Achieving the Transformation: An Update on Medicaid Waivers and Managed Care

NYS Rehabilitative Association
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NYS Office of People With Developmental Disabilities
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Advancing the Transformation Agenda

- Celebrating ADA & Olmstead
- Medicaid 1915 c Waiver
  - Significance
  - Updates in Direction
  - Intersection with MRT and DSRIP
- OPWDD Transformation Panel
- NYS Transformation Agenda
  - Community-based Programs
  - Managing Care
- HCBS Settings
- Achieving the Promise for Inclusion
Celebrating ADA & Olmstead & System Transformation

- Federal Leadership
  - Affordable Care Act (BIP, MFP, CFC, dual demo/FIDA, etc.)
  - CMS (HCBS Settings rule, Medicaid managed care guidance, Medicaid Waiver priorities)
  - US Justice Department

- NYS Leadership
  - Increasing attention to person-centeredness, equity, quality and value
  - Closing some residential facilities
  - Designing improved community alternatives
  - Designing integrated & improved systems of care
  - 1915 c Waiver commitments
Person-Centered Planning (PCP) and Action

PCP is a process that is led by the individual, includes people chosen by the individual and supports the individual to direct the process and make informed decisions. The PCP process creates a plan that is understandable by and accessible to the individual and identifies the services and supports that help the individual meet his/her needs.

- Draft state regulations out for public comment (expected 11/1/2015)
- Training to OPWDD staff on Personal Outcome Measures, a PCP approach, that includes quality improvement, direct support, and Front Door staff
- Presentations to service coordinators and agencies on the PCP requirements
- Draft curriculum to assist providers with new components of documentation requirements
- Future presentations and additional guidance planned for when regulations are promulgated
Medicaid HCBS 1915 c Waiver

- Waiver request with amendments submitted to CMS (9/2015) following nearly two years of negotiation
- Negotiations beginning on 1915 c renewal
- Value of this Waiver to fund services in NYS OPWDD system = $5.2 billion
- Extensive reporting and documentation in FFS system
Recent Waiver Changes to Support the Transformation

Self-Direction
- Redesign of Consolidated Support Services (CSS) into specific components directly billable to Medicaid. Streamlined service design for easier use by individuals and their advocates.
- Addition of Community Transition Services and Individual Directed Goods and Services for more service options.
- Allow Community Habilitation to be accessed by individuals residing in certified settings to be used in lieu of some/all of their day services for those who self direct and for those supported by an agency.

Employment
- 7/1/15 Rollout of the redesigned SEMP service to a more flexible hourly design and the addition of Community based PV in addition to Site-base PV.
- Rollout of Pathway to Employment for individuals transitioning out of school or out of DH in 2014.

Housing
- Rationalization of rates to a cost based methodology to support individuals in certified settings at appropriate levels.

De-Institutionalization/ICF Transition
- Defined specific funding for individuals transitioning from more restrictive settings into community-based settings to ensure sufficient staffing levels for transitioning individuals.
## 1915c Comprehensive Waiver

**Prerequisite for FIDA-IDD Approval**

Informs FIDA operationalization and competes with agency work priorities

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OPWDD’s Transformation Agenda

- Key elements of the transformation include developing service plans that foster and support independence and community integration in areas as housing, day activities, and social net-working.

- Initiated to significantly improve how services and supports are activated and assured:
  - Fully integrated into the community of choice
  - Consistent with the person’s needs and wants
  - Result in valued outcomes that can be measured
Transformation Panel Charge

- Panel Membership -- including NYSRA
- Transformation Agenda
  - Recommendations to address system challenges
    - Self-direction
    - Employment
    - Housing
- Managed Care
  - Review and recommendations for proposed model(s)
- System Sustainability
  - Recommendations for funding and flexibility
- Stakeholder Engagement
  - Statewide Listening Sessions
- Panel Recommendations
Transformation Agenda: Self-Direction

➢ Key Question
  - How can we ensure that self-direction is a viable and desired option for most people served in OPWDD system?

➢ Presentations/Data
  - Review of current model
  - Review of funding of Self-Direction and FI
  - OPWDD identified obstacles
Self-Direction Review

Priorities include:
- FI model operation and IT
- Training and education for participants, brokers and public
- How to simplify self-direction program
- How to better serve individuals with complex needs
- Service planning and use of community habilitation

Guidance:
- Make changes to administrative and data processes to streamline FI operation and IT
- Expand training and education, and improve communications

Next Steps:
- Work through barriers and solutions for identified areas of concern not addressed already
Cumulative Total Self Hire with Budget Authority + New Individuals Signing SD/CH MOUs
Transformation Agenda: Employment

Key Question
- What are the obstacles to greater numbers of individuals in OPWDD’s system achieving and retaining employment?

Presentations/Data
- Review of employment goals and strategies to achieve goals
- Review of current SEMP rate structure and program design
- Data on employment retention
- OPWDD identified obstacles
Reasons Employment is Not Maintained

- Behavior Challenges: 15%
- Cannot Master Skills: 18%
- No Longer Wanted to Work: 16%
- Medical: 2%
- Layoff/Budget: 8%
- Dissatisfaction with Job: 8%
- Financial Disincentive: 12%
- Lack of Transportation: 13%
- Other: 8%
Employment Components of the Transformation Agreement

As part of the Transformation Agreement, OPWDD agreed:

- Establish a May 31, 2013 baseline of the number of people enrolled in SEMP and number of people engaged in competitive employment
- By April 1, 2014, increase the number of people competitively employed by 700 with a mid-point goal of 250 by October 1, 2013
- End enrollments in sheltered workshops effective July 1, 2013
- Submit a draft Employment Plan detailing efforts to increase employment outcomes including a timeline to end funding for workshops by October 1, 2013

Next Steps

- The Employment Plan was approved by CMS on May 1, 2014
- Integrated Employment Conference sponsored by OPWDD, May 2015
- SEMP ADM issued June 2015
- Regional Employment Forums, Fall 2015
Successful Supported Employment Process

Person-Centered Planning with the Person and their Support Team


Implementing Discovery, Creating Community Experiences, Building Independence and Skill Development

Job Coaching, Building Independence, Facilitating Relationships & Building Natural Supports in Community Employment

Job Development, Job Matching, and Negotiating Training & Performance Agreements with Businesses
Transformation Agenda: Housing & Community Living

Key Question
- How can we afford more people the option to live in community-based integrated **housing**?

Presentations/Data
- Review of current housing models
- Overview of gap areas and potential solutions
- OPWDD identified obstacles
- Discussion of alternative models and funding
The Olmstead Plan identifies specific actions state agencies responsible for providing services to people with disabilities will take to serve people with disabilities in the most integrated setting. These actions include, but are not limited to:

- Assisting in transitioning people with disabilities out of segregated settings and into community settings
- Enhancing the integration of people in their communities; and
- Assuring accountability for serving people in the most integrated setting
Broad Transformation Goal

- 2015 – 2018: “Expand the availability of housing options by accessing and developing affordable housing to meet the diverse needs of multiple populations with intellectual and developmental disabilities.”
- Implement the following strategies:
Housing Transformation Strategies

- Develop a system of oversight to the Olmstead Plan
- Expand investment in a continuum of integrated housing options to meet multiple needs
- Develop a sustainable infrastructure to support housing needs
- Develop a scientific housing plan to locate housing options
- Build a consistent communication, public awareness and education tool-kit; and
- Create a housing investment fund; capital needed
Expanding Housing Options for People with I/DD (1)

- NYS OPWDD Foundation for Change in Housing
  - NYS Agreement with the CMS
  - Money Follows the Person (MFP)
  - Balancing Incentive Program (BIP)
  - Managed Care / MRT

- Transition from ICF to HCBS Settings

- Expansion Supportive Housing Options
  - Foster interest and expertise among provider agencies to link with developers in comprehensive planning
  - Strengthen OPWDD’s role with support agencies
  - Funding is needed for capital, rent subsidies and/or services
Expanding Housing Options for People with I/DD (2)

- 18 New BIP Housing and Family Care Transformation Proposals
- Housing Specialists’ certification for Peer-to-Peer Advocates
- Enhanced Options under the HOYO Program
- Increase in Shared Living Arrangements
- Webinars on Making Homes that Work
The Advent of Managed Care
Today’s Environment

There are many variables that make today’s operations challenging:

1. The State budget has moved to a nearly flat line trajectory in expenditure projections. Fiscal allocations for Medicaid and all other programs can expect little to no expansion.

2. I/DD population continues to increase, as the existing I/DD census ages. The miracles of a longer life span may also generate additional care and services needs, previously uncommon in the I/DD world.

3. Comprehensive federal requirements and oversight of Medicaid and its Waivers, and NYS processes are increasingly complex.

4. Coordination of challenging and multi-disciplinary care needs between service and medical professionals and the individual and family unnecessarily cumbersome and ineffective.

5. Development of quality / outcome measures limited; not yet able to demonstrate “value” in a FFS system.
Transformation Agenda: Managing & Integrating Care

Key Questions
- What design model for managed care will work best to more holistically address individuals’ needs?
- What improvements can be made?
- How will NYS fund managed care entities in initial and future years?
- Fidelity to IDD values in NYS

Presentations/Data
- How managed care can benefit the people OPWDD serves
- Review initial DISCO structure
- Consider other states’ managed care for people with ID/DD
- Review of NYS authorities for Managed Care/MLTC Article 44 and related requirements
- Current progress towards managed care transition
- Fidelity to IDD values in NYS
Components of Managed Care

- Coordinate care effectively and reduce duplication of services
- Facilitate individual choice and empowerment
- Avoid higher cost services and products when lower-cost, “clinically” appropriate services can be rendered
- Facilitate community care rather than institutions
- Provide help to caregivers and family members who are supporting enrollee
- Individuals eligible for LTSS have a single-source contact to help them navigate complex systems
Key Managed Care Goals for OPWDD

- Conflict-Free Assessment and Care Management
- Integrated and Coordinated Care
- Value-Based Payments
Care Coordination is a System

- Linkage and Referral
- Advocacy
- Central Point of Contract
- Eligibility & Benefits Maint.
- Care Planning
- Assessment
- Coordination with providers
- Record Keeping
- Monitoring
- Cost Mgmt.

Care Coordination Functions
What We Aim to Achieve Through the Transition to Managed Care

- Establish programmatic design for OPWDD’s managed care model, incorporating options that will work best for those we serve
- Envision fully integrated, quality services supported by networks of high performing providers that know the DD population
- Enable service delivery and regulatory flexibility to meet people’s changing needs throughout their lifetimes
- Achieve timely implementation of key Transformation Agenda outcomes of community living, employment, and independence/self-direction
- Leverage investment of providers in “DISCO” networks
Transformation Panel: System Sustainability

Key Question:
- How will OPWDD system anticipate service needs for the future and ensure sufficient funding and flexibility?

Presentations/Data
- Overview of OPWDD budget
- Knowns and unknowns about future service need
Key Elements of HCBS Settings Rules

- The setting is integrated in, and supports full access to, the greater community;
- Selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.
- Any modification of rights requires specific individualized assessed need, justified/documentated in person-centered plan, data on effectiveness, ongoing review of continued need for modification.

In provider controlled residential settings:

- Individual must have legally enforceable lease/agreement
- Individual has privacy in their living unit including:
  - Lockable doors
  - Choice of roommates
  - Freedom to furnish/decorate
- Individual controls own schedule
- Individual has access to food at any time
- Individual can have visitors at any time
- Physical accessibility to the setting
NYS System of Care Presents Significant Challenges

- Large state serving over 100,000 people
- Large residential settings
- Facility-based day settings
- Sheltered work shop closures/conversions
- Closure/conversion of ICFs by October 2018

- Funding
- Short time frame for full compliance
- Potentially high number of heightened scrutiny settings
- DSP staffing and training
- Transportation
Criteria for Heightened Scrutiny

• The setting/site’s design, appearance and/or location appears to be institutional and/or isolating
  ➢ Multiple services/activities on the same site;
  ➢ People in setting have limited to no interaction with broader community
  ➢ People have limited autonomy and/or regimented services
  ➢ Setting is more isolating than other settings in the vicinity/broader community
OPWDD Heightened Scrutiny Process Timeline

- **October 2015**: Provider Communication Memo
- **Summer/Fall 2015**: Provider self-survey
- **10/2015-9/2016**: Inventory heightened scrutiny settings; review baseline HCBS standards for **residential settings only**
- **10/2016-2/2017**: Front load all heightened scrutiny settings for review of HCBS standards and collect/verify evidence
- **Summer 2017**: First Public Input Period
Real Transformation Depends Upon Direct Support Professionals

- Approximately 364,400 New Yorkers employed in direct service roles providing regular assistance to fragile elders, people with disabilities (physical, behavioral, intellectual and developmental) and others who need long term support.

- Estimated number of DSPs funded by OPWDD to support people with I/DD is 97,382 in the private sector, and 13,024 public employees – about 30% of the direct service workforce in the state.

- Low wages and working conditions undermine long-term service delivery.

- Culture change needed across organizations.

(New York State Office for People with Developmental Disabilities, 2015)
Recommendations: NY DSP Career Credentialing Program

Make a long-term **structural commitment** to a statewide DSP credentialing program and strengthening the DSP workforce. Phase in the program statewide by FY 21/22 achieving the credential for 20% of this workforce.

Create a state **statutory requirement** for OPWDD to offer a statewide voluntary credential with incentives for participation through salary increases for targeted enrollments.

Develop and implement a mechanism to pay for the DSP credentialing program by ensuring NY uses **Medicaid** to offset the costs through federal medical assistance plan (FMAP).
Conclusion: Achieving the Promise for Inclusion

- Individuals and Families
- Supports & Services
- Provider Agencies
- OPWDD
Questions and Discussion