



March 28, 2012

Comment Line: 1-866-946-9733  
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### Introduction:

Commissioner Burke welcomed people to the meeting, and participants introduced themselves to the group.

### Update on People First Waiver Activities:

- The Request for Information (RFI) solicited 251 responses from interested stakeholders regarding the recommendations described in OPWDD's October 2011 Statewide Comprehensive Plan (5.07 plan). The detailed RFI analyses and a summary of them will be available in April on the waiver web page. These analyses will inform the development of pilot projects that will test and demonstrate different care management models.
- OPWDD's commitment to engage stakeholders on the People First Waiver continues through a number of communication opportunities including:
  - Waiver Discussion Boards made up of individuals with developmental disabilities and family members participate each month in a statewide videoconference to hear updates on the waiver and ask questions. The waiver discussion boards are encouraged to share the information they receive widely among individuals and families who receive OPWDD services and report back comments and suggestions from those not on the waiver discussion boards.
  - Voluntary provider and OPWDD staff monthly videoconferences are ongoing opportunities to inform not-for-profit agencies and state staff about the 1115 waiver design and implementation planning process.
  - Throughout April 2012 OPWDD will conduct a series of public briefings on the People First Waiver. These briefings are open to the public. They will provide an update on OPWDD's development of the waiver and an opportunity to ask questions. OPWDD will be recording the presentation and distributing it system wide to assist those who are unable to attend in person.
- SUNY Research Foundation and IBM have applied for the CMS Health Care Innovation Challenge grant to provide a transformative information technology solution, services, and workforce enablement to accelerate and deliver a person-centered collaborative environment connecting OPWDD, DISCOs, providers, persons with I/DD, families, and community supports for care planning and service delivery in New York State.
- Negotiations between New York State and the federal Centers for Medicare & Medicaid Services (CMS) on the 1115 waiver agreement continue to move forward. In April, OPWDD will be posting on the waiver Web page written answers to the questions posed by CMS over the course of the last several months.

### Moving to Managed Care Framework:

InterRAI Overview - In February, OPWDD announced that it had selected the interRAI Integrated Assessment Suite to serve as the core of the needs assessment process within the People First Waiver. OPWDD made this selection based on the important features of needs assessment identified by the Access and Choice waiver design team and after consideration of several alternative assessment tools. The interRAI will support comprehensive assessment of individuals' needs and abilities and allow OPWDD to work effectively with other service systems to coordinate holistic care and supports. It will provide valid, consistent information to inform care planning and support greater equity of access throughout OPWDD's new service system.



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OPWDD is currently working with developers of the interRAI Intellectual Disability tool to adapt it to fully meet the needs of individuals with developmental disabilities in New York State and will share with stakeholders a draft version of the adapted tool later this spring. Statewide needs assessment will be an incremental process and a function carried out by state assessors to ensure objectivity and equitable distribution of supports, services and resources. Provider agencies can continue to use additional screening and assessment tools to augment clinical services and person-centered care planning processes as appropriate.

Focused Case Studies- To begin testing the concepts that are identified in the waiver, OPWDD will initiate case studies of key concepts within agencies that demonstrate high quality practices. Agencies that participate will:

- Test assessment tool to determine their adequacy for informing quality person-centered planning;
- Develop standards for person-centered care planning and a related care plan template;
- Develop documentation practices that can help ensure the provision of supports for individual health and safety as well as the personal life outcomes desired by people receiving services; and
- Begin to identify good ways to measure the outcomes for people receiving services for the purpose of improving quality on both an individual and systemic basis.

DISCO Pilot Projects - It is anticipated that most DISCO pilots will be partially capitated plans, with one or two potentially providing comprehensive care. Partially capitated plans will provide person-centered care coordination specialized for ID/DD population and manage a network of providers to address all long-term support needs including habilitation services, personal care, home health, outpatient therapies and self-directed services. Whether partially or fully integrated, DISCOs must demonstrate assurances that they can support: a culturally competent network, internal and external independent advocacy, choice of provider, a person-centered planning process and due process.

Implementation Planning - At the end of year one, OPWDD will submit the People First Waiver work plan to CMS for review and comment. The work plan will organize, pursue and evaluate comprehensive system redesign over the remaining years of the waiver. To solicit broad public participation in waiver implementation planning, five work groups will be convened to focus on the areas of Access and Choice, Benefits and Services, Care Coordination, Fiscal Sustainability and Quality. Membership will build on existing stakeholder groups including members from the Steering Committee and former Design Teams, as well as include participation from new parents and individuals representing DDSO Waiver Discussion Boards. OPWDD's standing advisory body, the DD Advisory Council, will oversee the activities of the newly formulated work groups and provide guidance where needed.

### **Discussion Topics:**

#### Implementation Planning -

- Steering Committee members responded positively to the implementation planning work group proposal described above. The need for cross pollination of work group ideas and activities was stressed by the group and one member suggested that the teams need to become learning communities with rapid information exchange so that public input can be received and cross-team learning can occur effectively and efficiently.



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- One member asked how the case studies will feed/connect to the DD Advisory Council and implementation work groups. There was confirmation that the organizational structure for implementation planning will need to consider how best to filter information across co-occurring activities.

Care Management System - A discussion ensued related to the role of the care coordinator and the planning, retraining and management of the care coordination system.

- The planning and management of the proposed care coordination function within the DISCO will require consideration of the skills needed to achieve the goals of the person-centered care planning process and a training strategy for the recalibration of resources.
- A component of the case studies will be to look at different skill sets and test various models of support planning within a limited global budget environment.
- It was also suggested that the State require roles/functions of the care management team, but that these should be flexible and fluid enough to allow the DISCOs' system to evolve over time within these requirements.
- The person-centered planning process was recognized as an area of weakness in the field that needs to be addressed.

Assessment - The time it takes to complete an assessment of an individual will vary based on the unique needs of each person being assessed. For individuals with complex needs it is likely that a supplemental assessment will need to occur which will require additional completion time. It is important for assessors to receive training on the varying needs of individuals and how a person's unique situation may affect the assessment process.

DISCOs - Concern was raised regarding the DISCOs' commitment to achieving the desired outcomes outlined in each individual's person-centered plan. The People First Waiver will include a significantly enhanced quality oversight and improvement system. This new system will measure how well providers support people to achieve their goals. Furthermore, each DISCO will be required to have certain staff competencies as part of the DISCO selection process.

Capacity Building - The group agreed that there is a need to build greater community-based clinical and behavioral supports in order to achieve the goal of transitioning more individuals into the community from institutional care. To facilitate capacity building in this area the following strategies were identified:

- Highlighting and developing current best practices by voluntary providers, state providers and through partnerships with other systems such as mental/behavioral health programs.
- Soliciting organizations that specialize, or are seeking to develop, skills in the treatment /support models needed for individuals with more complex needs to be part of the provider networks within a managed care environment through requirements in the application process.

Cross System Collaboration - The interRAI integrated suite of assessment tools was recognized for having a unique, integrated needs assessment process. It was suggested that it could serve as a comprehensive tool and a valuable means to enhance the quality of life and care of persons served by **all** public systems. This sentiment was confirmed and effort to move this concept forward has been initiated by the Commissioner.



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### Communication –

- The group agreed that the feeling of stakeholders has progressed considerably since the initial convening of this group last summer; however, the need to build accountable learning communities to achieve this culture change is necessary.
- The dialogue must move to what we are doing collectively to advance the system of care for people with developmental disabilities.
- It is necessary to engage those individuals who talk to parents and individuals daily – the service coordinators.
- A major selling point of the managed care structure is that there is one organization accountable for care coordination, and there are inherent incentives for the organization to achieve a comprehensive care experience for the individuals it serves.

### **Next Steps**

Commissioner Burke outlined the next steps in the waiver development process:

- Pilot the interRAI ID tool during proposed case studies pending waiver application approval
- Finalization of waiver negotiation with CMS
- Establishment of waiver advisory function within DDAC using subcommittee
- Steering Committee to self elect 5 members to participate on the implementation work groups
- Formation of workgroup structure for implementation planning
- Continue preparation for pilot projects
- Continued internal and external communications
- Capacity assessment at both OPWDD and within the provider community
- Data analysis to evaluate regional readiness for managed care
- Building an information exchange
- Expanding and standardizing the front door so that individuals and families have a more uniform experience when reaching out to OPWDD for services