Introduction

Gerald J. Archibald, CPA, FHFMA, CMCP
Co-Practice Leader, Healthcare/Tax-Exempt
646-343-0249 | 315-748-0939 | garchibald@bonadio.com

NOTE: IF YOU HAVE QUESTIONS, PLEASE TEXT THEM TO (585) 750-6776. AS TIME PERMITS, QUESTIONS WILL BE ANSWERED BY JERRY ARCHIBALD OR DEFERRED TO THE PANEL MEMBERS.
Let’s pretend that you are on vacation with your family, playing a variation of the game “20 Questions”.
1. Is it animal, vegetable, or mineral?

- None of the above. The confusion of the past eight months is about to be clarified.
- The long awaited Request For Applications is expected to be issued this month.
2. What is the current status of the OPWDD Transformation Panel?

- Originally formed by Commissioner Delaney in February 2015, OPWDD issued a report with more than 60 recommendations developed by the Transformation Panel. The status of OPWDD progress on general recommendations is described in the report included herein dated January 2017.
3. Will the Transformation Panel continue its deliberations and make additional recommendations?

- It is unclear whether the Transformation Panel will continue to meet after calendar 2017. However, the Panel has formed a number of sub-groups that will continue to address recommendations in specific areas (e.g., Self-Direction Reforms)
4. What is a Health Home as developed by OMH and OASAS over the past three years?

- There are 29 Adult Health Homes and 16 Children’s Health Homes in New York State (see definition on the following slide)
Health Homes

(From https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)

New York's Medicaid program serves over 5 million enrollees with a broad array of health care needs and challenges. While the majority of Medicaid enrollees are relatively healthy and only require access to primary care practitioners to obtain episodic and preventive health care, the Medicaid program also has several population groups who have complex medical, behavioral, and long term care needs that drive a high volume of high cost services including inpatient and long term institutional care.

Navigating the current health care system can be difficult for relatively healthy Medicaid recipients and even more so for enrollees who have high-cost and complex chronic conditions that drive a high volume of high cost inpatient episodes. A significant percentage of Medicaid expenditures are utilized by this subset of the Medicaid population. Appropriately accessing and managing these services, through improved care coordination and service integration, is essential in controlling future health care costs and improving health outcomes for this population.

A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home."
5. What is a Care Coordination Organization?

- It is anticipated to be a more focused and coordinated effort based on specialists with the I/DD population that will achieve the goal of “Conflict Free Case Management Service Referrals”, cost-effective care, and real time case management triage of acute episodes, among other objectives.
6. If Health Homes have already been established, why wasn’t that structure used for the OPWDD population?

- For a variety of reasons that I will explain, it was not deemed practical or efficient for the Behavioral Health Homes to have “primary responsibility) for the I/DD population. Remember, OPW has approximately 130,000 I/DD individuals in the entire state.
7. How will a Care Coordination Organization designed for the I/DD population DIFFER FROM the existing Health Homes?

- OPW will be issuing a Request For Applications, hopefully within the next 30 days. The RFA will have specific requirements that a CCO entity must adhere to.
8. Why is “Conflict-Free Case Management Service Referrals” applicable to and so important for the I/DD population?

• Quite frankly, I am not sure. The concept of conflict-free service referrals is not stringently applied in any other aspect of health and human services. I believe it may be based on the perception of the Federal Government, which is not consistent with the reality of OPWDD provider service provision.
9. What will happen to the current services and structure of Medicaid Service Coordination?

- Not yet determined. However, the OPWDD RFA for CCOs should clarify. Two models being considered.
10. Will I have to terminate each of my Medicaid Service Coordinators (MSC) in order to comply with the Care Coordination Organization model and implementation?

- Perhaps. However, it will most likely be done over time. Consideration is being given to a one- to three-year transition period for transfer of employment from the provider to the CCO entity.
11. How will the relationship between current MSCs and the individuals / families they serve not be completely disrupted?

- Based on educated speculation only, I believe there will be a set of responsibilities that will be maintained at the provider level for purposes of communication with individuals and families. I call this position “Family Care Liaison”.
12. In order for a CCO to be fiscally viable, how many I/DD individuals must it enroll and have responsibility for?

- Various numbers have been floated. My personal opinion is that fiscal viability is best supported by 10,000 or more lives. However, the absolute threshold may be established at 7,500 lives.
13. How many Care Coordination Organizations will be authorized by OPWDD?

- More than half of the New York State I/DD population resides and is served in the New York Metro Area. If 10,000 is the threshold, I will predict that there will be 4-6 CCOs in the New York City area, with another 4-5 upstate.
14. Why are you predicting only 10 or 11 CCOs in the entire state when we have 29 Adult Behavioral Health Homes?

- It’s all about the arithmetic / math. 130,000 OPWDD enrollees divided by 10 CCOs produces an average enrollment of 13,000. CCO fiscal viability and cost efficiency are critical to success of the CCO model.
15. We have been discussed Managed Care since 2008 with OPWDD. What is the CCO model REALLY intended to achieve?

- Educated speculation tells me that the CCO structure is an appropriate step in crossing the bridge to Managed Care implementation for the I/DD population. Most recent indication is for voluntary Managed Care enrollment to begin January 1, 2020.
16. When will the CCOs become operational and begin enrolling individuals?

• This will be better defined in the RFA. However, it is clear that CCOs will need to be operational by January 1, 2018. There is still an open question of whether downstate enrollment / rollout will precede upstate enrollment / rollout by one year.
17. Who are the most likely applicants for CCO designation?

- I believe there may be as many as 15 applicants, with certain of them already having the Health Home designation. The following slide provides those that are most well-known to Bonadio.
Likely CCO Applicants

- **Downstate**
  - CareDesign NY (NYIN / PHP)
  - Tri-County Care / HamaspiK
  - Advance of Greater New York (AGNY)
  - Hudson Valley ARC Chapters

- **Upstate**
  - Mid-Hudson Service Providers
  - Capital District / CNY CCO
  - iCircle
  - Person-Centered Services of Western New York
  - Northern New York Service Providers
  - Health Home of Upstate New York (HHUNY)?
  - Children’s Health Home of Upstate New York (CHHUNY)?
More information to come at CCO Summit

• Bonadio is co-sponsoring, with CCO applicants, three separate “CCO Summits” – Navigating the Future: How Coordination Changes Care

• The first is scheduled for June 13th at the Radisson Martinique in Manhattan – we are at capacity (with 200 registrants)

• The second will be held in Albany on July 13th; to register, go to https://www.eventbrite.com/e/albany-navigating-the-future-how-coordination-changes-care-registration-34731412590

• The third for Western New York providers is tentatively scheduled for July 27th – for Finger Lakes, Rochester, Buffalo, and Southern Tier providers

• Kerry Delaney has graciously agreed to be the keynote speaker for the Manhattan summit – she will certainly be invited to the other two as well
18. What will be the approximate geographic footprint for the upstate CCOs in order to establish the desired objective of “consumer / family choice”?

• With the exception of the NYC Metro Area, upstate CCOs will cover generally a minimum of 10 counties, with a possible maximum of 25 counties. The New York City Metro Area will have choice due to the number of CCOs. Upstate, there is expected to be two CCOs in each geographic region.
19. How will the CCO provider leads reach out to regional-based providers for participation in the CCO initiative?

- Similar to the Behavioral Health Homes, certain CCOs will be engaging I/DD providers in “downstream participating provider care management contracts”. Hopefully, more fully defined by the RFA. Possible grant awards for CCO Network Development and implementation.
20. What is the possibility that self-directed individuals will be exempted from the Managed Care transition model being developed by OPWDD / DOH?

- As I mentioned in my presentation at last year’s FMA conference, I do not believe that self-direction can co-exist with Managed Care, with the exception of healthcare services.

- In my professional Managed Care opinion, long-term care supports and services under self-direction SHOULD NOT REQUIRE the involvement of an insurance company for utilization management.

- Educated speculation on my part leads me to believe that self-direction enrollment may become the “Safe Harbor” for individuals who do not want insurance company interference with their long-term chronic supports and services.
Further Discussion, Questions and Answers

Gerald J. Archibald, CPA, FHFMA, CMCP
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Thank You!