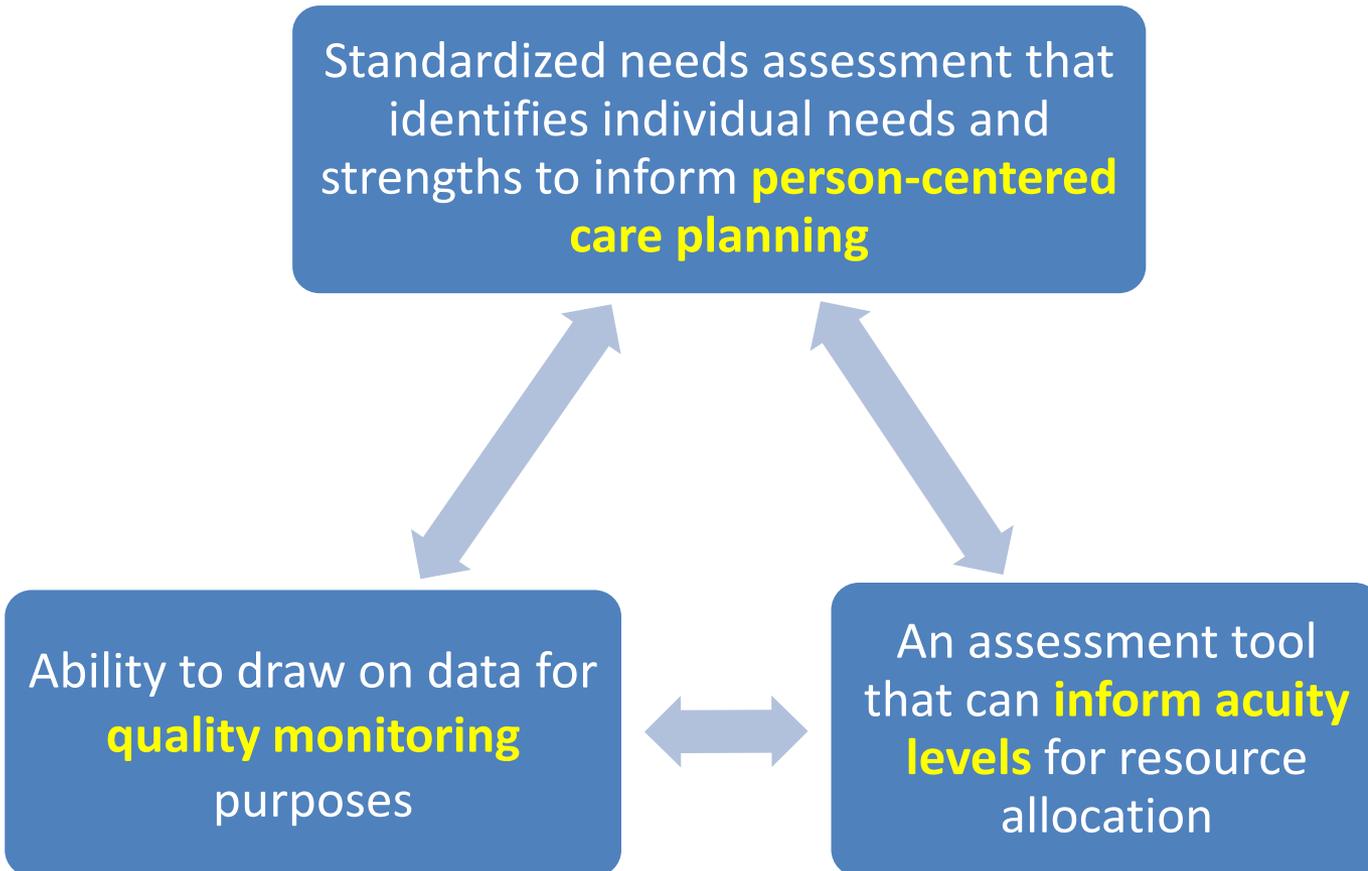


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Moving to a Managed Care Framework



People First Waiver Goals





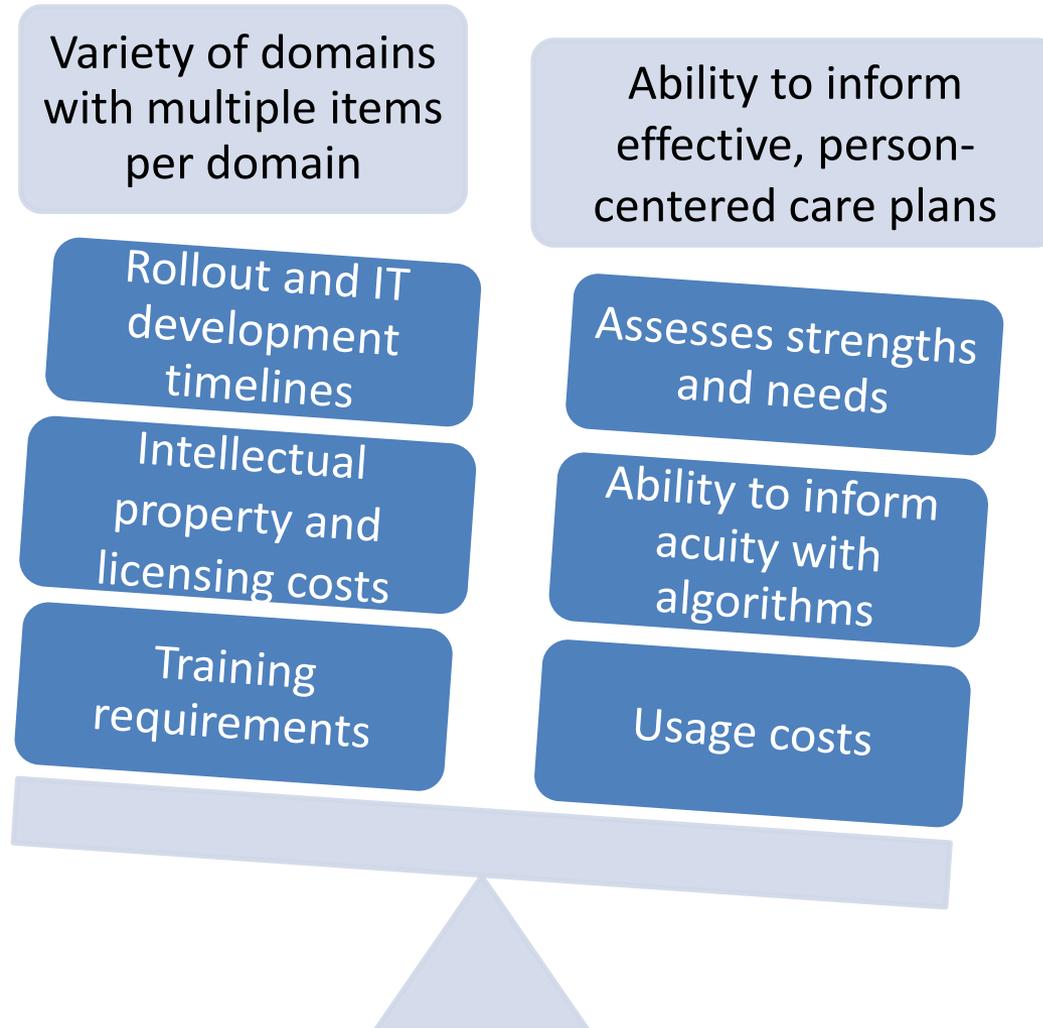
Final Design Team Recommendations

A statewide needs assessment tool should be:

- Person-centered, while identifying individual strengths, needs, and interests
- Standardized, normed, and validated
- Comprehensive and holistic including multiple domains
- Flexible with an ability to be adapted to fit individuals' changing needs
- Able to inform a person-centered care plan
- Supportive of “no wrong door” approach



Considerations in Comparison





Who is interRAI?

- International, nonprofit research consortium
- 64 members from 32 nations
- Goals:
 - Develop comprehensive, person-centered assessment instruments to enhance the quality of life and care of persons served by public systems
 - Promote evidence-based clinical practice and policy decisions
 - Create common measures to gather consistent information on what works to improve an individual's quality of life



Overview of interRAI Developmental Disabilities Tool

- 16 areas of information gathered, such as education employment and recreation, lifestyle and health status
- Interview with individual and other sources:
 - Direct observations
 - Staff/clinicians
 - Family and friends
 - Records (e.g., ISPs, habilitation plans, IPOPs, medical records)



interRAI Assessment Suite

- Person-centered, strengths and needs-based
- Standardized
- Strong validity/reliability
 - Each item is highly researched and tested
- Comprehensive and holistic
 - Multiple domains and items, with no need to supplement HRST
- Flexibility
 - Can customize the tool by modifying or adding necessary items per domain
- Informs care planning process
- Informs acuity



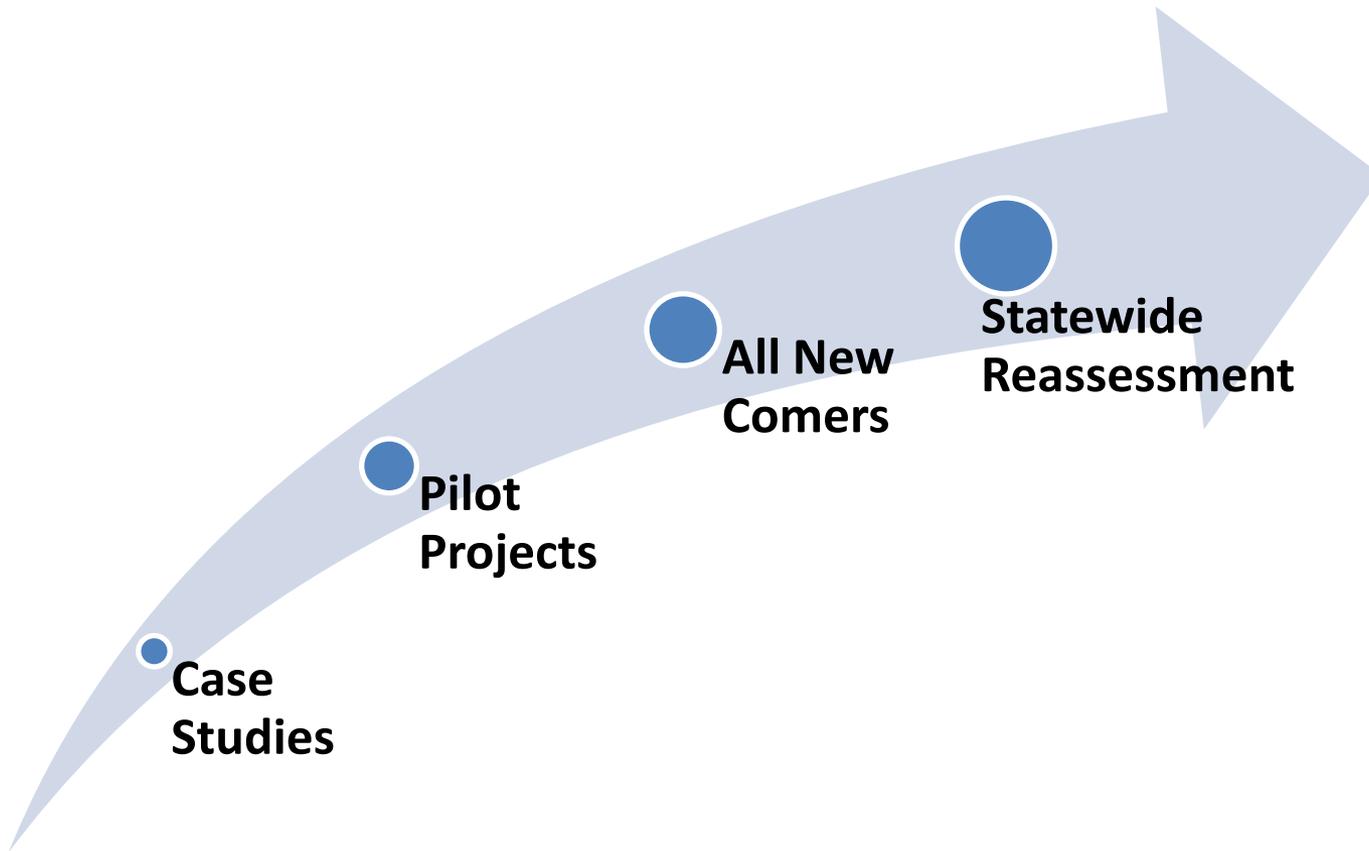
Role of the State

A major role for the state will be the assessment of individuals' needs.

- Assessment of a person's interests and needs must be objective and unbiased
- Many of our current staff have the skills and experience that position them to take on this role
- As the assessment tool will be phased in over time, OPWDD will work with employees to be adequately ready for the assessor role



Rolling Out New Needs Assessment





How We are 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 the later years of the five-year waiver, as DISCOs can assume responsibility for integrated care.



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



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.



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 areas like employment for enrollees



Partially Capitated DISCOs will:

- Provide person-centered care coordination specialized for ID/DD population
- Manage a network of providers to address all long-term support needs of the person (ID/DD specialized and other services)

Habilitation services

Personal care, home health

Outpatient therapies

Self-directed services

- Plan size will vary based on regional differences in provider capacity



Whether Partially Capitated or Fully Integrated—the ID/DD Community Requires Unique 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
- Due process



Implementation Planning for Year One of the Waiver



Year One Deliverable

- At the end of year one, OPWDD will submit the People First Waiver work plan to CMS for review and comment
- The work plan will describe how OPWDD will organize, pursue, and evaluate comprehensive system redesign over the remaining years of the waiver



Establishment of Implementation Workgroups

- To solicit broad public participation in waiver implementation planning
- Workgroups will include:
 - Access and Choice
 - Benefits and Services
 - Care Coordination
 - Fiscal
 - Quality
- Solicit participation on workgroups





Recommended Composition For Each Public Work Group:

Electors	Representatives
Each of the 14 DDSO Waiver Discussion Boards will elect 1 parent or individual from their board to participate on one of the five work groups	2 to 3 Parents or Individuals
Following the waiver board election process, OPWDD will reach out to SANNYS to elect additional individuals where work groups do not have self advocate representation	1 Individual
Existing Design Teams	2 Providers
Provider Association	2 Representatives of their choosing
Steering Committee	1 Steering Committee Member
DOH/Other State Agency Commissioner	1 DOH/Other State Agency
DDSO Directors	1 DDSO Staff
Commissioner	1 Central Office Lead
Team Lead	1 Lead Staffer
Total Number of Members*	13/14 Representatives

*15 = Max #/Additional slot available as needed to ensure work group diversity



Phase II Implementation Planning Proposed Macro Project Mgmt. Structure





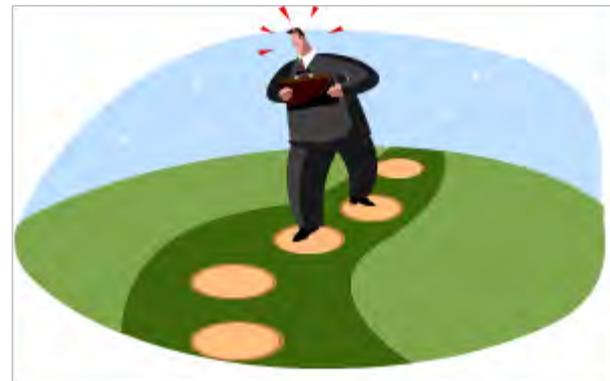
Important Next Steps

- Pilot the interRAI ID tool during the proposed case studies pending waiver application approval
- Objectives:
 - Evaluate the tool's effectiveness in informing person-centered care plans for individuals with DD
 - Begin development of a training program for assessors to ensure high inter-rater reliability



Next Steps in Waiver Development

- Finalization of managed care system with CMS
- Establishment of waiver advisory function within DDAC using subcommittee
- Formation of workgroup structure for implementation planning
- Continued prep for pilot projects, including draft RFA
- Continued communications – internal and external





Additional Next Steps in Waiver Development

- Capacity (rather than readiness) assessment at both OPWDD and within the provider community
- Data analysis
- Building an information exchange
- Expanding and standardizing the front door