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Part 1: Deinstitutionalization, transition to the community, Balancing Incentive Plan (BIP)/Money Follows the Person (MFP), and HCBS settings

1) By April 1, 2013 New York will have an approved amendment to the MFP Operational Protocol, adding the ID/DD population for transition

2) By September 1, 2013 NY will submit a detailed structural change work plan to implement the Balancing Incentive Program (BIP). The work plan will:

- a. meet all CMS requirements for BIP.
- b. align the infrastructure requirements for the BIP and MFP to fullest extent possible, including the use of the balancing and rebalancing funds to ensure NY reaches the Balancing Incentive Program target expenditure benchmark of 50 percent across total Medicaid Long Term Support Services (MLTSS) expenditures by Sept. 30, 2015.
- c. include a detailed description of all settings in which the OPWDD population currently reside as a baseline for describing the state's housing strategy.
 - i. This description should provide a complete picture of NY's current housing options for persons with IDD, or the "system as is" model. This baseline should include the number of individuals in group homes, small Intermediate Care Facilities (ICFs/IDD), large ICFs/IDD and non-traditional housing models. Each setting type above should include the maximum number of individuals living in the residence, and any type of licensure or accreditation required.
 - ii. Distinctly identify how BIP and/or MFP funds will be used to support these strategies, and the timeline for utilization of the respective funding sources.
 - iii. Provide a detailed description of the process the State will use to determine whether residential settings for persons transitioned from institutions meet CMS standards for home and community-based settings and/or qualify as residences in the MFP program. This plan will include a description of the residential facilities, the process the state will use to independently assess whether these settings meet the characteristics set forth in the 1915i NPRM from April 2012, and the timeline for compliance by all settings in which Medicaid HCBS are provided.
 - iv. Include an affirmative commitment by the state to establish an independent process for assuring that individual person-centered plans meet the needs of individuals served in community-based settings, and a description of the process the state will use to assure that person-centered plans are implemented with fidelity to the established process.
 - v. Outline how an individual direction option will be used as a service delivery model and the impact of individual direction on the provision of traditional services and supports. Describe how individuals who are living in campus based settings will have an opportunity for peer interactions to better understand available support options.

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- d. NY agrees that at least 30% of those persons transitioned from institutions, both campus-based and non-campus –based ICFs, will qualify for MFP (i.e. can be transitioned to an MFP qualified residence), beginning in Year 1.
- e. NY agrees to transition the remaining 160 residents of the Finger Lakes and Taconic campus based ICFs prior to December 31, 2013, to community-based settings that meet Centers for Medicare and Medicaid (CMS) Home and Community Based Service (HCBS) settings standards.
- f. Based on the information provided about the state’s housing capacity, CMS and NY will negotiate an approvable transition timeline for the residents of the remaining campus and non-campus-based ICF’s no later than October 1, 2013.
- g. NY will provide semi- annual updates to each element described above which should lead to increased supportive housing options currently available for persons being transitioned from institutions, and a state strategy for increasing the availability of supportive housing options including “non-traditional housing models” such as the “Home of Your Own” program, Family Care, Shared Living, Customized Residential Options, and Assets For Independence (AFI).

Part 2: Community-based service delivery system requirements

1) NY will submit any required amendments to approved 1915(c) HCBS waivers to increase slots needed to serve persons transitioned from institutional settings.

2) NY will submit an approvable 1915(b)(c) waiver application no later than April 1, 2013, and will implement voluntary enrollments by October 1, 2013. The application will provide evidence that the community- based settings in which Medicaid HCBS are provided meet CMS HCBS settings standards, and that all agreed-upon objectives with regard to competitive employment, person-centered planning, self-direction, and quality measurement/improvement are operationalized as part of the (b)(c) waiver. These agreed-upon objectives will be reflected in the Special Terms and Conditions (STC’s) for the 1915(b)(c) waiver. Additionally, the STCs will contain some managed care requirements for Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs) which include:

- DISCOs will meet the Managed Care Organization (MCO) licensure requirement;
- will be regulated as Prepaid Inpatient Health Plans (PIHPs) that are subject to review by External Quality Review Organizations (EQRO);
- will incorporate DISCOs in the overall managed care quality strategy;
- will comply with conflict free case management standards required in the Balancing Incentive Program; and
- will prohibit plans from making eligibility determinations and enrollment.

3) NY agrees to submit to CMS, no later than December 31, 2013, a detailed proposal/workplan for transformative increases in the number of individuals in competitive employment and the number of

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students exiting the educational system directly into competitive employment. The plan must include a timeline for the closing of sheltered workshops and a description of the collaborative work with the NY educational system to provide training and education to key stakeholders on the availability and importance of competitive employment.

4) New York will increase the number of people in competitive employment by 700 individuals added to Supported Employment above the previous 12 month enrollment, with no exceptions for an attrition rate during the period April 1, 2013 and April 1, 2014. Only gainful employment at minimum or greater wage will be considered competitive employment. Other activities such as volunteerism, while positive in nature, will not be considered towards this benchmark.

5) New York will target youth as a priority in its employment initiative. To accomplish this, OPWDD will retool the Pathways to Employment service in the waiver by shortening the time frame for transition from this service into supported employment. NY will submit a waiver amendment reflecting the changes no later than April 1, 2013.

6) New York will provide CMS with data on the number of OPWDD eligible students aging out of the educational system on an annual basis, the number who enter Vocational Rehabilitation (VR), the number who enter OPWDD because they are not found ready by Access VR, and any websites/sources for employment data no later than March 1, 2013.

7) The NY OPWDD will implement a self-directed approach in which individuals and their designated representatives may fully control the hiring, discharge, supervision, performance review, distribution of goods and services, and performance raises of their workers within their authorized budget allocation. The beneficiary and representative as appropriate will immediately be in control of determining individually needed training required of workers (in addition to the state requirements across the board). Within one year, the state will develop self-directed policies that recognize the individual as the best determinant of their own provider qualifications by minimizing "one size fits all" policies. The state will assure that agencies with choice do not just act like traditional service agencies for persons with disabilities or with developmental disabilities, but work for the beneficiary who is at the center and in control of service delivery.

8) Individuals and families are aware of a broader range of consumer directed options for support and services that are provided with information related to the range of resource that could be used for supports so that they may choose and direct options that are customized. Individuals and their representatives as appropriate are informed verbally and in easy to understand written materials on their options for support on payroll and documentation of workers and services. Training will be available for statewide use April 30, 2013.

9) New York will demonstrate the capability to support consumer direction in the areas of adopting and documenting risk mitigation strategies in which there is meaningful negotiation with the beneficiary and representative as appropriate. Involuntary discharges will be accompanied by the right to a fair hearing so the beneficiary may have the opportunity to defend actions or inactions that resulted in the

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involuntary discharge. The state would retain the right to immediately stop services pending the hearing if they think there is immediate risk of harm to the beneficiary by remaining in the self-direction program.

10) NY OPWDD will increase the number of people offered the option to self-direct their services through efforts associated with increased education to all stakeholders in a consistent manner statewide. This education will be provided to at least 10,000 people by 2015. Within three years the number of people who self-direct their services in part or whole will be increased from 850 to 5000 by December 31, 2015.

11) Efforts to stream line the consumer-directed model will be undertaken and be inclusive of the Medicaid Long Term Support Services (MLTSS) efforts being developed in an effort to improve overall access to this option by September 30, 2013.

12) New York will adopt practice guidelines for care coordinators based on the Council on Quality and Leadership (CQL) personal outcome measures and will annually assess managed care quality using personal outcome data. New York will provide a report on its progress toward the development of these measures by December 31, 2013.