CMS Conference Call
Managed Care
January 11, 2012

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Moving New York State's DD Service System to Managed Care

- Long-term vision for a managed care system

- Piloting and developing provider capacity (options for organizing integrated managed care)

- Timeline and key transition points

LONG-TERM VISION FOR SPECIALIZED MANAGED CARE

Managed Care – a Reform Initiative

- New York needs to reform:
  - o Its rate structure
  - o Its quality oversight
  - o Its cost effectiveness, efficiency, accountability, transparency , and community integration and successful outcomes for individuals
- A managed care system specially designed to support people with developmental disabilities will:
  - o Build on the 30+ years of experience in supporting people with developmental disabilities
  - o Enhance quality outcomes
  - o Incentivize performance, efficiency, and innovation
  - o Establish a need-based system with greater equity of access
  - o Improve care coordination across systems
  - o Operationalize a new capitated rate structure

Managed Care Supports OPWDD/DOH Role in Statewide Quality-System Oversight

	Outcomes	Care Management	Management Protocols (i.e., process for Enrollment, Advertising, Dispute Resolution, etc.)	Cost Control
OPWDD/ DOH	• Establish Quality standards • Oversee Performance • Licensure, survey and surveillance of certified locations	• Establish guidelines for PCP informed by assessment data • Oversee	• Define Process Requirements • Endorse • Oversee	• Track & Manage Total Cost • Establish payment structure
DISCO	• Monitor Performance • Manage Provider Compliance	• Conduct Person-Centered Care Coordination • Monitor & Manage Utilization	• Manage	• Manage capitated payment
Provider	• Follow Standards	• Follow Standards	• Implement	• Manage practice cost • Adhere to guidelines

PILOTING AND DEVELOPING PROVIDER CAPACITY
(OPTIONS FOR ORGANIZING INTEGRATED MANAGED CARE)

What will a DISCO look like?

We anticipate that over the course of the waiver there will be a progression:

- Initially, most pilots will be partially capitated plans with a framework structured along the lines of the DOH MLTCPs

- Although we may have early innovators, fully integrated plans will likely emerge later in the five-year waiver

THE PARTIALLY CAPITATED PLAN

What is a Partially Capitated MLTC Plan?

- New York has extensive experience with MLTC partially capitated plans, with steady growth in enrollment since inception in 1997

- Independent (IPRO, 2011) survey of DOH programs shows *high* level of satisfaction:
  - 91% recommend their plan to others
  - 85% rated their plan as excellent/good

How will a MLTC Partially Capitated Plan Differ in People First Waiver?

- We intend to build off the experience of DOH, particularly regarding fiscal/start-up requirements for partially capitated managed long-term care plans.
  - o Joint review with DOH for some aspects of provider eligibility

- Important programmatic differences for People First Waiver
  - o A not-for-profit entity with experience coordinating care for and individuals with ID/DD, establishes a separate legal entity to operate a DISCO
  - o OPWDD verifies entity's quality standing

What Services will a Partially Capitated Plan Cover in the People First Waiver?

- Person-centered care coordination specialized for ID/DD population

- Manage a network of providers to address all long-term support needs of the person (ID/DD specialized & other services)

  o Habilitation services

  o Personal care, home health

  o Outpatient therapies

  o Self-directed (individualized budget) is an option

How will Payment for the Partially Capitated Plan be Determined?

- Initial rates negotiated within a UPL based on current fee-for-service costs for a similar population

- Anticipate 'transition' rates will be:
  - o Plan-specific capitation rates that are "sensitive" to the plans' financial and programmatic needs
  - o Risk-adjusted based on population served

- Ultimately, actuarially sound risk adjusted premium rate methodology

How Many Individuals will Partially Capitated Plans Serve within the People First Waiver?

- Variation likely based on provider capacity, regional variations

- Within DOH, partially capitated plan enrollment varies:

  - Smallest program has enrollment of 141 individuals in two-county area

  - Largest program serves 7,570 in all NYC burroughs

<u>How</u> will the Partially Capitated Plan Meet the Objective of Better Integrated Care?

- Individuals access acute care services via fee-for-service Medicaid (or Medicare/third-party insurance) or existing "mainstream" Medicaid managed care

- The DISCO is responsible for coordinating <u>all</u> services including acute/health care services

- Certain contract outcome measures, and evaluate quality of care coordination across sectors (minimal use of psychiatric emergency rooms)

FULLY INTEGRATED
CARE OPTIONS

Unique Needs of the People First Waiver Population

- Percentage of dual eligibles (50%) calls for integrated solution for Medicaid-Medicare coordination

- Approximately 10% of OPWDD population are now enrolled in mainstream MMC plans

- Diverse population includes medically frail children who need pediatric specialists

- Analysis needed (including Medicare data) to evaluate need for SNP

Options for Integrating Care within People First Waiver

In recognition of the wide range of health care needs among the ID/DD population:

- Some individuals can have health care needs met successfully within existing 'Mainstream' managed care health care plans

- Other individuals, those who are medically frail, may require specialized managed care plans to address their specialized health care needs

For Individuals with Less Complex Health Care Needs: Enrollment in Existing Mainstream Health Care Plans is an Option

- Where appropriate, individual may be enrolled in:
  - Specialized partially capitated plan for long-term supports (DISCO)
  - Mainstream managed care health care plan for health care services
- Mainstream health care plan and partially capitated plan have agreement governing information sharing, with the DISCO responsible for comprehensive care coordination

Integrated Care Plans within the People First Waiver

- Via the pilot process in the People First Waiver, New York State intends to develop fully integrated specialized plans, possible framework:

  o Special need plans (like the NYS HIV plans)

  o PACE-like option

- NYS is recipient of 'Integrated Care for Dual Eligibles' grant and high quality ID/DD provider is participating in grant activities (possible new model will emerge along the lines of PACE – center based program model)

Whether Partially Capitated or Fully Integrated, Unique Features Needed to Support ID/DD Community

- Culturally competent network

- Heightened need for independent advocacy both within and outside DISCO

- Given emergence of DISCO from service provider pool, protections must be provided to ensure choice within network providers, and that person-centered planning process is implemented

What are the Expectations for Plans to Support 1115 Demonstration Objectives?

- Contract will explicitly require that all individuals have the option of self-direction and an individual service budget (employer and budget authority)

- Performance standards related to employment for enrollees

- Financial incentives for more integrated living

- Financial incentives for expanded community crisis/behavioral capacity

Quality Metrics and Evaluating People First Plans

New York State will adopt measures to evaluate plans' provisions of quality **habilitative** outcomes for individuals:

- Number/percentage of people living in less restrictive settings

- Individual satisfaction with and choice of living arrangement

- Increase in number of people with high-level of assessed behavioral needs served in community settings

- Number/percentage of people served with paid, community employment

Quality Metrics and Evaluating People First Plans

New York State will adopt measures to ensure plans' provide quality **health care** outcomes for individuals:

- Rate of emergency department utilization

- Rate of hospitalization

- Hospital readmissions (percentage of enrollees with more than one hospital admission in six-month period)

- Access to routine health care (percentage of enrollees with annual physical, annual flu shots)

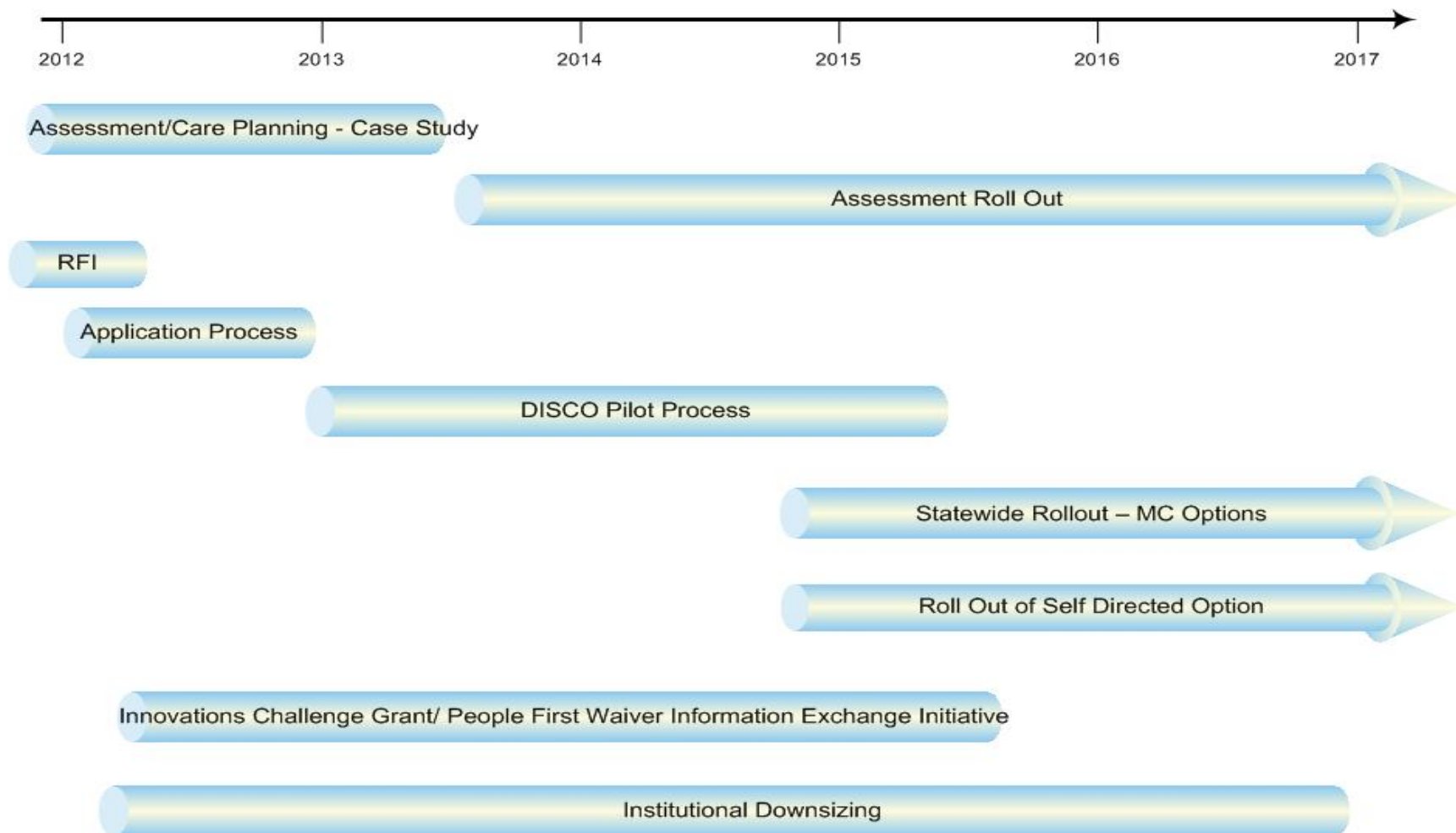- Interest in piloting health risk screening tool as a means of evaluating care and enhancing oversight

TIMELINE AND KEY ISSUES

Timeline

Statewide Rollout

- Efficiency dictates a small number of models

- Different regions of the state have different provider resources, thus flexibility may be needed in the administrative structures ultimately adopted

- Transition from pilots to RFP process will be a critical event for the success of the waiver
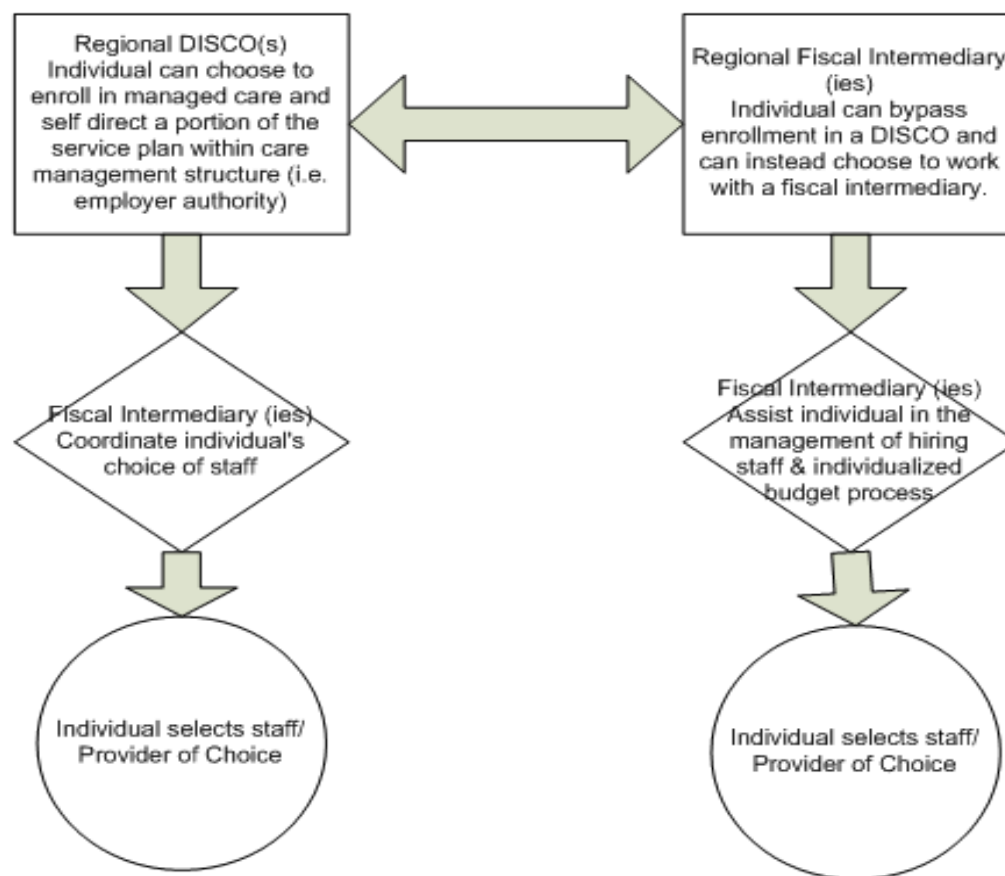
Mandatory Enrollment

- 50% of people in waiver are "duals"
- How will "as mandatory as possible" be achieved
  - Auto-enrollment with opt-out
  - Enhanced benefits for participation
  - Cost-sharing incentives to counter provider 'lobbying'

Regional Rollout: Choice of Plan

- Some regions will likely support multiple plans (and thus choice)

- Other regions, consideration given to individual budgeting as "opt out" to managed care.

Regional DISCO(s) Individual can choose to enroll in managed care and self direct a portion of the service plan within care management structure (i.e. employer authority)

Regional Fiscal Intermediary (ies) Individual can bypass enrollment in a DISCO and can instead choose to work with a fiscal intermediary.

Fiscal Intermediary (ies) Coordinate individual's choice of staff

Fiscal Intermediary (ies) Assist individual in the management of hiring staff & individualized budget process

Individual selects staff/ Provider of Choice

Individual selects staff/ Provider of Choice

Needs Assessment

OPWDD intends to adopt the InterRAI suite of assessment tools

- NYS DOH is using same suite for its uniform assessment tool
- Initial case study being planned with ID tool to develop expertise prior to statewide rollout
- Most important function is to support care planning, ultimately also a tool to support equitable resource allocation
- Intent is that assessment is independent and likely a state function

Next Steps

- Any follow-up needed from today

- Next calls:
  - January 18 (System integration)
  - January 19 (Quality)

System Integration and Rebalancing
January 18, 2012

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IMPROVING FINANCIAL INCENTIVES FOR COMMUNITY LTSS AND ACHIEVING THE OBJECTIVES OF THE PEOPLE FIRST WAIVER

PEOPLE FIRST
1115 DEMONSTRATION WAIVER

Equity/Resource Allocations and Uniform Assessment

Selected the InterRAI suite to assess the needs of individuals and inform the care planning process

_____

FALL 2011

Test case studies to inform care planning in high-quality settings

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SPRING 2012

Make the assessment tool automated and integrated into developing technology system & as a tool for Care Coordination

_____

Dependent on SUNY/IBM funding 2013

Integrate as tool for 'Acuity Measure' to shape actuarial methodology for Managed Care Capitation

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With RFP Winter 2015

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Developmental Center Downsizing

Review plans to evaluate the appropriateness of the plan to move to the most integrated community setting.

Increase capacity in the community by building more clinical and behavioral supports.

Determine the factors that lead to an institutional setting to avoid placement in the first place.

What are the Enhanced Clinical Supports Needed?

- Development of effective and consistent crisis intervention model across NYS (START Model being explored)

- Professionalization of Care Coordination

- Redeployment of resources to community
  - **Metric** for Institutional Redesign: 300 bed, transitional capacity at conclusion of PF waiver

Employment & Meaningful Activities

- Make employment the first and desired option for new individuals receiving services.

- Incentive employment and improve the quality of employment supports offered by providers.

- System Outcome:

  - Increase the number of youth and young adults with outcomes related to employment, volunteering or vocational activities.

  - Increase the number of individuals in day hab, pre-voc and sheltered workshops who transition into integrated employment settings and receive a competitive wage.

  - **METRIC-** Double employment in ten years to 18,000 individuals employed

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Expanded Housing Options

- Safety net and the Support of Independent Living

- Re-evaluation of the current inventory of supervised (24/7) housing and assessment of individuals being served in this setting

- Development of a replicable affordable and supportive housing model at each DISCO (and Supportive Housing Specialist)

  - **METRIC**: Today Percentage served in Community Certified Settings = 28%, After 5 years Approximately 24% of population

STRUCTURAL CHANGES IN THE PEOPLE FIRST WAIVER AND FEDERAL INTEREST IN BALANCING INCENTIVES

No Wrong Door & Single Entry Point System

- Entry Point and Initial Assessment
  - New Regional Office Structure that more closely aligns with other agencies
  - Uniform assessments that can be used by multiple agencies promote information sharing
- Streamlined DD-Eligibility and Enrollment Process
  - Develop policies and procedures for universal application/assessment and eligibility screening.

Core Standardized Assessment

Work with IBM to develop an information exchange system --starting with the assessment that supports Care Coordination and care intelligence that enhances health and safety

Work with Inter-RAI to implement a standardized assessment tool that informs care planning process
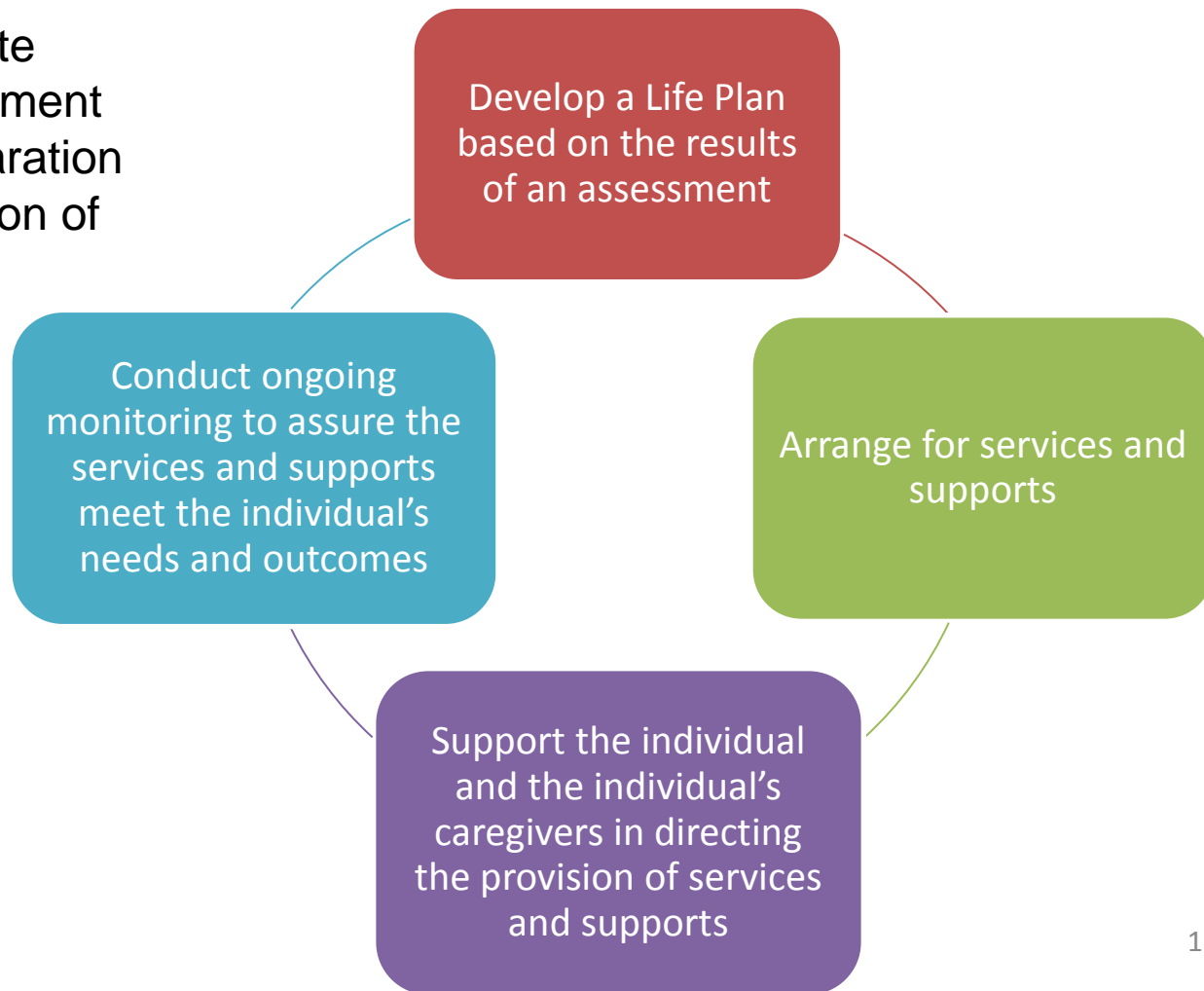
OPWDD staff will conduct initial assessments -- for independence and impartiality

Conflict-Free Case Management

Development of state oversight and implement safeguards for separation between the provision of services and case management.

Develop a Life Plan based on the results of an assessment

Arrange for services and supports

Support the individual and the individual's caregivers in directing the provision of services and supports

Conduct ongoing monitoring to assure the services and supports meet the individual's needs and outcomes

Electronic Information Exchange

- What is an Electronic Information Exchange?
  - Allows a provider or oversight entity access to relevant information regarding individuals' care.
  - Can lead to improvements in the efficiency, continuity, safety and quality of care
- The PF Exchange will connect statewide data and a DISCO's data collection
- Care intelligence and has quality benchmarking capability

Funding the Structural Changes

Potential Funding Sources

- Health Care Innovation Challenge (I & II)
- Administrative Claim

Initial investments with out-year savings

- Assessment Tool
- Health Risk Screening Tool
- Electronic Information Exchange

WHY THE 1115 AUTHORITY

System Transformation

Improving Access
- Redesigned statewide needs assessment and equitable resource allocation
- No Wrong Door access for people who need to access Medicaid services under any state agency

Creating a New Services Menu
- Improved menu of community-based supports, including evidence-based clinical and behavioral support services and family supports

Reforming Service Delivery
- Redesigned service delivery system with new reimbursement models for institutional and community-based care systems

Instituting Quality Improvement
- Redesigned service delivery system with new reimbursement models for institutional and community-based care systems

Addressing Unique Needs using a Managed Care Framework

- **Innovative person-centered solutions** that support lifelong learning, and movement with supports can change as individual interests and needs change

- **Increased capacity for meeting more people's needs in the most integrated settings**, allowing transition from current institutional settings to community settings and providing specialized developmental disabilities services for individuals in nursing facilities

- **Creative staffing options and greater access to technological innovations and other goods and services** that help people lead richer lives and realize meaningful outcomes

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Next Steps

- Quality Call tomorrow

- January 25th Quarterly Meeting

- Additional follow-up on the Managed Care call (1/11)

- NYS & CMS staff working on cost data and fiscal analysis

CMS Conference Call
Quality Reforms
January 19, 2012

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Topics

- NYS Quality Vision under Managed Care

- OPWDD 2011 Reforms

- Results of Environmental Scans and Overview of Jan. 20th Workplan

- Transition Quality Infrastructure to 1115 Waiver Managed Care Framework

Managed Care – a Reform Initiative

- New York needs to reform:
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- A managed care system specially designed to support people with developmental disabilities will:
  - Build on the 30+ years of experience in supporting people with developmental disabilities
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  - Improve care coordination across systems
  - Operationalize a new capitated rate structure

NYS Quality Vision Under Managed Care Framework

NYS DOH- Consistent Core Standards for All MC Plans

OPWDD- Additional standards for specialized dd plans

OMH-additional standards for specialized behavioral plans

- NYS DOH Sets Plan Requirements, Rate setting, Quality Indicators, Core oversight for All MC Plans

- Plans for complex/specialized populations require specialized standards and expertise

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2011 OPWDD Quality Reforms

Health and Safety

- Incident Management and Investigations
- Communications, Culture Change, and Transparency

Qualified Providers

- State Workforce reforms
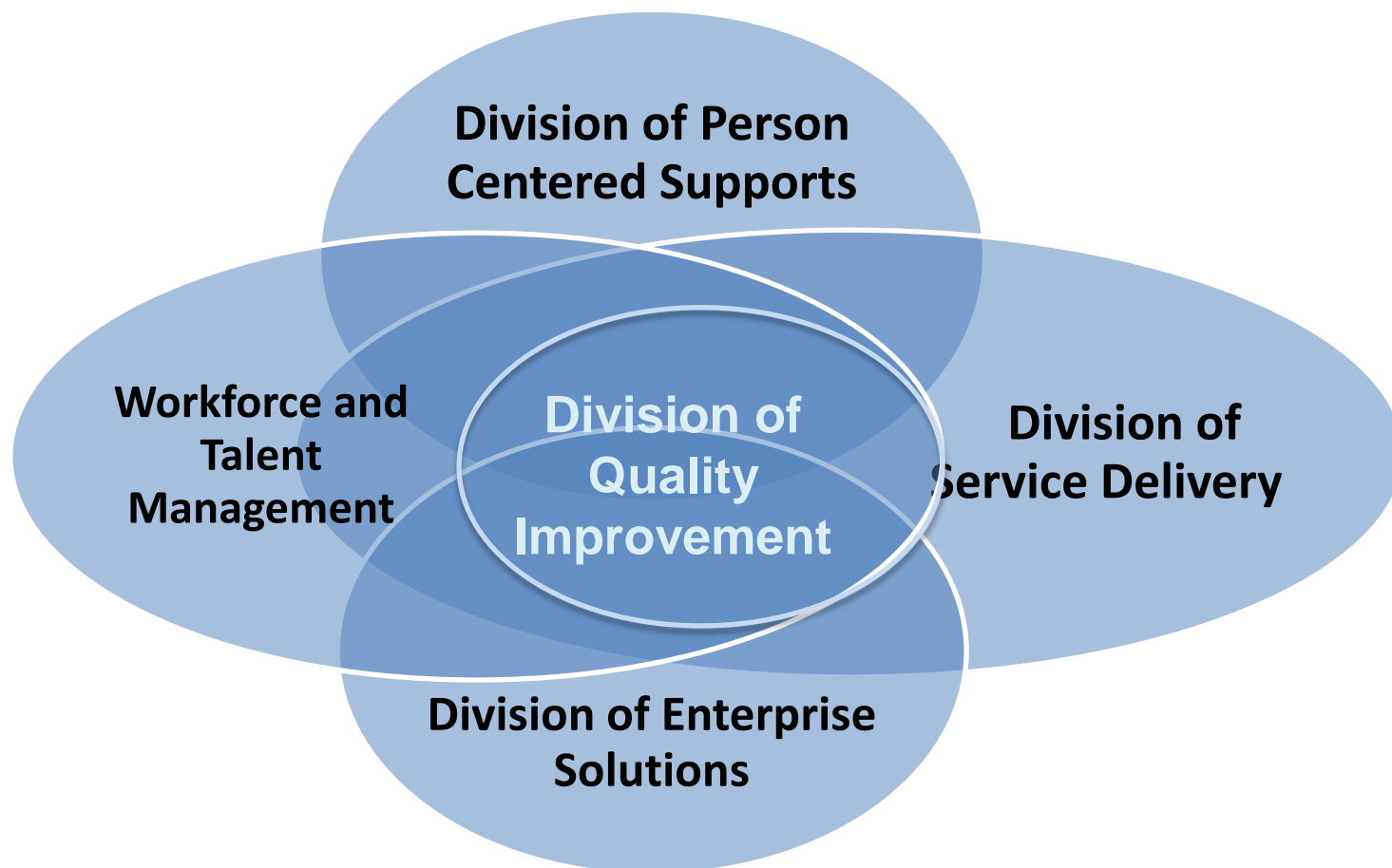- Provider Performance and Accountability

Systems Improvements

- Organizational Restructure to Strengthen Services and Supports and increase focus on quality
- Key Leadership Positions filled with Experienced Leaders

Organizational Changes to Strengthen Services and Supports and the OPWDD Quality Improvement Strategy

Health and Safety Reforms

Centralized Incident Management

- Created centralized incident mgmt. unit in April 2011 to provide real time oversight for serious incidents and abuse
- Mandated use of electronic Incident Reporting and Management System (IRMA) by all state/voluntary agencies
- Completed mandatory IRMA training in Summer 2011

Health and Safety Reforms

Centralized Incident Management continued

- Instituted requirements to improve reporting of incidents that may be a crime to law enforcement.
- Providers must immediately report all incidents of physical and sexual abuse that may be a crime to law enforcement.
- Commission on Quality of Care and Advocacy for People with Disabilities given access to IRMA.

Health and Safety Reforms

Fire Safety and Prevention

- Established new fire safety plan; October 7, 2011 an ADM issued standardizing fire safety practices.
- Beginning in January 2012, NYS Office of Fire Prevention and Control (OFPC) will conduct fire and Life Safety Code inspections.
- OFPC will also develop fire safety curricula, review evacuation plans, conduct fire drills and safety programs, and review vendor contracts.

Health and Safety--Investigations

April 2011

Centralized Investigations Unit established to conduct investigations of abuse in state programs.

June 2011

National Expert (Labor Relations Alternatives) trains and certifies all centralized state investigators –51 investigators certified

November 2011

New regulations promulgated to enhance independence of all investigators state wide.

Health and Safety: Culture Change and Transparency
Developing a Stronger Communications Platform

Training on Positive Relationships

Positive Relationships Offer More Opportunity to Everyone Training (Promote)

"I Spoke Out" Campaign

Ensuring Every Employee's Voice is Heard

Empowering Individual's and Families

Qualified Provider Reforms

State Workforce

- Raised qualifications for state direct support professionals effective April 2011; New hires must have HS diploma or equivalent and undergo pre-employment psychological and fitness testing, mandatory drug testing, CBC, vetted against Statewide Registry for Child Abuse and Maltreatment and the Medicaid Excluded Provider List.

- 23,000 state employees trained to reinforce principles of individual respect, dignity and professional ethics— regulations requiring annual training finalized 11/1/11.

- Implemented new requirements for enhanced supervision and training of state employees who have been involved in minor incidents when returning to work to improve performance.

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Qualified Provider Reforms

State Workforce Accountability

- Implemented new requirements for enhanced supervision and training of state employees who have been involved in minor incidents when returning to work to improve performance.
- Strengthening the Disciplinary Process through new statewide disciplinary panel
- Enhanced employee supervision and suspension without pay in substantiated cases of physical and sexual abuse
- Consistent application of penalties included in new union contract
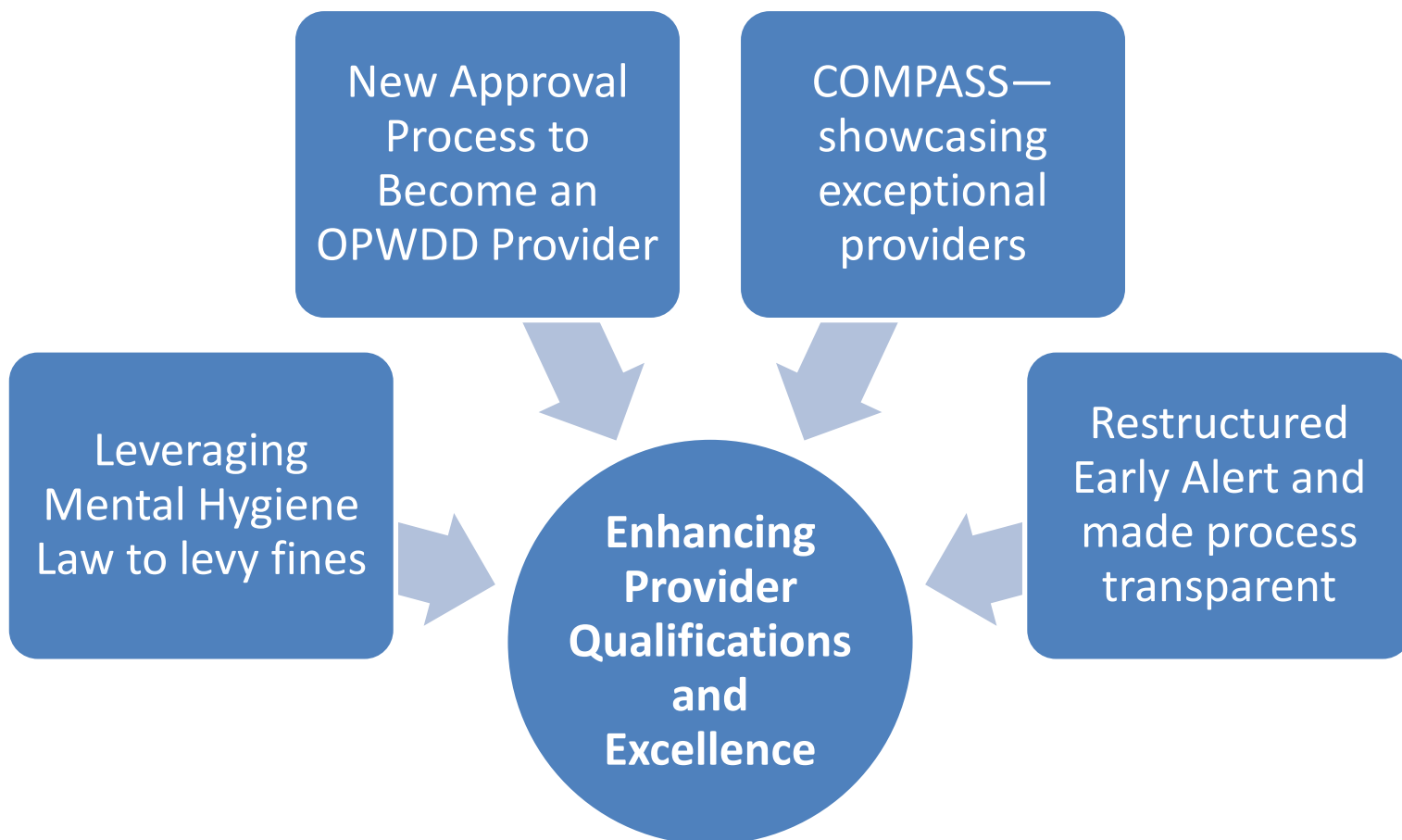
Qualified Provider Reforms

Development of Core Competencies

- Established the NYS DD Talent Development Consortium to develop uniform set of core competencies and training standards for all Direct Support Professionals (DSP) and Supervisors across the system

QIS --Some Recent Measures of Progress for 2011 Reforms

- 23,000 state employees were trained

- 51 newly certified investigators

- An incident of physical abuse is now over **5x more likely to be reported** to law enforcement than two years ago

- The average time taken to enter data into IRMA has decreased from **30 to 3 days**

- The average monthly rate of suspension w/o pay went from **69 to 130 days**

Environmental Scans and 2012 Workplan

- The environmental scans confirmed that we were on the right track with our 2011 reforms

- The scans also identified some opportunities for improvement—such as formal use of our aggregated data for continuous quality improvement across the system

Environmental Scans and 2012 Workplan—Strengthen DOH Administrative Oversight

Revise MOU

Revised Performance Measures

Value added oversight

Environmental Scans and 2012 Workplan

- Set up of Office of Strategic Planning and Performance Measures to enhance use of our aggregated data for systems improvements

- Amend the Quality Improvement Strategy (QIS) for enhanced integration of quality initiatives across the system

- Create QIS Steering Committee and Mortality Review and Data Aggregation and Analysis Subcommittees

OPWDD Continuous Quality Improvement
New Draft Integrated Cross-Divisional Committee Structure

Environmental Scans and 2012 Workplan

- Establish and implement core competencies for direct support professionals and supervisors and care coordination team as we move into the 1115 waiver

- Strengthen service plan development, implementation and monitoring by incorporating nationally normed assessment tool(s) and enhancing the monitoring function

QIS --Transparency Project

Agency Performance vs. State-wide Performance

- ❑ **Health & Safety**
- ❑ **Qualified Provider**
- ❑ **Individualized Planning & Services**
- ❑ **Community Inclusion**
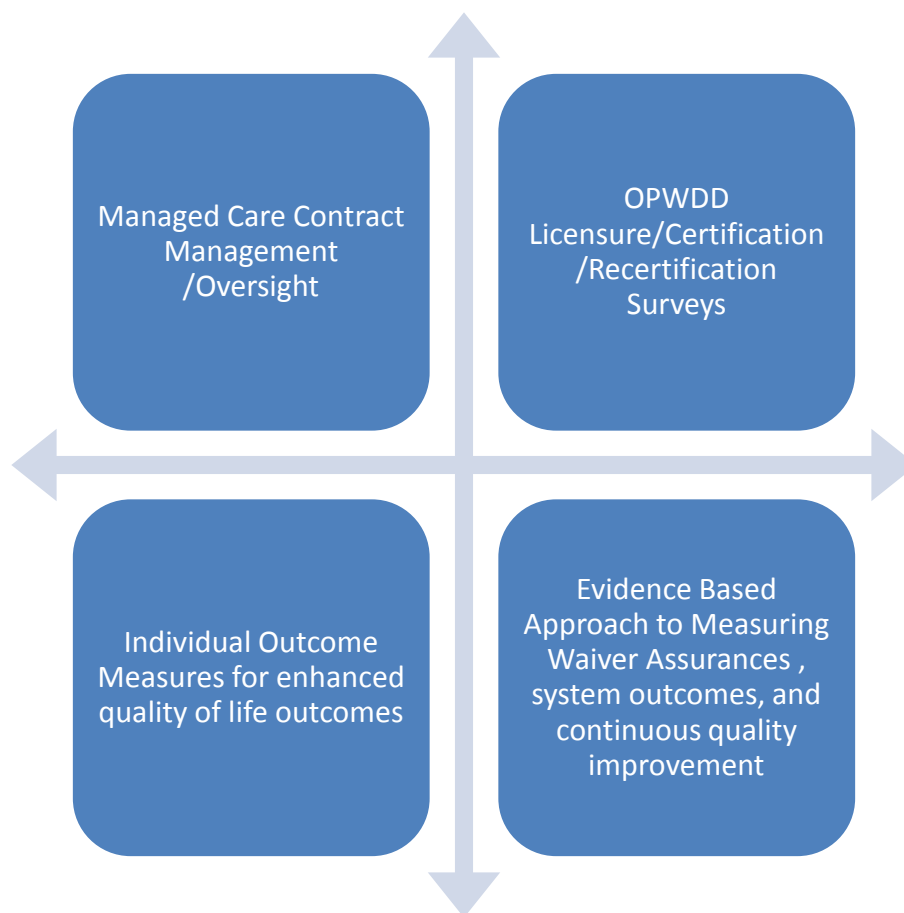- ❑ **Self Assessment Activities**

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Transition of Quality Framework to 1115 Waiver

1115 Waiver Quality Framework

Managed Care Contract Management /Oversight

OPWDD Licensure/Certification /Recertification Surveys

Individual Outcome Measures for enhanced quality of life outcomes

Evidence Based Approach to Measuring Waiver Assurances , system outcomes, and continuous quality improvement

Examples of Some Specialized Managed Care Contract Requirements

- Governance requirements, inclusion of people who receive services

- Network adequacy and choice—diversity, multi-cultural options, all services covered including self-directed options

- Flexible and individualized service design and residential options

- Due process and grievance procedures

- Team approach to care coordination based on individualized needs

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What are the Expectations for Plans to Support 1115 Demonstration Objectives?

- Contract will explicitly require that all individuals have the option of self-direction and an individual service budget (employer and budget authority)

- Performance standards related to employment for enrollees

- Financial incentives for more integrated living

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1115 Waiver Quality Framework

- Continues state licensure/certification and survey activities

- Enhances expectations for individualized services and outcomes through more flexible service design models

- Continues evidence based approach to measure adherence to waiver assurances

- Individual outcome measures and satisfaction

- System outcomes and continuous quality improvement strategies

- Transparency of Agency Performance Ratings

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Quality Roles and Responsibilities—Moving NYS's DD System to Specialized Managed Care

	Care Management Plan Oversight and Monitoring	Waiver Assurances (e.g., Assuring Health and Safety)	System Outcomes	Individual Outcomes
DOH	•Uniform statewide policy, requirements, and plan effectiveness measures	• Administrative Oversight of Operating Agency (OPWDD) •Medicaid oversight	•Reviews overall effectiveness of quality system	•Reviews overall effectiveness
OPWDD	•Contract management and oversight of DD system requirements	•Operates waiver • licensure/certification •Surveys •Policies, procedures, regulations, guidance, health and safety alerts, etc.	•Continuous quality improvement/QIS •DD Care coordination oversight and quality measures •NCI •Quality Committee Matrix and other performance measures •Transparency	•Benchmarks in care plan •Quality of life individualized indicators •Health outcomes and prevention •Community integration •Individual choice and satisfaction
DISCO	•Contract compliance, network adequacy for individual choice of provider, and oversight of network providers	• DISCO to demonstrate evidence based compliance with Health and Safety, Care Planning, Fiscal Accountability and other assurances for its network	•Quality improvement plan for network •Continuous quality improvement required •Network level data aggregation	•Benchmarks in care plan •Quality of life individualized indicators •Health outcomes and prevention •Community integration •Individual choice and satisfaction
Provider	•Delivers quality services under all OPWDD requirements	•Compliance with waiver assurances	•Quality service delivery measures –agency level aggregation	•Monitors satisfaction with quality of services for each individual

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Quality Metrics and Evaluating People First Plans

New York State will adopt measures to ensure plans' provide quality **health care** outcomes for individuals:

- Rate of emergency department utilization

- Rate of hospitalization

- Hospital readmissions (percentage of enrollees with more than one hospital admission in six-month period)

- Access to routine health care (percentage of enrollees with annual physical, annual flu shots)

- Interest in piloting health risk screening tool as a means of evaluating care and enhancing oversight

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- Number/percentage of people served with paid, community employment

COMPASS Pilot Project
1 Year Timeline

Enhanced use of assessment tools that can effectively pinpoint need

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Person Centered Care Planning and flexible individualized service design strategies

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Individual health and quality of life indicators for a richer life for people with dd

Next Steps

- How do we document content of meetings? Update application, RAI process?

- Follow-up on Managed Care dialogue

- January 25th quarterly phone call