

PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Voluntary Provider Update Statewide VC

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Commissioner



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Agenda

- Overall goals of People First Waiver
- Current Status of Waiver Development
- Transitioning to a Managed Care Structure
- Needs Assessment as a System Foundation
- Transforming Quality Oversight
- Next Steps



Current Status of Waiver Development

- CMS Negotiations Continue
- Detailed Responses to CMS Questions Available Soon
- Case Study Planning Underway
- Pilot Application and DISCO Contract being developed
- MOU with DOH in development
- Public Briefings being planned for spring



Managed Care – a Reform Initiative

- New York needs to reform:
 - *Its rate structure*
 - *Its quality oversight*
 - *Its operations for improved cost effectiveness, efficiency, accountability, transparency, and improved integration and success for individuals*
- A managed care system specially designed to support people with developmental disabilities will:
 - *Build on the 30+ years of experience in supporting people with developmental disabilities*
 - *Enhance quality outcomes*
 - *Incentivize performance, efficiency, and innovation*
 - *Establish a need-based system with greater equity of access*
 - *Improve care coordination across systems*



Moving to Managed Care

1. Focused Case Studies – 2012 - 2013

2. Pilot Projects – 2013 - 2015

Initially, most pilots will be “partially capitated,” focusing on delivery of long-term support services. May have some early innovators with full capitation for integrated care that addresses both long-term care and health care.

3. Regional Roll-Out – Beginning in late 2014 -2015

As DISCO and network capacity allows expansion in additional regions across the state.

4. Begin move to integrated services statewide –

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



Focused Case Studies

Purpose – *to immediately begin to test key reform concepts on a small scale*

Tested concepts – *assessment tool, care planning process, documentation practices, new measures of individual outcomes, global budgeting*

Participating Agencies – *high performing agencies*

Schedule - *One year of study beginning with CMS approval, formal evaluation*



Pilot Projects

- Anticipate that most will be partially capitated DISCOs.
- Some may be prepared to provide comprehensive care (fully capitated).
- Enrollment will be voluntary.
- Subject to outside evaluation.
- Will form the basis for statewide roll-out of initial, non-Pilot DISCOs beginning in 2014/15.



DISCO Expectations

- Contracts will explicitly require that **all** individuals have the option of self-direction and an individual service budget (employer and budget authority)
- Establishment of robust provider networks for providing the full array of services to meet all levels of need
- Person-centered care coordination specialized for ID/DD population using a team approach
- **Possibly** performance standards related to things like employment for enrollees



Partially Capitated DISCOs will:

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

Habilitation services

Personal care, home health

Outpatient therapies

Self-directed services

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



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Whether Partially Capitated or Fully Integrated -- ID/DD Community requires unique features

- A culturally competent network
- Independent advocacy both within and outside the DISCO
- Protections to ensure choice exists within the DISCO's network of providers
- Assurance that the person-centered planning process is implemented



Needs Assessment

- The waiver design team recommended a comprehensive, strengths-based needs assessment to support a true person-centered planning process and No Wrong Door service access.
- OPWDD has chosen to adopt the InterRAI suite of assessment tools.
- No licensing fee is required.
- The interRAI organization will assist NYS to adapt the tool to the needs of our service population.
- DOH is using same suite for its uniform assessment tool.
- Needs assessment is likely to remain a state function.



Uniform Assessment as Foundation for Equity/Resource Allocation

Selected the InterRAI suite to assess the needs of individuals and inform the care planning process

WINTER 2012

Test case studies to inform (not replace) person-centered care planning in high-quality settings

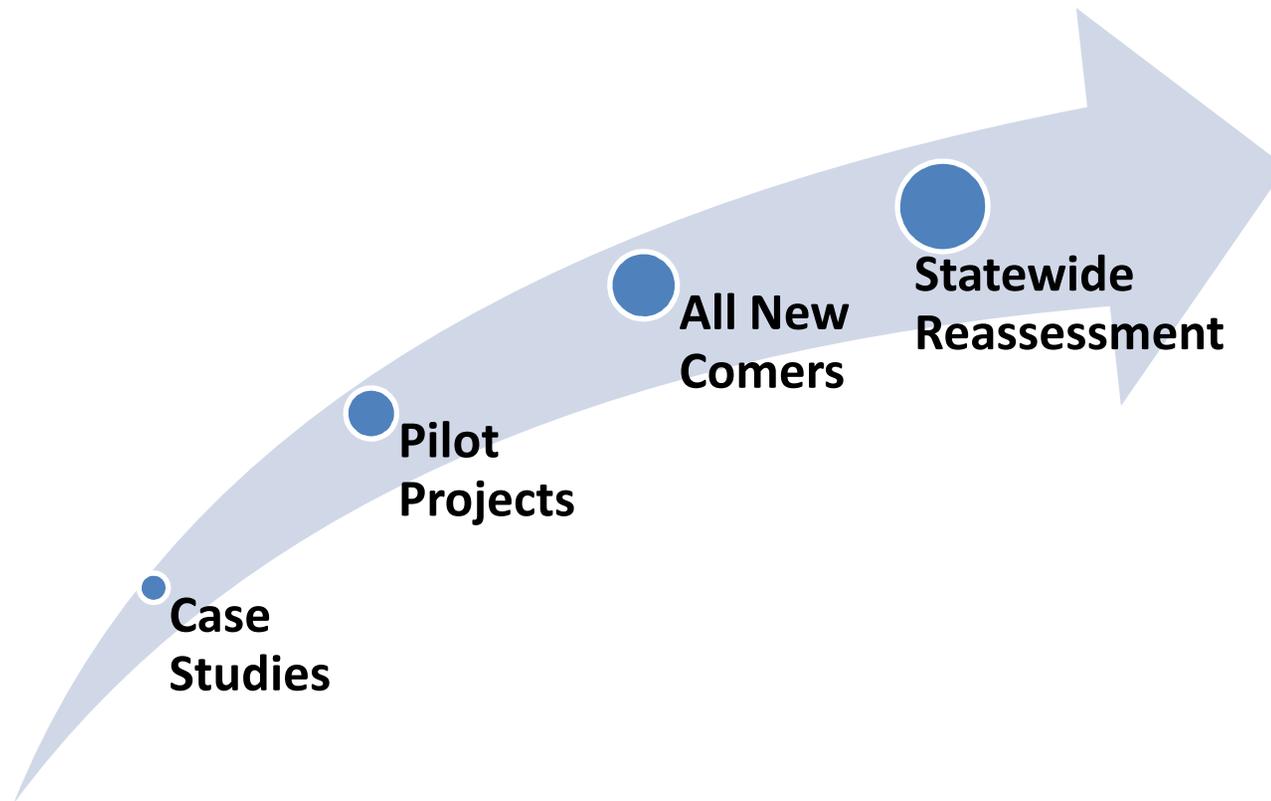
BEGIN SPRING 2012

Make the assessment tool automated and integrated into developing technology system & as a tool for Care Coordination

Dependent on SUNY/IBM funding 2013



Rolling Out New Needs Assessment





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Electronic Information Exchange



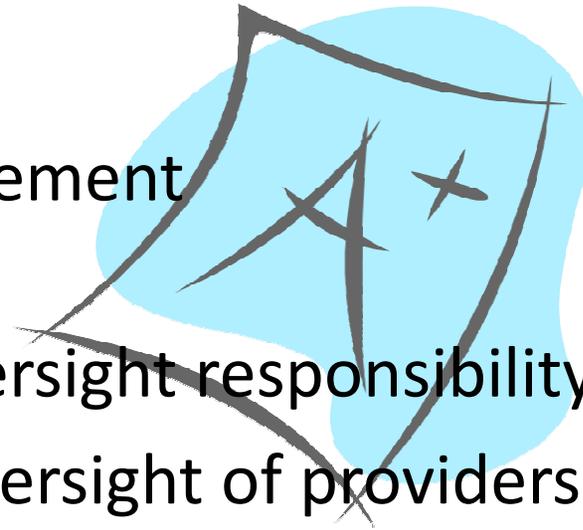
- IBM/SUNY grant application to CMS – Health Care Innovation Challenge
- Allows a provider or oversight entity access to relevant information regarding individuals’ care and success.
- Can improve efficiency, continuity, safety and quality of care.
- Will connect statewide data and a DISCO’s data collection.
- Will support direct input from families, alerts to family members, alerts to care coordinators.
- Supports “No Wrong Door” access to cross system services.



Transforming Quality Oversight

Key Components –

- Transform from Quality Management to Quality Improvement
- Maintain OPWDD and DOH oversight responsibility
- Add DISCO responsibility for oversight of providers
- Create meaningful measures of success – effectiveness of services, individual and family satisfaction, good governance, self review, support for workforce, etc.
- Make performance results transparent to public

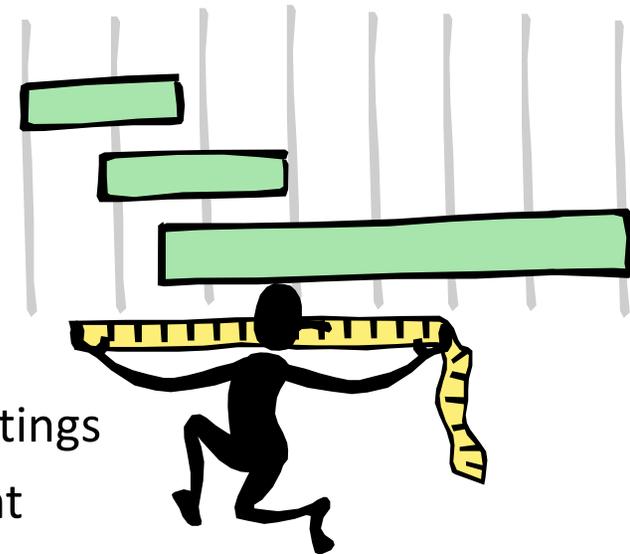




Quality Metrics

During implementation planning, New York State will identify ways to measure quality in **health care and habilitative** services. Possible examples include:

- Rate of emergency department utilization
- Rate of hospitalization
- Hospital readmissions
- Access to routine health care
- Number of people living in less restrictive settings
- Individual satisfaction with living arrangement
- Increase in people with high-level of assessed behavioral needs being served in community settings
- Number of people served with paid, community employment





Next Steps

- Continued finalization of Managed Care system details with CMS
- Formation of Advisory Body and subcommittees
- Formation of work groups structure for 12 months of implementation planning
- Continued Communications



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Questions and Answers