

Section 3 — *Fiscal Administrative and Organizational Structure*

Summary:

OPWDD's intent in Section 3 of the Request for Information (RFI) was seek broader input from the varied perspectives of stakeholders regarding the Developmental Disabilities Individual Support and Care Coordination Organization (DISCO) function and suggestions on how demonstration projects should be structured.

During the summer of 2011, the People First Waiver Fiscal Sustainability Design team was tasked with creating a financial platform to support the goals and outcomes of the People First Waiver. The proposed structure (see Appendix A) centered around a Developmental Disabilities Individual Support and Care Coordination Organization (DISCO) which would be a not-for-profit organization with experience and expertise providing services to people with developmental disabilities and that demonstrate the fiscal, quality, and person-centered competencies necessary to perform care management effectively. It would be responsible for two (2) primary roles: a) care coordinator and b) fiscal intermediary.

The issuance of OPWDD Statewide Comprehensive Plan for the years of 2011-2015 further combined the recommendations of the Fiscal Sustainability team with those of the other design teams and further defined the primary roles as follows:

- Care Coordination Role - The DISCO will facilitate co-management and information sharing between all services and supports currently funded through Medicaid. Care coordinators will facilitate and coordinate delivery of services from across different service systems, as well as community and other natural supports for the person. These services include traditional health care services, NYS Office for People With Developmental Disabilities (OPWDD) services and other specialized care, e.g., mental health, long-term care and substance abuse services
- Fiscal Intermediary Role – The DISCO will receive a monthly capitation payment to fund all Medicaid covered services and to coordinate non-Medicaid services identified in the individuals' service plans. The capitation payment will be derived from one or more independently administered needs assessment tool and augmented by necessary adjustments. A "capitation" payment is a fixed dollar amount provided for a service recipient regardless of the amount of services/treatment that person received during the time period of a capitated payment. Capitated payments are usually based upon the abilities and needs of the individuals served, taking into account various factors such as functional and cognitive status, diagnoses, demographics or other measures found to be correlated to increased costs of services. Capitated

payments will be sufficient to support the provision of covered long-term care services, care coordination, and primary medical, dental and acute care.

Quantitative Analysis:

The below tables represent the analysis of the responses to the Fiscal Administrative and Organizational Structure section of the RFI which included a total of eleven (11) questions.

OPWDD received a total of 251 separate responses from individuals who receive OPWDD services, providers, parents, advocates, self-advocates, associations, and other groups that wished to respond to the RFI. RFI responses were submitted by single persons or from groups of individuals. Therefore, when we refer to “responses” each “response” could represent the opinion of one individual or hundreds of individuals.

Analysis of the Fiscal Section of the RFI by Question Number						
Question Number	Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
F-1	92	36.65%	n/a	n/a	n/a	n/a
F-2a	146	58.17%	n/a	n/a	n/a	n/a
F-2b	121	48.21%	n/a	n/a	n/a	n/a
F-2c	130	51.79%	n/a	n/a	n/a	n/a
F-3	119	47.41%	n/a	n/a	n/a	n/a
F-4	131	52.19%	n/a	n/a	n/a	n/a
F-5	135	53.78%	n/a	n/a	n/a	n/a
F-6	115	45.82%	n/a	n/a	n/a	n/a
F-7	174	69.32%	149	85.63%	25	14.37%
F-8	174	69.32%	40	22.99%	134	77.01%
F-9	175	67.72%	64	36.57%	111	63.43%

	Number of Responses	% of Total RFI Responses
TOTAL RFI responses that answered all questions included in the Fiscal section	60	23.90%
TOTAL RFI responses that did not answer any question in the Fiscal section	55	21.91%
TOTAL RFI responses that answered one or more question but not all questions in the Fiscal section	136	54.19%
TOTAL Responses to RFI	251	100.00%

RFI Questions:

(F-1) - To effectively manage a network within a capitation reimbursement model, based on a consistently administered needs assessment tool, it will be necessary to provide supports and services to a minimum number of individuals with variation in defined support needs. Based on your historic knowledge or initial research, approximately how large would a DISCOs enrollee pool need to be to remain fiscally viable and still implement effective care plans derived from person-centered planning practices?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
92	36.65%	n/a	n/a	n/a	n/a

Words commonly used by RFI respondents to describe the pool of individuals they thought would be necessary include “quite large” and “huge.” to level out the impact of high needs individuals. The table to the right shows the populations suggested by RFI respondents to be required for a DISCO to be financially viable and still implement effective care plans derived from person-centered planning practices. Of the suggested numbers submitted, the majority of respondents suggested the population size used in Wisconsin’s Managed Care Organizations.

Respondents also suggested a number of other factors which can impact the appropriate population for a DISCO aside from size. These included historical usage, degree of service need, population density, makeup of the population enrolled, individual support needs, geographic makeup of the DISCO (urban, rural, suburban,) existence of community support structures, geographic availability of primary medical care, and whether or not the DISCO is part of a larger health insurance/HMO entity. It was suggested that a ratio of high to low support needs individuals could drive overall population size¹ by establishing the number of low-need individuals required to offset the costs of higher-need individuals. It was also suggested that, alternatively to serving all individuals through large DISCOs, that certain small populations,

RFI Respondents Suggestions of the APPROXIMATE Required Population for DISCO Fiscal Viability and Person-Centeredness	
Required Pop.	Reason or clarification
750 to 1,000	no more than this for a "quality" experience
900 to 1,300	in a rural area
2,000 to 20,000	2000-3000 for developmental disability services only, 20,000 if primary, behavioral, and acute care are included
3,000	to achieve any real economies of scale
3,500	used in Wisconsin Managed Care Organizations; number that would allow it to provide appropriate and beneficial supports in a fiscally sound operation
5,000	must be large enough to cover administrative costs, compensate for risk and attract and pay qualified providers, serve individuals across large geographic and culturally diverse areas

¹ Example submitted: one RFI respondent estimated that for residential services it would take a 6 to 1 ratio of low need individuals to one high need individual and for a day program service it would take a 20 to 1 ratio of low need individuals to one high need individual.

such as medically fragile developmentally disabled individuals could be serve through small, specialized DISCOs that could respond to the needs of “niche” populations.

Respondents suggested a variety of models and concepts to guide research into appropriate DISCO size. It was suggested that individualized, needs-driven budgets for services, based on the values and outcomes described in the Person Centered Plan, would be the most cost-effective fiscal model consistent with the waiver’s key hypothesis. It was noted that the mix or balance of enrollees between those with low cost needs and those with high cost needs is the key to fiscal viability and implementation of effective plans.

Several RFI responses recommended looking at the insurance industry as a model. One respondent suggested that the smaller the pool of risk units, the larger the risk of exceeding capitated averages; this respondent submitted that larger enrollee pools are preferable in order to absorb potential high risk outliers. It was noted that a DISCO should demonstrate a healthy defensive interval ratio as well as high solvency ratios, and there should be risk mitigation strategies in place.

Lastly, there was a group of responses which argued the question’s premise was flawed, and that there may be an inverse relationship between the size of an organization and its ability to effectively connect with customers and providers. The concern is that there is a tension between having a large DISCO, and being able to obtain person centeredness and individualization. As one respondent put it, “to remain fiscally viable, the DISCO would need to be very large. To be able to implement effective care plans derived from person-centered planning practices, the DISCO, and particularly Care Coordination, would need to be small enough, or have small enough caseloads, to build close relationships with the individuals and families served.”

(F-2a) – What geographic location are you focused on?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
146	58.17%	n/a	n/a	n/a	n/a

Formation of DISCOs and their network partners will be shaped by the existing resources within each community or region. For this RFI section, respondents were asked to indicate the county or counties that they were considering as they responded to questions regarding DISCO formation.

Number of Counties Selected when Developing Responses for the Fiscal Section of the RFI	Number of Responses	% of Total RFI Responses
No selection of a county or chose out of state	105	41.83%
Out of state	3	1.20%
1-5 counties	102	40.63%
6-10 counties	32	12.75%
11 or more counties	9	3.59%
TOTAL Responses to RFI	251	100.00%

Percentage of RFI Respondents that Selected a Given County when Developing Responses to the Fiscal Section of the RFI			
County	% of Total RFI Responses	County	% of Total RFI Responses(a)
Albany	4.78%	Oneida	3.19%
Allegany	3.98%	Onondaga	5.58%
Bronx	14.74%	Ontario	4.78%
Broome	3.59%	Orange	5.98%
Cattaraugus	4.38%	Orleans	5.98%
Cayuga	4.78%	Oswego	4.78%
Chautauqua	5.18%	Otsego	2.79%
Chemung	3.59%	Putnam	6.77%
Chenango	2.79%	Queens	14.77%
Clinton	1.99%	Rensselaer	3.19%
Columbia	2.39%	Richmond	11.55%
Cortland	5.18%	Rockland	6.77%
Delaware	2.39%	Saratoga	3.59%
Dutchess	3.98%	Schenectady	4.38%
Erie	8.76%	Schoharie	2.79%
Essex	2.79%	Schuyler	2.79%
Franklin	3.19%	Seneca	3.19%
Fulton	1.99%	St. Lawrence	3.59%
Genesee	3.59%	Steuben	3.19%
Greene	3.19%	Suffolk	8.37%
Hamilton	3.19%	Sullivan	3.59%
Herkimer	1.99%	Tioga	2.79%
Jefferson	3.59%	Tompkins	4.78%
Kings	13.15%	Ulster	4.78%
Lewis	2.79%	Warren	3.19%
Livingston	2.79%	Washington	3.19%
Madison	4.38%	Wayne	5.58%
Manhattan	14.74%	Westchester	12.35%
Monroe	6.37%	Wyoming	3.59%
Montgomery	2.39%	Yates	3.59%
Nassau	9.56%	Out of State	1.20%
Niagara	5.18%	No Counties Chosen	41.43%

(a) – The responses in this column equate to greater than 100% due to respondents having the ability to choose more than one county in their response.

Percentage of RFI Respondents that Selected a County or Counties within a Developmental Disabilities Service Office (DDSO) when Developing Responses to the Fiscal Section of the RFI	
Developmental Disabilities Service Office (DDSO)	% of Total RFI Responses (a)
Bernard Fineson	14.74%
Brooklyn	13.15%
Broome	19.12%
Capital District	29.48%
Central New York	32.67%
Finger Lakes	39.44%
Hudson Valley	28.69%
Long Island	17.93%
Metro New York	29.48%
Staten Island	11.55%
Sunmount	18.33%
Taconic	21.12%
Western New York	37.05%
Out of State	1.20%
No Counties Selected	41.43%

(a) – The responses in this column equate to greater than 100% due to respondents having the ability to choose more than one county in their response.

(F-2b) - Please provide a general description of how OPWDD should evaluate whether a DISCO pilot applicant is proposing a provider network that is sufficiently inclusive of self directed support models, habilitative supports that are responsive to individuals’ and families’ interests and needs, for services that include family supports, care coordination, medical care, behavioral health care and dental care.

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
121	48.21%	n/a	n/a	n/a	n/a

Respondents suggested that a DISCO pilot applicant will need to have an understanding of, and experience working with, the many different types of supports needed by individuals and families in order to build networks appropriately, be active and engaged in their communities, and have statewide resources available for consultation and guidance. It was suggested that provider networks will have to demonstrate their ability to access the services necessary to meet the needs of the proposed catchment area, and ensure that the mix of services required for the region it serves is reflected by the array of services offered by the pilot applicant. It was also suggested that DISCO applicants should be expected to provide education and training to service providers and that they should meet requirements related to person-centered planning, which informs the need for services. Respondents recommended that OPWDD develop a detailed list of services and supports that a DISCO would need, as well as standardized indicators or an evaluation instrument to objectively assess applicants.

Applicant Evaluation Criteria Suggested by RFI Respondents can be found in the table below:

DISCO Pilot Applicant Evaluation Criteria Suggested by RFI Respondents	
Network	<p>Demonstrating Capacity:</p> <ul style="list-style-type: none"> includes providers of all the generally utilized services as well as the ability to contract with providers of highly specialized services should be able to meet people's unmet needs includes multiple providers of various services has technical expertise to meet the dynamics of the different life stages of the service recipient, individual & family needs, be culturally competent, and effective in urban and rural environments OPWDD should verify the range of DISCO network provider services. <p>Including Existing Providers:</p> <ul style="list-style-type: none"> contract with the majority of existing developmental disability providers and related community providers to gain experience and to minimize family disruption existing providers that currently successfully serve a large amount of people and who have good record with state surveys must be included in their network
Self-Directed Supports	<ul style="list-style-type: none"> providers in the network should offer self determination and have Consolidated Supports and Services (CSS) experience, employ support brokers and have served as a Financial Management Service (FMS) agency the plan should meet requirements on person-centered planning as defined in a DISCO provider agreement track record in self directed services as part of the way they operate today
Individual and Family Needs, Interests and Supports	<p>The DISCO applicant should...</p> <ul style="list-style-type: none"> have a defined procedure for meeting with each individual/family/advocate initially and at set intervals be required to state what services are being requested by the person and compare that with what is being offered to them have a sufficient number of providers in the network to offer real choice include consumer advocate panels that report back to the OPWDD to ensure that the individuals' needs are being met and issues get addressed on an ongoing basis involve persons with disabilities and their peer support/family contacts with provider governance demonstrate high individual/family satisfaction with current supports provided by an agency define ongoing monitoring of the network related to provider's quality demonstrate of the ability of stakeholders to provide input at all stages of care coordination
Medical, Behavioral and Dental Care	<ul style="list-style-type: none"> DISCO should have contracts with at least 3 providers and be sensitive to medical service delivery geographic realities network should include one or more 'health home' practice networks. adequacy of contracts between the DISCO and behavioral and dental providers
Care Coordination	<ul style="list-style-type: none"> impeccable track record of Medicaid Service Coordination and person-centered planning

Service History — Respondents noted that DISCO pilot applicants should include providers with a solid history of providing a wide range of services to the developmental disability community, and that the strongest indicator to the types of services a provider will offer going forward is their history and current capacity. It was also noted that applicants should demonstrate their past performance working with other providers.

Respondents suggested that applicants be evaluated based upon currently demonstrated service provision capabilities and the types of service and support models the providers in the proposed network are providing at the time of application. It was recommended that OPWDD investigate the portfolio of services offered by agencies and their track records, especially regarding the quality of service plans. Respondents noted that it is important that providers serve a full spectrum of individuals with differing needs, different functioning levels, and ages. It was also suggested that the DISCO applicant have a variety of community partnerships already in place that demonstrate an extensive history of providing habilitative, medical, behavioral, and dental care to a large population of individuals.

Philosophy and Cultural Competence —

Respondents noted that differences in philosophical approach to human development as well as cultural affiliations should be taken into consideration. Respondents recommended that all providers should offer culturally competent services and include a multi-cultural provider network. It was suggested OPWDD evaluate the DISCO to determine if its operations and practices are consistent with the fundamental values of the "People First" waiver.

“It is vitally important to consider that the People First waiver is intended to be transformative. Applicants must show convincingly that they can transform the present system to achieve People First goals with sensitivity and respect for the individuals served or to be served.”

- taken from the RFI group response submitted by self-advocates

Quality and Fiscal Stability — Respondents suggested evaluating agencies based on positive outcomes on previous OPWDD surveys, their reputation for quality, and record of properly handling reportable incidents and ensuring safety. It was also suggested applicants should be fiscally sound as evidenced by previous Consolidated Fiscal Reports (CFRs), balance sheets, and audits, have competency in rate setting and portfolio management, and have a large enough base of operations to maintain fiscal viability.

(F-2c) - How can OPWDD best support the development of DISCO pilots?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
130	51.79%	n/a	n/a	n/a	n/a

Respondents suggested a variety of ways OPWDD can support the development of DISCO pilots, focused mainly on the provision of technical support, funding and methods for data sharing.

Technical Assistance — Many RFI respondents suggested OPWDD provide technical assistance to promote the shared implementation of managerial, workplace, communication and technology best practices. Respondents suggested that OPWDD provide consultative services like legal, financial and regulatory support at first, and that OPWDD develop a central support team to evaluate and work through the implementation process with each potential DISCO to determine the best DISCO candidates. It was suggested that OPWDD provide pilot applicants with research concerning individuals' demographics, needs assessments and a guide to best practices.

It was noted that proper training, sufficient time, and close monitoring will be needed for effective results. Respondents suggested OPWDD provide oversight of outcomes and cost-effectiveness, develop standardized assessment tools, and create an objective evaluation process to grade those applying to be part of the DISCO pilot process.

It was suggested that OPWDD support DISCO development through best practices and information sharing, and by ensuring regular communication. It was recommended that OPWDD both facilitate information exchange on a regional level and gather information from other states to identify challenges they are experiencing. It was also recommended that OPWDD become a clearinghouse for information from the pilot DISCOs. A committee, user group or other mode to disseminate best practices and case studies on the best use of resources and creative service design was suggested.

Guidelines and Protocols — Respondents suggested OPWDD should provide a clear presentation of programmatic and fiscal requirements, risks and resources, service delivery models and a detailed framework of expectations. It was also requested that OPWDD define geographic areas of service, enrollee group size and case mix. It was recommended that OPWDD establish minimum criteria for the composition and the number of network providers that should be secured as well as secure policies and procedures for the DISCOs to follow. Following this line of thinking, respondents suggested that OPWDD issue a Request for Proposals with clear mandates, goals, objectives, and evaluation criteria.

It was noted that OPWDD should indicate whether or not DISCOs will be at risk for primary or acute care services, and provide more information to applicants on its proposed rate-setting processes before applicants can make an intelligent decision on whether to apply and what to propose. Information about expected capitation rates was requested. Respondents suggested that OPWDD promote innovative thinking and supports, and outline the requirements to--and benefits of--being a DISCO.

Regulations — Respondents asked for regulatory flexibility to allow innovative approaches to care. It was also suggested that OPWDD be flexible in assisting DISCOs adapt to change, be understanding of the glitches that will likely occur, and provide space for trial and error. It was recommended that OPWDD establish service documentation requirements that are focused on outcomes, and streamline regulations to address the unique nature of the multi-service payer that the DISCOs are envisioned as being. OPWDD staff were requested to be available to walk pilot DISCOs through the requirements and regulations.

Funding and Risk — Both development funding and long-term fiscal support and backing were requested to provide start up resources and to mitigate other costs. It was recommended that OPWDD detail the methods that will be used to financially support a DISCO pilot agency, and the costs associated

with a pilot. Provider agencies requested that OPWDD minimize financial risk to DISCOs by providing a safety net. Suggestions for mitigating losses and minimizing financial risk to DISCOs included allowing DISCOs to develop a risk pool from surplus funding or savings. Providers requested that OPWDD assume a substantial and reasonable amount of financial risk, at least initially to provide time for the DISCOs to develop expertise in managing risk.

Data and Information Technology — Provider agencies responding to the question requested access to historical data on individuals' use of resources, claims data and actuarial support including programs used, units of service and costs. Data on service quality and unmet needs were also requested, as was Medicare and Medicaid cost data so providers can determine whether becoming a DISCO makes sense for them based on the people they serve.

A number of respondents suggested that OPWDD develop one IT system that all agencies must use to reduce startup costs and ensure standardization of documentation and data collection. It was also suggested OPWDD continue to use virtual technology.

Collaboration and Stakeholder Involvement — OPWDD was requested to assist in building partnerships between organizations, cross-system collaborations, and encourage and support formal collaborations. It was requested that OPWDD ensure current providers are included in DISCO networks and work to remove barriers with respect to cross-system silos.

Several respondents suggested that OPWDD involve individuals, families and the community in the pilot process as much as possible, and prioritize initiatives with a high level of individual and family involvement. It was also requested that OPWDD get parents more involved and educated on changes that are being proposed.

Other Considerations — Respondents suggested that the phase-in approach be incremental and gradual to allow for current providers to transition to the new system; by making a plan that includes stages so that DISCOs and providers have a chance to transition in a reasonable fashion.

Respondents suggested that OPWDD can best support the DISCO pilots by supporting a variety of models in many different regions of the state, including pilots in urban, rural, and suburban areas. It was also suggested that OPWDD ensure that agencies that use person-centered approaches are prioritized as participants in the pilots, and that the state should be a pilot DISCO and learn from the experience.

It was recommended that OPWDD insist that fiscal decisions are not made by the same entity providing services, and create DISCOs independent of providers. It was also suggested that OPWDD establish advocacy entities separate from the DISCOs with an appeals process.

(F-3) - How would you suggest that DISCOs incorporate programmatic and administrative efficiencies into their network model while ensuring that individuals receive quality, person centered supports and services and that direct support professionals receive competitive benefits and wages; meet core competencies and are well trained?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
119	47.41%	n/a	n/a	n/a	n/a

Respondents noted that efficiencies could be generally achieved by better targeting supports and services to the needs of the individual. Suggestions for administrative efficiencies often focused on management agreements to consolidate core functions and standardized tools, forms and procedures. Suggestions related to programmatic efficiencies centered on the identification and utilization of creative alternatives to existing services.

Administrative Efficiencies — Respondents suggested the centralization of back office functions, or an administrative services organization that is a separate entity from the DISCO to allow providers to focus on service provision instead of administrative upkeep. Respondents suggested that DISCOs consistently renegotiate costs within the provider network and search for ways to be efficient and save money that do not result in individuals returning to more congregate programs and residences. Group purchasing for discounted prices on supplies and insurance were suggested, as were centralized fiscal, human resources, billing and incident investigation functions. Transportation was another area seen for possible efficiencies, and it was noted one transportation company could be used for a DISCO. The use of innovative and effective technology was also suggested. Providers frequently suggested that OPWDD reduce regulatory requirements to reduce paperwork.

Programmatic Efficiencies — Suggestions for programmatic efficiencies include the suggestion that DISCOs coordinate efforts of agencies to improve supports and create a quality improvement environment with a strong commitment by each DISCO and service provider within its network to a performance management model. It was suggested that DISCOs should be responsible for setting minimum standards of positive outcomes pursuant to assessments through a strong quality management and improvement model. It was suggested that DISCOs could centralize clinical and investigations functions.

Respondents suggested DISCOs structure their system to allow access to intensive supports when needed and lesser assistance when they don't to make it easier to move to a less restrictive environment and transferring resources from bricks and mortar to integrated community supports. It was also suggested that DISCOs utilize all options for natural supports, including family members, volunteers, and community businesses.

Expectations, Incentives and Limits — Respondents noted that the capitated model incentivizes DISCOs to seek efficiencies, but suggested that there should be clear expectations for reinvesting savings from efficiencies into supports, services and compensation for direct support professionals. This would provide the incentive of utilizing savings for service provision and developing new support options. Possible financial rewards or penalties to the provider for performance were also suggested.

A cap on executive compensation and administrative costs was suggested. It was noted that DISCOs will be more able to achieve efficiencies by having regional provider networks that are of adequate size and

by serving larger groups of people, but it was also noted that small agencies are often the most person-centered, culturally focused and creative.

Quality, Person-Centered Supports — DISCOs should aggressively promote the advantages of self-direction and develop the capacity of network providers to offer self-directed services through training and technical assistance, according to RFI respondents. Respondents envision a framework that emphasizes person-centered care coordination and communication, while providing individualized supports to maximize personal outcomes. It was suggested that DISCOs should be expected through their contract with OWPDD to support individualized and innovative supports. Family members requested that DISCOs delegate responsibilities to families who are willing to manage their own supports. Training for family members to take on a larger support role was also recommended.

It was recommended that program evaluation should focus on person-centered, self-directed care, measurable achievable personal outcomes, and the overall satisfaction of the individual. An oversight committee composed of representatives from the provider agencies to have a role in DISCO governance and self-assessment was also suggested. It was suggested that assessment of individual needs will be critical to ensure service providers and DISCOs do not make decisions that compromise safety or result in the need for more intensive care models unless absolutely necessary.

Direct Support Professionals (DSPs) — Suggestions related to wages and benefits included uniform standards for salary and benefits across DISCOs in a geographic region, regionally adjusted living wage and benefits guidelines be articulated in DISCO regulations, and passing savings from efficiencies on to DSP salaries.

Comments related to competencies and training included suggestions for a basic training requirement across the state and centralized training coordination and curriculums for direct support staff. It was noted that care coordinators need to be provided standardized training. Utilization of a credentialed workforce was suggested, and it was noted that certification for DSPs ensures minimum competencies are achieved. It was recommended there be a standard training and core competency program utilized within a network of providers, as well as training that educates on developmental disabilities. Furthermore, a minimum academic requirement and ongoing educational opportunities were suggested.

The Role of the State — Some respondents suggested that the question they were being asked to respond to referred to the role of government, which they felt must set the framework and monitor. It was suggested that the State should establish specific, efficiency-enhancing requirements for DISCO pilot applicants, and that OPWDD should set minimum standards for training and wages.

(F-4) - Please provide suggestions regarding what controls/fire walls should be applied to DISCOs that also function as direct providers of service to ensure adequate network choice and not unduly influence care coordination efforts toward their own provider agency?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
131	52.19%	n/a	n/a	n/a	n/a

Responses to this question focused around the independence of different DISCO functions, governance, and ensuring choice between DISCOs and providers.

Service Provision — Various controls were suggested for DISCOs providing services. Suggestions included that DISCOs which are also provide direct service provision should create a separate department or division for DISCO operations, should provide independent advocates, or should sign a conflict of interest statement indicating it will not favor its own services. It was also suggested the DISCO be established as a separate corporation from the agencies combining to form the DISCO with its own Board of Directors and proportional representation from the constituent agencies.

Some respondents outlined a role for DISCOs independent of service provision, and suggested that the DISCO should maintain its own identity as a network that links a person to services available in their community. It was suggested that the DISCO should not provide direct service beyond care coordination, and should just be the referral source. It was suggested the DISCO ensure what is planned and approved is delivered, and monitor outcomes, and that the separation of fiscal decisions and care coordination from service provision creates a very effective firewall.

Care Coordination — Respondents suggested autonomy and independence in the care coordination role and that the care coordination team be separate from staff providing service delivery. It was both suggested that care coordination may be able to be obtained from a member of the network that is not necessarily within the DISCO organizationally, or that care coordination should be provided by the community or network agencies and not within the DISCO. It was also recommended that care coordination be an independently contracted service, or that the initial assessment should be conducted by an independent third party not associated with the DISCO or their network. It was also suggested that the DISCO should either be a new, not-for profit organization, or a re-adaptation of the OPWDD Developmental Disability Service Offices (DDSOs.)

Financial — RFI respondents suggested that DISCOs adhere to an accountability structure with strict fiscal and audit requirements, and it was suggested a regular accounting report should be made available to the individuals receiving services and their families and advocates. It was suggested that a separation must be maintained between programmatic and fiscal functions, including the recommendation that a separate Financial Officer regulate financial practices and an independent accounting firm with no ties to member agencies serve the DISCO. Financial penalties for DISCOs who abuse their power were recommended.

It was also suggested that fees for service should be the same in all DISCOs in the same area, and that DISCOs should be required to pay providers at the equivalent levels that they reimburse themselves. It was also noted that individual budgets should be portable.

DISCO Internal Governance — Respondents suggested a number of mechanisms for DISCO internal governance. It was suggested that guidelines and mandatory language indicating responsibilities and rules must be included in all contracts, and that organizations need to clearly delineate the separation between the operations of the DISCO and its provision of services. An oversight committee comprised of representatives from the provider agencies who are active participants in decisions related to DISCO policies and procedures was recommended. It was furthermore suggested that advocacy and monitoring groups be established at each DISCO and that DISCOs include families and self-directed advocates in the advisory and governance structure. Supervision from outside monitors was also suggested.

Surveys and Evaluation — Respondents suggested surveys of individual satisfaction and providers in the network to determine satisfaction and if adequate choices are offered in an equitable manner.

Board of Directors — A strong Board of Directors which includes individuals, families and advocates was suggested as a control factor.

Data and Transparency — A database that monitors referrals of persons to various entities was suggested to allow OPWDD to analyze the data and look for potential inequity. It was noted there should be enough financial and programmatic transparency such that any bias or inappropriate selectivity would be detectable.

Appeals Process — A due process system and third party appeals process were noted as essential, with the expectation of being able to appeal both internally to the DISCO and ultimately to OPWDD.

OPWDD Oversight — Oversight from OPWDD was also recommended. It was suggested that OPWDD determine a standard expectation of the amount of services that a DISCO refers to their own agency for service provision and provide clear regulations that divide the financial intermediary and provider functions within DISCOs. This could include instituting maximum self-referral percentages or setting a maximum for allowable growth in a DISCO's agency-provided services. It was noted that OPWDD should set clear guidelines for DISCO management and establish standards for the DISCOs with a strong conflict of interest provision.

It was suggested that OPWDD scrutinize assignment practices at DISCOs and review the DISCOs payments to providers and records of where individuals are going for services. It was noted that OPWDD should have the ability to assign individuals to DISCOs to prevent "cherry-picking" and ensure that individuals with high-need are not underserved. It was also suggested OPWDD proactively establish and publish a quality evaluation scale that supports and incentivizes the attainment of system reforms.

Choice and Provider Options — A big part of ensuring the availability of choice outside of DISCO-provided services is making sure people know their options. Respondents suggested that individuals and families must receive a comprehensive list of service providers, their ratings, their mission and vision statements, and the services they offer to educate themselves. Ensuring choice requires informed participants with freedom to choose and a wide network of options. The description of the services provided and criteria to access should be clear and made publically available, according to respondents. It was suggested that DISCOs should be required to have participants indicate formally that, when accepting

services provided by the DISCO, they were afforded choice and have been offered other options. It was suggested that DISCOs be required to offer a minimum number of providers supplying a particular service.

Other suggestions included that standards of practice must be based off person-centered planning so that all options are made available to an individual; that choices need to be presented in a non-preferential way, and protocols can be designed to ensure that they are; and a suggestion for a bidding system to provide services at the best rate and for the best interests of the individual.

More than One DISCO in a Region — It was suggested there should be at least 2 DISCOs in every region to ensure choice and a sufficient level of competition.

Culture — Respondents noted that the most important firewall is the mission and integrity of an organization which has the right values, perspective, and truly believes in the mission of OPWDD. It was noted that DISCO leadership must have commitment to the principles of the People First Initiative.

Ethical Considerations — Some respondents voiced opposition to the idea that any degree of controls or firewalls could prevent conflicts of interest and self-referrals. It was suggested that this conflict could not be regulated because the top level administrator has ultimate control over the work environment, compensation, and continued employment of the people who work for an agency regardless of how they are organized. It was also noted, however, that self-referral may be acceptable or desirable for high performing agencies.

(F-5) - What incentives, disincentives and strategies do you recommend to ensure that individuals who present with more complex needs are not excluded from participation in a DISCO of their choice and that high quality expectations for all individuals is achieved and maintained at both the DISCO and provider level?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
135	53.78%	n/a	n/a	n/a	n/a

Financial Factors and Rates — Respondents offered conflicting views on the use of incentives to motivate DISCOs to serve individuals with complex needs. On the one hand, providers asked that the framework be financially realistic, and argued that individuals with complex needs should have an enhanced level of funding. However, it was also suggested that a higher rate for individuals with complex needs is not recommended as it would encourage DISCOs to overstate individual needs in an attempt to justify that rate. Nonetheless, it was noted that any managed care model must have a segment of funding for those with needs beyond the average needs of individuals served..

Reimbursement rates that cover the costs of providing services to individuals with high needs were noted as essential. It was suggested that an individual with complex needs may not be an attractive match for a DISCO because they may require services which go beyond the capitation rate, and suggested that the

model fund the person, not the program to enhance individual choice and control. RFI respondents suggested both that there should be up-front incentives for serving individuals with more complex needs, and that recognition or financial rewards should be provided as a reward for achievement.

Tiered Rates — A number of comments and suggestions were received related to a tiered capitated rate structure. It was suggested that high cost services be taken into consideration in development of capitated rates, and that per capita rates must include careful weighting of the costs of individuals with high needs. It was suggested that there should be extensive enough resource bands to accommodate different rates based on the need level of the individuals being served. Other suggestions included keeping medical services and long-term supports and services separate when establishing capitated rates, and establishing base funding associated with complex needs individuals on actual costs of care during the past few years.

Require to Serve — Respondents suggested that if individuals and their families have ultimate choice over which DISCO to join, then DISCOs should be required to serve all individuals regardless of their level of need. It was suggested that all individuals should be guaranteed equal access to supports and services and that the complexity of a person's condition should not impact quality of care or access. To this end, it was recommended OPWDD establish a "no refusal" policy for those with complex needs and establish guidelines to ensure DISCOs will not refuse an individual even if it must go "out of network" to provide for that person.

It was recommended that DISCOs maintain a certain level of individuals with complex needs in their population at all times, and that a no rejection policy should be coupled with assurances that protect a DISCO against losses resulting from a concentration of high needs people. It was also suggested that OPWDD should also have the ability to assign individuals to DISCOs as a fail-safe to prevent "cherry-picking" and ensure that high-need individuals are not underserved.

Provider Capacity — Respondents suggested that DISCOs must demonstrate their relationships with an array of provider agencies equipped and willing to serve all individuals in the DISCO. It was suggested that the DISCO must have an achievable plan to improve the availability of competent providers where needed, and that part of OPWDD's selection process for DISCO's should be based on the mindset and actual history of agencies dealing with individuals with "complex needs". It was suggested that DISCOs should have strong history of serving individuals with complex needs or collaborate with providers that do.

It was suggested that training and technical assistance must be readily available to serve individuals with complex needs, and that DISCOs should have a role in providing adequate skills training for provider staff and family or natural supports. Other suggestions included making sure medical and behavioral intervention services are available, having the local DDSO assist the DISCO, and maintaining Article 16 clinics and similar facilities.

Assessment and Appeals Process — To best serve individuals with complex needs, it was suggested that assessments of these individuals must be accurate and updatable. It was suggested that uniform functional and health assessments should be done to determine frequency, intensity and level of support

required in determining an individual resource allocation. It was suggested that an accurate assessment process will provide adequate resources and incentivize DISCOs to serve the individual.

Quality, Regulations and Oversight — According to RFI respondents, DISCOs must align with quality providers who can serve individuals with complex needs and ensure that the identified interests and needs have been met through monitoring outcome measures. It was suggested that a quality improvement process should be able to identify individuals with complex needs that are not receiving an adequate level of care, and that all individuals should have a caring, efficient advocate.

It was suggested that standards and regulations must address the appropriate mix and level of need within a DISCO. It was noted that agencies will need to document extra training, clinical supports, triaging and crisis systems and that DISCO performance should be evaluated annually and performance expectations for the following year should be delineated to reflect the provision of services to individuals with varying levels of need needs.

A transparent reporting system in which DISCOs submit data to OPWDD was suggested, including a referral database including all needs, referral source and outcome of referral for tracking data to be used for quality checks. It was also suggested that with the proper data collection methodology and sharing of this information should improve quality. Respondents suggested frequent interviews to assess the effectiveness of available programs for individuals with more complex disabilities and their families. An independent review board made up of parents, family members, self-advocates and other stakeholders was also suggested.

Incentives, Disincentives and Strategies for Ensuring Individuals with Complex Needs are Served by DISCOs, Submitted by RFI Respondents.

Incentives	Disincentives	Strategies
<ul style="list-style-type: none"> • Bonuses to agencies adequately serving over X% of people with complex needs/who are satisfied with their services and show progress towards outcomes • Incentives should be linked to the provider's willingness and ability to partner with or mentor other providers who are experiencing greater difficulty in achieving the same level of success. • Higher salaries for those who care for individuals with the highest needs. 	<ul style="list-style-type: none"> • Make it financially difficult for DISCOs to refuse people with more complex needs • OPWDD review and publication of findings of DISCOs providers who are cherry-picking • Put providers that reject people because of complex needs on Early Alert • Penalty for providers that fail to meet a targeted level of enrollees with complex needs • Should cease to exist as a DISCO if deny service 	<ul style="list-style-type: none"> • Agencies could set aside reserves for unanticipated costs in all areas • Maintain cost-based rates for high cost people for a longer transition period to mitigate risk to the DISCO • Mandate DISCOs that serve a large population with intense needs to get stop-loss insurance to protect their fiscal viability • Risk corridors • Require DISCOs to provide for a certain number or percentage of more complex individuals • no rejection policy coupled with assurances that protect a DISCO against losses resulting from a concentration of high needs people • OPWDD should also have the ability to assign individuals to DISCOs as a fail-safe to prevent "cherry-picking" and ensure that high-need individuals are not underserved. • "No refusal" policy

Specialty DISCOs — Some respondents suggested DISCOs which could specialize in certain kinds of services. For example, respondents suggested that there should be a few DISCOs who offer very specialized services and expertise with challenging behaviors.

(F-6) - How would you ensure that the network of providers established by the DISCO is sufficiently multi-cultural and able to serve the diverse interests and needs of the enrolled individuals?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
115	45.82%	n/a	n/a	n/a	n/a

Baseline Requirements — Respondents suggested a number of baseline requirements for cultural competence and ensuring services are available to all cultural groups in an area. Some respondents suggested minimum requirements criteria, including requiring DISCOs to work with diverse providers and provide services in all neighborhoods. It was also noted that requiring a DISCO to show they could meet the needs of people they might never serve would not be practical.

Other suggestions from RFI respondents included that DISCOs in each region should be required to contract with at least one service provider in each region serving each distinct cultural group, and that DISCOs should include faith-based providers and incorporate cultural, religious and traditional values into a person-centered plan. It was recommended that minimum requirements should be accounted for in standards of care.

Some respondents suggested that through the identification of person-centered needs, it would be possible to demand and promote responsive, culturally competent care coordination and services. The logic presented is that if a proper feedback loop has been established, independent review of individual outcomes will force DISCOs to meet needs to be successful in all areas, including culturally competent service delivery. An assessment tool to capture preferences was noted as necessary. Evaluating individual satisfaction and feedback from individuals and advocates were suggested as ways to measure agency performance on addressing cultural needs.

Some Indicators of Diversity and Cultural Competence Suggested by RFI Respondents
Board of Directors reflective of the cultural diversity of the communities served
Membership in the NYS Multicultural and Emerging Providers network
Hiring persons with disabilities within their workforce.
Recognition of a diversity of holidays

Representing the Population Served — It was suggested that a DISCO must be able to demonstrate their ability to be inclusive of the cultural needs and diversity of the population they are serving or develop needed supports. It was suggested that the makeup of providers should approximate cultural diversity of area served, and that organizations should reflect the cultural makeup of the communities in which they operate and reflect the needs of the individuals they support. It was explained that to represent the cultural composition of a region, cultural norms and values must be understood and respected. It was also noted that different cultures are often somewhat regional or geographically based, so DISCOs should not be graded on a global basis.

Staff and Training — Respondents suggested the need for a diverse workforce, and suggested that a DISCO be able to demonstrate that staff within its provider network is demographically diverse and sensitive to all cultural and ethnic groups. It was suggested that OPWDD or DISCOs report and analyze the cultural alignment of staff, and their ability to communicate in other languages. It was suggested that if informed consent was a constant requirement, it would necessitate agencies to employ linguistically diverse staff to communicate with the individuals served. Other suggestions included that agencies should include multi-cultural executive level employees and Board of Directors members, and that families should be allowed to hire their own staff. It was suggested that mandatory training regarding diversity and multicultural sensitivity be conducted.

The DISCO Network — To best ensure the DISCO is sufficiently multicultural and able to serve the diverse interests and needs of the enrolled individuals, it was suggested that the DISCO network be large, broad, and inclusive of multicultural and emerging agencies who have experience serving particular groups within the OPWDD population and varying localities. It was recommended that DISCOs foster the creation of family-directed care models including those that are faith-based or culturally-based, as well as

including minority-led providers in their networks. Other suggestions included keeping an inventory of multicultural opportunities and practices in a network, maintained by DISCO governance body, and the creation of a multicultural DISCO in each region.

Outreach — A variety of methods of reaching out to ensure that cultural needs are being met were suggested, including establishing outreach that reflects a broad diversification of cultural experiences. It was suggested that it can be difficult to work with cultural populations who are afraid of being judged or stigmatized, but that individuals are generally more willing to accept help when it is coming from people who understand their culture. It was recommended that families should be encouraged to discuss or mention specific cultural attributes of their families at planning meetings.

(F-7) - As described above, a DISCO is the entity that would serve as a care management organization and receive funding based on a capitated model of reimbursement, which is based on a determination of need levels of the people served, through a consistently administered needs assessment tool. The DISCO would contract with providers to deliver supports based on a person centered plan. OPWDD’s objective is that ultimately the DISCO operations are characterized by the following three elements:

- A. Payment to a DISCO is an actuarially established capitated rate which reimburses the DISCO for the enrolled individuals full spectrum of Medicaid and non-Medicaid funded supports and services (preventive, acute and long-term support services), and***
- B. The DISCO is responsible for comprehensive care coordination for enrolled individuals covering both long-term care and health care, and***
- C. The DISCO is ‘at risk’ for the full cost of supports and services for their enrolled individuals.***

While the ultimate objective is that DISCO operations are characterized by all three of the above elements, there may need to be a gradual transition in one or more of these areas. In order to incentivize existing NYS providers to apply to serve as a pilot DISCO operator, would you recommend a transition phase for any of the above three elements?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
174	69.32%	149	85.63%	25	14.37%

Respondents reacted to each of the statements above and provided details about their desired implementation plan. The vast majority suggested that there should be a transition period, though respondents had many views on the best timetable for implementation.

Incentives for Becoming a DISCO Pilot Applicants as Noted by RFI Respondents
Allow surplus/savings to be applied to services and/or a risk pool
Allow the creation of a reinvestment strategy
Mitigate risk for the DISCO in the pilot phase
Start-up funds to deal with transition

a. Payment to a DISCO is an actuarially established capitated rate which reimburses the DISCO for the enrolled individuals' full spectrum of Medicaid and non-Medicaid funded supports and services (preventive, acute and long-term support services.)

Respondents suggested that a transition period would allow each pilot DISCO time to understand and compare the new capitated rate reimbursement structure to the fee for service model being phased out; once a pilot is established for a few years, the new costs associated with the new structure would be better known. It was suggested that establishing a capitated rate that is actuarially based cannot happen without a finalized assessment tool. It was also suggested the trial period provide sufficient time to collect data to do an actuarial study in determining overall rates.

Safeguards and incentives related to implementation of the capitated rate suggested include a reserve to cover potential underfunding, reviewing case mix and making adjustments, and rewarding the DISCO if it does more than expected with the resources it is provided.

It was suggested that the capitated rate be implemented after care coordination, and that medical care and related services should not be included in the capitated rate, at least initially. It was suggested that an add-on rate supplement be developed to support individuals with greater needs or risk during the initial phase in. Also, it was noted that accounting for the portion of the payments intended for services not provided will be an important administrative function of the DISCO and that accounting principles and regulations will be needed to govern this.

b. The DISCO is responsible for comprehensive care coordination for enrolled individuals covering both long-term care and health care.

It was suggested by many respondents that care coordination should be implemented first, but should have a transition phase to provide time for recruitment and selection of the right staff and intensive training. It was suggested that this transition to care coordination should begin before the official start of the DISCO pilot, as staff will need orientation and enhanced training. It was suggested that a transition plan for moving from current model of service coordination to care coordination is needed, and that engaging Medicaid Service Coordinators in the care coordination team will be vital especially during the transition process.

c. The DISCO is 'at risk' for the full cost of supports and services for their enrolled individuals.

Respondents provided a variety of opinions on managing risk and the safeguards needed to mitigate risk. It was suggested that this should be a later phase of implementation, and that this transition provides time to learn and aides in minimizing much of the risk the DISCO would face once the start-up phase is over.

Reviewing the spectrum of opinion, on one end was the belief that a phase-in period may not be necessary for certain individuals. It was noted that no phase in time would be needed for people who are not identified as high risk if the needs assessment tool is statistically sound and the rate of reimbursement is sufficient to address normal risk. However, many more respondents suggested a multiple year pilot without financial risk to the DISCOs or pilots implemented with risk mitigation strategies such as

designating risk corridors or requiring high-limit reinsurance. It was suggested that DISCOs will have to acquire expertise from the insurance industry on capitation and risk and that a financial safety net is required during pilot phase. It was recommended that OPWDD phase in assumption of risk after administrative systems have been established, new service models developed and experience gained. Finally, an RFI respondent suggested that balance of responsibility regarding re-insurance, stop loss insurance and private arrangements be shifted to the DISCO after the first few years, when the DISCO will have a greater understanding of risk and be more financially able to carry those premiums.

General Notes on Transition — Respondents noted that there needs to be a transition phase sufficient in length to establish meaningful financial benchmarks, and in sufficient phases to assess the success of the transition. General recommendations include piloting with a smaller population and gradually expanding implementation by starting with OPWDD funded services, folding in other services, and lastly transitioning medical and health services.

Perhaps most broadly, it was intoned that the transition will be a significant change and should be planned and implemented carefully. It was suggested that evaluations will be key, and that all elements of transition should be phased in until measurements of quality/individual satisfaction are sufficient. As said by a family member, “Every new program has to be implemented to see where the kinks are, so changes can be made.” Respondents believe the People First Waiver to be no exception, and that stakeholders must be willing to accept if things do not work even if it means a longer time to implement.

(F-8 and F-9) – The similarity between questions 8 & 9 resulted in duplicative responses to both questions. Therefore, the summary provided incorporates both questions into one summarized response.

(F-8) - Have you had any experiences with cost sharing or shared savings models of reimbursement? If yes, please describe the benefits and challenges.

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
174	69.32%	40	22.99%	134	77.01%

(F-9) - Do you have ideas on cost sharing or shared savings models that you would suggest be considered in the implementation of the People First Waiver?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
175	67.72%	64	36.57%	111	63.43%

Shared Services and Agency Collaborations — Respondents voiced a range of examples and experiences with shared services and collaboration between agencies. What follows is a synopsis of the viewpoints presented.

One RFI response indicated that cost sharing requires close communication and collaboration between the funding source and fiscal intermediary or service provider and the individual or family and both parties must be pro-active when addressing issues that arise with individual participants.

Shared services models facilitate the coordination of services for dually eligible individuals and integration of the Medicare and Medicaid systems, which a respondent noted can be hindered as both Medicare and Medicaid have different benefits, billing systems, enrollment eligibility, provider networks and appeals procedures. A respondent noted their involvement in a Home Health Initiative designed to manage care for people with complex medical needs including mental illness.

Respondents described their experience collaborating with other agencies in ways that support sharing or resources and services to benefit both smaller agencies and the people served. Efficiencies and savings in terms of management services and supports were reported including group purchasing agreements and pooling of resources, transportation and cleaning services. By providing assistance in administrative, quality assurance and other matters, it was noted that agencies assist each other by providing training and consultation and sharing training expertise and opportunities.

The table on the following page lists some benefits and challenges to using cost-sharing and shared savings models noted by RFI respondents.

Benefits & Challenges to Using Cost-Sharing and Shared Savings Models Noted by RFI Respondents	
Benefits	Challenges
<ul style="list-style-type: none"> • coordination of services for those dually eligible • cost savings, overall efficiencies • economies of scale; can do more with less • financial savings • may allow those otherwise not eligible to participate in a service at a level suitable to their needs and financial ability • sharing knowledge and expertise advances all involved 	<ul style="list-style-type: none"> • competing priorities between divisions or organizations • determining proper allocation formulas • fee splitting is prohibited by federal law • joining two or more cultures • managing divergent expectations • programmatic silos • reluctance to change • system only as strong as its weakest link

Accountable Care Organizations (ACOs) — Accountable Care Organizations (ACOs,) a model in development at the federal level, were described by some respondents. It was noted that ACOs are being designed for the purpose of decreasing costs and enhancing quality of patient care by reducing fragmentation and promoting care coordination, communication and shared clinical outcomes among

collaborating health care providers through the use of financial incentives. Each ACO would have established spending targets (capitated rates) which reflect predicted costs for their patients. Incentives would be distributed when an ACO met quality standards and held costs below the spending targets.

Administrative Service Organizations (ASOs) — An RFI respondent provided a model which breaks the current design into three (3) distinct areas; the DISCO to provides Care Coordination and be the Fiscal Intermediary, Service Provision by direct care providers, and the Administrative Service Office (ASO) which is envisioned as providing support services that could be contracted for by DISCOs or direct care providers. The respondent felt that this would allow for cost savings measures to the providers as these support functions (Human Resources, IT support, transportation, etc.) could be contracted for and not included in their organization. They also felt this would allow for service providers to be focused on the quality of service, rather than support functions.

Analysis conducted by: Neil A. Mitchell, OPWDD, Strategic Planning and Performance Measurement

Appendix A:

Recommended Financial Platform

