



Long Island Family Support Services Advisory Council

November 4, 2011

Courtney Burke, Commissioner
Office for People With Developmental Disabilities (OPWDD)



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



Update on OPWDD Reforms

Workforce

- Raised qualifications of direct care workers
- Implemented consistent hiring standards
- Staff trained on abuse prevention and reporting
- Talent Development Consortium established
- Table of penalties for arbitration process

Incidents and Investigations

- Immediate reporting of possible crimes
- Automation and 24-hour entry of incidents
- Linked incidents with investigations and employee discipline
- Agreement with State Police
- Centralized investigations
- 51 newly certified investigators and new lead investigator



Update on OPWDD Reforms, cont.

Discipline and Keeping Good Employees

- Required reporting of abuse
- Immediately suspend employees with substantiated egregious abuse
- Pursue termination in arbitration for egregious cases
- Negotiate with unions for a consistent table of penalties

Culture Change and Transparency

- Over 1,100 unannounced site visits by OPWDD leadership to state-operated homes
- All staff trained on promoting positive relationships
- Enhanced communications including *I Spoke Out* campaign
- New accountability for provider performance
- Talent consortium and core competencies



Measures of Progress

- 23,000 employees take training
- Reporting (74.7% to 98%; 16.8% to 93%) – 5x
- Incident data entry 30 days – 3 days
- 51 newly certified investigators
- Average monthly rate of suspension: 69 – 130
- 75% of homes visited at least 1x during the 1,100+ unannounced visits



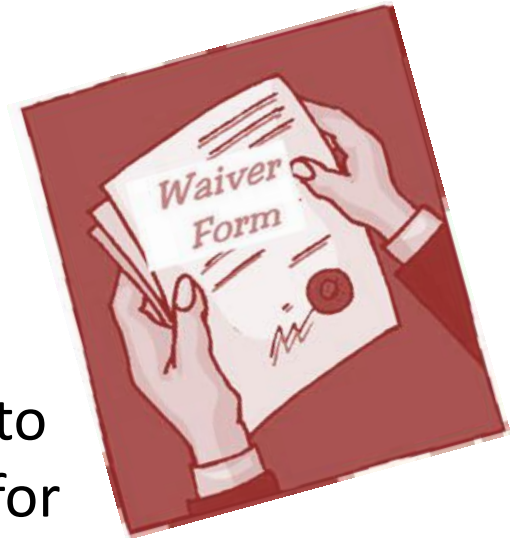
Next Steps

- Consistent standards across 13 DDSOs and nonprofits; ensure things are working
- Supportive behavior management
- Attention to individual care plans via alerts
- Enhanced fire safety
- Overtime management in state system
- Working with law enforcement
- Provider transparency: report cards, compensation analysis
- Supportive culture and collective mindfulness
- System redesign through innovative care delivery via an 1115 waiver known as the *People First Waiver*



What is the People First Waiver?

- The OPWDD People First Waiver is an 1115 demonstration waiver.
- 1115 waivers allow states to use Medicaid money in ways that are not usually allowed under federal rules.
- The 1115 People First Waiver will allow NYS to continue receiving federal Medicaid money for services while we look for better ways to help people with disabilities to lead meaningful and productive lives.





Why is the People First Waiver so Important?

Because important trends are affecting our system's sustainability and effectiveness.

- People with developmental disabilities are living longer; needs are growing more complex
- Growth in OPWDD's Medicaid expenditures has surpassed inflation
- Economic forecasts suggest continued budgetary stress
- The people needing services will soon exceed the capacity of our direct support workforce
- Family caregivers are aging



The People First Waiver

IS:

- A research and demonstration waiver to redesign the developmental disabilities service system for improved effectiveness, efficiency, equity, and sustainability
- An opportunity to implement reforms that establish person-centeredness, choice, quality, and community as the foundation of the new system
- An opportunity to coordinate the services of OPWDD with other agencies and community services and with New York State's health care reform

The People First Waiver

is NOT:

- Something that will happen overnight
- An answer to every problem we may face
- A Medicaid Block Grant to cap spending on individuals
- A means to achieve budget reductions
- A means to restrict or expand eligibility



Key Outcomes to be Demonstrated

1. Improved care coordination
2. Enhanced care and individual satisfaction, and lower Medicaid costs
3. Reimbursement models that encourage efficiency, improve accountability, and reduce costs
4. An expanded range of community-based services to allow for successful community living
5. Redesigned assessment tools and eligibility processes to ensure “no wrong door” access
6. Improved health and safety outcomes through a transformed comprehensive quality management system driven by performance metrics and linked to personal outcomes



What Will Remain the Same?

- ✓ Open communication, collaboration
- ✓ Continued OPWDD oversight
- ✓ Health, safety, and rights will continue to be of paramount concern
- ✓ Our service providers will be the foundation of the new service delivery system
- ✓ People will receive the same kinds of supports they receive today





What Will be Different for Individuals?



- Service models will continue to meet individuals' needs, but at a lower cost
- Greater flexibility in where, when, and how services are delivered
- Greater access to needed supports across service systems
- Easier mechanisms for self-directed services options
- Assessments will identify strengths and interests as well as needs and inform equitable resource allocation



How Will the System be Different?

- Services will be funded via **capitated payments**
- Comprehensive care coordination will use a team approach and support **no wrong door**
- **Valid needs assessment** will support more person-centered services and greater equity
- Quality will be measured consistently based on **personal outcomes** and other performance measures



The DISCO

Developmental Disabilities Individual Support & Care Coordination Organization

DISCOs will receive a known and predictable capitation rate for each individual served. This will allow:

- The broadening of service categories
- More innovative community support options
- Administrative efficiencies
- Enhanced focus on the individual and his/her supports, rather than on providers and programs
- Providers to focus on serving people with all levels of need



Important Facts about DISCOs

- DISCOs are nonprofit entities with experience working with people with developmental disabilities
- DISCOs are the fiscal intermediaries, care coordinators, and sometimes direct service providers
- DISCOs will be supported and overseen by OPWDD to ensure a smooth transition to the new system



Recommended Financial Platform

Federal Oversight - CMS

State Oversight - DOH & OPWDD

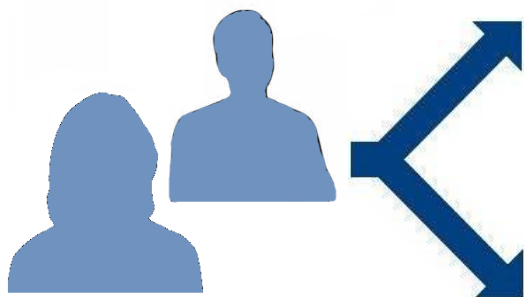
Medicaid Funds & State Funds
Capitation Revenue Determined by a Needs Assessment Tool(s)

Medicare Funds

Developmental Disabilities Individual Support & Care Coordination Organization (DISCO)

Not-for-Profit, Fiscal Intermediary that Assumes Financial Risk and Provides Support & Care Coordination

- ✓ *Receives all payments and may be direct service provider(s) and/or subcontract all needed services*
- ✓ *May be a comprehensive care entity or a long term care entity with a contractual agreement with a health care entity*



Choice

DD Services

Long Term Therapy Services

Self Directed Services

Other Long Term Care Services

Primary Care Services

Specialty Care Services

Hospital Services

Short Term Therapy Services

Other Healthcare Services

DD/Long Term Care Services

All Other Healthcare Services

(may be not-for-profit or for profit)



Care Coordination Model

- True person-centered tools and methodologies to drive outcome achievement
- Team approach to care coordination
- Education, training, and demonstration of competency for team members

- Incorporate benchmarks in the care plan to assess the progress that an individual makes
- Access to care coordination whenever it is needed by the individual
- Procedures to find and develop neighborhood resources



Flexibility to Innovate

New Options for Supporting People

- Increased flexibility and stronger connections fosters innovation
- Shared living opportunities
- Innovative residential options
- College experience model





Enhancing and Aligning the Quality Infrastructure

- Accountability for health and safety
- Measuring quality
 - **Quality will focus more on individuals' achievement of their identified personal outcomes**
 - **Agencies will establish systems for self-assessment and quality improvement**
 - **An agency's quality rating will be made available to the public through a variety of means**



The Quality Scale

- Defined benchmarks that differentiate one level of quality from the next
- There are five levels: At level 5, an agency has an aggressive action plan for self-correction and self-improvement. At level 1, an agency requires OPWDD monitoring and is just meeting regulatory requirements and is at risk of early alert status





The Quality Scale's Six Domain Areas

1. Individualized services, planning, and service delivery
2. Protections, health and safety, rights and environmental supports
3. Supporting family, natural supports and community connections, community inclusion
4. Workforce performance
5. Quality improvement plan
6. Governance and leadership



Implementation Timeline

Phase 1

- Reform of the fiscal platform
- Begin transitioning individuals living in institutional settings to community settings
- Award pilot projects across the state

Phase 2

- Monitor/evaluate pilot projects
- Continue transitioning individuals from institutions to community settings
- Begin executing implementation plan to operationalize reforms

Phase 3

- Continue executing implementation plan
- Evaluate pilots and begin statewide transition to the DISCO model for long-term care services
- Begin transition to managed care model for health care services



Important Next Steps

- Public Hearings – November 9, 2011
- Six Public Briefings – opportunity for Q & A
(October 20, November 1, 4, 7, 8, 10)
- Ongoing dialogue with CMS
- Development of RFI – Mid-November
- Begin development of Implementation plans
- Development of RFA – To issue in 2012



Public Resources

OPWDD webpage: www.opwdd.ny.gov

People First Waiver webpage:
www.opwdd.ny.gov/2011_waiver

People First email address for comments
and questions: People.First@opwdd.ny.gov

People First comment line:
1-866-946-9733 or TTY: 1-866-933-4889