



PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Welcome Steering Committee

November 14, 2011



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



Meeting Objectives

1. Update on 1115 waiver activities
2. Obtain Steering Committee input on developing key aspects of reform through pilot projects





Agenda

1:00 – 1:10 PM

- Welcome

1:10 – 1:25 PM

- Update on People First Waiver Activities

1:25 – 3:45 PM

- Discussion and Guidance: Risk Management, Key Input Areas

3:45 – 4:00 PM

- Next Steps



People First Waiver Updates



1. 5.07 Plan and public input
2. 1115 waiver application and CMS communications
3. Request for Information (RFI)



5.07 Plan and Public Input

- Hearing held on November 9 (video conference at 13 sites)
- Educational briefings conducted at:
 - Sunmount, October 20
 - Long Island, November 1
 - New York City, November 4
 - Central NY, November 7
 - Western NY, November 8
 - Taconic, November 10



1115 Waiver Application and CMS Communications



- Status of application
- Communications continue with CMS



Request for Information (RFI)



- Currently under review by the Governor's office
- Anyone who would like to provide input regarding the provision of supports on a comprehensive and practical level will have the opportunity to access the RFI on the Internet
- Estimated date of issuance is mid-November



Discussion and Guidance



- Risk management
- Key discussion questions to inform development of pilot projects



Risk Management



Risk: The potential for realization of unwanted adverse consequences to human life, health, property or the environment. —*Oxford English Dictionary*



Policy Context

(from Risk Management and Quality in HCBS)

- Balancing a waiver participant's right to make choices, including potentially unhealthy or unsafe ones, with the state's need to assure the health and welfare of waiver participants is an overriding concern.
- Person-centered planning experts advise that planning should start with an understanding of what the person needs for their happiness, then examine the risks entailed as risk is both relative and contextual (Michael Smull).
- Risk is inherent in change—new options and innovation will ultimately bring new risks.

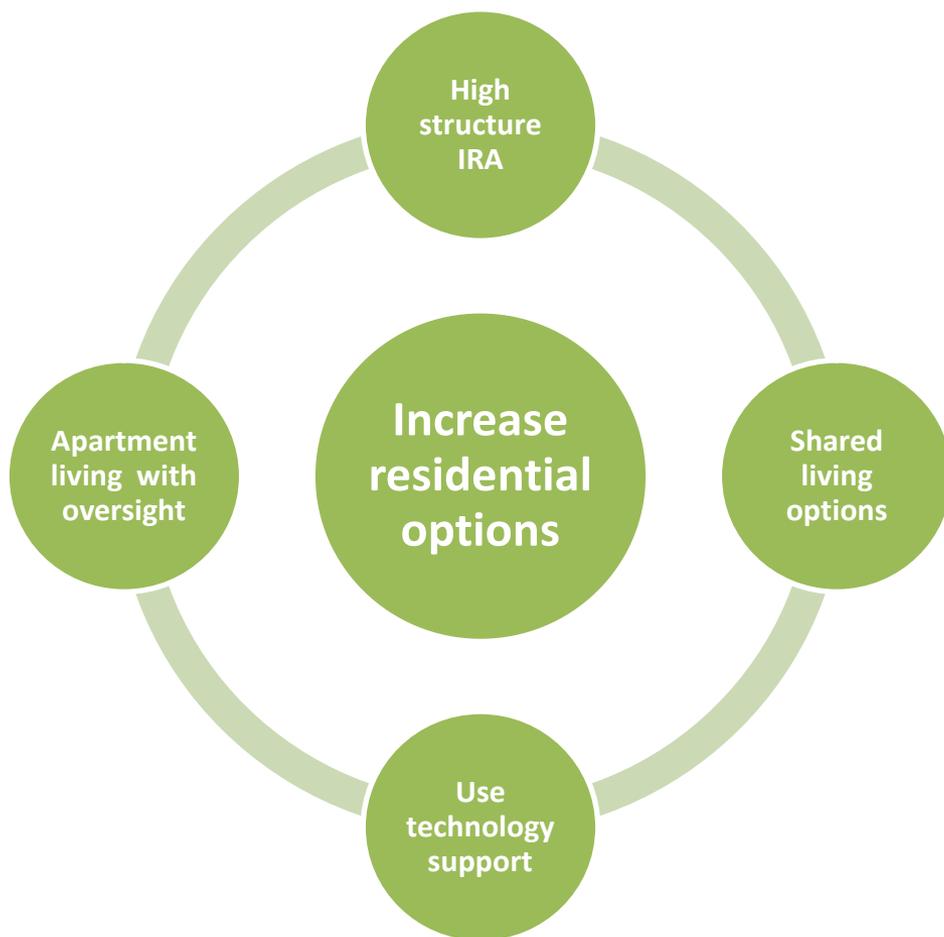


Risk Management

- **Risk Management:** Activities we undertake to improve health, safety, and the environment, and decision making about risks. Reduce risk of harm through education, planning, treatment, and monitoring.
- Treatment and supervision in segregated intensive treatment (ITO) settings is available for some individuals. Through the People First Waiver we have committed to significantly reduce the size and shift the focus of those settings.
- New York State also continues to encourage appropriate individuals to reside in the most integrated settings and to reduce reliance on 24-hour certified settings in our system.



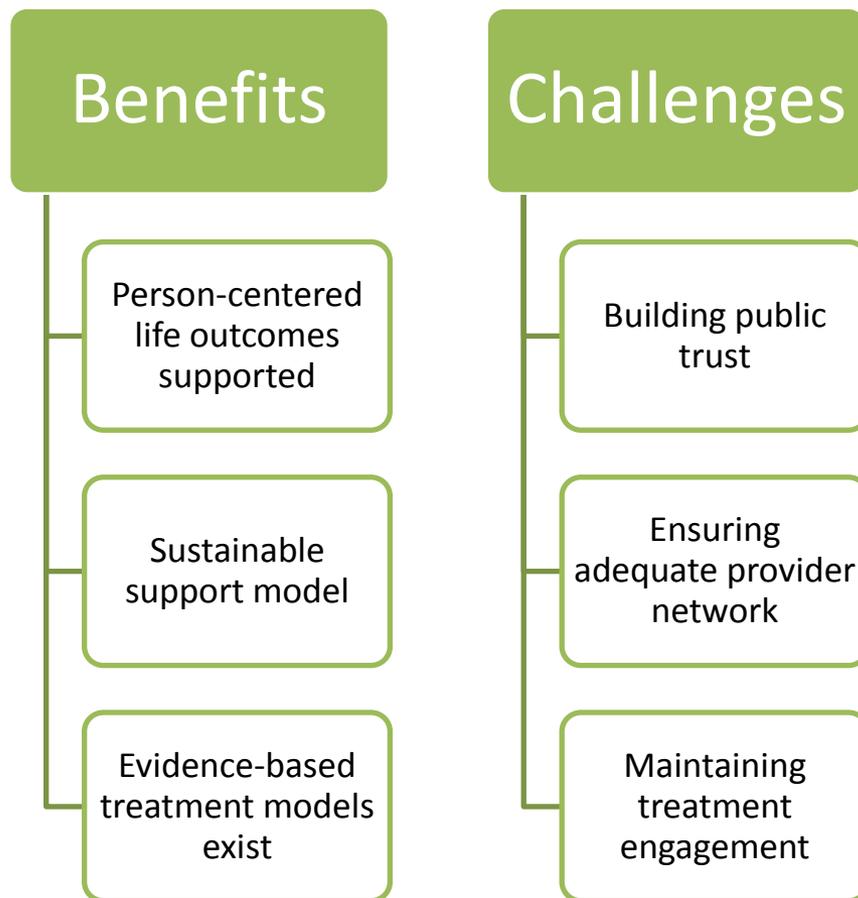
Community-Based Risk Management



Our challenge is to shift risk management from a culture of staff supervision and control to a community-based support system with an increased focus on self control and responsibility.



Community-Based Risk Management





Some Community-Based Risk Management Strategies

- Create clinically competent community-based treatment options through care coordination
- Utilize evidence-based group and individual counseling models and partner with behavioral health services and acute inpatient psychiatric supports
- Ensure crisis supports are available and responsive
- Use planning and assessment tools such as the Health Risk Screening Tool (HRST)



As our system evolves to support a greater number of individuals in less restrictive and more integrated non-certified community settings, how can OPWDD ensure that care management organizations and service providers that serve people in non-certified settings (own apartment/home, home of family member, supportive housing, shared living, etc.) use evidence-based risk management strategies?



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Other Key Discussion Questions



Given that participation in the demonstration projects will be on a voluntary basis, how can OPWDD incentivize participation for individuals, their families, and provider agencies so they will want to be included?



How can OPWDD best ensure and require real person-centered planning to happen in order to drive individual outcome achievement for all based on the person's strengths, interests, and needs?



How can OPWDD ensure and encourage the development of home and community based clinical supports particularly for individuals transitioning from state operated institutional settings to community residential options and for individuals who reside at home to remain living in the community?



What kinds of administrative efficiencies, streamlining or other initiatives such as regulatory reform should OPWDD foster, including those among providers that support the direction of the 1115 waiver and may also provide cost savings?



Next Steps

1. Continued communications with CMS
2. RFI to be issued mid-November
3. OPWDD comprehensive planning and RFA

