New York State "People First" Waiver Program:

Inching Toward a Managed Care Model

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Setting the Scene in NY State

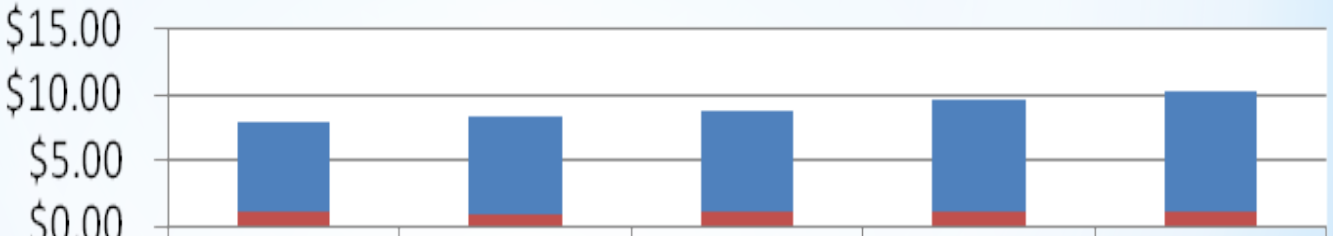
- NY State Medicaid-$50 billion out of total State budget of $130 billion
  - ~$10 billion spent on DD population
- NY Times Expose
- "Triple Aim"
  - Better care
  - Better health outcomes
  - Reduced costs

Graph #1

Total NYS Medicaid Expenditures

Individuals with Developmental Disabilities

SFY 05-06 to SFY 09-10



	SFY 05-06	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
OPWDD SERVICES	$6.95	$7.38	$7.77	$8.45	$9.11
NON-OPWDD SERVICES	$1.08	$1.01	$1.08	$1.13	$1.11

*Follow the Money…

*Keep following the money…

OVERALL MEDICAID UTILIZATION TRENDS for People with DD

(SFY 05-06 v. SFY 09-10)

METRIC	SFY 05-06	SFY 09-10		% CHANGE OVER 5 YEARS	ANN GROWTH RATE
EXPENDITURE (State, local & Federal)	$8,033,131,667	$10,217,391,898		27%	6.2%
MEMBER YEARS	89,987	100,512		12%	2.8%
PER MEMBER PER YEAR (PMPY)	$89,270	$101,653		14%	3.3%

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Overview

* State's Health Reform Landscape
* Parallel effort to MRT for DD population re health care delivery transformation: to provide integrated, **coordinated** & comprehensive services in a more efficient manner that improves outcomes of the population.
* 1915(b) and (c) Waiver
  * (b): Authorize creation of managed care service delivery system for DD populations
  * (c): Establish specific supports and services that will be provided
* Impacted population: all 95,000 persons with DD in New York

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Goals

* *Improving access to services* ("No Wrong Door")
* *Implementing a Uniform Needs Assessment.*
* *Implementing Care Management and Integrated Care Coordination.*
* *Establishing a Sustainable Fiscal Platform.* The system would move from a fee-for-service to a capitated reimbursement system that pays for integration and coordination of care.
* *Incorporating Robust Community Supports.*
* *Reducing Reliance on Institutional Settings*.
* *Enhancing Quality Assurance*.

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DISCOs

* DISCOs (Developmental Disabilities Individual Support and Care Coordination Organizations) = the core of OPWDD's waiver proposal.
* essentially a managed care organization – will need Art. 44 licensure
* responsible for developing and maintaining a network of providers, coordinating care of their members, ensuring quality standards are met, and serving as the fiscal intermediary (accepting capitated payments and paying contracted providers).
* partially- or fully-capitated
  * Under either model, eventually the only excluded services remaining in Fee-For-Service would be school supported health, early intervention, and certain residential services (OPWDD ICF/DD-DC/SRU).
* private or public not-for-profit entities
* care coordination experience
* Cultural competence
* Regions

*Care Coordination Model

	Assessment	Care Coordination	Service Delivery	Quality
Individual & Family	*Provides information as necessary to complete assessment. *Participates in assessment process	*Chooses CC plan and preferred providers *Is at the core of developing a person-centered plan *Inform the Lead of changes or issues	*Receives supports in line with plan *Identifies desired changes in plan *If opts out of plan, acknowledges and accepts associated risks	*Chooses CC plan and preferred providers * Is at the core of developing a person-centered plan * Inform the Lead of changes or issues * Conveys the quality of services delivered by the care coordination team and direct service providers to the DISCO and others as necessary * Quality is measured based on the provision of supports that result in desired outcomes for the individual

*Care Coordination Model

	Assessment	Care Coordination	Service Delivery	Quality
OPWDD/ STATE	Completed by OPWDD staff	*Develops statewide performance standards for the care coordination entity *Provides guidance/expectations on what needs to be included in the Plan.	*Develops guidance on best practice provision of services by direct service providers.	*Performance measures developed based on DISCO meeting individuals' needs as identified on the assessment. *Measures also based on the extent to which the objectives are being met as identified in the plan * Perform oversight/ surveys to ensure that performance standards are being met by the care coordination entity and direct service providers. *Initiate fiscal penalties if performance standards not met

*Care Coordination Model

	Assessment	Care Coordination	Service Delivery	Quality
DISCO	Uses assessment to help inform the Care/Life plan	*Develops the individualized life plan (i.e., care plan) using a person-centered collaborative process *Creates and maintains care plan. *Conveys the information in the care plan to relevant providers and stakeholders. *Has regularly scheduled meetings with all members of the team to review plan, evaluating supports and services in place and any needed changes. * Monitors the individual and the services being provided * Provides	*Ensures that identified providers, who are part of the network, are delivering services in accordance with the care plan of providers is sufficient to meet the diverse interests and needs of the enrolled individuals.	*Ensures that the network *Incorporates internal quality reviews of the care coordination team Lead, team members, and care plan. *Has review of service providers that ensure performance measures are being met. *Uses aggregate data to ensure continuous quality improvement activities *Maintains and updates as needed a plan of Quality Improvement. *Facilitates the input of stakeholders, including individuals receiving supports, in the development of the QI plan.

*Care Coordination Model, cont.

	Assessment	Care Coordination	Service Delivery	Quality
Direct Service Provider: State Operated/ Voluntary Operated	Work in conjunction with the individual and family/advocates to be knowledgeable of the individual's identified interests and needs and identify changes for reassessment	*Assist the Team Lead with ensuring that there is coordination between the various providers. *inform the Team Lead of any changes, improvements, or concerns so that plan can be updated if necessary	Delivers supports and services in line with the interest and needs of the person as defined in the plan. *Supports the individual receiving services to ensure health and safety and to gain autonomy and independence in meeting personal goals	Effectiveness of plans in place through review of outcomes; achievement of individual life goals

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Capitation

*Need to demonstrate an ability to manage risk.

*Will cover Medicaid services, including care coordination and the person's individualized budget under the self-direction option.

*Rates will account for that DISCO's member acuity level.

*DOH = rate setting authority, working with OPWDD.

*Benefits: Partial Capitation

- Family and individual support, integration and community habilitation, flexible goods and services, Home and Community-based clinical and behavioral supports
- Adult Day Health Care / Assisted Living Facility / ICF-DD
- Clinic Social Worker
- Day Treatment
- Dentistry
- DME and Hearing AIDS
- Home Care (Nursing, Home Health Aide, PT, OT, SP, Medical Social Services)
- Non Emergency Transportation
- Nutrition
- OASAS Inpatient
- OMH Institutional Program (PC/RTF) & private psychiatric hospitalizations
- Optometry/Eyeglasses
- OT, PT, SLP (in any venue)
- Personal Care
- Personal Emergency Response System
- Podiatry
- Psychotherapy
- Respiratory Therapy
- Skilled Nursing Facility / Specialty Hospital

*Benefits: Full Capitation

- All services required in partially capitated rate **PLUS**:

- Chronic Renal Dialysis
- Emergency Transportation
- Inpatient Hospital Services (excluding private LT psychiatric
- hospitalizations)
- Laboratories Services
- Outpatient Hospital and Freestanding Clinic Services not identified in partially capitated rate
- Pharmacy
- Physician Services including services provided in an office setting, clinic, facility, or in the home.
- Radiology and Radioisotope Services
- Rural Health Clinic Services

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Network & Access

* State will adopt similar provider access standards for primary and acute care for the ID/DD population as in the Medicaid Managed Care and MLTC Contracts with adjustments to meet the needs of the DD population
* State will assess existing plan criteria to determine applicability to the specialized ID/DD plans and develop any new provider access and network adequacy standards and resulting contract language that may be necessary to meet the unique needs and requirements for people with developmental disabilities and the overarching goals and objectives of the People First 1115 Waiver.
* Must provide 24/7 access to medical services
* DISCOs will have quality assurance and continuous quality improvement/performance improvement programs
* While DISCO members to be afforded access to their current providers even if the providers are not part of a DISCO, that access will be **transitional**.
* Choice of at least two DISCOs in each region (but authority to just offer one)

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Timing

2012:

- Applications for pilot projects due out soon
- Target implementation date: October

2013:

- Evaluations and studies
- Rates finalized in Dec

2014-2016

- Roll out successful DISCO models to larger geographies in the State beginning in 2014
- Statewide roll-outs to occur 2015 through October 2016

Rochester UCEDD Role

- Only UCEDD/only physician on State Planning Committee
- Organized regional response in collaboration with Finger Lakes Health Systems Agency and Golisano Foundation
- "Fair broker"
- Coordinated local Request for Information writing team
- Explained elements of managed care

*Ongoing Rochester UCEDD Health Disparities Effort

- *Special Olympics/Golisano Foundation Healthy Communities
  - *Dental Task Force
  - *Obesity Efforts
- *AADMD
- *Hospital discharge planning/readmission prevention effort
- *Education across Medical Center
- *Physician Training
- *Health & Employment efforts

*Dual Integration Initiative

- *Overview
- *OPWDD FIDA: Managed Care model for DD
- *Statewide
- *January 1, 2014 Target date
- *Full duals over the age of 21 who are currently receiving services through OPWDD
- *not residing in an Office of Mental Health facility.
- *Eligible Plans: 1-3 qualifying plans with a history of “high-quality care coordination” for the DD population. Must be an MLTCP.