



The following are People First design parameters. These elements will likely characterize the operation of the People First 1115 waiver. Design Teams should consider the following as they work collaboratively to form recommendations regarding the development of the 1115 waiver.

Fiscal Platform for Provider Reimbursement for Service Delivery

OPWDD's service system is moving to a managed care/care management structure. The current "fee for service" Medicaid payment model will be phased out and replaced with a capitation payment model. The design teams will be recommending aspects of a specialized managed care model (or models) that meet the unique needs of people with developmental disabilities and is built upon the specialized OPWDD provider network. The transition will likely take two to five years.

Eligibility for OPWDD Services

The 1115 waiver is not the vehicle for changing the definition of developmental disability under the Mental Hygiene Law.

Needs Assessment for Individuals in the People First Waiver

There will be a standardized needs assessment instrument and/or tool that will be consistently applied across the People First Waiver to determine each individual's strengths, needs, and preferences. This needs assessment tool will be used to allocate resources equitably and will be administered by an entity that is independent from service delivery.

Care Coordination

There will be comprehensive care coordination for all individuals in the People First Waiver. For the purpose of the work of the People First Design Teams, comprehensive care coordination is defined as a person-centered, interdisciplinary approach to integrating health care and habilitation and support services in which:

- A comprehensive care plan is developed based upon a standardized needs assessment that incorporates the person's strengths, needs, and preferences, and
- Services are managed and monitored by an identified care management organization.

This care coordination may be provided through the managed care organization or contracted to another provider through the managed care organization. The transition will likely take two to five years.



Individual Choice and Self-Determination/Self-Direction

OPWDD is committed to ensuring that individuals have choices and opportunities to self-direct an individualized budget and staff within the new People First Waiver within a managed care environment. How this can be done will be explored through the work of Design Teams.

Fiscal Neutrality & Service Sustainability

The 1115 waiver is not a tool for implementing budget savings, nor will it shield the OPWDD service system from savings initiatives that may be undertaken in response to the fiscal crisis in New York State. Approval of New York's People First Waiver will be contingent upon the federal government's determination that the waiver is "cost neutral" (i.e., federal costs must be the same with or without the waiver). The design teams are, therefore, charged with making recommendations that enhance the ability of agencies to meet the needs of individuals and families at a lower cost.

OPWDD Provider Agencies and Service Delivery:

Some of OPWDD's existing provider agencies may be positioned to be care management entities (i.e., managed care organizations). Other OPWDD providers may not be qualified to become managed care providers but could still deliver services through a contract with an OPWDD care management/managed care provider and receive reimbursement based on this contract.