Achieving the Transformation Vision: An Update

NY Association on Independent Living

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Back, Yet Forward, to the Future

- Celebrating ADA & Olmstead
- NYS Transformation Agenda
- OPWDD Transformation Panel
- 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
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
- 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
Cumulative Total Self Hire with Budget Authority + New Individuals Signing SD/CH MOUs

Total New Self-Direction Plans + Agency Supported Self-Direction MOUs
July 23, 2015

* includes new SD/CH MOUs from previous quarters and not previously counted
Person Centered Planning (PCP): Federal Regulations

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
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
OPWDD Employment Services

Pre-Voc
- General job readiness skills: following instruction, attention to detail, communication, etc
- Individuals can be paid while developing pre-voc skills or engage in volunteer activities
- Earnings are minimum wage and most pre-voc services are provided in workshops

Pathway to Employment
- Career Planning Service with focus on “discovery” and community experiences that develop potential job interests
- Time limited
- Prepares individuals for supported employment services

SEMP
- Job development
- Job coaching
- Job retention

ETP
- Paid internship program
- OPWDD pays salary (short-term)
- Business hires individual
Reasons Employment is Not Maintained

1. Behavior Challenges (15%)
2. Cannot Master Skills (18%)
3. No Longer Wanted to Work (16%)
4. Medical (2%)
5. Layoff/Budget (8%)
6. Dissatisfaction with Job (8%)
7. Financial Disincentive (12%)
8. Lack of Transportation (13%)
9. 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

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
Legal Framework for Housing Transformation

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 reinvestment fund
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
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 = $5.3 billion
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.
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?

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
Key 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
Care Coordination is a System

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

➢ Increased individual satisfaction and choice through person-centered planning
➢ Service authorization, activation and monitoring with reduced paperwork
➢ Improved access to services and providers and reduction of unnecessary delays
➢ Enhanced integrated opportunities for independence to the extent possible
➢ Support of meaningful outcomes and value-based performance metrics
➢ IT enabled communication
Real Transformation Depends Upon Direct Support Professionals

• Approximately **364,400 New Yorkers** are 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.

• The 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.

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

Be certain that the credential program is accessible, applicable and relevant for individuals and families that self-direct in the state of NY.

Develop and solicit responses to a request for qualifications (RFQ) for an independent entity to manage the DSP credential administration no later than July 1, 2016.
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
Conclusion: Achieving the Promise for Inclusion

Individuals and Families

Supports & Services

OPWDD
Questions and Discussion