



**Department
of Health**

**Office for People With
Developmental Disabilities**



Care Coordination Organizations (CCO) Progress Towards Implementation

Tuesday, May 8, 2018 – Corporate Compliance Conference

The Office for People With Developmental Disabilities (OPWDDs) Commitment to You

- Ensure that individuals receive supports that are person-centered, flexible, easy to access and responsive to people's needs and preferences.
- Advance our system to provide a high-quality outcomes-based system of supports that includes health and wellness, preparing for a transition to Managed Care.



New York's Health Home Model

- The State Plan Amendment (SPA) approving Health Homes serving individuals with I/DD was approved on April 9, 2018
- Effective July 1, 2018, New York State will initiate the transformation of the State's system of services for individuals with I/DD with the transition to the 1115 Waiver and implementation of Care Coordination Organizations (CCOs) for individuals with I/DD



Care Coordination Organizations

Seven entities have been identified to begin providing Care Management services on July 1, 2018:

- Advance Care Alliance
- Care Design NY
- LIFEPlan
- Person Centered Services
- Prime Care Coordination
- Southern Tier Connect
- Tri-County Care



**Department
of Health**

**Office for People With
Developmental Disabilities**

Readiness Review

- CCOs received Readiness Review letters communicating readiness review activities, including on-site and off-site review expectations
- On-site visits began the first week of May 2018
- Review teams to consist of representatives from OPWDD and the New York State Department of Health (NYSDOH)



Designation

- CCOs who successfully complete and demonstrate readiness in the following areas will be formally designated for a period of three (3) years by the State to begin CCO operations:
 - Organizational Structure
 - Governance Model
 - Network Development
 - MSC/PSCC Transition to CCO Care Management
 - Consent to Enroll
 - Demonstration of Care Management
 - Health Information Technology
 - Readyng Care Managers
- CCOs will be required to certify continued compliance with current and future Federal and State requirements related to the operation of a CCO in New York State



Consents

- Medicaid Service Coordinators (MSC) must obtain consent forms for individuals enrolling in CCO Care Management
 - DOH 5200 – Health Home Enrollment Consent for Minors
 - DOH 5201- Health Home Data Sharing Consent for Minors
 - DOH 5055 – Health Home Enrollment and Data Sharing Consent for Adults
- For individuals who choose not to enroll in the CCO, the MSC will obtain the Basic Home and Community Based Services (HCBS) Plan Support consent
- All signed consents, with original signatures, must be provided to the CCO for filing



Enrollment

- The CCO enrollment process has begun and is scheduled to run through July 2018
- This process requires coordination across MSC Service Coordinators, MSC Provider Agencies, OPWDD and the CCOs.
- To ensure continuity of care, MSCs are required to meet with individuals on their caseload to discuss Care Management options:
 - Health Home Care Management
 - Basic HCBS Plan Support



Care Manager Caseloads

- The State is providing CCOs with flexibility in managing caseloads for individuals in Tiers 1-3
- Due to the higher support needs of individuals in Tier 4, including Willowbrook Class Members, Care Managers will be required to maintain a caseload of no greater than 20 individuals



Health Homes (HH) Required to Provide Six Core Services



Person-Centered Planning Process

- CCOs combine developmental disability services with health, wellness, and behavioral health services, creating a single, integrated and individualized Life Plan
- The individual directs the planning of their services and makes informed choices about the services and supports they receive
- The person-centered planning process requires that:
 - Supports and services are based on the individual's interests, preferences, strengths, capacities, and needs
 - Supports and services are designed to empower the individual by fostering skills to achieve desired personal relationships, community participation, dignity, and respect
 - The individual is satisfied with activities, supports and services



Billing

- To initiate and bill for services, Care Managers are required to complete the CCO Transition Checklist
- In order to be reimbursed for a billable unit of service, the Care Manager must provide at least one (1) of the core services in a given month. In addition, Care Managers must also adhere to the following face-to-face meeting requirements:
 - For individuals in Tiers 1-3, the Care Manager must have at least one (1) face-to-face meeting with the individual each quarter
 - For individuals in Tier 4, the Care Manager must have a monthly face-to-face meeting with the individual



Record Keeping

- A separate Care Management record must be maintained for each individual served and for whom reimbursement is claimed
- The individual's Care Management record must contain:
 - Signed consents
 - Initial comprehensive assessments and reassessments
 - The Life Plan and subsequent updates
 - Copies of any releases of information
 - Medical, behavioral health and social service referrals



Quality Metrics and Performance

- CCOs will be required to collect data and report on specific State Plan and Health Home Core Sets of Quality measures
- The State has also added performance metrics tailored for individuals with I/DD (i.e., CQL POMS Measures)
- Division of Quality Improvement (DQI) Certification and Surveillance Activities will remain the same
- DQI reviews involving current MSC providers will transition to CCOs over time



Re-designation

- After the initial three (3) year designation period, NYSDOH and OPWDD will collaboratively review each CCO's performance to determine if the CCO will be re-designated
- Re-designation of a CCO will be determined based on the following:
 - The needs of the State
 - Compliance with State and Federal program requirements
 - Improved health outcomes
 - Process and Quality metric performance
 - Effective engagement
 - Retention rates
 - Individual and family satisfaction



Person-Centered Review Protocol in the CCO Environment

- Review of all services an individual receives from all agencies providing their services
- Protocol used no matter how or where individual receives non-ICF services and supports
- The application is individualized and the standards are designed to be used across services
- Includes service and site specific requirements related to:
 - Person-centered service planning
 - Person-centered service delivery
 - Safeguards: minimize risks
 - Rights, health, safeguards, behavioral supports, incident management, protections
 - HCBS setting requirements
 - Quality of life



Person-Centered Review Protocol Documentation Reviews

- Routine Review
 - Overall Life Plan
 - Life Plan reviews
 - Components of the Life Plan as applicable: Waiver service plans, behavior support plans, program plans, clinic treatment plans, PONs
 - Case notes, monthly notes, service notes, PRN notes, activity logs, etc.
 - Assessments
 - Person-centered planning tools if applicable
- Other information that may inform the review as needed
 - Incidents
 - Medical Information
 - Supporting documentation for any area reviewed



DQI Survey for CCOs

- Surveys will not review CCO organizational structure
- Surveys will review :
 - Care Management planning
 - Delivery of services as outlined and authorized in the individual's Life Plan
 - Requirements of the Willowbrook Permanent Injunction
 - Incident management and reporting



Person-Centered Review Application

- Current application will remain in use until 6/30/18
- Changes related to CCOs are in process
- Surveys using updated guidance to begin 10/1/18
- Standards will be reworded, as needed
- Regulatory references will be added related to CCO responsibilities
- Surveyor guidance will be enhanced to reflect decision making related to CCOs



Administrative Memorandums (ADMs)

- OPWDD completed a review of all ADMs
- Changes to ADMs necessary for CCO implementation are in process
- ADMs will be re-issued on or before 7/1/18



Questions

Care.Coordination@opwdd.ny.gov

