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Services and Benefits

Does the 1115 waiver allow for "in-home" services such as PT, OT speech etc? These are currently provided by Article 16 clinics in our area.
Yes, the 1115 waiver will support delivery of in-home clinical services. Article 16 clinic services will be provided through the new waiver.

Is it possible for current consumers to have access to the health care system that is offered to the State employees under the new 1115 waiver?
This is not a likely option.

Can the waiver pay for transportation for individuals to access community inclusion?
OPWDD is aware of the tremendous importance of access to transportation in people's lives. As the waiver is further developed and implemented, the agency will explore ways to assist individuals to access transportation so that they can make better use of natural and community supports and experience greater community integration and inclusion.

What happens with individuals who have OPTS contracts? My three sons are enrolled in a very specific service and we want to maintain these services.
We anticipate that services currently provided through OPTS contracts will be provided by DISCOs once DISCOs are operating in all regions of the state. As OPWDD initiates the transition to the DISCO service delivery structure, it will work to assure continuity of care for individuals so that lives are not disrupted. The objective of the waiver is not to disrupt what is working, but to promote positive changes for some individuals and families.

I have several different services. What will happen if they switch to the waiver? Is the money guaranteed or is it going to be based on the economy? I don't want to lose my services.
Individuals who currently receive waiver services will continue to receive waiver services under the new waiver. The new waiver will provide services according to comprehensive person-centered planning and individual needs assessment so that people will receive the supports and services they need. OPWDD's budget allocation is always dependent upon the New York State budget and the economy. The new waiver does not change that, but does make the service system more efficient and effective in how it uses funds to support individuals' needs.

If parents are satisfied with the services they are currently receiving, would they be able to retain these services, in spite of the fact that agencies may consolidate to form DISCOs?
Individuals who currently receive waiver services will continue to receive waiver services under the new waiver. The new waiver will provide services according to comprehensive person-centered planning and individual needs assessment so that people will receive the supports and services they need. The new waiver will not undo services that are working well to meet people's needs, but rather, will ensure that

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people in all areas of the state are supported effectively in the least restrictive settings and that they can experience better personal outcomes. The waiver will offer enhanced needs assessment and person-centered planning processes that will make more flexible and individualized service options available to individuals to achieve these outcomes. In addition, transition to the new waiver will be planned to allow continuity of service to individuals who are satisfied with their current services by requiring DISCOs to initially contract with "all willing providers."

If my son receives dental services from the Kennedy Center at Albert Einstein Hospital and orthopedic services from Blythdale Hospital and each is in a different DISCO, can the same services continue?
We do not yet know which providers will develop DISCOs and which providers will contract with which DISCOs. Therefore, it is too soon to answer this question. We do know that DISCOs will develop robust networks of providers so that they can provide the full range of supports and services so each DISCO will be able to provide both dental and orthopedic services. In addition, OPWDD is evaluating whether DISCO contracts will include "any willing bidder" requirements as a means of providing continuity of care.

Will I have to change all of my child's doctors and specialists in different areas that are not primarily in the OPWDD system or DISCO?
OPWDD intends to design DISCO contracts in such a way as to maximize continuity of care for individuals who currently have preferred providers of services.

Will Family Education and Training continue for support to families of individuals?
Under the People First Waiver OPWDD will continue to offer supports to families, including education and training. In addition, the waiver will result in development of new, flexible kinds of family supports and services.

What are the plans to address the elderly population? What choices can be considered right now, specialized nursing homes, new types of ISS, IRA -type facilities/residences?
The People First Waiver will provide services to individuals according to enhanced individual needs assessment process and person-centered planning. Each person, including individuals who have needs related to aging, will receive services to meet their identified needs. These could include the kinds of services you mention – individualized supports, habilitation services in someone's home, residential services, or services at a skilled nursing facility, if needed. The People First Waiver will, however, improve how services from multiple service systems are coordinated for each individual. This will improve our ability to access things like acute medical care, home health and personal care services and other kinds of Medicaid-funded services that can assist individuals who are aging.

We understand that eligibility does not mean entitlement. What happens if a needed service is not currently available (provider waiting list)? Will waiting lists get worse?
Many factors contribute to OPWDD's ability to address existing waiting lists within the new waiver. For instance, through the new waiver OPWDD will be working with service providers to develop expanded community-based capacity to deliver clinical and behavioral support services. In addition, OPWDD will

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develop expanded options for individualized residential supports that assist people to experience more inclusive settings with supports. As these new community-based services allow individuals to leave more restricted settings, it is likely that people who require these services will be afforded opportunities. Over time, these changes are expected to improve the system's overall capacity to provide all services to individuals when their needs are identified. Under the new waiver, care coordination entities known as Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs) will coordinate services for individuals. DISCOs will receive funding for each individual they support and will be required to meet the full range of needs for all their enrolled individuals, regardless of whether they require many supports and services or a low level of support. This service delivery structure will ensure that funding is available for each individual.

Needs Assessment

Who will assess individuals, individual agencies, DDSOs, or DISCOs?
OPWDD anticipates that it will continue to be the party that provides initial needs assessment.

If the assessment team is part of a DISCO, how will OPWDD assure that they do not make referrals to their own agencies as opposed to what the family wants?
OPWDD will be responsible for conducting assessments. In addition, the individual and family members will be a central part of the care coordination team and the person-centered planning process.

If I don't agree with the assessment, can I have it redone by another assessment team? Who does a family appeal to?
There will be an appeals process and due process rights to allow individuals and family members to express their disagreement over the appropriateness of a service plan and request a review.

Individuals under the age of 21 receive most of their services through the NYC Department of Education. Will there be a reassessment of service needs during the transition phase to ensure that adequate funding is provided for adult services?
At this time there is no contemplation of requiring a reassessment of an individual during school-to-adulthood transition, however, the transition planning process is designed to bring to light individuals' service needs as well as their desires for their future. During this process, it is important for individuals, family members and care coordinators to consider up-to-date, accurate information about a person's abilities, preferences and needs for support, and reassessment of an individual at this time may be warranted.

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If a child is assessed as needing a certain level of services, what happens if the child's condition changes (e.g., develops behavioral issues, psychiatric issues, onset of medically debilitating issues)? Does the child get reassessed, and how does this affect the overall funding the child currently receives for services?
Under the new waiver, individuals and their family members or advocates will have continuous access to their care coordination team leader to request reviews and service plan changes as needs change. Individuals will not receive allocations of funding for services, but will receive services according to their identified needs. So, when needs change, services will adjust accordingly.

Will all people currently receiving services have to be reassessed?
OPWDD will transition to the use of a new, comprehensive, uniform needs assessment tool and protocol over a number of years. The new tool and protocol will be used first for individuals who are participating voluntarily in pilot projects. Subsequent to the pilot projects, as DISCOs are established across the state, OPWDD will expand the use of the new tool to additional areas of the state for people who are entering the OPWDD service system for the first time. Finally, to ensure that we transform the service system to one that is equitably based on individual needs throughout the state, OPWDD will begin to use the new tool and protocol to reassess individuals who currently receive services. Doing so will be done carefully, slowly over several years, and with full input from individuals and their families, their circles of support and advocates. OPWDD's objective is not to disrupt lives, but through reassessment with a uniform tool, to obtain accurate, up-to-date information about each person's service needs, and then, to be able to offer an expanded array of flexible service options that will provide more individualized services to meet people's needs in the most integrated settings possible and support improved outcomes.

Care Coordination

Will Medicaid Service Coordination (MSC) continue to be a service with the 1115 Waiver? Will the care coordinators assume the MSC role in another way?
Under the new waiver, many of the functions now provided through the MSC function will be known as "care coordination" and be provided by the DISCOs. It will include person-centered planning using a team approach and will be supported by independent advocacy. There are several other functions now associated with MSC, and how we provide for these functions will depend on the decisions reached with CMS. These functions include independent advocacy and supports like "brokerage" which helps people and families make the most of natural and community supports.

What will the educational requirements be for MSCs or whoever will be filling the role?
The Care Coordination design team recommended that care coordination team leaders be required to have expertise in working with people with developmental disabilities and that care management entities recruit and hire a panel of professionals with specialty backgrounds to participate on care coordination teams. The design team said that individuals should be able to choose which experts participate on their team and to change those members. The team also recommended that care coordination team members must be trained in how to carry out person-centered planning prior to

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beginning to work as part of a care coordination team and also receive ongoing training to keep their person-centered planning skills current.

For someone who is not 21 yet, how will the long-term care team planning team include care for the person in adult services (i.e. person lives at home and will enter a group home). Similarly, what about someone above the age of 21 who then seeks to enter a group home?
The Care Coordination Team will include experts in all the kinds of care planning that is needed by the individual. OPWDD anticipates that the care coordination entity will allow individuals the ability to choose which experts participate on their care coordination team and to switch team members when they wish. In the examples you cite, the team would include a care coordinator with experience in supporting adults in community settings. As the waiver will prompt OPWDD's development of an expanded range of residential supports beyond the group home model, care coordinators will be able to offer new community-based options for adults with developmental disabilities.

How will changes in medical care be accommodated (i.e. mid-year someone is involved in a car accident or is diagnosed with a medical condition that was unknown)? In these cases there may be a substantial change in medical costs that would not have been determined based on assessment and actuarial tables.
One goal of the People First Waiver is to improve the flexibility and person-centeredness of the service system. During the waiver design process and dialogue with stakeholders, OPWDD has heard repeatedly about the need to create a system that can quickly accommodate such changes in someone's life. The 1115 waiver will support this needed responsiveness and provide rapid access to care coordination team leaders outside of regular business hours.

Does the proposed advocacy that will be provided by Care Coordinators include educational advocacy for students? Parents spend an enormous amount of time advocating with the school districts because we know it will lead to better outcomes for our children, and it would be a tremendous benefit to have help in this area.
The new team approach to person-centered planning and care coordination will support inclusion of any professionals appropriate to the needs of the individual, including educational professionals. It will also allow individuals and family members to request that particular people be part of their care coordination team.

Can advocacy representation be assigned for individuals without family representation?
There will be support for individual advocacy both within and outside the DISCO, but it is not yet determined how this important function will be structured. It is perhaps most important for individuals who do not have family members, and will be structured with their needs in mind.

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Where does dignity of risk fit in as part of person-centeredness and choice? Right now, Medicaid regulations squash some opportunities that individuals want/need to develop socially/emotionally?
Dignity of risk is an important issue at the heart of the People First Waiver. Developing more community-based service options to support increased independence and integration will require new ways of viewing and managing risk. Throughout the timeframe of the new waiver, OPWDD anticipates exploring ways that technology and innovative housing and living arrangements can help to support greater independence and integration while minimizing increases in risk. The conversation around risk and informed decision-making will continue, and as it does, will change the lens of expectations with which individuals and families view the service system and the lives of people with developmental disabilities.

If an agency decides to be a DISCO, can they self-refer?
DISCOs will have responsibility for conducting person-centered planning and developing person-centered life plans for individuals. It is possible that they may also be direct providers of services. OPWDD and federal Centers for Medicare & Medicaid Services (CMS) are working closely to identify the most effective means to ensure that these two functions occur separately and that individuals and families are offered a choice of providers.

Managed Care Service Delivery

What are the safety nets that are going to ensure that the DISCO (which is another layer of service provider being added) does not absorb those dollars for their oversight?
Under the new service system, monies will not be allocated to the DISCOs for particular services. Rather, using the per member per month payment, monies will be allocated to the DISCO according to the number and service needs of the individuals enrolled. The capitated rates for DISCOs have not yet been determined, but will be actuarially sound and there will be routine fiscal reporting and requirements related to expenditures for administration and services.

If an agency has a capitated budget, how does this relate to the person and the services needed? For example, if the agency has $10 for a service and the person needs $12 for the service can the DISCO deny that service to the person? Isn't that what "Managed Care" does now? How do we ensure that the person will continue to receive the services needed?
DISCOs will receive a capitated payment for each person enrolled. With this funding, the DISCO is required to meet all of the service needs of its members. There is no individual limit on the money that can be spent on an individual's services. So, in the example you gave, if the needs assessment and service planning indicate the individual needs the $12 service, he or she would receive the $12 service, even if it is more than the capitated payment to the DISCO.

What are the rates for the DISCOs for provision of their services? And how do we ensure the money is following the person and not being absorbed by the DISCO? Is OPWDD going to enforce that the DISCOs receive a "SMALL" portion of the allocated dollars and that most of the money goes directly to the consumer? What will the breakdown of that dollar allocation look like? Currently an aid receives

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$10/hr and the agency receives the rest of the dollar amount. How will we make sure the person is getting the money that is allocated for the service?
Under the new service system, monies will not be allocated to the DISCOs for particular services. Rather, using the per member per month payment, monies will be allocated to the DISCO according to the number and service needs of the individuals enrolled. The capitated rates for DISCOs have not yet been determined, but will be actuarially sound and there will be routine fiscal reporting and requirements related to expenditures for administration and services.

Who will the DISCOs be? How will they be developed? And what's in place to limit conflicts of interest (i.e. if a DISCO is a provider as well)?
DISCOs will be developed from organizations with experience providing OPWDD supports and services. OPWDD anticipates that in spring 2012, it will launch several pilot projects in which current voluntary service providers apply to organize and operate a trial run DISCO for an identified segment of their service population. OPWDD will monitor and evaluate these pilot projects to determine recommended models for expansion of the DISCO concept throughout the state. Following pilot projects, beginning in 2014, there will be an application and selection process to determine which organizations from within OPWDD's current voluntary provider community will create DISCOs.

There are several key system components to address the issue of self-referral. First, an independent, fair and equitable needs assessment process is essential. During the first year of implementation planning for the new waiver, mechanisms for ensuring the independence of this process from the process of service planning will be explored and advised by the People First Waiver Advisory Body. Second, there will be clear and readily available information regarding service providers' performance that will allow individuals and families to make a more informed choice of service providers. And third, there will be support for individual advocacy both within and outside the DISCO.

What happens if you want services provided in a different region?
The regions of the DISCOs have not yet been determined, nor have the procedures for requesting out-of-region services. OPWDD is committed to providing everyone with choice, either of DISCOs, or if a region can only support one DISCO, choice of care coordination options, including expanded self-direction options.

<u>Quality</u>

What system do you plan to put in place to ensure that the dollars given to the MCO are used in a non wasteful manner and the large dollar amount is not wasted on administrative costs?
Under the new service system, monies will not be allocated to the DISCOs for particular services. Rather, using the per member per month payment, monies will be allocated to the DISCO according to the number and service needs of the individuals enrolled. The capitated rates for DISCOs have not yet been determined, but will be actuarially sound and there will be routine fiscal reporting and requirements related to expenditures for administration and services.

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Who will be responsible for performing the Quality Assurance assessment on the MCO?
The State will be responsible for the Quality Assurance assessment of the MCO.

How is the 1115 Waiver going to ensure that direct support professionals/clinicians are paid a competitive (good) salary across the region and ensure they do not pay such staff a low rate while the difference is rolled into administrative costs?
One of the ways the performance of service providers will be measured will be according to how they support and develop their direct support workforce. This information, along with much more information on provider performance, will be available to the public to will help individuals and families select providers who perform well in each area. Ongoing system reforms within OPWDD's Division of Quality Improvement will review and improve training and other supports for this vital workforce and their supervisors.

Who does the DISCO report to, NYS or Federal government?
DISCOs will report to OPWDD and NYS Department of Health, with ultimate oversight from federal Centers for Medicare and Medicaid Services (CMS).

Miscellaneous

What can OPWDD do about making sure that individuals and parents, who may not have access to the Internet, get the information they need in time to voice their opinion about what they need and how they feel the new system can be designed to support those individual needs?
As during the design phase of the waiver, there will continue to be face-to-face opportunities to hear about the waiver and make comments. The newly formed Waiver Discussion Boards have been asked to share information from the monthly video conferences widely with other individuals and families and to bring back their comments. Public forums will also be held prior to waiver implementation.

Who will be responsible for evaluating the pilot projects, and what kind of input will the individuals and families involved in the pilots have?
Evaluation of the waiver demonstration will be completed by outside project evaluation consultants, with oversight from OPWDD. The evaluation will include input from the individuals and families served in the waiver.

How will parents who are not active and aware of what's happening with the 1115 Waiver gain knowledge and information to aid them?
OPWDD maintains a comprehensive web page with information about the waiver in both written and video format. In addition, OPWDD will communicate clearly with each person who receives OPWDD services and their family members prior to any changes occurring in their service planning or delivery. In addition, as we progress, there will be a need for enrollment brokers to assist individuals and families. How this function will be provided is still to be determined.

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How are parents who have no Internet services supposed to keep informed?
OPWDD has asked that each region's Waiver Discussion Board share information with other individuals and families not represented on the Discussion Boards and bring back the concerns and questions of these individuals and families. In addition, OPWDD will continue to hold public presentations and discussions across the state as waiver development continues. Finally, OPWDD will reach out and communicate clearly with each person who receives OPWDD services and their family members prior to any changes occurring in service planning or delivery.

What will be the role of the Family Support Services Advisory Council with the 1115 Waiver?
The FSS Advisory Council will continue in its advisory role related to family supports and services.