Opportunities for Individuals with IDD through HCBS Waiver Care Coordination

JoAnn Lamphere, Deputy Commissioner, Division of Person-Centered Supports
Kate Marlay, Deputy Director, Division of Person-Centered Supports

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Why Focus on Care Coordination?

- A holistic view of person served – health, wellness, behavioral health and LTSS
- Community living has many moving parts
- Increased attention to person’s life goals
- More attention to caregiving family
- Offer improved career path for current service coordinators
- Build on strengths of current system
- A path to managed care and VBP
Benefits of Care Coordination

- Increased individual satisfaction and choice through person-centered planning
- Service authorization, activation and monitoring improved (more seamless, reduced paperwork)
- Improved access to services and providers and reduction of unnecessary delays
- Enhanced integrated opportunities for independence to the extent possible
- Support of meaningful outcomes and value-based performance metrics
- IT enabled communication & data sharing
- Increased system accountability
What is a CCO?

- Care Coordination Organizations (CCO), a new organization to be approved by OPWDD
- To provide enhanced care coordination services
  - Level of service tailored to individuals’ needs
  - Regionally based / community resources expertise
  - Personal choice
  - Build on traditional MSC role
  - IT enabled
  - Conflict free
- Foster HCBS Rule attainment
Intention of HCBS Final Rule – A Fundamental Shift in Orientation

- Use Medicaid HCBS funds to support individuals’ fuller access to the greater community
- Fosters genuine person-centered planning (support life choices)
- Facilitates individual choice regarding services and who provides them; services selected by individual among various settings options
- Promotes integration of setting and supports independence
- Removes potential incentives for over- or under-utilization of services
- Eliminates issues such as interest in retaining an individual as a client rather than promoting independence
What Does The HCBS Settings Final Rule Require?

- The same organization shouldn’t deliver both case management (person-centered service plan development) and HCBS services to the same person.

- This rule aims to ensure that case management is person-centered and promotes the person’s interest - not that of the agency providing case management and HCBS services.
HCBS Waiver Amendment #1
Updates

Nurse Practice Act

New State and Federal Policies

Introduction to Community First Choice Option

Conflict-Free Case Management Transition Plan
OPWDD’s Commitment to Delivering Improved Coordination & Better Outcomes

- Strive to develop service that is person-centered and person driven

- In designing CCO approach, OPWDD will address policy objectives:
  1. Meet and maintain federal requirements
  2. Minimize service disruption to individuals and families
  3. Support the establishment of a system transitioning to managed care, quality monitoring and value-based payments, and
  4. Maintain individual choice, to the maximum extent possible

- Design improved career path for service coordinators

- All phases of the CCO plan development will include stakeholder involvement, outreach and planning

- CFCM is the action step, enhanced care coordination is the goal
Creation Of Transition Plan

• Multi-phased approach, spanning over several years
• Plan to integrate some of the Transformation Panel’s recommendations related to managed care and value based payment models
• Transition plan includes an exception request process
• OPWDD will be seeking feedback from stakeholders in the next several months and throughout the process
• Appendix D, page 133-135
MSC Responsibilities Continue to Include:

<table>
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<tr>
<th>Developing the ISP using a PCP Process</th>
<th>Writing the ISP</th>
<th>Monitoring and implementing the ISP</th>
<th>Inviting the circle of support and providers to ISP review meetings and working with them when they cannot attend to ensure services are coordinated</th>
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<tr>
<td>Reviewing and revising the plan twice annually or when a change is needed, or when the individual requests one</td>
<td>Following up to ensure that all needed attachments are received</td>
<td>Ensuring meetings occur when and where it is convenient to the individual;</td>
<td>Following up to ensure that the plan is being implemented as written</td>
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Ensuring that the individual has determined who receives the whole plan or parts of the plan, based on the level of need of the individual, the scope of the services and supports being provided, and any applicable state and federal laws concerning privacy and confidentiality
MSC Now And Future Focus

**MSC Current Approach**

1. Strong emphasis on advocacy – actively supporting, encouraging, and/or negotiating on behalf of the individual

2. Required Professional Development Training/Courses – 10 to 15 hours of additional professional development training to enhance ability to service individuals with developmental disabilities

**New Paradigm Includes**

1. Use of Health Information Technology – to link services, and enhance communication between providers

2. Coordinate and provide access to wellness chronic disease support to individuals and families

3. Coordinate access to mental health and substance abuse services

4. Establish continuous quality improvement program – to collect and report on data that permits an evaluation of increased coordination of care

**1. Coordinate and arrange provision of services**

**2. Support adherence to treatment recommendations**

**3. Monitor and evaluate individual’s needs**

**4. Identify community based resources**
CCO Implementation Timeline

RFP Development & Publish Response to Public Comment re Amendment #1 (Sept - Nov 2016)

**Phase 1 (short-term):**
Work Groups convene and produce initial deliverables for RFP
Publish OPWDD response to public comment on HCBS Waiver Amendment #1

**Implementation Planning (Nov 2016 – March 2017 & beyond)**

**Phase 2:** Plan for operationalization based on DRAFT RFP and early public input

**Phase 3:** Conduct outreach and education for public input on elements of the DRAFT RFP

**Share RFP DRAFT for Stakeholder Input (Jan 2017)**

**Finalize and Publish RFP (Spring 2017)**

**Phase 4:** Finalize RFP and initial implementation plan
Publish RFP
Potential Plan Areas / Work Groups

Phase 2: Implementation Work Groups

- Communications Plan
- OPWDD Operational Planning/Implications

Phase 1: CCO RFP Development

1 – Defining Care Management Functions & Tiers*
2 – Legal & Organizational Requirements
3 – Regional Roll-out, Transition Planning, Special Pops*
4 – Readying the Current MSC & New Team Workforce
5 – HH / IT Specifications
6 – Quality & VBP Measures

*Includes meeting WB injunction
Learning From Emerging Experience

- Fully Integrated Duals Advantage program (FIDA-IDD)
  - **One** health plan that brings together Medicare, Medicaid and Waiver HCBS developmental disability services
  - Services are provided by a network of providers contracted with the health plan
  - **Partners Health Plan** (PHP) is the only plan selected by CMS to offer the FIDA-IDD program: PHP grew from downstate ARC consortium
- Mainstream Managed Care enrolls 20,000 individuals with IDD
- DSRIP analysis and implementation, HARP, agency collaboration
- Federal government & other states
Seeking Input

- OPWDD is looking to understand the IDD community’s interest in integrating Health and Behavioral Health
- DSRIP & VBP (DOH)
- HARPs and Health Homes (OMH)
- Care Coordinating Organizations (OPWDD)
  - Health and wellness / Chronic conditions / Co-morbidities
  - The whole person / Person-centered
  - Integrated care & systems that enable this
Questions and Discussion