

The following questions were submitted at the People First Waiver public forums that were held in May and June 2011.

Access and Eligibility

Q: Will it get to the point that all individuals must be waiver enrolled?

A: The long-term care services that many individuals with developmental disabilities require will be provided through the People First Waiver. This includes OPWDD's traditional habilitation services; clinical services such as occupational therapy, speech and language therapy and physical therapy; supported employment as well as family support services. Under the new waiver, these services may be redefined. Regardless of what they are called, however, to receive these kinds of supports, individuals will need to be enrolled in the new waiver. In addition, New York State regulations described in 14 NYCRR Subpart §635-12 will remain in place and require that individuals with developmental disabilities who wish to receive a specified OPWDD Medicaid funded service to enroll in Medicaid.

Q: Will there be a single point of eligibility for all services provided under the 1115 waiver (i.e. OMH and OPWDD Services)?

A: The waiver design teams are exploring the benefits of 'No Wrong Door' as they prepare to issue their recommendations to the steering committee. This concept means that regardless of where (through which service system) someone with developmental disabilities approaches New York State for services, they will be able to have their needs appropriately assessed and access all of the types of services they need. Realizing this kind of cross-system coordination will require improved processes for eligibility determinations, needs assessment, records access and service planning within and between multiple state agencies. The details of the administrative structures that will support the needed coordination between service systems are to be determined, however, the People First Waiver will not change the eligibility standards for OPWDD services.

Budget and Funding

Q: The current Consolidated Supports and Services (CSS) budget asks for a breakdown of at-home services vs. community services. Why is this? This is just one more barrier. As long as the person is moving forward in meeting goals, this should not matter.

A: As required by the federal government, OPWDD currently reports the funding levels for different types of services in accordance with existing, federally approved, service definitions. The People First Waiver, as you suggest, will help OPWDD to measure quality by the progress each individual makes toward his or her personal outcomes. In addition, the Benefits and Services Design Team has recommended that OPWDD pursue more simplified and streamlined service categories. The simplification of service categories is an important outcome for the People First waiver and should help individuals and families more readily create a plan for



services that best meets their individual needs.

Q: Is the self-determination money for residential programs frozen or available? How much is allotted per family? Do I have to have a broker?

A: Each DDSO was provided a multi-year funding allocation to support priority residential opportunities in their respective districts. This funding can be used, at the discretion of the DDSO, to support self directed residential services through Consolidated Supports & Services. In Consolidated Supports and Services, a broker is required. That person may be unpaid, but he or she must be trained. The People First Waiver is intended to more directly fund an individual's assessed service needs rather than limiting available services to an annual budget allocation. Should you have additional questions regarding CSS opportunities, you should contact your local DDSO directly.

Q: Regarding the costs of New York State services, when you remove cost of state-operated services, isn't the cost roughly comparable to that of other states?

A: Even when State operations are removed from consideration, New York State's costs per capita are high relative to such costs nationally.

Q: Commissioner Burke emphasized that the new waiver is NOT a block grant, but at the same time must be budget neutral. How is that going to happen when OPWDD must grow each year, based on the hundreds of people transitioning out of school each June?

A: Budget neutrality does not mean OPWDD's budget or its service system cannot grow to accommodate additional people. It means that the costs of providing services to those in the People First waiver cannot exceed what it would cost to provide services to those same individuals without the People First waiver. The developmental disabilities service system and its budget can continue to grow to accommodate additional need, albeit within the limitations of the New York State budget. Also, we expect that through OPWDD's negotiations with the federal Centers for Medicare and Medicaid Services (CMS) it will be possible to adjust the amount of Medicaid support OPWDD receives to reflect increased costs over the course of the five-year waiver agreement.

Q: The PowerPoint presentation indicated that the waiver will ensure that financial support will be shifted to individuals and away from programs and providers. How is that intended to work? If funding is shifted away from programs (providers), won't that result in the breakdown of structures and available programming and leave people without an opportunity to "spend" their support? You will be giving them choice in writing only since they will have nowhere to exercise their choice. What am I misunderstanding?

A: A central objective with the People First waiver is that individuals' choices will be respected within a care management structure, and that there is clear and readily understandable information about the quality of different services and different providers. Thus, the system will better support existing high quality service provision, and ideally create a more demand driven service system that enhances services overall.



In planning for implementation of the new waiver, OPWDD will create a new care coordination model that allows the individual and his or her family to decide what kinds of supports best meet their needs and who provides those supports and services. While the details are not yet determined, we anticipate that care management entities will provide services through networks of service providers and thereby offer individuals and families a choice of providers within those networks.

Shifting funding from programs to individuals means that providers will be funded to support the individuals they serve, rather than receiving money to deliver specified amounts of distinct services. This funding method will allow people's needs for services to drive what kinds of supports a provider delivers, rather than allowing pre-determined amounts of each type of service to drive what is offered to individuals and families. During the initial pilot phase of the waiver, OPWDD will develop this kind of demand-based funding model that will allow providers to effectively support individuals with a wide range of needs.

Q: If New York State expenditures equal 20 percent of the current waiver dollars expended nationally, what does the "per capita" spending look like in comparison?

A: New York State's per capita expenditure for Home and Community Based Services for people with developmental disabilities exceeds the national average and those of comparable states such as Pennsylvania, California, and Florida. Based on 2007 data, the national average per capita expenditure was \$41,948. New York State's per capita expenditure was \$72,921.

Q: Has OPWDD fully explored the following cost savings measures? (a) cooperative buying for software, food, house supplies, equipment, furniture, refinancing and loans (e.g., bonds) at lower interest rates; (b) retrofitting group homes with sprinkler systems to cut the overnight FTES required, telemedicine equipment for clinics; (c) getting New York State exemptions from property taxes for rentals.

A: These are all good suggestions that will be submitted to OPWDD's ongoing solicitation of cost-saving ideas. Thank you.

Choice and Individualized Options

Q: I would like to say that the proposal to go with the 1115 waiver is of great concern because I would not want any individualized options to be lost, and person centeredness is key. I do not want to see managed care. I don't care what you use as long as it includes and is headed by person centeredness.

A: The People First Waiver will be the mechanism to advance New York State's developmental disabilities service system to greater levels of person-centeredness. A primary goal of the new waiver is to ensure that the service system funds and delivers effective services that are planned and delivered according to an accurate assessment of each individual's service needs, abilities and personal desires for their life.



Q: Individual plans need to allow an individual living in an IRA to move forward with moving out of the IRA without the problem of 'double billing.' Will this flexibility be allowed in the 1115 waiver?

A: The administrative structures developed within the People First Waiver will support this kind of move from a more restrictive setting to greater independence. That said, while New York State's move to the People First waiver should allow us to better address individuals' needs with the resources we now have, it is not an opportunity for New York State to create new, additional federal funding. In light of this, we are intent on using the waiver to create more flexibility and achieve better outcomes for people. Nonetheless, funding limitations will remain, particularly given the stark financial picture expected to characterize the next few years.

Q: Changing a person's plan/budget when that person is not taking part in the discussion does not equal putting people first. How can we guarantee this does not continue?

A: Through Commissioner Burke's listening sessions with individuals and family members and also through the Public Forums on the People First Waiver that were held in May and June 2011, OPWDD heard many comments suggesting that the individuals and families being served must be involved in planning the services an individual will receive. Respecting the wishes of the individuals and families we support is one of OPWDD's stated guiding principles for the People First Waiver. Throughout development of the People First Waiver reforms, we will strive to improve how we provide individuals and families a stronger voice in service planning.

Q: What will happen (what effect in services) to the individuals that refuse to have a waiver service or that have limited use (don't really want a waiver service but have it) of a waiver service? With this change, is there going to be a minimum or maximum level of waiver services allowed per person?

A: The People First waiver is a comprehensive waiver, and thus includes all Medicaid services that are used by people with developmental disabilities, whether those services are traditional OPWDD services (such as habilitation), long-term support services from other state agencies (such as personal care), or traditional medical care. A person will be considered part of the People First waiver if he or she is eligible for OPWDD services and Medicaid enrolled. This means that some people in the People First waiver may opt to receive only Medicaid-funded services under the auspices of state agencies other than OPWDD. An example of this is the person who is eligible for OPWDD services, but opts to receive Medicaid health care services and personal care services under the auspices of the Department of Health.

Q: The statistic that 23 percent of respondents want to live elsewhere may be erroneous. One out of all of our residents wants to live on her own. In reality, she is not capable of doing so. Out of the 23 percent, then, how many have been confirmed by interdisciplinary teams as realistic?

A: OPWDD recognizes that these statistics do not provide complete information because of concerns such as the one you raise. However, it is important for OPWDD to ask this question and then move beyond it to explore what the responses may indicate about our provision of residential services. As we look more closely at the responses of individuals to this question, we will come to understand if OPWDD is providing the kinds of residential services that meet people's needs *and* desires or if we are missing the mark. This statistic was included in the



PowerPoint to demonstrate that OPWDD needs to engage in this kind of system exploration and to indicate that at present some number of people may possibly be served more appropriately in different settings.

Definitions

Q: How is institutional defined? DC? ICF? IRA? Can we get copy of PowerPoint shown?

A: Institutional care within the OPWDD service system includes campus-based Intermediate Care Facilities (ICFs) and Developmental Centers (DCs). Individualized Residential Alternatives (IRAs) do not constitute institutional services. The PowerPoint presentation is available on the People First Waiver Web page (<http://www.opwdd.2011.waiver/index.jsp>).

HBCS Waiver

Q: Does the 1115 waiver replace the HBCS waiver? If not, will the HBCS waiver change at all?

A: Yes, the People First waiver will include all Medicaid services for individuals who are eligible for OPWDD services, including HCBS waiver services.

Q: Why do we need a new waiver? Why not improve the current waiver?

A: The new waiver is a different kind of waiver. It is a research and demonstration waiver which will allow New York State to test new administrative, programmatic and fiscal structures and procedures without being bound by certain existing Medicaid rules. This kind of waiver gives the State an extended period of time to design, implement and evaluate the effectiveness of the system innovations and demonstrate to the federal government the improved outcomes under the new methods. In this way, the 1115 waiver will provide greater flexibility than would a new or expanded 1915 (c) waiver.

Managed Care

Q: Once individuals receive services from a People First waiver managed care organization, how will this affect their services?

A: With the People First Waiver, OPWDD's service system is moving to a care management structure in which "fee-for-service" service delivery will eventually be replaced by some form of a capitated/global payment model of service provider reimbursement. Individuals may receive services directly from the care management entity, or from its network of providers. Also, a managed care framework is more flexible than a fee-for-service system. It allows providers to tailor service plans to better meet each person's unique needs for support. This added flexibility should result in individuals having more individualized and creative options for services. Therefore, we expect that all individuals in the People First waiver will have access to services that are better coordinated, more uniquely planned and delivered to meet their needs, and ultimately, more responsive to changing needs over the course of their life.



In addition, the People First waiver will align with the New York State Department of Health's ongoing efforts to reform public health services (see Redesigning the Medicaid Program Web site: www.health.state.ny.us/health_care/medicaid/redesign) and will implement federal health care reform in New York State (<http://www.healthcarereform.ny.gov/>). This alignment with the larger State Medicaid system is also important for individuals because it will mean more ready access to needed cross-system services.

Q: One of the Department of Health (DOH) Medicaid Reform Team recommendations includes the mandatory enrollment in managed care plans for health care services. When does this go into place? How can we opt out of Managed Care? Was it federally approved yet?

A: A good source for keeping informed about the progress with the implementation of wider health care reforms is the Department of Health website (http://www.health.ny.gov/health_care/managed_care/).

Quality Assurance

Q: I understand you have a new Incident Management Team. Who is doing the critical review, protections and notifications? Can families contact them directly? Explain what the "data trend analysis" is.

A: Families should continue to contact the agency they receive services from directly. The Incident Management Unit performs a critical review of protections and notifications of incidents. The DDSO also reviews incidents at voluntary provider agencies. The Incident Management Unit completes a trend analysis of serious reportable incidents and allegations of abuse on an annual basis. The report breaks down incidents statewide by location, type of incident and type of facility. The purpose of this report is to identify any possible changes in the frequency or types of incidents that are occurring, in order to proactively address any potential issues and ensure the safety of the individuals that we serve.

Q: Is there any way for this process to include a way to address the serious threat to the provision of psychological and behavioral services to people with developmental disabilities that will ensue when the exemption from Psychology Licensing Law and other health professions ends?

A: The development of the People First Waiver will not impact the rules of the State Education Department's Office of the Professions which govern the licensing of psychologists and other professionals or the current exemption for psychologists in our service system. OPWDD will continue to attest to the State Education Department the significant impact that the expiration of this exemption will have for our service system and the people we support.

Q: Can this process have an impact on ensuring that Board Certified Behavioral Health Analysts (BCBAs) are approved providers for people with developmental disabilities who can benefit from their skills, expertise and empirically supported interventions?

A: The Benefits and Services Waiver design team examined service needs, including provider capacity, related to behavioral health, behavior management and crisis intervention. The ability to provide behavioral supports more readily in community settings will be critical to achieving



the goals of the People First Waiver and better meeting the needs of the people and families we serve. This issue will continue to be part of waiver development and implementation planning.

Q: Will families have names and numbers of their district directors of internal affairs and investigations? How often will the “agency leadership” visit homes?

A: Again, families should continue to contact the agency they receive services from directly. Investigators will not be able to discuss an investigation with families. Families are able to obtain information as outlined in Jonathan's Law.

Other Agencies' Involvement

Q: As part of the PowerPoint, primary health care was listed and not discussed. Can you explain what you envision being included?

A: The People First Waiver will eventually coordinate and provide comprehensive services to individuals with developmental disabilities, including primary health care such as annual physicals, hospitalization, pharmacy services, doctor visits and preventative care as well as behavioral health care and addiction services.

Q: Will OPWDD talk to the Board of Education to open vocational schools (such as the School of Arts & Design) to persons with developmental disabilities?

A: The People First Waiver will result in the provision of coordinated comprehensive care to individuals with developmental disabilities through multiple State service systems. The services and benefits design team explored needed improvements in services for individuals with developmental disabilities, including services related to preparing for and sustaining employment. The team's recommendations to the Steering Committee about future service options under the People First Waiver will lead to further planning and attention to cross-system service details. The need for vocational preparation of students is an important issue to address as the People First Waiver advances the employment supports and outcomes for the individuals we serve.

Q: I have been in Medicaid Service Coordination for eight years, and in my experience, when children age out or apply for OPWDD services, the Department of Education evaluations are not accepted. Tax dollars pay for both, so why can't the Department of Education be mandated to provide adequate evaluations so we don't have to spend Medicaid dollars to get another set of evaluations?

A: Eligibility standards for special educational services and OPWDD services are different, and as such, often require different assessments. This will not change under the People First Waiver. However, the new waiver will improve the coordination of different kinds of services to a single individual such that programmatic requirements from one system do not interfere with services from another, and comprehensive planning supports the individual receiving the most appropriate level of each type of service from the most appropriate system. As we design the new waiver, we have an opportunity to improve the transition experience of students as they leave school and enter adult services. This has long been a challenge, and several People First waiver



design teams address this important issue in their recommendations for the improved service system under the People First Waiver.

Participation and Involvement

Q: Can only not-for-profits participate? If only they can participate, why?

A: The People First Waiver transitions the developmental disabilities service system into a care management system which builds upon the network of existing providers that deliver specialized Medicaid-funded services to individuals with developmental disabilities. It is expected that the managing organizations will be not-for-profit, mission-driven organizations with an established expertise working with this population. There is now, and there will remain a role for both for-profit and not-for-profit providers in the People First waiver. For example, people with developmental disabilities may now opt to receive long-term support services (like personal care) which are often provided by a for-profit entity. This option will remain within the People First waiver.

Q: How do I become a member of a design team?

A: The design teams for the People First Waiver have been determined. Members were carefully selected to provide depth of technical expertise, geographic and cultural diversity, as well as the perspective of individuals with developmental disabilities, family members and service providing agencies within teams of 10 to 15 members.

Q: How can parents become involved to assist OPWDD?

A: The best way for parents to become involved in the design of the People First Waiver is to regularly visit the [People First Waiver Web page](http://www.opwdd.ny.gov/2011_waiver/index.jsp) (http://www.opwdd.ny.gov/2011_waiver/index.jsp) to stay informed of the progress of the waiver design teams and the Steering Committee and to participate in opportunities posted there for public participation and comment. In addition, on the Web page, there are email links to use for submitting comments and suggestions directly to the OPWDD 1115 Waiver Unit.

Q: On the Steering Committee, Design Teams, and/or Technical Workgroups, are there any experts in applied behavior analysis or positive behavior supports? If so, who? If not, why not?

A: A technical workgroup looking at behavioral supports was led by Dr. Jill Pettinger, OPWDD's Associate Commissioner for Behavioral and Health Services.

Presentation Materials

Q: How do I obtain a copy of the PowerPoint presentation or other information presented?

A: The PowerPoint presentation is available on the [People First Waiver Web page](http://www.opwdd.ny.gov/2011_waiver/index.jsp) (http://www.opwdd.ny.gov/2011_waiver/index.jsp).



Supports and Services

Q: We are currently desperately seeking after school care and respite for our son even if we have to pay for it. Despite months of work we have found no options for definite after school care and have never had over night respite with very little respite at all. How will our son ever get a group home placement with such limited resources? We are very concerned for his welfare.

A: The design teams of the People First Waiver focused a great deal of attention on developing a new service system that will provide more responsive family support services and address the current gaps in service such as those you have experienced. The teams' recommendations repeatedly affirm the need to reform the service system to ensure that each individual receives the right type and level of support to address their unique needs, taking into account each person's abilities and desires. We expect that by enhancing the kinds of supports we provide to families and by more closely aligning services with people's needs, OPWDD will be better able to offer the right, most responsive kinds of supports and services.

Q: My daughters want to take advantage of the new CRO program. However, it is very difficult to find a home with reliable transportation services and vice versa. We need better transportation.

A: The Benefits and Services design team considered the need for more effective transportation services as it examined the full range of services needed to support individuals and families to achieve improved outcomes.

Q: Will Care Coordination replace MSC?

A: Medicaid Service Coordination is OPWDD's current service that provides individuals with assistance in planning and accessing needed services and supports. This service is primarily focused on accessing OPWDD services. Under the People First Waiver, the developmental disabilities service system will transition into a comprehensive service system in which the full range of needed Medicaid services (primary health care, behavioral health care and long term care such as that traditionally provided by OPWDD) are provided through one coordinated care network. Within the new, broader care system, the function of coordinating all of a person's services will encompass the service coordination function that now occurs through the MSC program.

Q: Will individuals who have lived in IRAs for a length of time or their families be asked if they want to move to "less restricted" settings? If so, who will create and staff these new settings? What will they look like (how structured)?

A: The People First Waiver will bring to New York State a new mechanism for assessing the needs of individuals with developmental disabilities and determining the most appropriate level of service for each person. We expect that by providing services that are more individualized to each person's unique needs, the People First Waiver will result in greater community integration for many of the individuals we currently serve and those yet to enter our service system. To do this successfully will require the development of new kinds of community-based supports and services that can appropriately meet people's needs in less restrictive settings.

Q: How do we increase the opportunity for after-school programs for children with developmental disabilities? Will that be part of the 1115 waiver? For some children, school ends at 2:00 pm or 2:30 pm and from that time until bedtime they are often not engaged (socially, emotionally and intellectually) sufficiently. The parents often have to curtail job opportunities in order to take care of their children.

A: The design teams of the People First Waiver focused a great deal of attention on developing a new service system that will provide more responsive family support services and address the current gaps in service such as those you have experienced. The teams' recommendations repeatedly affirm the need to reform the service system to ensure that each individual receives the right level of support to address their unique needs, taking into account each person's abilities and desires. We expect that by enhancing the kinds of supports we provide to families and by more closely aligning services with people's needs, OPWDD will be better able to offer the right, most responsive kinds of supports and services.

Q: What are the plans for new services to be developed under the 1115 waiver for people/adults with Autism Spectrum Disorder?

A: Preparing the developmental disabilities service system to effectively support individuals with autism spectrum disorders (ASDs) is an OPWDD priority and will continue to be under the People First Waiver.

Q: What is OPWDD doing about public housing?

A: OPWDD recognizes the need for the People First Waiver to connect people with developmental disabilities to housing resources in ways that have not previously been part of the developmental disabilities service system. This connection will arise from the new, comprehensive approach to service planning and delivery that the People First Waiver will provide.

Q: I am on three waitlists for the Medicaid waiver. I still do not know when my child will be able to get into the waiver program. I am doing my best to help him. However, I cannot be there all the time because I have to go to work. I think the waiting period is too long. It is so long that my heart is hurt by knowing that there are services that can help my child, but that I have to wait indefinitely. Is the 1115 waiver going to facilitate families getting services for their loved one(s) or will it continue to place families on waiting lists for services to enhance and improve their child's ability to function and be a productive member of society? Please help families to help their loved ones. I think everybody will win: families, children/adults with developmental disabilities, the community, and employees.

A: A goal of the People First Waiver is to develop a new service system that will provide more timely and responsive family support services and more individualized services that will help the people we serve achieve greater personal growth and improved outcomes. It is important to remember, however, that the People First waiver does not create new federal funding resources. It will enhance the kinds of supports available and increase the efficiency of the service system so that we can better target the types of critical services you describe to those who need them.