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Continuation of OPWDD Services

What do you perceive having in place when an individual living independently with supports from their family is no longer able to do so?

DISCOs will receive rates that are calculated to reflect individuals' levels of need. As needs change, such as when parents are no longer able to support their child, the rates will change. Individuals' needs will be met regardless of parent involvement.

CMS is currently changing the language of the 1915 HCBS Waiver. Will this language be adopted in the 1115 Waiver?

CMS draft regulations, issued in April 2011, support policy directives embodied in the Americans with Disabilities Act and the 1999 Olmstead court decision that require services to be provided in the least restrictive settings. While it is not possible, nor desirable, to rapidly move individuals from their current settings to less restrictive settings, the new waiver will help OPWDD establish over time a system that consistently assesses individuals' needs and responds with a full menu of supports and services that will allow each person to be supported in the least restrictive setting possible.

Needs Assessment

I have quadriplegic cerebral palsy and have obtained a Master's Degree. I also have clinical depression, for which I am on medications that are working very well for a sustained period of time. What these facts also mean is that I am in need of continuous medications of various kinds and of regular physical therapy despite the fact that I may never walk without assistance, certainly not functionally for hours or days at a time. How do we put medication, regular counseling, and ongoing physical therapies in terms that will show a sustained upward trending outcome for a person such as myself, who knows that he will never meaningfully leave the confines of his wheelchair but still wishes for and works toward daily achievements small enough that they might not show up on your scale of outcomes? How are these small achievements to be measured and taken into consideration by the interRAI and the person-centered planning process?

The person-centered planning process will ensure that baselines and benchmark goals are identified for each individual to allow the care coordination team to gauge his or her progress. However, that does not mean that a pre-determined amount of progress is required. Instead it means that during the planning process, reasonable expectations for that individual will be discussed and identified, including if the person is not expected to demonstrate marked advancements in particular areas, and the ongoing need for particular supports and services to maintain a quality of life will be documented. The goal is not to end services and therapies that support a quality of life. OPWDD recognizes this aspect of supporting individuals with developmental disabilities.

What happens when assessments become electronic? How will advocates have the opportunity to internalize person-centered planning?

The assessment tool and process will allow individuals, family members and advocates to have direct input to the assessment of an individual's needs, strengths and interests through discussion with the assessor and care coordination team. When the assessment process becomes automated through technology, different levels of access will be given to health care professionals, advocates, and members of the care planning team. However, most individuals involved in person-centered care planning will have access to assessment results and various care planning tools. The needs assessment process focuses on gathering information from the person directly and from those individuals (family, advocates, clinicians, staff) who know the person best.

Does the assessment tool assess individuals under 21 who have a behavior plan for aggression? When the assessment tool is applied, will the need for support is not taken into account and will funds be there to support people with behavior plans with the necessary BCBA?

There is a Child and Adolescent version of the interRAI Intellectual/Developmental Disabilities assessment under development in Ontario, Canada. Items from both this version and the Child and Youth Mental Health tool will be incorporated into NYS' core tool, along with a special supplement assessing mental health needs, in order to accurately identify the needs of individuals under 21 with complex behavioral plans. Needs assessment is meant to inform the person-centered care planning process, but will not remove services that are necessary for the support of an individual with behavioral needs.

Care Coordination

How are you going to make sure the individual and or family stays the key element of the team? Could the families get a list of what to expect from the person-centered planning process?

OPWDD will issue guidance for person-centered planning processes and develop quality metrics that will reveal if a DISCO is providing quality person-centered planning that focuses on the individual and the family. As materials are developed regarding the person-centered planning process and related guidance, they will be provided to the public.

Will Person-Centered Planning be an ongoing process, and are you planning on putting some time constraint on updating and revising?

Person-centered planning is always an on-going process due to the fact that individuals' lives are not static. They are always changing, and when lives change, plans of support need to adjust to meet the new levels of service need. OPWDD anticipates issuing guidance in person-centered planning that will speak to the need to respond to changes in a timely manner and regularly revisit the plan of supports and services to make any needed changes.

How often will the person-centered plan be reviewed?

The person-centered plan will be reviewed and updated regularly and upon a change in a person's needs. The exact timing of regular plan reviews has not yet been determined, but it is likely to be once a year or once every two years.

Who will pay for the person-centered planning process? Is this a DISCO-funded process?

The person-centered planning process will be one of the primary responsibilities of the DISCO. It will be supported by the DISCO from the funding the DISCO receives for the people it supports.

Who will be the enrollment broker, and who will choose the enrollment broker? Who will pay for the enrollment broker services? Will this advocacy role be state-funded?

It is not yet determined where all advocacy functions will reside in the new service system. However, enrollment broker services are likely to be an OPWDD function, provided to each individual and funded as part of OPWDD's administrative budget. It is not determined if individuals will be able to choose their enrollment broker, but all brokers will receive training in how to assist individuals and families in selecting and enrolling in a DISCO.

Person-Centered Planning in the context of current CSS plans requires Circle of Support meetings quarterly. Will this be a requirement also within the 1115 Waiver?

Within the self-direction model that is available through the People First Waiver, there will be guidance related to circle of support meetings. The exact requirements for the frequency of these meetings is not yet determined.

For those of us around for the roll-out of the 1915 Waiver (some 20 years ago) the talk of Person-Centered Planning and advocacy sounds too familiar, and it never really ended up being a reality. How will we ensure that it is?

The People First Waiver is being developed and implemented for consistency across the state. OPWDD recognizes that person-centered planning is occurring today, but not in the same manner and to the same degree in all regions of the state. One of the goals of the People First Waiver is to ensure equity of access to supports and services throughout the system. Therefore, the new waiver will provide for the development of statewide guidance and oversight to ensure consistent and thorough person-centered planning is happening everywhere. Person-centered planning practices will be part of the new quality improvement processes established under the new waiver.

Measuring Quality & Quality Oversight

My son will need to continue to learn after he is 21. He is 11 and functions like he is 2; learning will be a life-long goal. How will the DISCO be able to find and retain workers that will enable him to continue his learning, workers who have the education and training to manage aggressive behavior? Currently the system pays a person \$17.00 at best for a masters level. In my opinion, the system/DISCO will not be able to recruit and retain qualified staff to meet this need for my son.

The funding that DISCOs receive on a per-person basis will be determined by examining the costs of providing services to those individuals today and a host of other considerations such as historical costs and regional cost variations. They will be actuarially sound to ensure that the DISCOs can meet the full range of service needs – from low to high intensity of need – within the total revenue they receive. In addition, the new quality improvement process will examine how the DISCO supports the development of its direct support staff and make that measure and others transparent to the individuals and families who are choosing the DISCOs and provider agencies they want to provide their services. This public transparency will encourage DISCOs and providers to support their direct support staff.

We know that COMPASS agencies meet certain state requirements. Do they have to report the same information that other agencies have to report? If they do not have to report the same information, is that information made available to the public? If so, where?

Compass Agencies must adhere to and comply with all NYS regulations and OPWDD policies. They additionally have to submit semi-annual and annual reports on their agency to OPWDD's Division of Quality Improvement. These reports can be requested through a Freedom of Information request.

If a DISCO is not fulfilling its obligations, what are the consequences?

OPWDD will have important oversight responsibilities related to DISCO operations and DISCOs' fulfillment of their contracts, and the staged roll-out of a new managed care service system will support careful, thoughtful development of a successful system. Specifically, the Pilot DISCO projects will help OPWDD understand the best ways for DISCOs to be successful at meeting their obligations prior to statewide establishment of the DISCO structure. And, New York State is now exploring possible mechanisms that will help support the DISCOs to successfully meet the financial requirements of the new managed care system during their first years of operation. However, should a DISCO not be able to meet its obligations, OPWDD would take action to ensure that enrolled individuals receive the necessary supports and services identified to meet their needs while the DISCO is being evaluated and reconfigured for success or consolidation with other operating DISCOs.

How will outcomes be measured? Is there another assessment tool that will be utilized?

During the first year of implementation planning, the Quality work group will focus on identifying meaningful and effective ways of measuring new things that will give OPWDD, DISCOs, service providers and individuals and families a good understanding of the effectiveness of the supports and services being provided. Right now, based on the recommendations of the Quality Design Team, OPWDD understands that quality review needs to focus on things like how well a person progresses toward his or her identified goals, how satisfied individuals and families are with the services they receive, as well as things like how well a provider agency supports its direct support staff with professional development opportunities, how well a provider and a DISCO govern themselves and self assess for continuous improvement. The exact indicators of quality that will be measured are not yet determined, but we do know they will include not only process indicators that demonstrate what agencies and DISCOs are doing, but also these kinds of things that better indicate how well the system is supporting individuals and quality within the system's operations. The decision has been made to use the interRAI Integrated Assessment Suite which is a compilation of several assessment tools that together provide a comprehensive picture of a person and all of his or her unique strengths and service needs.

Managed Care Service Delivery

In the new system, with the different layers and fire walls, what percentage of the dollars given to the DISCO will go towards administration, and what percentage will go to the direct care and programs?

OPWDD is still working with the federal Centers for Medicare & Medicaid Services (CMS) to determine the administrative model that will be used to establish DISCOs. It is not yet determined what the recommendation or requirement will be regarding administrative costs.

How are you going to make sure the goals/outcomes have been met?

With respect to the goals and outcomes for individuals, it will be the responsibility of the service providers and care coordinators to ensure that progress is tracked and compared to the goals and benchmarks described in the person’s life plan. With respect to the goals of the overall waiver reforms, the federal government requires New York State to contract for a thorough, outside party evaluation of the system reforms that are implemented. Each phase of the transition to managed care and development of new supports and services and new quality improvement processes will be evaluated.

Will people be able to coordinate private health insurance with the MCO?

Yes, private health insurance will be accessed prior to accessing Medicaid funds.

Won’t the intense effort at person-centered planning raise expectations that will not be met? By encouraging all people with developmental disabilities to engage in person-centered planning, we will be identifying needs for services that are being met now, likely many more that are not being met, and some that had not even been considered. How will those services be met if the current level of need cannot be met today? I am concerned that the DISCOs will not be given enough money to meet the needs that are identified by the new interRAI tool.

DISCOs will receive a capitated payment for each person enrolled. This means that the DISCO will receive a standard rate for each person they support, or a “per-person” rate. These rates will be determined in such a way as to be actuarially sound. This means the rates will accommodate the full range of service needs within the DISCO’s service population (i.e. tiered level of funding). With this funding, the DISCO will be 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, if the needs assessment and service planning indicate that an individual needs a particular service, he or she will receive the service regardless of whether it costs more or less than the capitated payment to the DISCO. As you note, today some people are waiting for services. OPWDD recognizes this situation and, within the waiver, will be creating new kinds of supports and services aimed at providing support to individuals and families immediately with a full range of service options between “all” and “nothing” that are not available today. The details of the new services will be determined during the first year of waiver implementation planning.

Miscellaneous

Motivational interviewing is a best practice for individuals in substance abuse and in the correctional system. How will it be used for folks with Developmental Disabilities?

There has not been any discussion to date about using motivational interviewing with individuals with developmental disabilities. The implementation planning work groups can consider this practice and its potential usefulness within the person-centered planning process that will be employed under the People First Waiver.

If the push is for more people to live in noncertified settings with less supports, who will train the day hab and community hab people who work with them? I have found that these people in the organization who provide services for my son can't cook, don't know how to sort clothes to wash, or properly clean a room. They can't help our family members if they don't have the skills themselves.

As part of the new quality improvement operations within the People First Waiver, OPWDD and its stakeholders will determine new measures of quality that include aspects of DISCO and provider operations such as how they support the direct support staff with professional development opportunities and training, as well as the satisfaction of individuals and families in the services they receive. Examining this part of an organization's activities and making it transparent to the public will encourage organizations to ensure they are looking at quality and how to improve it in all aspects of their operations.