Partnership Plan
Section 1115 Quarterly
Demonstration Year: 15 (10/1/2012 – 9/30/2013)
Federal Fiscal Quarter: 4 (07-01-2013 – 09/30/2013)

I. Introduction

On September 29, 2006, the Centers for Medicare and Medicaid Services (CMS) approved an extension of New York's 1115 waiver, known as the Partnership Plan, for the period beginning October 1, 2006 and ending September 30, 2010. CMS subsequently approved a series of short term extensions while negotiations continued on renewing the waiver into 2014. On July 29, 2011, CMS approved a renewal of the Partnership Plan for the period 8/1/11 through 12/31/14, with some waiver components expiring earlier to reflect implementation of the Affordable Care Act (ACA). CMS approved three waiver amendments on September 30, 2011, March 30, 2012 and August 31, 2012, incorporating changes resulting from recommendations of the Governor's Medicaid Redesign Team.

In addition, on September 29, 2006, New York State received approval for a five-year 1115 demonstration entitled Federal-State Health Reform Partnership (F-SHRP). This was effective October 1, 2006 through September 30, 2011. On March 31, 2011 F-SHRP was extended for three years, April 1, 2011 through March 31, 2014. This demonstration will expire on that date.

Currently, a Phase Out Plan proposing the transition of the remaining populations in F-SHRP to the Partnership Plan and addressing the continuation or expiration of the other F-SHRP components was submitted to CMS on November 27, 2013. Implementation of this Phase Out Plan is pending.

II. Enrollment

Fourth Quarter

Demonstration Populations (as hard coded in the CMS 64)	Current Enrollees (to date)	# Voluntary Disenrolled in Current Quarter	# Involuntary Disenrolled in Current Quarter
Population 1 – TANF Child under 1 through 20 in mandatory counties as of 10/1/06	**1,676,454**	**34,389**	**66,505**
Population 2 - TANF Adults aged 21 through 64 in mandatory counties as of 10/1/06	**498,364**	**12,683**	**21,913**
Population 3 – Safety Net Adults	**847,398**	**21,405**	**29,610**
Population 4 – Family Health Plus Adults with children	**338,356**	**7,327**	**20,913**
Population 5 – Family Health Plus Adults without children	**96,221**	**2,126**	**6,552**

Demonstration Year Voluntary Disenrollment

Demonstrations Populations	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Population 1 – TANF Child under 1 through 20 in mandatory counties as of 10/1/06	23,079	23,190	25,042	34,389
Population 2 – TANF Adults aged 21 through 64 in mandatory counties as of 10/1/06	9,261	9,093	10,394	12,683
Population 3 – Safety Net Adults	17,858	17,151	19,496	21,405
Population 4 – Family Health Plus Adults with children	5,803	5,628	6,172	7,327
Population 5 – Family Health Plus Adults without children	1,740	1,697	1,977	2,126

Demonstration Year Involuntary Disenrollment

Demonstration Populations	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Population 1 – TANF Child under 1 through 20 in mandatory counties as of 10/1/06	63,168	58,449	66,408	66,505
Population 2 – TANF Adults aged 21 through 64 in mandatory counties as of 10/1/06	24,850	27,009	22,835	21,913
Population 3 – Safety Net Adults	34,851	44,057	26,451	29,610

Population 4 – Family Health Plus Adults with children	21,073	23,611	20,917	20,913
Population 5 – Family Health Plus Adults without children	6,407	7,817	6,781	6,552

Explanation of Populations:

- Population 1 – TANF child under 1 through 20 ('new' MC Enrollment)
- Population 2 – TANF Adults aged 21 through 64 ('new' MC Enrollment)
- Population 3 – Disabled Adults and Children (SSI 0 through 64 Current MC)
- Population 4 – Disabled Adults and Children (SSI 0 through 64 New MC)
- Population 5 – Aged or Disabled Elderly (SSI 65+ Current MC)
- Population 6 - Aged or Disabled Elderly (SSI 65+ New MC)

Partnership Plan Waiver – Voluntary and Involuntary Disenrollment

Total # Voluntary Disenrollments in Current Demonstration Year[1]	**255,511**

Reasons for voluntary disenrollments include: enrollment in another plan; approved enrollee request to qualify as either exempt or excluded; relocation to residence outside county of enrollment; and, Local Department of Social Services (LDSS) approval to disenroll based upon appropriate cause.

Involuntary Disenrollments	
Total # Involuntary Disenrollments in Current Demonstration Year[1]	**600,177**

Reasons for involuntary disenrollments include: loss of Medicaid eligibility; eligibility transfers between Family Health Plus (FHPlus) and Medicaid; inappropriate enrollment and death.

III. Outreach/Innovative Activities

The New York State Department of Health (the Department), Maximus and the local departments of social services (LDSS) continue to provide education and outreach in the areas of enrollment and health plan selection to Medicaid eligible individuals that are not enrolled in managed care.

A. Progress of Mandatory Managed Care Expansion

As of November 2012, the expansion of mandatory Medicaid managed care is complete, with programs operating in all counties of the state, including New York City. During this quarter, staff continued to provide technical support to both county staff and providers in all

[1] Demonstration year to date: 10/01/2012 – 09/30/2013

counties. The counties opting to utilize the assistance of the enrollment broker also received support from Maximus staff.

B. New York City (NYC) Outreach Activities

The total Medicaid eligible population in NYC is approximately 3.1 million. Currently, 2.2 million are enrolled in a managed care plan, including eligible SSI recipients.

The Medicaid Redesign Team (MRT) changes implemented during the reporting period had a significant impact on the work of New York Medicaid Choice (NYMC).

NYMC Field Customer Services Representatives (FCSRs) were assigned to cover 6 HIV/AIDS Services Administration (HASA) sites, 13 Medicaid offices and 17 Job Centers.

The Education and Enrollment Driven Referral (EED) process was responsible for 84% of the total consumers engaged by NYMC in the last quarter.

The overall activities at Medicaid offices remained constant averaging 14 consumers per work session. A work session covers a half day of work activities.

A total of 2,649 presentations were scheduled by NYMC. Of these, 584 or 22% of the total scheduled presentations were observed by the Contract Monitoring Unit (CMU).

C. New York State (outside of NYC) Outreach Activities

The Department hosted three Medicaid Managed Care Coalition meetings to provide information on MRT #1458, including expansion of the Medicaid managed care benefit package to include: Adult Day Health Care, AIDS Adult Day Health Care, and Directly Observed Therapy for Tuberculosis.

IV. Operational/Policy Developments/Issues

A. Partnership Plan Waiver Amendments

The Department finalized and received CMS approval of the Special Terms and Conditions (STCs) for enrollment of individuals in the Long Term Home Health Care Program (LTHHCP), 1915(c) waiver program offering home based care to individuals who would otherwise be admitted to a nursing home. Dually eligible LTHHCP participants over age 21 are required to enroll in a MLTC plan based on a phase-in schedule approved by CMS. Dually eligible LTHHCP participants aged 18 through 20 may choose to sign up for an MLTC plan approved to enroll individuals aged 18 and older and dually eligible individuals aged 21 and under. Non-duals of any age may voluntarily enroll in a MMMC plan.

CMS granted the Department authorization for MMMC enrollment of individuals in foster care who are placed in the community directly by LDSS. This does not extend to: 1) individuals in foster care in a waiver program; 2) those placed through a contracted agency; 3) those housed in an institution. In addition, the Department received CMS authorization for managed care enrollment of individuals eligible through the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program.

B. Health Plans

1. Changes to Certificates of Authority:

   - Amerigroup New York, Inc. Medicaid managed care was removed from Orange county effective July 1, 2013.

   - HealthNow New York, Inc. Medicaid managed care and Family Health Plus was removed from Genesee and Niagara counties effective July 1, 2013.

   - UnitedHealthcare of New York, Inc. has been approved for expansion into Albany, Chautauqua, Chemung, Columbia, Essex, Genesee, Niagara, and St. Lawrence counties for Medicaid managed care and Family Health Plus effective September 1, 2013.

2. Routine surveillance activity for the quarter included operational surveys for the following plans:

   - Capital District Physicians' Health Plan, Inc. Survey was conducted from May 13, 2013 to July 16, 2013. A Statement of Deficiencies was issued.

   - Excellus Health Plan, Inc. Survey was conducted from May 13, 2013 to August 29, 2013. A Statement of Deficiencies was issued.

   - Health Insurance Plan of Greater New York. Survey was conducted from July 16, 2013 to July 19, 2013. No deficiencies were cited.

   - Hudson Health Plan, Inc. Survey was conducted from September 9, 2013 to September 12, 2013. No deficiencies were cited.

   - WellCare of New York, Inc. Survey was conducted from September 25, 2013 to September 26, 2013. No deficiencies were cited.

   - Amida Care, Inc. Survey was conducted from May 21, 2013 to May 24, 2013. A Statement of Deficiencies was issued. A plan of correction has not yet been received.

   - UnitedHealthcare of New York, Inc. Survey was conducted on April 22, 2013. No deficiencies were cited.

   - HealthFirst PHSP, Inc. Survey was conducted from April 17, 2013 to April 18, 2013. No deficiencies were cited.

   - Metro Plus Health Plan, Inc. and Metro Plus Health Plan SNP, Inc. Surveys were conducted from June 17, 2013 to June 21, 2013. Statements of Deficiencies are pending.

3. Routine provider directory surveys were conducted for health plans in the first half of 2013 with the following results. Where deficiencies were found, plans were required to provide plans of corrections.

The following plans received a Statement of Deficiency as a result of the Provider Directory Survey:

Amerigroup New York, LLC.
Amida Care, Inc.
HealthFirst PHSP, Inc.
Health Insurance Plan of Greater New York.
Hudson Health Plan, Inc.
Independent Health Association, Inc.
Metro Plus Health Plan, Inc.
Metro Plus Health Plan SNP, Inc.
MVP Health Plan, Inc.
Neighborhood Health Providers, Inc.
New York State Catholic Health Plan, Inc.
UnitedHealthcare of New York, Inc.
VNS Choice
Wellcare of New York, Inc.

Beginning in the second quarter of 2011, the Department delegated the member services survey to its agent, IPRO. No problems were found with access to health plan telephone lines.

C. Fiscal Year (FY) 2013 State Budget Changes to Medicaid

Under the FY 2013 New York state budget, all previously existing exclusions or exemptions from mandatory enrollment into Medicaid managed care were eliminated. The Commissioner of Health was given the discretion to mandate enrollment of new populations into managed care once rates and benefits were in place. Two additional capitated programs were created within the Medicaid program: Fully Integrated Duals Advantage plans (FIDAs), and Developmental Disability Individual Support and Care Coordination Organizations (DISCOs). The budget also provides the Commissioner of Health with the authority to include additional services in the Medicaid managed care plan benefit package.

D. Waiver Deliverables

1. Family Health Plus Buy-in Program

Development Activities

The United Federation of Teachers (UFT) contracted with New York State and the NYS Office of Children and Family Services to provide all 25,000 of its child care providers with access to health insurance through the FHPlus Employer Buy-In program. UFT has partnered with the Health Insurance Plan of New York (Emblem Health) to provide a network of services to their members. The child care workers are licensed and registered home child care providers in New York City and provide services to low-income families. During the fourth quarter, a total of 1,239 unsubsidized UFT members were enrolled in the FHPlus Buy-In program. For child care workers who are eligible for Medicaid or FHPlus, the premium is paid through the state.

Due to recent legislation, the FHPlus Buy-In Program will be ending December 31, 2013. UFT consumers who are enrolled in Emblem Health have been notified and will be assisted by the New York State of Health in selecting a new health insurance plan.

2. Family Health Plus Premium Assistance Program

The FHPlus Premium Assistance Program (PAP), for individuals who are eligible for FHPlus and have access to cost effective health insurance went into effect on January 1, 2008. Total enrollment as of June 30, 2013 is 3,077 individuals.

Enrollment in ESHI Through FHPlus PAP	New Enrollment 04/01/13-06/30/13	Total Enrollment June 30, 2013
FHPlus Adults with children	**64**	**750**
FHPlus Adults without children	**281**	**2,327**
Total	**345**	**3,077**

Age group for reporting Quarter 4/01/13-6/30/13	Number of Enrollees
19-44	**2,590**
45-64	**487**

Data for the period of July 1, 2013 – September 30, 2013 is not available at this time.

3. Medicaid Eligibility Quality Control Plan (MEQC)

- MEQC 2008 – Appropriateness of Applications Forwarded to LDSS Offices by Enrollment Facilitators:

  Review activities were transitioned to the Department review staff for completion because the project agreement that supported this review expired. During the reporting period, the Department continued to compile the review results and draft a final summary.

- MEQC 2009 – Review of Medicaid Eligibility Determinations and Redeterminations for Single and Childless Couple Individuals Determined Ineligible for Temporary Assistance:

  The Pacific Health Policy Group (PHPG), the contractor hired to assist the Department with multiple MEQC reviews, continued to follow up with state program and system staff to establish the proper protocols for generating the universes of cases that meet the review requirements. Availability from the Department's system staff continues to be limited because of other system priorities (i.e., system work related to ACA and the Marketplace). System staff involvement was deemed necessary because the universe specifications for this review are more complicated than usual. Several multi-step edit processes are needed to accurately identify the universes of cases from which to pull the review samples.

  Based on discussions with regional CMS staff, PHPG began exploring the feasibility of using another approach that would rely less on system staff. If feasible, the revised approach will likely require numerous staff hours to manually

evaluate and remove the cases that don't fit the project criteria (i.e., mimicking the multi-step programming processes).

- MEQC 2010 – Review of Medicaid Eligibility Determinations and Redeterminations for Persons Identified as Having a Disability:

  Despite issues that continued to emerge while attempting to identify the proper universes of cases, the Department and PHPG continued to work together to successfully develop, test and implement the programming specifications. A letter kicking off the review was issued to the various district offices on April 2, 2013. PHPG has requested copies of the appropriate case record information and the review process has begun. It is expected that initial, peer, supervisory and quality assurance reviews will be complete on or around October 15, 2013 so that final feedback from the districts can be collected on or around November 29, 2013.

- MEQC 2011 – Review of Medicaid Self Employment Calculations

  Review results were finalized and a summary report was issued to the regional CMS office on June 28, 2013.

- MEQC 2012 – Review of Medicaid Income Calculations and Verifications

  Review results were finalized and a summary report was issued to the regional CMS office on July 25, 2013.

- MEQC 2013 – Review of Documentation Used to Assess Immigration Status and Coding

The Department and PHPG continued to work together to finalize the programming specifications needed to draw the universe of cases from the Department's data warehouse system. It is expected that testing and sample validation processes will be completed during the next quarter. In addition, it is that preliminary review results will be compiled by December 31, 2013 so that final results can be reported to CMS by March 31, 2014.

4. Health Systems Transformation for Individuals with Developmental Disabilities (DD Transformation).

   See Attachment 3 – DD Transformation.

E. State Health Access Program Grant (SHAP)

As previously reported, there will be no new Health Research and Services Administrations (HRSA) appropriations to support SHAP-funded programs for years three through five; this decision affected all SHAP states. The Department received approval to use unexpended SHAP funds. SHAP funds are currently being used, in part, to help support Enrollment Center operations. The Enrollment Center began operations on June 13, 2011, and consolidated the FHPlus, Medicaid, and Child Health Plus (CHPlus) call centers. The Enrollment Center is also processing certain upstate renewals, and is preparing to expand processing to include a subset of NYC Premium Assistance cases as well as statewide presumptive eligibility Family Planning Benefit Program (FPBP) applications.

F. Benefit Changes/Other Program Changes

Home Delivered Meals and Medical Social Services: Effective April 1, 2013, these two services were added to the Medicaid managed care benefit package for enrollees who have transitioned to a MMMC plan from the Long Term Home Health Care Program (LTHHCP) and were receiving home delivered meals under the LTHHCP. This addition to the benefit package will prevent the loss of access to this service for LTHHCP participants upon MMMC enrollment and may reduce the risk of failure for these specific enrollees to remain in the community.

Pharmacy Network for Specialty Drugs: Effective April 1, 2013, managed care organizations (MCO) must permit each enrollee to fill any mail order covered prescription at any mail order or non-mail order retail pharmacy in the MCO's network. If the MCO has designated a specific pharmacy or pharmacies for filling prescriptions for a particular drug or drugs, the enrollee may fill such prescriptions at any other pharmacy in the MCO's network provided that the pharmacy agrees to a comparable price of the pharmacy designated by the MCO.

Adult Day Health Care (ADHC) and AIDS Adult Day Health Care (AIDS ADHC): The Department is awaiting authorization from CMS regarding the addition of ADHC and AIDS ADHC to the Medicaid managed care benefit package. These programs are designed to assist individuals to live more independently in the community or to eliminate the need for residential health care services. Individuals currently in receipt of these services will receive 90 days of transitional care with the current care plan, or until the MCO authorizes an alternate care plan, whichever is later. This addition to the benefit package will prevent the loss of access to this service for MMMC enrollees who transition from fee-for-service Medicaid and may reduce the risk of failure for these specific enrollees to remain in the community.

Directly Observed Therapy for Tuberculosis (TB/DOT): The Department is awaiting CMS approval to include TB/DOT in the Medicaid managed care benefit package. TB/DOT is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen, and to monitor effectiveness of the prescribed treatment. Previously MCOs included medications for the treatment of tuberculosis, and this initiative adds the direct observation to ensure medications are appropriately ingested.

G. Twelve Month Continuous Coverage

In 2007, revisions were made to Chapter 58 of the New York State Social Services Law to provide continuous coverage for certain Medicaid beneficiaries and FHPlus enrollees for a period of twelve months from the date of initial eligibility and subsequent redetermination of eligibility. This proposal will provide stability and continuity of coverage and care to certain adults in the same way that it has for children on Medicaid. The adults covered under this proposal are those that are categorized under the Modified Adjusted Gross Income (MAGI) category, to potentially include pregnant women, parents/caretaker relatives, and other adults under age 65. Twelve months continuous coverage for the above mentioned adults will be implemented January 1, 2014 with the implementation of the New York Marketplace.

H. Federally Qualified Health Services (FQHC) Lawsuit

CHCANYS, et al vs NYS Dept of Health -- The case remains pending on appeal before the Second Circuit Court of Appeals (federal court), with both sides having filed appeals from different elements of District Court Judge Carter's February, 2013 decision.

I. Managed Long Term Care Program

CMS provided approval for the mandatory enrollment of dual eligible recipients, 21 years of age or older receiving more than 120 days of community based long term care services, into a Managed Long Term Care Plan (MLTCP) on August 31, 2012. The initiative offers three (3) models of MLTCPs: partially capitated; the Program of All-Inclusive Care for the Elderly (PACE); and, Medicaid Advantage Plus (MAP). Both PACE and MAP include Medicare and Medicaid covered services in the benefit package and require the participant to be nursing home eligible; partially capitated plans include only Medicaid covered benefits. Recipients must choose a plan to receive services. If no choice is made, the recipient is enrolled into a partially capitated plan.

The mandatory enrollment process began in New York County in June 2012 with announcement letters notifying recipients of fee for service personal care services (of at least 120 days and 120 days of Medicaid eligibility) that the Medicaid program was changing, the recipients then received a mandatory notice and materials to start the choice period. Recipients eligible were given sixty (60) days to choose a plan. The enrollment process has followed the enrollment plan submitted with the Partnership Plan amendment, by New York City borough (Bronx, Brooklyn, Queens and Staten Island) through December 2012. The population seeking services is now directed by Health Resources Administration (HRA) case workers to New York Medicaid Choice (NYMC), the New York State enrollment broker, which provides information and counseling to consumers, facilitates enrollment, educates plans and supports the state with data gathering.

All MLTCP models provide a person-centered plan of care, integration of health care, environmental and social services and a supportive transition from the previous, fragmented, FFS process to coordinated managed care.

1. Accomplishments

- Mandatory enrollment process initiated and continuing in all five boroughs. Due to the length of the prior authorization and Medicaid eligibility periods, additional cohorts from all NYC counties will continue to be identified for the enrollment process; the anticipated time frame to transition all personal care cases in the five boroughs is June 2013. The mandatory transition process for Personal Care Services in NYC counties was essentially completed as of September 2013.

- Expanded the scope of the mandatory enrollment initiative by incorporating additional benefits into the MLTC benefit package. Recipients receiving services through the Consumer Directed Personal Care Program can now receive that benefit through a MLTCP and are included in the mandatory enrollment population. This was made effective in November of 2012. (See separate section below).

- Completed systemic process to identify recipients receiving Private Duty Nursing (PDN) and/or Adult Day Health Care services and include these consumers in the mandatory enrollment cohort. A systemic process to identify recipients receiving Certified Home Health Agency (CHHA) services is in development. The LTHHCP population can be identified and will be transitioned when CMS approval is received.

- Expanded MLTCP availability by approving 13 service area expansions, 2 new lines of business for operational MLTCPs, and 12 new certificates of authority since September 2012.

- Developed, in consultation with local officials and NYMC, processes for Nassau, Suffolk and Westchester local social services districts to commence notification to participants in January 2013.

- Established a standardized process for MLTCPs to enter into agreements with entities for the provision of Care Management Services. The three documents developed and issued to plans, Care Management Administrative Services Contract Statement and Certification, Standard Clauses for Care Management Administrative Services Contract, and Care Management Administrative Services Contract Guidelines for MLTC Plans, allow MLTCPs to establish this relationship in an expedited manner. Care management is the foundation of the managed long term care process.

- New York's Enrollment Broker, NYMC, conducted the MLTC Post Enrollment Outreach Survey which contains specific questions specifically designed to measure the rate at which consumers are able to maintain their relationship with their personal care aide or home attendant. For the period ending December 2012, 957 surveys were completed and found that 86% of the respondents are receiving services from the same home attendant (personal care) agency. For the period from July 2013 to September 2013 post enrollment surveys were completed for 1,604 enrollees and 86% of the respondents are receiving services from the same home attendant.

- Expanded the scope of the transition of community based services to include Certified Home Health Agency care, Private Duty Nursing and Adult Day Health Care services in mandatory counties beginning in February 2013.

- Expanded the geographic transition region to include Nassau, Suffolk and Westchester counties in February 2013 with CMS approval. The transition expanded to Rockland and Orange counties as of September 2013.

- Continued to develop reporting mechanisms with Enrollment Broker and Computer Sciences Corporation to assure information is gathered as required as transition moves forward.

- Expanded Department's complaint hotline staffing and developed and implemented a new standardized database for tracking complaints and resolution.

- Additional education was developed and shared with MLTC Plans addressing Consumer Directed Personal Assistance Services and its use.

- Entered into discussion to initiate a Member Services survey of all MLTC Plans on a semi-annual basis by the State's contractor to assure information shared with potential enrollees is accurate and helpful.

- Developed, with the Enrollment Broker, training for local social services in the transition process, identifying the districts ongoing role during the transition, establish clear communication mechanisms with MLTC plans, SDOH and stakeholders to ease transitions, addressing potential systemic issues and ensure informed choice by stakeholders and enrollees.

- Initiated activities for expansion of transition to Albany, Erie, Onondaga and Monroe counties in December 2013.

2. Significant Program Developments

    - Initial mandatory enrollment process completed in NYC.

    - Mandatory initiative moving into Nassau, Suffolk and Westchester counties.

    - Continued incorporation of community based LTSS into the MLTC benefit package – CDPAP, PDN, Adult Day Health Care (ADHC), and CHHA.

    - Expanded MLTCP capacity in all mandatory counties and building capacity for future counties.

    - Continuity of care assured through transition period.

    - Monitoring of network capacity, delivery systems and coordination of care.

    - Development of data gathering systems to meet terms and conditions reporting requirements.

    - Development and submission of waiver amendments for the 1915 c LTHHCP.

    - Created study protocol with External Quality Review Organization (EQRO) to review auto-assigned cases to meet reporting requirement related to transition of care.

    - Developed and expanded information available to participants selecting plans to include a Consumer Guide for Plans in NYC based on assessment data submitted. This Consumer Guide is also being developed for other regions of the state.

    - Established mechanism for ongoing policy directives to MLTCs for clarification and consistency in MLTC transitions and ongoing implementation and expansion.

    - Improvement to network reporting guidelines for all MLTCs.

    - Initiated training for use of the mandatory Uniform Assessment System for New York State which will replace the Semi Annual Assessment of Members tool previously utilized by MLTC assessors.

    - Developed Guidelines for MLTC plans and the State's Enrollment Broker on Involuntary Disenrollment to assure appropriate notice and ongoing care as needed to support health and safety of enrollees in the community.

- Further clarified the definition of community based long term care services to address Medicaid recipients in need of housekeeping services.

- Enhanced monitoring of MLTC Provider Networks where deficiencies are identified and action taken.

- Enhanced oversight of Social Day Care utilization and plan contract monitoring.

3. Issues and Problems

   Hurricane Sandy had a devastating impact on New York State's health resources and the aftermath of the storm continues to affect health care needs and outcomes.

   - It was necessary to pause the implementation and processing of auto-assignments in New York City during November due to disruptions caused by Hurricane Sandy. This resulted in delays in issuing announcement and mandatory enrollment notices to targeted consumers during November; however schedules were back on track by December of 2013.

   - NYMC, the Department enrollment broker, had to redeploy systems and resources due to storm damage at their main facility.

   - The Department's ability to systemically identify certain transition populations was delayed.

   - In response to various allegations of improprieties relating to utilization of Social Day Care in MLTC, SDOH, the Attorney General's Office and the Office of the Medicaid Inspector General are cooperating in ongoing audits and investigations. Focused activities are being expanded on an ongoing basis as issues are identified.

4. Summary of Self Directed Options

   To minimize disruption and promote continuity for members receiving Consumer Directed Personal Assistance Service (CDPAS) a policy for the transition of CDPAS into MLTC and the MCO benefit package was created. Self-direction gives individuals and families greater control over the services they receive, how they receive them and who provides them and a clear direction to both the MLTC plans and MCOs supports its success.

   This policy document was created in conjunction with a CDPAS Workgroup reflective of numerous stakeholders that met a number of times to discuss issues and develop policies for this new benefit:

   - **Contracting During the Transition Period:** For the period October 1 2012-September 30, 2013 (Transition Period), Health Plans are required to contract with FIs that currently have a contract or MOU with a LDSS and currently provide fiscal intermediary services to the health plan's member(s). The rate of payment must be at least the FFS rate of payment provided for in the contract or MOU between the FI and the LDSS. The MLTC/MCO is not required to contract with FIs unwilling to accept the applicable Medicaid FFS rate as long as the MLTC/MCO maintains two (2) FIs for each county. To adequately meet the needs of members who are newly assessed and considered eligible to receive

CDPAS, the MLTC/MCO may also include in the MLTC/MCO's network FIs that do not have a contract or MOU with the LDSS.

- **Consumer Continuity of Care and Choice During the Transition Period:** The Department provided a list of FIs currently providing FI services to FFS and MCO's enrolled members. To promote and maintain consumer choice, members may, during the Transition Period, change to any FI in the county that has a contract with the MCO.

  If, at the time of transition, an FI serves less than five (5) members in a county, MLTC/MCOs may encourage the members to use an alternative FI to minimize the number of FIs an MLTC/ MCO must have under contract. However, during the transition period, the expectation is that a member is not required to transition to a different consumer directed personal assistant due to the lack of an MLTC/MCO/FI contract. MLTC/ MCOs are prohibited from coercing or threatening the member or the worker to change FIs.

- **Network Adequacy During the Transition Period**: An MLTC/ MCO that does not have members participating in CDPAS in a particular LDSS must have at least two (2) FI contracts. This will ensure that members will have the option to participate in CDPAS.

- **FI Contracting and Network Adequacy After the Transition Period**: Beginning October 1, 2013, MLTC/MCOs may contract with two (2) FIs to cover members in multiple counties.

- **Model FI Contract and Department of Health Review**: The Department supports the use of the MLTC/MCO/FI model contract developed by the parties. However, each MLTC/MCO/FI may negotiate the terms of the model contract, except that no agreement may contain provisions that would be considered management functions under 10 NYCRR 98-1.11 or a provider agreement per 10 NYCRR 98-1 and the Provider Contract Guidelines without the express written approval of the Department. The MCO were required to submit to the Department the name(s) of the contracted FIs for each county prior to October 1, 2012 and the fourth quarter of each year thereafter, or upon request of the Department.

- **Acknowledgement of the Roles and Responsibilities of the Consumer/Designated Representative:** Each member prior to receiving CDPAS must sign a consumer acknowledgement of the roles and responsibilities of the MLTC/MCO and the member. The Department has provided a sample acknowledgment form with the minimum requirements for its use by the MLTC/MCO.

- Transition of Consumer Direct Services continues throughout the mandatory counties.

- Department is preparing guidelines to share with all MLTCs regarding Consumer Direct Services to supplement existing educational materials shared previously.

- Posting of Consumer Direct Services guidelines to the Department of Health website for clarification.

5. Required Quarterly Reporting

- **Critical incidents:** The most significant critical incident for the reporting period was Hurricane Sandy. In order to assure ongoing connection to members the Department required Plans: to provide working phone numbers available 24/7 and alternate working email addresses; to make member service representatives available beyond office hours; to perform outreach to members to assess their safety and location; and to authorize out of network coverage for services to assure that members could continue services in alternative locations due to evacuations. In addition NYMC had to make adjustments due to being evacuated from their workplace such as shifting consumer representative phone lines, delaying mandatory mailings, and creating alternate access to systems. During recovery, Plans, the Department, the HRA and NYMC have continued to identify issues (i.e. mailing addresses; out of service area members) to assure ongoing continuity. Also during this time the Department, in partnership with NYMC is developing the critical incident reporting structure. Due to Hurricane Sandy, additional time is needed to complete the system.

  The system continues to be refined at this time, with an anticipated completion in Fall, 2013.

  No critical incidents have come to the attention of the Department this quarter. We continue to work on a formal electronic structure that will be in place this quarter.

- **Grievance and appeals:** The number and types of grievance and appeals for this population filed and/or resolved within the reporting quarter:

Period: 10/01/12 - 12/31/12			
Grievances			
Total for this period:		**Resolved**	**Resolved %**
# Same Day	2294	2294	100%
# Standard/Expedited	564	219	39%
Total for this period:	2858	2513	88%

Appeals	
Total appeals filed for this period:	
Total for this period:	580

Period: 01/01/13 – 03/31/2013			
Grievances			
Total for this period:		**Resolved**	**Resolved %**
# Same Day	2712	2712	100%
# Standard/Expedited	730	689	94%
Total for this period:	3442	3401	99%

Appeals	
Total appeals filed for this period:	
Total for this period:	407

Period: 04/01/13 – 06/30/2013			
Grievances			
Total for this period:		**Resolved**	**Resolved %**
# Same Day	3427	3427	100%
# Standard/Expedited	751	715	95%
Total for this period:	4178	4142	99%

Appeals	
Total appeals filed for this period:	
Total for this period:	413

Period: 7/01/13 - 9/30/13			
Grievances			
Total for this period:		**Resolved**	**Resolved %**
# Same Day	4275	4275	100%
# Standard/Expedited	1350	1357	101%
Total for this period:	5625	5632	100%

Appeals	
Total appeals filed for this period:	
Total for this period:	578

- **Assessments for enrollment:** The total number of assessments for enrollment performed by the plans is 15,382, with 721 individuals who did not qualify to enroll in an MLTC plan.

- **Referrals and 30 days assessment:** This was the first quarter for Plans to report to the enrollment broker (New York Medicaid Choice) the number of individuals they received referral on from outside NYMC and the time frame in which assessments were completed. The establishment of the reporting system and training of Plans to assure data completeness and quality is an ongoing effort. This quarter there were 1,604 reported referrals with 1,362 dates of assessment within the 30 day time frame. This represents an 85% rate of assessment completion based on data elements submitted. The remaining 242 reported referrals had errors in the data that resulted in an inability to calculate a date for assessment. NYMC is reaching out to plans to improve the data reporting. The State will review the finalized data to determine if actions need to

be taken. For the quarter from July to September, the Department continues to track the data provided by NYMC and will continue to identify areas that need improvement.

- **Consistency of reporting has improved over the last quarter of 2012, but data discrepancies indicate that continued education and refining instructions is necessary.** Raw data shows total assessments conducted by MLTC plans during the period is 3,491. Of those, only 1,598 were conducted within the 30 day time frame, 1,899 were not. This represents less than 50% compliance with the base timeframes, however non compliance is appears to be isolated to certain plans. The State's enrollment broker NYMC has provided additional education regarding reporting and a steady improvement in quality and timelines is apparent. The Department issued notification that effective next quarter (July) plan specific remedial actions will be taken as indicated.

- **Referrals outside enrollment broker:** 6,580 people were not referred by the enrollment broker and contacted the plan directly and were provided MLTC materials.

- **Referrals outside enrollment broker (consumers who were referred but did not qualify for the 30 day age calculation because of bad dates in date field):** 158 people were not referred by the enrollment broker and contacted the plan directly and were provided MLTC materials.

- **Rebalancing efforts:** Due to delay in reporting of the current assessment data from SAAM (Semi-Annual Assessment of Members), the following data reflects activities prior to implementation of mandatory enrollment. This is statewide data for managed long term care plans, therefore a subset of individuals enrolled during that period (1,108 out of 58,846).

  For the January – June 2012 reporting period, the MLTC population had 1,108 people admitted to a nursing home during the same time period. Percent admitted by reason:

Therapy/Rehab	59
Respite	4
Permanent Placement	34
Unsafe home	5.7
Other	2.9

  For July - December 2012 reporting period, there were 1,227 nursing home admissions (out of 78,269). Percent admitted by reason:

Therapy/Rehab	62
Respite	3.7

Permanent Placement	30
Unsafe home	6.4
Other	3

For the January - June 2013 reporting period, the MLTC population had 1,422 people admitted to a nursing home during the same time period. Percent admitted by reason:

:Therapy/Rehab	64
Respite	3
Permanent Placement	27
Unsafe home	5.6
Other/Unknown	6

- **Total complaints, grievances/appeals by type of issue for the fourth quarter:**

Reason for Grievances	Total
Dissatisfaction with quality of home care (other than lateness or absences)	**921**
# Same Day	605
# Standard	315
# Expedited	1
Home care aides late/absent on scheduled day of service	**438**
# Same Day	314
# Standard	124
# Expedited	0
Dissatisfaction with quality of day care	**21**
# Same Day	9
# Standard	12
# Expedited	0
Dissatisfaction with quality of other covered services	**340**
# Same Day	271
# Standard	69
# Expedited	0
Dissatisfaction with transportation	**2991**
# Same Day	2611
# Standard	378
# Expedited	2

Travel time to services too long	**15**
# Same Day	8
# Standard	7
# Expedited	0
Wait too long to get appointment or service	**30**
# Same Day	12
# Standard	17
# Expedited	1
Waiting time too long in provider's office	**2**
# Same Day	2
# Standard	0
# Expedited	0
Dissatisfaction with care management	**138**
# Same Day	87
# Standard	51
# Expedited	0
Dissatisfaction with member services and plan operations	**73**
# Same Day	28
# Standard	45
# Expedited	0
Dissatisfied with choice of providers in network	**25**
# Same Day	18
# Standard	7
# Expedited	0
Misinformed about plan benefits or rules by marketing or other plan staff	**10**
# Same Day	5
# Standard	5
# Expedited	0
Language translation services not available	**8**
# Same Day	0
# Standard	8
# Expedited	0
Hearing/vision needs not accommodated	**8**
# Same Day	0
# Standard	7
# Expedited	1
Disenrollment issues	**175**
# Same Day	6
# Standard	169
# Expedited	0
Enrollment issues	**13**
# Same Day	8
# Standard	5
# Expedited	0
Plan staff rude or abusive	**34**
# Same Day	11

# Standard	23
# Expedited	0
Provider staff rude or abusive	**92**
# Same Day	56
# Standard	36
# Expedited	0
Violation of other enrollee rights	**4**
# Same Day	1
# Standard	3
# Expedited	0
Denial of expedited appeal	**1**
# Same Day	1
# Standard	0
# Expedited	0
Other:	**302**
# Same Day	225
# Standard	76
# Expedited	1
Total for this period:	**5616**
# Same Day	4275
# Standard	1335
# Expedited	6

Reason for Appeal	Total
Denial or limited authorization of service including amount, type or level of service	**400**
# of Standard Filed	343
# of Expedited Filed	57
Reduction, suspension or termination of previously authorized service	**60**
# of Standard Filed	54
# of Expedited Filed	6
Denial in whole or part of payment for service	**119**
# of Standard Filed	119
# of Expedited Filed	0
Failure to provide services in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon grievance or appeal of grievance in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon appeal of plan action in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Other	**0**

# of Standard Filed	0
# of Expedited Filed	0
Total appeals filed for this period:	**578**
# of Standard Filed	566
# of Expedited Filed	12

Fraud and Abuse Complaints Reported during Quarter	11

Reason for Complaints	Total
Subcontractor questions on coverage or payer	63
Dissatisfaction with home health care services	34
Dissatisfaction with dental services/treatment	17
Difficulty obtaining DME	17

- **Total complaints, grievances/appeals by type of issue for the year (October 1, 2012 – September 30, 2013)**:

Reason for Grievances	Total
Dissatisfaction with quality of home care (other than lateness or absences)	**2553**
# Same Day	1726
# Standard	819
# Expedited	6
Home care aides late/absent on scheduled day of service	**0**
# Same Day	0
# Standard	0
# Expedited	0
Dissatisfaction with quality of day care	**0**
# Same Day	0
# Standard	0
# Expedited	0
Dissatisfaction with quality of other covered services	**829**
# Same Day	610
# Standard	216
# Expedited	3
Dissatisfaction with transportation	**9353**
# Same Day	8339
# Standard	1012
# Expedited	2
Travel time to services too long	**34**
# Same Day	21
# Standard	13

# Expedited	0
Wait too long to get appointment or service	**88**
# Same Day	50
# Standard	36
# Expedited	2
Waiting time too long in provider's office	**8**
# Same Day	7
# Standard	1
# Expedited	0
Dissatisfaction with care management	**399**
# Same Day	225
# Standard	213
# Expedited	1
Dissatisfaction with member services and plan operations	**245**
# Same Day	112
# Standard	133
# Expedited	0
Dissatisfied with choice of providers in network	**72**
# Same Day	51
# Standard	21
# Expedited	0
Misinformed about plan benefits or rules by marketing or other plan staff	**21**
# Same Day	6
# Standard	15
# Expedited	0
Language translation services not available	**22**
# Same Day	11
# Standard	11
# Expedited	0
Hearing/vision needs not accommodated	**12**
# Same Day	2
# Standard	9
# Expedited	1
Disenrollment issues	**199**
# Same Day	11
# Standard	188
# Expedited	0
Enrollment issues	**23**
# Same Day	11
# Standard	12
# Expedited	0
Plan staff rude or abusive	**57**
# Same Day	22
# Standard	25
# Expedited	0
Provider staff rude or abusive	**169**
# Same Day	111

# Standard	58
# Expedited	0
Violation of other enrollee rights	**9**
# Same Day	4
# Standard	5
# Expedited	0
Denial of expedited appeal	**2**
# Same Day	1
# Standard	1
# Expedited	0
Other:	**831**
# Same Day	570
# Standard	259
# Expedited	2
Total for this period:	**15964**
# Same Day	12706
# Standard	3236
# Expedited	22

Reason for Appeal	**Total**
Denial or limited authorization of service including amount, type or level of service	**984**
# of Standard Filed	917
# of Expedited Filed	67
Reduction, suspension or termination of previously authorized service	**260**
# of Standard Filed	250
# of Expedited Filed	10
Denial in whole or part of payment for service	**188**
# of Standard Filed	188
# of Expedited Filed	0
Failure to provide services in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon grievance or appeal of grievance in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon appeal of plan action in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Other	**1**
# of Standard Filed	1
# of Expedited Filed	0
Total appeals filed for this period:	**1433**
# of Standard Filed	1407

# of Expedited Filed	26

Fraud and Abuse Complaints Reported during Quarter	21

Reason for Complaints	Total
Subcontractor questions on coverage or payer	167
Dissatisfaction with home health care services	128
Dissatisfaction with dental services/treatment	17
Access to covered services (including transportation)	54
Enrollment issues	17
Case management	15
Difficulty obtaining DME	32

V. Financial, Budget Neutrality Development/Issues

A. Quarterly Expenditure Report Using CMS-64

See Attachment 1. NYS Partnership Plan Projected 1115 Waiver Budget Neutrality Impact.

B. Designated State Health Programs

Total value for Designated Year 7 is $76,880.897.

C. Hospital Demonstration and Clinic Uncompensated Care

The Department processed Clinic Uncompensated Care distributions in the amount of $34,165,504, $17,082,754 FFP, during the quarter that ended March 31, 2012.

The Department processed Clinic Uncompensated Care distributions in the amount of $9,196,209, $4,598,105 FFP, during the quarter that ended June 30, 2012.

The Department processed Clinic Uncompensated Care distributions in the amount of $1,790,919, $895,459 FFP, during the quarter that ended September 30, 2012.

Cumulative distributions to date total $45,152,632, $22,576,316 FFP.

The Department processed Clinic Uncompensated Care distributions in the amount of $79,428,341, $39,714,171 FFP, during the quarter that ended December 31, 2012.

The Department processed Clinic Uncompensated Care distributions in the amount of $28,385,795, $14,192,898 FFP, during the quarter that ended March 31, 2013.

The Department processed Clinic Uncompensated Care distributions in the amount of $896,912, $448,456 FFP, during the quarter that ended June 30, 2013.

Cumulative disbursements to date total $153,863,680, $76,931,843 FFP.

VI. Update on Progress Activities Related to Quality Demonstrations and Clinic Uncompensated Care Funding

Hospital-Medical Home Demonstration

The Hospital-Medical Home Demonstration announced awards for funding and participation to 64 hospitals in early October 2013. Hospitals submitted work plans on December 3, 2012 for review. Hospitals officially began work plan implementation on January 1, 2013. Hospitals continue actively implementing residency changes, patient-centered medical home transformation of participating outpatient sites, and the chosen care coordination and inpatient projects contained in their work plans and meeting the program requirements. To date the Department has implemented the following to assist participants in the Hospital-Medical Home project:

Program Accomplishments:

- Announced award amounts and received CMS approval for the funding methodology;
- Developed and released an electronic work plan template and instructions;
- Conducted web conferences and a teleconference to educate participants in the completion of the electronic work plan;
- Assembled and conducted weekly meetings with an eight member Work Plan Review Team, as well as several ad hoc specialty advisors, consisting of clinical and administrative staff both from IPRO and within the Department;
- Received work plan submissions from the sixty-four (64) participating hospitals;
- Reviewed initial Hospital and Outpatient Site Work Plans submitted by hospitals, completed and formally communicated to hospitals revision requirements, and reviewed and approved work plan revisions.
- Developed the quarterly and annual reporting tool released in June 2013 and held two question & answer conference calls on the reporting tool;
- Received formal Patient Centered Medical Home baseline assessments for participating sites.
- Distributed first quarter of year one payment to the hospitals.
- Received and reviewed the initial quarterly data submissions from the Hospitals and provided feedback to the hospitals regarding the quarterly submission;
- Began to review and analyze the data in the reporting tools;
- Made revisions to the reporting tool and allowed hospitals to make corrections to measures;
- Began conducting site visits to learn about the accomplishments, changes and challenges hospitals are facing during this demonstration program;
- Began planning the Annual In-Person Meeting for Hospitals to be held January 23, 2014;
- Held one project oriented Best Practice Presentations to facilitate collaboration between hospitals and continuing planning process for additional presentations;
- Administered Resident Surveys.

Hospitals that meet all milestones for year one will be set to receive the balance of the year one payment (75% of year one) during the next quarter. The Department continues to work with IPRO to refine the tool to meet the needs of the Demonstration project and its participants. Further, the Department continues to clarify the demonstration program requirements for hospital and residency teams while providing support and education on best practices and innovation. The Department is planning a meeting in January 2014 for all hospitals to attend, to bring together experts and participants to focus on the important topics of this demonstration and further explore the innovations for improving the primary health care for Medicaid members.

Potentially Preventable Readmissions Demonstration

No change at this time.

VII. Consumer Issues

A. Complaints

Medicaid managed care plans reported **4,575** complaints/action appeals this quarter, an increase of 2**%** from the previous quarter. Of these complaints/appeals, **696** were FHPlus complaints/appeals. The most frequent category of complaint/appeal was balance billing disputes, accounting for **31%** of the total. There were **340** complaints/appeals reported by the HIV special needs plans (SNPs). The majority of these complaints, **284,** were in the category of reimbursement/billing. The Department directly received **143** Medicaid managed care complaints and **1** FHPlus complaint this quarter.

The top five most frequent categories of complaints were as follows:
31% Balance Billing
16% Reimbursement/Billing Issues
9% Provider or MCO Services (Non-medical)
8% Emergency Services
7% Quality of care

Beginning in 2013, complaint categories were updated to allow reporting for disputes involving new benefits and long term care services and supports.

This quarter, mainstream Medicaid managed care plans reported the following complaints and action appeals regarding long term services and supports. The Department did not identify any overall trends impacting enrollees' access to services:

Long Term Services and Supports	Number of Complaints/Action Appeals Reported
AIDS Adult Day Health Care	0
Adult Day Care	0
Consumer Directed Personal Assistant	0
Home Health Care	12
Non-Permanent Residential Health Care Facility	1
Personal Care Services	23
Personal Emergency Response System	0

Private Duty Nursing	0
Total	36

B. Medicaid Managed Care Advisory Review Panel (MMCARP) Meetings

The Medicaid Managed Care Advisory Review Panel (MMCARP) meeting was held September 27, 2013. In addition to a program update and a review of the minutes from the previous meeting, the agenda included the following presentations: Update regarding the New York State of Health Exchange; Managed Long Term Care/FIDA Update; and Auto-Assignment Rates Carve-In.

C. Managed Care Policy and Planning Meetings

Managed Care Policy and Planning meetings were held on April 18, May 16 and June 20, 2013. The April meeting included presentations on: updates on MMC and FHPlus rates; 2012 Quality Incentive payments; stop-loss advance; response to plan association and Milliman letter regarding administrative and CRG adjustments; primary care rate increase (PCRI); managed care efficiency adjustments; MLTC risk corridor calculation; uniform assessment tool; FIDA update; update on new populations and benefits; patient centered medical home.

The May meeting included: updates on MMC and FHPlus rates; MLTC rates, transition rates and timing; reserves; FIDA update; implementation of elective C-section and Percutaneous Coronary Intervention (angioplasty) initiatives; Behavorial Health Organization (BHO) presentation; mental health/pharmacy workgroup update; and a presentation by food and nutrition services agency, God's Love We Deliver.

Presentations at the June meeting included: MEDS/MMCOR report; mainstream April 2013 rates; PCRI; stop-loss/risk pools; an update on MLTC rates/risk corridor settlement; update on FIDA; update on BHO; Hepatitis C; a discussion of the standardized pharmacy prior authorization form; and a presentation on the New York City school-located vaccination program.

The Managed Care Policy and Planning meetings were held on July 18, August 15 and September 19, 2013. The July meeting included presentations on: Finance and Rate Development, Average Acquisition Cost (AAC)/Cost of Dispensing (COD), OPWDD DISCO/FIDA Update, Discussion of Exchange/Medicaid Update, Behavioral Health Update, and Early Intervention/Fiscal Agent.

The August meeting agenda included: Finance and Rate Development, FIDA Update, Behavioral Health/HARP Update, OMIG Managed Care Review Activities, and Encounter Data Monitoring.

Presentations at the September meeting included: Emergency Preparedness, Finance and Rate Development, FIDA Update, New York City Flu Immunization Program, Behavioral Health/HARP, Discussion of Basic Benefit Information, Encounter Data Monitoring, and an Update on New York State of Health Exchange for the Medicaid/Child Health Plus Programs.

VIII. Quality Assurance/Monitoring

A. Quality Measurements

Seventeen Medicaid managed care plans and three Medicaid HIV Special Needs plans submitted 2012 QARR data in June 2013. All plan data was audited by NCQA licensed audit organizations prior to submission. The following table reflects the New York State (NYS) overall results for the two products for the measurement year.

National benchmarks for Medicaid are from NCQA's State of HealthCare Quality 2013 report. Comparison of NYS averages to national averages is indicated in the cell shading for Medicaid. Green cells indicate the NYS average is higher than the national average; yellow cells indicate the NYS average is the same as national; and red cells indicate the NYS average is lower than the national average. Cells with purple shading indicate a national average is not available for the measure. National benchmarks for HIV SNP plans are not available.

QARR Rates, by Payer, 2012 Measurement Year

Measure	Medicaid Average	HIV SNP Average
Adults' Access to Preventive and Ambulatory Health Services (Ages 20-44)	84	97
Adults' Access to Preventive and Ambulatory Health Services (Ages 45-64)	90	99
Adults' Access to Preventive and Ambulatory Health Services (Ages 65 and over)	90	100
Children and Adolescents' Access to Primary Care Practitioners (Ages 12-19 Years)	93	86
Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months)	97	88
Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Mos-6 Years)	93	86
Children and Adolescents' Access to Primary Care Practitioners (Ages 7-11 Years)	96	93
Use of Imaging Studies for Low Back Pain	78	84
Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis	24	NA
Adult BMI Assessment	79	77
Controlling High Blood Pressure	63	66
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	82	SS
Persistence of Beta-Blocker Treatment	81	SS
Drug Therapy for Rheumatoid Arthritis	78	NA
Annual Monitoring for Patients on Persistent Medications-ACE Inhibitors/ARBs	92	99
Annual Monitoring for Patients on Persistent Medications-Digoxin	93	SS
Annual Monitoring for Patients on Persistent Medications-Diuretics	91	99
Annual Monitoring for Patients on Persistent Medications-Anticonvulsant	68	85

QARR Rates, by Payer, 2012 Measurement Year

Measure	Medicaid Average	HIV SNP Average
Annual Monitoring for Patients on Persistent Medications-Combined Rate	90	98
Use of Appropriate Medications for People with Asthma (Ages 19-64)	82	66
Use of Appropriate Medications for People with Asthma (Ages 5-18)	85	77
Use of Appropriate Medications for People with Asthma (Ages 5-64)	83	66
Appropriate Asthma Medications- 3+ Controllers (Ages 19-64)	71	60
Appropriate Asthma Medications- 3+ Controllers (Ages 5-18)	66	57
Appropriate Asthma Medications- 3+ Controllers (Ages 5-64)	68	60
Medical Management for People with Asthma 50% Covered (Ages 19-64)	68	80
Medical Management for People with Asthma 50% Covered (Ages 5-18)	48	SS
Medical Management for People with Asthma 50% Covered (Ages 5-64)	57	79
Medical Management for People with Asthma 75% Covered (Ages 19-64)	43	61
Medical Management for People with Asthma 75% Covered (Ages 5-18)	25	SS
Medical Management for People with Asthma 75% Covered (Ages 5-64)	34	59
Asthma Medication Ratio (Ages 19-64)	55	39
Asthma Medication Ratio (Ages 5-18)	55	53
Asthma Medication Ratio (Ages 5-64)	55	40
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	53	22
Pharmacotherapy Management of COPD Exacerbation-Corticosteroid	72	65
Pharmacotherapy Management of COPD Exacerbation-Bronchodilator	88	91
Engaged in Care	83	89
Viral Load Monitoring	72	81
Syphilis Screening	71	81
Annual Dental Visit (Ages 2-18)	57	NA
Antidepressant Medication Management-Effective Acute Phase Treatment	53	49
Antidepressant Medication Management-Effective Continuation Phase Treatment	37	36
Follow-Up After Hospitalization for Mental Illness Within 7 Days	65	37

QARR Rates, by Payer, 2012 Measurement Year

Measure	Medicaid Average	HIV SNP Average
Follow-Up After Hospitalization for Mental Illness Within 30 Days	79	51
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64	60
Adolescent immunization-Menignococcal	72	79
Adolescent immunization-Tdap/Td	92	85
Adolescent immunization-Combo	69	67
Adolescent immunization-HPV	26	NA
Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	83	81
Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	82	80
Adolescent Well-Care Visits	59	48
Appropriate Treatment for Upper Respiratory Infection (URI)	93	92
Appropriate Testing for Pharyngitis	87	SS
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	57	SS
Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	63	SS
Breast Cancer Screening	68	69
Cervical Cancer Screening	71	81
Chlamydia Screening (Ages 16-20)	71	63
Chlamydia Screening (Ages 21-24)	73	76
Timeliness of Prenatal Care	88	79
Postpartum Care	70	36
Frequency of Ongoing Prenatal Care	70	63
Diabetes Monitoring for People with Diabetes and Schizophrenia	75	87
Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	79	99

B. Managed Long Term Care

UAS-NY Transition

On October 1, 2013, all MLTC plans transitioned to the Uniform Assessment System for New York (UAS-NY) for assessment of their members. The UAS-NY is a web-based software application that will provide a comprehensive assessment system to evaluate individuals' health status, strengths, care needs, and preferences to guide the development of individualized long-term care service plans.

On May 13, 2013, the Division of Long Term Care announced a 90-day delay in the implementation of the Uniform Assessment System for New York (UAS-NY) for Managed Long Term Care (MLTC) Plans and their respective provider networks. The UAS-NY is a web-based software application that will provide a comprehensive assessment system to evaluate individuals' health status, strengths, care needs, and preferences to guide the development of individualized long-term care service plans. This delay is intended to provide additional time for MLTC plans to ensure that their staff and providers within their provider networks are prepared to successfully transition to using the UAS-NY.

Reports

The Department is finalizing the MLTC report for public release. This report describes New York's approved MLTC plans at the time of data collection and presents information about the quality of care they provide and enrollees' satisfaction with the plan. The Department is also finalizing the release of the MLTC Consumer Guides. These guides serve to summarize quality of care and satisfaction measures, and present the results pictorially.

Member Satisfaction Survey

In February 2013, the MLTC satisfaction survey was released to a random sample of members from each plan. Members with six months or more of continuous enrollment were targeted within the 25 MLTC plans. The survey was concluded on June 30, 2013 and the response rate was 27 percent. The survey data was analyzed and the results will be publicly available in a report on the Department's web site and select measures will be available by plan in the 2013 Managed Long-Term Care Report and the regional Consumer Guides this fall.

New Member Satisfaction Survey

New York's Medicaid section 1115 Demonstration was recently expanded and while the biannual member satisfaction survey was recently concluded; new members' experience with the transition from fee-for-service to managed care was also of interest. For that purpose, NYSDOH, with its EQRO, IPRO, initiated a study to assess members' satisfaction with MLTC versus fee-for-service. A survey instrument was developed to assess members' initial experiences with the health plan and also to compare the quality and timeliness of care providers and access to care, before and after the member joined the plan. A random sample of 1,500 newly enrolled members was selected to receive the survey, which will be mailed in November, 2013.

Transitions of Care Focused Clinical Study

The expansion of the Medicaid Section 1115 Demonstration requires NYS to conduct a validation audit to determine MLTC compliance with the requirement that an initial assessment be completed within 30 days of referral and to assess the continuity of care during the transition of care period. New York State Department of Health (NYSDOH), with its external quality review organization (EQRO), IPRO, initiated this study in February 2013 to assess both the timeliness and the continuity of care components. Nineteen MLTC plans were sent random samples of auto-assigned and mandatory enrolled members and were required to submit documentation to IPRO for review by the end of March. Findings from this study will be available in the near future

C. Quality Improvement Activities

Managed Care Member Satisfaction Surveys

IPRO also worked with the Department to administer two member satisfaction surveys through a certified CAHPS vendor, DataStat. In the fall of 2012, the Medicaid CAHPS for

Children, including children with chronic conditions, was administered to parents and guardians of children enrolled in Medicaid or Child Health Plus managed care plans. A total of 26,250 children, enrolled in either Medicaid or CHP for six months, were randomly selected. The response rate was 35 percent and the results of the survey are available on the Department's website: http://www.health.ny.gov/health_care/managed_care/medicaid_satisfaction_report_2013/index.htm. Results from this study will be used for the State's CHIPRA reporting requirements.

IPRO is currently working with the Department to administer the biannual Adult Medicaid survey of 1,500 adults per health plan. DataStat is administering the survey using a mixed mail and phone methodology, and results are expected by late December, 2013.

A related satisfaction study involves Medicaid members who have had visits with providers certified by NCQA as Patient-Centered Medical Home (PCMH) providers. New York has several initiatives promoting the PCMH program and has previously looked at differences in quality performance between patients assigned to a PCMH provider and patients who see a provider without the PCMH designation. These studies have looked at data collected based on patients' assigned provider; however, none of them have looked at the actual experience of care with the provider. In May, 2013, the Department of Health and IPRO began planning a study to look at the differences in experience of care between patients who had visits with a PCMH provider and those with visits to a provider without the PCMH designation. The Clinician and Group CAHPS survey with the additional PCMH group of questions was chosen for this study. A random sample of 6,000 Medicaid members were selected, divided equally between children and adults, and between those with a visit to a PCMH provider and a visit with a non-PCMH provider. The initial mailing was sent in early September, 2013 and results are expected in late December.

External Quality Review

Approval was obtained to extend the current External Quality Review contract with the Island Peer Review Organization (IPRO) for an additional 12 month period. The contract extension will run from April 1, 2013 through March 31, 2014. A Request for Proposals is currently being prepared to solicit bids for a five year contract to conduct Medicaid managed care external quality review (EQR) as per the Balanced Budget Act of 1997 and CMS published EQR regulations. The new contract will be in effect April 1, 2014.

Health plans participated in a variety of quality improvement activities including performance improvement projects, and special studies.

Data Validation Studies

Over the past year, IPRO completed a number of quality review and data validation studies for New York's Medicaid managed care plans. The annual quality performance measurement rates were successfully submitted on June 17, 2013. This was the final year that IPRO performed the HEDIS audit for the Medicaid PHSP plans as sponsored by New York State. In the coming year, all managed care plans in New York will have to contract with a certified HEDIS auditor for the required QARR/HEDIS audit.

As the EQRO, IPRO also conducted an audit of the provider network data systems and validated data submitted by managed care plans as part of their quarterly network

submissions. Areas of deficiency were noted and currently, IPRO is preparing a follow-up survey to assess whether needed corrections were made. A related activity was an assessment of new MLTC plan readiness to submit provider network and encounter data. New plans were surveyed about their information systems, including claims, billing, and provider credentialing systems. IPRO worked with both the health plans and the Department to assist plans in identifying areas of weakness and to make upgrades and corrections where necessary in order to make data reporting successful. In the fourth quarter, IPRO and the Department are planning an encounter data submission workshop for new and expanding MLTC plans. The workshop is scheduled for November 13, 2013.

Focused Study

One measure included in the CHIPRA core measurement set is Developmental Screening in the First Three Years of Life. This measure is not currently collected as part of the New York State Quality Assurance Reporting Requirements (QARR), and the rate of developmental screening among children enrolled in Medicaid or Child Health Plus in New York State is currently unknown. In order to determine the quality of care being provided, and to prepare for the reporting of New York State quality of care in early childhood developmental screening, the Department and IPRO initiated a focused clinical study to inform quality improvement initiatives, and provide feedback on issues relating to the measure construction and collection of information. Two cohorts of 411 eligible members were selected, and medical record review will be done in October and November, 2013 to gather data elements of interest. Findings from the study will be available in the near future.

Performance Improvement Projects (PIPs)

The Department's external quality review organization, Island Peer Review Organization (IPRO), assisted managed care plans with completing the Performance Improvement Projects (PIPs). For the 2011 – 2012 study period, two collaborative PIP projects are in progress: 1) Eliminating Disparities in Asthma Care (EDAC) which involved six Medicaid managed care plans in the Brooklyn, NY service area and 2) Reducing Potentially Preventable Readmissions (PPR) which has 10 health plans from across the state participating. Both PIP projects have concluded and final reports are being written by the plans.

For 2013-2014, a collaborative PIP includes two parts. Part 1, the Medicaid Incentives for the Prevention of Chronic Disease (MIPCD), includes testing the effectiveness of patient incentives on improving health behaviors and outcomes in the following clinical areas: diabetes prevention and management, smoking cessation and hypertension management. Part 2 focuses on implementing interventions to improve care in one of the four clinical areas noted above. The Medicaid managed care plans have submitted proposals describing their proposed interventions. The interventions have been reviewed by the Department and IPRO and discussed and finalized with the plans. The majority of plans have chosen to work on diabetes management.

For Part 1, MIPCD, plans have begun to implement their interventions for improvement and for the testing of patient incentives through Diabetes Prevention Programs. For Part 2, IPRO is conducting periodic conference calls with the health plans to monitor their progress.

During the PIP Proposal development phase the health plans were provided information on a free provider practice training entitled, *Detection and Management of High Blood Pressure - A Blood Pressure Train-the-Trainer Master Training Course*. In June 2013, IPRO and NYSDOH conducted a conference call with all of the Medicaid managed care plans. A

guest speaker from the NYSDOH, Bureau of Community Chronic Disease Prevention, spoke about the Diabetes Self-Management Education Programs and Certified Diabetic Educator availability across New York State. They also presented on the Diabetes Prevention Programs available.

Asthma Disparities Grant (October 2012 – September 2013)
Formal quality improvement work and data collection conducted by plan-practice teams ended in December 2012. Improvement in asthma care was noted in several of the measures collected, including Documentation of Control Classification which increased from a baseline of 21.6 percent in May 2011, to 77.6 percent in December 2012. Similarly, Documentation of Severity Classification increased from 68.9 percent to 95.3 percent, while the proportion of patients who were prescribed a long-term asthma controller medication increased from 69.9 percent to 96.0 percent.

NYSDOH staff continued to calculate and post Group III measures (Brooklyn community level) to the IHI Extranet through September 2013. Measures were also trended over time using the cohort of continuously enrolled Medicaid managed care members with persistent asthma residing in Central Brooklyn. Data indicate that racial/ethnic disparities persist, as African-American enrollees continue to have higher emergency department utilization rates (4.9 percent vs. 4.3 percent overall) and lower rates of controller medication prescription fills (57.0 percent vs. 58.6 percent).

Breast Cancer Selective Contracting
Staff worked on updating the protocols and computer programs that will be used in fall 2013 to determine restricted facilities for the 2014 – 2015 contract year.

Additionally, data for all EDAC performance measures were cleansed and graphed for inclusion in the EDAC evaluation report which is currently being drafted.

Staff successfully completed the Breast Cancer Selective Contracting process for contract year 2013-2014. This included: refining the computer programs used to extract and analyze inpatient and outpatient surgical data from the Statewide Planning and Research Cooperative System (SPARCS); determining restricted facilities; notifying restricted facilities of their low-volume status; overseeing the appeals processing and notifying facilities about the status of their appeals; and, sharing the list of restricted facilities with staff at eMedNY to restrict Medicaid payment to facilities deemed low volume. Additionally, work commenced on updating computer programs for use in fall 2013 for contract year 2014-2015.

IX. Family Planning Expansion Program

Family Planning Benefit Program Enrollment Summary
Third Quarter FFY 2013 (July 1, 2013 – September 30, 2013)

	Female	Male	Total
New Enrollees This Quarter	8,141	2,184	10,325
Total Enrollees This Quarter	40,006	9,207	49,213
Enrollees Using Services This Quarter	14,503	346	14,849
Cumulative Enrollment Since 10/01/11	89,939	24,588	114,527
Enrollees Using Services Since 10/01/11	46,375	1,880	48,255
Continuous Enrollment Since 10/01/11	3,943	350	4,293

Source of Data: DOH/OMM Audit, Fiscal and Program Planning Data Mart (Report Date: 01-Sep-2013)

Family Planning Benefit Program Utilization by Category of Service
Third Quarter FFY 2013 (April 1, 2013 – June 30, 2013)

TOTAL Medicaid Eligibles	**49,213**
TOTAL Medicaid Recipients	**13,245**
TOTAL Medicaid Expenditures	**2,761,158**
TOTAL Medicaid Eligible Months	**122,368**
AVERAGE Expenditures per Eligible	**56**
AVERAGE Months per Eligible	**2.5**
PMPM	**23**

Categories of Service (COS)	COS Dollars	COS PMPM	COS Dollars per Recipient	COS Claims / Days		COS Claims / Days per Recipient	COS Recipients
Physician	22,302	0.18	85	730	Claims	3	261
Eyecare	48	0.00	24	2	Claims	1	2
Nursing	440	0.00	49	13	Claims	1	9
OPD Clinic (hospital outpatient)	57,729	0.47	295	233	Claims	1	196
FS Clinic (D&T center)	1,621,814	13.25	256	7,643	Claims	1	6,344
Inpatient	5,920	0.05	1,184	0	Days	0	5
Pharmacy	928,994	7.59	119	15,666	Claims	2	7,795
Laboratory	31,389	0.26	45	1,420	Claims	2	719
Transportation	1,294	0.01	81	46	Claims	3	16
CTHP	721	0.01	45	18	Claims	1	16
DME and Hearing Aid	10	0.00	5	2	Claims	1	2
Referred Ambulatory	87,059	0.71	104	1,335	Claims	2	839

Source of Data: DOH/OMM Audit, Fiscal and Program Planning Data Mart, (Report Date: 6/1/13)

X. Transition Plan Updates

Attachment 2 contains the Department's updated Transition Plan indicating how New York State will transition enrollees to a coverage option under the Affordable Care Act, as required by the Section 1115 Partnership Plan demonstration.

XI. Other

Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract

On June 21, 2013, the Department received CMS approval of the October 1, 2012 amendment to the Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract. This amendment modifies the previously approved August 1, 2011 version of the model contract and includes contract language changes related to implementation of various Medicaid Redesign Team

initiatives, other programmatic changes and a one-year extension of the contract through February 28, 2014. The contract amendment was sent to MCOs for signature on June 27, 2013.

Attachments

New York State Partnership Plan
Projected 1115 Waiver Budget Neutrality Impact Through December 2013
DY10 0809 21 Month Lag

Budget Neutrality Cap (Without Waiver)	DY 1 - 8 (10/1/97 - 9/30/06) Actual	DY 9 (10/1/06-9/30/07) Actual	DY 10 (10/1/07-9/30/08) Actual	DY 11 (10/1/08-9/30/09) Actual	DY 12 (10/1/09-9/30/10) Actual	DY 13A 10/1/10-3/31/11) Actual
Demostration Group 1 - TANF Children under age 1 through 20		$8,641,454,877	$9,086,365,132	$10,048,004,954	$11,197,206,500	$6,105,699,488
Demonstration Group 2 - TANF Adults 21-64		$3,045,582,094	$3,217,134,170	$3,856,757,531	$4,511,421,595	$2,467,348,368
Demonstration Group 6 - FHP Adults w/Children		$1,691,957,919	$1,813,935,485	$1,746,457,301	$1,878,516,641	$1,043,047,420
Demonstration Group 8 - Family Planning Expansion						
Demonstration Group 10 - MLTC Adult Age 18-64 Duals						
Demonstration Group 11 - MLTC age 65+ Duals						
W/O Waiver Total	$144,639,878,523	$13,378,994,889	$14,117,434,787	$15,651,219,785	$17,587,144,736	$9,616,095,275

Budget Neutrality Cap (With Waiver)	DY 1 - 8 (10/1/97 - 9/30/06) Actual	DY 9 (10/1/06-9/30/07) Actual	DY 10 (10/1/07-9/30/08) Actual	DY 11 (10/1/08-9/30/09) Actual	DY 12 (10/1/09-9/30/10) Actual	DY 13A 10/1/10-3/31/11) Actual
Demostration Group 1 - TANF Children under age 1 through 20		$4,006,367,977	$4,412,472,964	$4,828,196,168	$4,144,199,750	$1,827,792,863
Demonstration Group 2 - TANF Adults 21-64		$2,062,992,139	$2,222,230,858	$2,553,996,035	$2,619,299,634	$1,159,889,284
Demonstration Group 5 - Safety Net Adults		$3,017,805,826	$3,213,033,028	$3,818,572,584	$4,024,374,518	$1,864,361,807
Demonstration Group 6 - FHP Adults w/Children up tp 150%		$813,927,831	$884,575,928	$894,902,321	$963,020,020	$502,539,894
Demonstration Group 7 - FHP Adults without Children up to 100%		$587,725,574	$566,489,543	$412,034,961	$313,222,949	$155,882,395
Demonstration Group 7A - FHP Adults without Children @ 160%		$0	$0	$0	$0	$0
Demonstration Group 8 - Family Planning Expansion		$10,471,785	$10,598,020	$11,138,799	$9,839,735	$4,164,485
Demonstration Group 9 - Home and Community Based Expansion (HCBS)		N/A	N/A	N/A	N/A	N/A
Demonstration Group 10 - MLTC Adult Age 18-64 Duals						
Demonstration Group 11 - MLTC age 65+ Duals						
Demonstration Population 1: State Indigent Care Pool Direct Expenditures (ICP-Direct)						
Demonstration Population 2: Designated State Health Programs to Support Clinic Uncompensated Care Funding (ICP - DSHP)						
Demonstration Population 3: Designated State Health Programs to Support Medical Home Demonstration (DSHP - HMH Demo)						
Demonstration Population 4: Designated State Health Programs to Support Potentially Preventable Readmission Demonstration (DSHP - PPR Demo)						
Demonstration Population 5: Designated State Health Programs (Various)						
With Waiver Total	$123,931,127,812	$10,499,291,132	$11,309,400,341	$12,518,840,867	$12,073,956,605	$5,514,630,728
Expenditures (Over)/Under Cap	$20,708,750,711	$2,879,703,758	$2,808,034,445	$3,132,378,919	$5,513,188,131	$4,101,464,547

New York State Partnership Plan **Attachment 1**

Projected 1115 Waiver Budget Neutrality Impact Through December 2013

DY10 0809 21 Month Lag

Budget Neutrality Cap (Without Waiver)	DY 13B (4/1/11-9/30/11) Projected	DY 14 (10/1/11-9/30/12) Projected	DY 15 (10/1/12-9/30/13) Projected	DY 16 (10/1/13-12/31/13) Projected	BIPA Extension (10/1/06 - 12/31/13) Projected	DY 1 - DY 16
Demostration Group 1 - TANF Children under age 1 through 20	$6,124,915,586	$13,431,510,646	$14,853,292,172	$7,950,225,796	$87,438,675,151	
Demonstration Group 2 - TANF Adults 21-64	$2,443,182,702	$5,362,328,563	$5,914,512,406	$3,159,849,805	$33,978,117,233	
Demonstration Group 6 - FHP Adults w/Children	$1,055,415,331	$2,341,067,454	$2,632,237,613	$724,658,042	$14,927,293,206	
Demonstration Group 8 - Family Planning Expansion	$5,140,241	$10,702,271	$1,856,551	$0	$17,699,062	
Demonstration Group 10 - MLTC Adult Age 18-64 Duals		$247,394,784	$1,027,336,330	$260,284,563	$1,535,015,677	
Demonstration Group 11 - MLTC age 65+ Duals		$2,554,212,091	$10,820,566,375	$2,796,750,566	$16,171,529,032	
W/O Waiver Total	**$9,628,653,860**	**$23,947,215,808**	**$35,249,801,447**	**$14,891,768,774**	**$154,068,329,361**	**$298,708,207,884**

Budget Neutrality Cap (With Waiver)	DY 13B (4/1/11-9/30/11) Projected	DY 14 (10/1/11-9/30/12) Projected	DY 15 (10/1/12-9/30/13) Projected	DY 16 (10/1/13-12/31/13) Projected	BIPA Extension (10/1/06 - 12/31/13) Projected	DY 1 - DY 16
Demostration Group 1 - TANF Children under age 1 through 20	$2,801,314,813	$6,274,626,419	$6,920,847,016	$3,682,227,594	$38,898,045,562	
Demonstration Group 2 - TANF Adults 21-64	$1,546,569,069	$3,469,842,728	$3,821,091,510	$2,038,979,725	$21,494,890,982	
Demonstration Group 5 - Safety Net Adults	$2,829,518,468	$6,893,620,899	$8,184,495,364	$2,210,213,971	$36,055,996,465	
Demonstration Group 6 - FHP Adults w/Children up tp 150%	$553,389,253	$1,173,058,139	$1,313,450,137	$360,124,780	$7,458,988,304	
Demonstration Group 7 - FHP Adults without Children up to 100%	$173,575,211	$352,894,110	$401,041,648	$110,970,648	$3,073,837,038	
Demonstration Group 7A - FHP Adults without Children @ 160%	$0	$0	$0	$0	$0	
Demonstration Group 8 - Family Planning Expansion	$5,460,394	$11,576,340	$2,045,425	$0	$65,294,983	
Demonstration Group 9 - Home and Community Based Expansion (HCBS)	$3,699,108	$3,699,108	$3,699,108	$924,777	$12,022,101	
Demonstration Group 10 - MLTC Adult Age 18-64 Duals		$249,276,515	$999,765,437	$249,927,129	$1,498,969,081	
Demonstration Group 11 - MLTC age 65+ Duals		$2,561,508,288	$10,403,512,554	$2,629,869,736	$15,594,890,578	
Demonstration Population 1: State Indigent Care Pool Direct Expenditures (ICP-Direct)	$2,600,000	$14,650,000	$13,700,000	$3,400,000	$34,350,000	
Demonstration Population 2: Designated State Health Programs to Support Clinic Uncompensated Care Funding (ICP - DSHP)	$2,600,000	$14,650,000	$13,700,000	$3,400,000	$34,350,000	
Demonstration Population 3: Designated State Health Programs to Support Medical Home Demonstration (DSHP - HMH Demo)	$0	$133,400,000	$133,300,000	$33,300,000	$300,000,000	
Demonstration Population 4: Designated State Health Programs to Support Potentially Preventable Readmission Demonstration (DSHP - PPR Demo)	$0	$5,000,000	$6,700,000	$1,600,000	$13,300,000	
Demonstration Population 5: Designated State Health Programs (Various)					$0	
With Waiver Total	**$7,918,726,316**	**$21,157,802,547**	**$32,217,348,198**	**$11,324,938,360**	**$124,534,935,094**	**$248,466,062,906**
Expenditures (Over)/Under Cap	**$1,709,927,543**	**$2,789,413,261**	**$3,032,453,249**	**$3,566,830,414**	**$29,533,394,267**	**$50,242,144,978**

New York State Partnership Plan
PMPM's and Member Months

Attachment 1

WITHOUT WAIVER PMPMS

	DY09 2006-2007	DY10 2007-2008	DY11 2008-2009	DY12 2009-2010	DY13 2010-2011 (2 Qtrs	DY13 2010-2011 (2 Qtrs	DY14 2011-2012	DY15 2012-2013	DY16 2013-2014 (1 Qtr/2 Qtr)
TANF Kids	$482.15	$514.58	$549.19	$585.99	$624.67	$624.67	$665.90	$709.85	$756.70
TANF Kids FSHRP									
TANF Adults	$661.56	$705.21	$751.73	$801.34	$852.63	$852.63	$907.20	$965.26	$1,027.04
TANF Adults FSHRP									
FHPlus Adults with Children	$516.43	$550.50	$586.82	$625.55	$665.59	$665.59	$708.19	$753.51	$801.73
Family Planning Expansion						$20.23	$21.06	$21.92	$22.81
Duals 18-64							$4,009.38	$4,057.09	$4,105.37
Duals 65+							$4,742.15	$4,895.32	$5,053.44

WITH WAIVER PMPMS

	DY09 2006-2007	DY10 2007-2008	DY11 2008-2009	DY12 2009-2010	DY13 2010-2011 (2 Qtrs	DY13 2010-2011 (2 Qtrs	DY14 2011-2012	DY15 2012-2013	DY16 2013-2014 (1 Qtr/2 Qtr)
TANF Kids	$223.54	$249.89	$263.89	$216.88	$187.00	$285.70	$311.08	$330.75	$350.47
TANF Adults	$448.12	$487.12	$497.81	$465.25	$400.82	$539.73	$587.03	$623.61	$662.73
SN - Adults	$665.55	$699.86	$632.17	$539.39	$454.35	$671.00	$757.76	$835.31	$894.41
FHPlus Adults with Children	$248.43	$268.45	$300.69	$320.69	$320.68	$348.99	$354.86	$375.99	$398.43
FHPlus Adults without Children	$307.99	$291.75	$323.10	$352.04	$361.75	$394.92	$380.63	$403.00	$426.83
Family Planning Expansion	$17.53	$23.37	$24.39	$20.27	$16.39	$21.49	$22.78	$24.15	$25.60
Duals 18-64							$4,039.88	$3,948.21	$3,942.01
Duals 65+							$4,755.70	$4,706.64	$4,751.90

MEMBER MONTHS

	DY09 2006-2007	DY10 2007-2008	DY11 2008-2009	DY12 2009-2010	DY13 2010-2011 (2 Qtrs	DY13 2010-2011 (2 Qtrs	DY14 2011-2012	DY15 2012-2013	DY16 2013-2014 (1 Qtr/2 Qtr)
TANF Kids	17,922,752	17,657,828	18,296,045	19,108,187	9,774,280	9,805,042	20,170,462	20,924,551	10,506,444
TANF Adults	4,603,637	4,561,952	5,130,509	5,629,847	2,893,809	2,865,467	5,910,856	6,127,378	3,076,657
SN Adults	4,534,323	4,590,976	6,040,438	7,460,970	4,103,355	4,216,837	9,097,365	9,798,142	2,471,136
FHPlus Adults with Children	3,276,258	3,295,069	2,976,138	3,002,984	1,567,102	1,585,684	3,305,705	3,493,301	903,868
FHPlus Adults without Children	1,908,233	1,941,703	1,275,271	889,734	430,909	439,524	927,125	995,132	259,985
Family Planning Expansion	597,505	453,527	456,734	485,446	254,090	254,090	508,180	84,697	
Duals 18-64							61,704	253,220	63,401
Duals 65+							538,619	2,210,390	553,435

Attachment 2

New York State

Partnership Plan Medicaid Section 1115 Demonstration

Transition Report

I. Introduction

On September 29, 2006, the Centers for Medicare and Medicaid Services (CMS) approved an extension of New York's 1115 waiver, known as the Partnership Plan, for the period beginning October 1, 2006 and ending September 30, 2010. CMS subsequently approved a series of short term extensions while negotiations continued on renewing the waiver into 2014. On July 29, 2011, CMS approved a renewal of the Partnership Plan for the period August 1, 2011, through December 31, 2014, with some waiver components expiring earlier to reflect implementation of the Affordable Care Act (ACA).

On January 1, 2014, New York will have made considerable progress in implementing the ACA. Specifically, New York will have expanded coverage, made changes to access to care, and reforms to the payment and delivery system. The ACA expands Medicaid eligibility for individuals under the age of 65, with income at or below 133 percent of the Federal Poverty Level (FPL). In New York State, some of these individuals are currently eligible under New York's Partnership Plan 1115 Waiver.

II. Transition Plan

Nearly 90 percent of individuals currently covered under New York's Partnership Plan 1115 waiver will transition to a State Plan eligibility group with coverage through an Alternative Benefit Plan as a result of the Medicaid expansion authorized by the ACA and adopted by New York. For most enrollees in Family Health Plus, the transition to Medicaid using MAGI eligibility rules will occur at renewal. Ideally, the State would choose to switch coverage for the waiver population from Family Health Plus to Medicaid on January 1, 2014. However, this is not possible for all enrollees because not enough information is known to the system about parent/caretaker enrollees to automatically switch them to a MAGI budget on January 1, 2014.

New York intends to stop accepting new applications for Family Health Plus after December 31, 2013. Anyone who submits an application prior to or on that date and are found eligible, will be enrolled in Family Health Plus for 12 months. Effective January 1, 2014, new applications will be evaluated using MAGI eligibility rules, and if eligible, applicants will be enrolled in Medicaid under an Alternative Benefit Plan. New York has chosen the Medicaid State Plan benefit (without institutional long-term care) as its Alternative Benefit Plan and will be submitting a SPA for Secretary Approval as soon as the SPA templates are available from CMS.

Family Health Plus single and childless couples will have their coverage changed to the Alternative Benefit Plan effective January 1, 2014. Family Health Plus parents and caretaker relatives with income up to 138% FPL will transition to the Alternative Benefit Plan as they renew, effective April 1, 2014. Family Health Plus parents and caretaker

relatives with income over 138% FPL to 150% FPL will transition to a qualified health plan, however the State will pay the enrollee's share of the premium, this does not include the individual's cost sharing.

Using existing rules, individuals renewing coverage from October 1, 2013 through March 31, 2014, if determined eligible, will enroll in the current plan under the waiver (e.g. Family Health Plus or Medicaid) for twelve months but no longer than through December 31, 2014 for Family Health Plus. Individuals determined ineligible from October 1, 2013 through March 31, 2014, will be sent a notice referring the person to apply for coverage through the Marketplace.

New York is building a new eligibility system that automates the MAGI eligibility rules for Medicaid, CHIP, and Advance Premium Tax Credits. The State anticipates over one million individuals are eligible to obtain coverage during the open enrollment period that begins October 1, 2013, and even more may apply. Given the complexity of the system build, the short time for adequately testing all the eligibility permutations and the data services available through the Federal Hub (and the reality that rules and interfaces will continue to be built 3-6 months after open enrollment), New York has decided to mitigate risk by maintaining current Medicaid enrollees in the legacy system until the State is confident it has the automation and system stability to transition over three million current enrollees without a disruption in coverage. New York is prioritizing the ability to provide coverage on January 1, 2014 to the newly eligible populations while doing no harm to current Medicaid enrollees.

To maintain stability in coverage for the over three million Medicaid enrollees whose eligibility will be determined under MAGI, the current legacy system will be modified to calculate budgets using MAGI rules to the maximum extent possible. Effective April 1, 2014, local districts will be able to determine MAGI eligibility using the current legacy system for those individuals renewing coverage. Local districts will continue to renew existing enrollees using MAGI rules in the legacy system for at least six months or until the new eligibility system is fully automated and is stable enough to handle the transition of over 3 million current recipients. The legacy logic will include:

- No longer counting child support as income
- Not applying income disregards/deductions
- Increased federal poverty levels to comply with ACA income levels
- New AID categories for claiming
- Revised client notices

The current renewal form will be used.

New applications submitted to local departments of social services from October 2013 through December 2013, will have eligibility determined under existing rules in the legacy system and, if eligible, individuals will be enrolled for 12 months of coverage. Individuals that are not eligible due to income will be instructed to reapply through the Marketplace. Applications submitted to the Marketplace from October 2013 through December 2013, will be determined using MAGI rules and if determined eligible,

coverage will be effective January 1, 2014. Applications submitted on or after January 1, 2014, will have eligibility determined through the Marketplace under the ACA rules. Individuals who have medical bills or are in need of coverage in the three month period prior to January 1, 2014, will be referred to the local department of social services for a determination of eligibility for payment/reimbursement of medical bills.

Although New York will transition individuals from the waiver to coverage under the ACA, the State intends to maintain the authority included in the waiver to mandatorily enroll individuals into managed care in counties **other than** Allegany, Cortland, Duchess, Fulton, Montgomery, Putnam, Orange, Otsego, Schenectady, Seneca, Sullivan, Ulster, Washington and Yates.

Table 1: Individuals Enrolled in Medicaid Managed Care

Current State Plan Mandatory and Option Groups	Current FPL and/or other qualifying criteria
Pregnant women	Income up to 200%
Children under age 1	Income up to 200%
Children 1 through 5	Income up to 133%
Children 6 through 18	Income up to 133%
Children 19-20	Income at or below the monthly income standard
Parents and caretaker relatives	Income at or below the monthly income standard

A. Seamless Transitions

i. Determine eligibility under all January 1, 2014, eligibility groups for which the State is required or has opted to provide medical assistance, including the group described in §1902(a)(10)(A)(i)(VIII) for individuals under age 65, regardless of disability status with income at or below 133 percent of the FPL;

The following chart outlines the current waiver population, current coverage, and the coverage options for individuals between 133% FPL and 150% FPL currently enrolled in Family Health Plus. These options include transitioning Family Health Plus enrollees to Advanced Premium Tax Credits. Regardless of which options are available in 2014, all populations will have eligibility determined under the ACA.

Table 2: Groups Transitioning from Demonstration to ACA

Demonstration Eligible Group	Current Federal Poverty Level	Current Coverage	2014 Coverage
Adults who were recipients of or eligible for Safety Net Cash Assistance but are otherwise ineligible for Medicaid (Single individuals and Childless Couples) [s. 2001(a)(1) and (2)]	Income based on Statewide standard of need, approximately 0%-78% FPL	Medicaid	0% ≤ 133% Benchmark
Adults who were recipients of or eligible for Safety Net Cash Assistance but are otherwise ineligible for Medicaid (Single individuals and Childless Couples) [s. 2001(a)(1) and (2)]	Income above the Medicaid income standard but at or below gross 100% FPL	Family Health Plus	0% ≤133% Benchmark
Children 19 and 20 years old [s. 2001(a)(1) and (2)]	Income above the Medicaid income standard but at or below gross 150% FPL*	Family Health Plus	0% ≤ 133% Standard coverage > 133% ≤150% Standard coverage >150% APTC
Parents and caretaker relatives of a child under the age of 21 (who could otherwise be eligible under section 1931 of the Medicaid State Plan) [s. 2001(a)(1) and (2)]	Income above the Medicaid income standard but at or below gross 150% FPL*	Family Health Plus	0% ≤ 133% Benchmark > 133%≤150% State will pay enrollee's share of APTC premiums and seek federal participation as a designated state health program >150% APTC (no state assistance)

*The current Partnership Plan 1115 approved NYS comparing income to 160% FPL, but this has not been implemented.

ii. Identify Demonstration populations not eligible for coverage under the ACA and explain what coverage options and benefits these individuals will have effective January 1, 2014;

All populations currently covered under the waiver will have coverage options under the ACA. In addition, New York plans to implement 12-months of continuous coverage for adults in conjunction with the implementation of the ACA.

In 2007, revisions were made to Chapter 58 of the New York State Social Services Law to provide a 12-month continuous eligibility period to the groups of individuals specified in Table 2, regardless of the delivery system through which they receive Medicaid benefits. Once the State begins exercising this authority, each newly eligible individual's 12-month period shall begin at the initial determination of eligibility. For those individuals who are redetermined eligible consistent with the Medicaid State plan, the 12-month period begins at that point. At each annual eligibility redetermination thereafter, if an individual is redetermined eligible under the Medicaid State plan, the individual is guaranteed a subsequent 12-month continuous eligibility period.

This proposal will provide stability and continuity of coverage and care to adults in the same way that it has for children on Medicaid. Authority for this population's eligibility during the 12 month continuous eligibility period is only in the 1115 waiver and therefore, individuals during this period would be eligible for expanded Medicaid levels and benchmark under ACA, and are also subject to continuous coverage. The Department is in the process of exploring the necessary system and program changes and anticipates implementing in January 2014.

Table 3: Groups Eligible for a 12-Month Continuous Eligibility Period

State Plan Mandatory and Optional Groups	**Statutory Reference**
Pregnant women aged 19 or older	• 1902(a)(10)(A)(i)(III) or (IV); and • 1902(a)(10)(A)(ii)(I) and (II)
Children aged 19 or 20	1902(a)(10)(A)(ii)(I) and (II)
Parents or other caretaker relatives aged 19 or older	1902(a)(10)(A)(ii)(I) and (II)
Members of low-income families, except for children	1931 and 1925

iii. Implement a process for considering, reviewing, and making preliminarily determinations under all January 1, 2014 eligibility groups for new applicants for Medicaid eligibility;

- Local departments of social services will process new applications for Medicaid using current eligibility rules through December 31, 2013.
- New applications submitted to the Marketplace from October 2013 through December 2013, will have eligibility determined through the Marketplace under ACA rules and, if eligible, enrollment will be effective January 1, 2014. The acceptance notice will inform individuals who have medical bills or are in need of coverage prior to January 1, 2014 to apply at the LDSS. Applicants will be informed of this process online so they may go directly to the LDSS rather than apply through the Marketplace before January 1, 2014.
- Beginning January 1, 2014, new applications will go through the Marketplace and will be processed through the new integrated eligibility system.

iv. Conduct an analysis that identifies populations in the Demonstration that may not be eligible for or affected by the ACA and the authorities the State identifies that may be necessary to continue coverage for these individuals;

Nearly all of the populations covered under the waiver will be covered under the ACA and those populations who are subject to continuous coverage will also have authority applied under the waiver.

Parents/caretakers with MAGI income between 138% and 150% of FPL will no longer be eligible for a Medicaid waiver category, but will be eligible for a tax credit under the ACA provided they do not have access to affordable coverage. The State will be seeking authority through an amendment to the Partnership Plan waiver, for federal financial participation for an affordability wrap for those individuals who would have been eligible for Family Health Plus prior to January 1, 2014 and who are now able to purchase Qualified Health Plans (QHPs). The goal is to mitigate the increased costs for these individuals as they move from the Medicaid waiver to the QHP. The State intends to implement an affordability wrap to pay the premium for the QHP for individuals in this income group who purchase a silver plan. Beneficiaries between 19 and 20 years of age who are living with parents with MAGI income between 138% and 150% of the FPL will no longer be eligible for a Medicaid waiver category, but will be eligible for Medicaid under MOE requirements.

v. Develop a modified adjusted gross income (MAGI) calculation for program eligibility.

New York is developing a new eligibility system that will automate program eligibility based on the MAGI eligibility rules as defined by CMS. All applications submitted to the Marketplace after January 1, 2014 will be processed using the MAGI eligibility rules in the new system.

As described above, to maintain stability in coverage for the over three million Medicaid enrollees whose eligibility will be determined under MAGI, the current legacy system will be modified to calculate budgets using MAGI rules to the maximum extent possible. Effective April 1, 2014, local districts will be able to determine MAGI eligibility using the current legacy system for individuals renewing coverage. Local districts will continue to renew existing enrollees using MAGI rules in the legacy system for at least six months, or, until the new eligibility system is fully automated and is stable enough to handle the transition of over three million current recipients.

New York opted for CMS to develop a modified adjusted gross income (MAGI) equivalency level for converting existing net eligibility levels to MAGI eligibility levels. While New York received preliminary results, the State is waiting for the re-run results for children along with the weighted averages for the separate applicant and beneficiary results.

B. Access to Care and Provider Payments

i. Provider Participation. The State must identify the criteria that will be used for reviewing provider participation in (e.g. demonstrated data collection and reporting capacity) and means of securing provider agreements for the transition;

The service delivery network for a Managed Care Organization ("MCO") is county specific and is comprised of primary, specialty and ancillary providers as well as related institutions consistent with the benefit package. Each county network must include at least one hospital, one inpatient and outpatient mental health facility as well as at least one substance abuse inpatient and outpatient facility. This applies to HMOs participating in government programs and those that have exclusive commercial membership.

The behavioral health network is required to have both individual providers, outpatient facilities and inpatient facilities. The facilities must include mental health and substance abuse services. In the case of outpatient mental health, at least one facility in the county must be licensed by the Office of Mental Hygiene pursuant to Article 31 of the Mental Hygiene Law, or be a facility operated by the Office of Mental Hygiene. The mental health inpatient facility can be either a psychiatric center under the jurisdiction of the Office of Mental Hygiene, or, a unit or part of a hospital operating under Article 28 of the Public Health Law.

The provision of alcohol and substance abuse services must also be provided in an outpatient facility and an inpatient facility. These facilities must have the capacity to provide substance abuse treatments. The inpatient facilities must have the capacity to provide detoxification and rehabilitation services.

In addition to the above, Medicaid networks must also include traditional Medicaid providers, i.e., presumptive eligibility providers, Designated AIDS Centers and Federally Qualified Health Centers (FQHCs), where available.

With the implementation of the homeless population into Medicaid managed care, we also require the MCO to contract with available federally qualified 330 H providers in every county they are available in.

All additional providers that have been required to be added to the MCO provider network as part of the transition of new benefits into Medicaid managed care were reviewed prior to the implementation and quarterly thereafter

On October 1, 2012 Orthodontia for children was transitioned into Medicaid managed care. The network requirement that is established for this benefit is to have a minimum of two orthodontists in each county of the MCOs approved service area, if available.

On November 11, 2012, the Consumer Directed Personal Assistance Services was transitioned into the Medicaid managed care program. MCOs were require to contract with a fiscal intermediary to ensure payment for the the services.

On April 1, 2013, the Long Term Home Health Care Program and non-agency foster care children living in the community in the upstate counties were transitioned into Medicaid managed care. As a result, additional provider network requirements were made. In the Long Term Home Health Care Program, MCOs were required to contract with certified home health care agencies, nursing homes and hospitals that provided the Long Term Home Health Care Program.

The addition of the non-agency foster care children required MCOs to augment their provider network where necessary to include fee for service health care providers who have traditionally treated this population. We also strongly encouraged MCOs to contract with specific specialty health care providers for intake and ongoing comprehensive assessments for children in foster care.

On August 1, 2013, the Adult Day Health Care (ADHC) and AIDS Adult Day Health Care (AADHC) benefit were transitioned into Medicaid managed care. Consequently, MCOs were required to add these providers to their network of contracted providers. MCOs operating in NYC, Nassau, Suffolk and Westchester Counties are required to contract with a minimum of three ADHC providers and two AADHC providers where available. In the rest of State the requirement is two ADHC providers and one AADHC providers where available.

On August 1, 2013 the Directly Observed Therapy for Tuberculosis/Inpatient TB therapy Ordered by Local Health Commissioners was also transitioned into Medicaid managed care. MCOs are required to include in its benefit package the observation of dispensing of medication, assessing any adverse reactions to the medications and case follow up. This is conducted as follows: ☐ Upstate location of services is the local health department (LHD), or in the home/other community setting; ☐ New York City locations are Department of

Health and Mental Hygiene (DOHMH) clinics and approved Health and Hospitals Corporation (HHC) hospitals (Bellevue, Elmhurst, Kings County) or in the home/other community setting.

MCOs have been required to amend existing provider contracts or enter into new contractual arrangements with LHDs.

On October 1, 2013 the hospice benefit was transitioned to Medicaid managed care. This has resulted in requiring MCOs to contract with multiple hospice agencies that are currently in operation. Each MCO must contract with at least 2 providers. In counties where there is only 1 provider, the MCO must contract with that agency.

ii. Adequate Provider Supply. The State must provide the process that will be used to assure adequate provider supply for the State plan and Demonstration populations affected by the Demonstration on December 31, 2013;

The MCO is required to have the full array of contracted providers in each county. However, in rural counties, this may not be possible due to a lack of resources within the county. When there is a lack of a provider type in a county, the MCOs may contract with providers in adjacent counties, or service area, to fulfill the network requirements. In some cases where counties border neighboring states and the normal access and referral pattern for obtaining medical services in those areas is to go across state boundaries, MCOs may request approval to augment their networks by adding those out of state providers. Attachment 1 provides a listing of the core provider types for all lines of business.

In addition to the full array of required health care providers, the network must include sufficient numbers of each provider type, be geographically distributed and ensure choice of primary and specialty care providers. The Public Health Law requires the MCO member a choice of at least three geographically accessible primary care providers. It is the department's policy that MCOs are required to contract minimally with two of each required specialist provider types per county. However, additional providers may be required based on enrollment and to ensure geographic accessibility.

The Department of Health has developed time and distance standards for provider networks to which MCOs are required to adhere. For all Medicaid, HIV Special Needs Plans, and Child Health Plus health products, the time and distance standard is as follows:

- metropolitan areas - 30 minutes by public transportation;
- non-Metropolitan areas - 30 minutes or 30 miles by public transportation or by car;
- in rural areas transportation requirements may exceed these standards if justified.

The provider networks for the Medicaid, HIV Special Needs Plans, and Child Health Plus managed care products are reviewed on a quarterly basis. The Department of Health maintains a database and MCOs are required to submit their networks electronically at schedule dates. The submitted data goes through an editing process to ensure the data contains all required information prior to accepting the network. Prior to a network analysis the information is matched against state and federal disciplinary files to remove providers unauthorized from participation in government programs. Subsequently, the network is analyzed for the presence of core provider types and sufficient numbers of providers to ensure choice of primary and specialty providers.

The first part of the review is an electronic analysis based upon program parameters established by the Department to determine if each county has an adequate number of the required core providers. The second part of the analysis is a manual review of reports that are produced. Examples of these reports include whether there are a sufficient number of providers in the county to provide a choice of primary and specialty providers and a comparison of providers not contracting with a specific MCO but who have contracts with other MCOs in the same county. The reports are then summarized and MCOs are notified of any access issues identified within their certified areas of operation. MCOs are required to review the summaries and report back to the Department. The Department will then have MCOs sign an attestation that members may obtain services on an out of network basis to the nearest provider, but not greater than 30 minutes or 30 miles from the members' residence. This attestation remains in place until the MCO is able to successfully address the noted provider inadequacy.

iii. Provider Payments. The State will establish and implement the necessary processes for ensuring accurate encounter payments to providers entitled to the prospective payment services (PPS) rate (e.g., certain FQHCs and RHCs) or the all inclusive rate (e.g., certain Indian Health providers);

The State will pay the PPS rate through the eMedNY FFS system for eligible Medicaid enrollees. For enrollees in Medicaid managed care, the State will make supplemental payments to eligible FQHC/RHC's to make up the difference between the PPS rate and the average managed care payment.

C. **System Development or Remediation. The Transition Plan for the Demonstration is expected to expedite the State's readiness for compliance with the requirements of the Affordable Care Act and other Federal legislation. System milestones that must be tested for implementation on or before January 1, 2014 include: i. Replacing manual administrative controls with automated processes to help support a smooth interface among coverage and delivery system options that is seamless to beneficiaries;**

New York is working to simplify and align both our rules and processes in accordance with the ACA requirements, and to automate MAGI eligibility

determinations and verifications to the maximum extent practicable, and to promote a more seamless customer experience.

D. Progress Updates. After submitting the initial Transition Plan for CMS approval, the State must include progress updates in each quarterly and annual report. The Transition Plan shall be revised as needed;

The State will provide quarterly and annual reports.

E. **Implementation**

i. By July 1, 2013, the State must begin to implement a simplified, streamlined process for transitioning eligible enrollees in the Demonstration to Medicaid, the Marketplace, or other coverage options in 2014. In transitioning these individuals from coverage under the waiver to coverage under the State plan, the State will not require these individuals to submit a new application;

As described above, New York will transition eligible childless adult enrollees in the Demonstration to Medicaid on January 1, 2014. Parents/caretakers will be transitioned at their renewal beginning April, 2014 to either Medicaid or QHP coverage.

ii. On or before December 31, 2013, the State must provide notice to the individual of the eligibility determination using a process that minimizes demands on the enrollees;

New York plans to provide appropriate notices that minimize demands on enrollees to the maximum extent possible.

Attachment 1

Core Provider Types for All Lines of Business.

NOTE: Data will be provided when it becomes available

Transformation Agreement

October 1, 2013

Quarterly Report & New York Draft Plan To Increase Competitive Employment Opportunities For People with Developmental Disabilities

Submission to the Centers for Medicare and Medicaid Standards

Attachment 3

Table of Contents

Appendices

1. ICF Transition Plan
2. New York Draft Plan to Increase Competitive Employment Opportunities for People with Developmental Disabilities
3. Employment Steering Committee Recommendations
4. OPWDD Community Employment Dialogue Summary

Introduction

In keeping with the Health System Transformation for Individuals with Developmental Disabilities Agreement as defined in the Standards Terms and Conditions of New York State's Partnership Plan Medicaid Section 1115 Demonstration, this document reports to the Centers for Medicare and Medicaid Services (CMS) the completion of the October 1, 2013 Transformation Deliverable Schedule which includes progress and quarterly updates in the following areas:

- Transition information for specific residents of Finger Lakes and Taconic Intermediate Care Facilities (ICF) including residential settings ;
- Progress for increasing availability of supportive housing options and the number of housing units available to persons being transitioned from ICFs and meeting HCBS standards;
- The Draft Plan to Increase Competitive Employment Opportunities for People With Developmental Disabilities and progress toward increasing the number of individuals engaged in competitive employment; and
- The number of participant self-direction training/education sessions conducted and the number of self-direction enrollees.

Residential Transitions and Supportive Housing

Residential Transitions and Supportive Housing
(from CMS Special Terms and Conditions, Attachment H)

a. By January 1, 2014, New York will transition a total of 148 residents from the Finger Lakes and Taconic ICFs in accordance with the following milestones:
ii. 20 additional people transitioned by October 1, 2013, and

b. *At least 30% of those persons (or a total of 44 persons) transitioned from institutions, both campus-based and non-campus-based ICFs, will qualify for MFP (i.e. can be transitioned into an MFP qualified residence). New York will transition the balance of the persons in the Finger Lakes and Taconic ICF target population (who are not transitioned to MFP qualified residences) into residential settings that comport with CMS requirements for home and community-based settings as outlined in the 1915(i) NPRM.* ***New York must submit quarterly reports of the total number of persons transitioned to the community, the size and licensure category of the residential settings into which persons were transitioned (e.g. 4 person group home), and an assurance that the residential settings comport with CMS requirements.***

c. No later than August 1, 2013, New York must submit a draft timeline for transition of the residents of the remaining campus and non-campus-based ICF's to community- based settings. ***New York and CMS will finalize the plan by October 1, 2013****. This plan must detail the pace of remaining transitions, taking into account the housing availability chart developed by the state. Upon approval by CMS, the transition plan and related deliverables will be incorporated as an attachment.*

In accordance with the Developmental Disabilities Deliverable Schedule, OPWDD submitted to CMS a Draft ICF Transition Plan (Appendix 1) on July 27, 2013. Clarifying discussions on the plan have occurred between the State and CMS and further detail on children's community based residential services was forwarded to CMS on September 26. OPWDD is looking for confirmation from CMS on the draft plan in order to communicate with Stakeholders and finalize implementation strategies.

Since July 1, 2013, OPWDD has assisted 23 individuals to transition from the Finger Lakes and Taconic campus based ICFs to community settings meeting the Home and Community Based Services settings standards.

Individuals Assisted to Transition to Community Settings
July 1 – September 30, 2013

Name	Date	Certified Capacity	Certification Type	Meets HCBS Standards	MFP Compliant
SH	7/31/13	4	Supervised IRA	Yes	Yes
CS	7/31/13	4	Supervised IRA	Yes	Yes
HY	7/31/13	9	Supervised IRA	Yes	No
VU	8/5/13	4	Supervised IRA	Yes	Yes
RY	8/6/13	11	Supervised IRA	Yes	No
MM	8/8/13	4	Supervised IRA	Yes	Yes
LK	8/20/13	12	Supervised IRA	Yes	No
WF	9/5/13	4	Supervised IRA	Yes	Yes
MR	9/30/13	5	Supervised IRA	Yes	No
PC	9/30/13	6	Supervised IRA	Yes	No
DL	9/30/13	6	Supervised IRA	Yes	No
RA	7/19/2013	4	Supervised IRA	Yes	Yes
DC	8/1/2013	4	Supervised IRA	Yes	Yes
CLE	8/1/2013	4	Supervised IRA	Yes	Yes
HKR	8/1/2013	4	Supervised IRA	Yes	Yes
DA	8/1/2013	4	Supervised IRA	Yes	Yes
JB	9/19/2013	11	Supervised IRA	Yes	No
SN	9/24/2013	5	Supervised IRA	Yes	No
KC	9/26/2013	6	Supervised IRA	Yes	No
LP	9/26/2013	8	Supervised IRA	Yes	No
SB	9/27/13	6	Supervised IRA	Yes	No
TG	9/30/13	4	Supervised IRA	Yes	Yes
DG	9/30/13	4	Supervised IRA	Yes	Yes

Expanding Supportive Housing Options

d. *New York will provide quarterly updates on the progress for increasing the availability of supportive housing options, including "non-traditional housing models" such as the "Home of Your Own", Family Care, Shared Living, Customized Residential Options, and AFI.* ***Each quarterly update will include the number of new housing units that are available to persons being transitioned from ICFs, and meet CMS standards for HCBS settings.***

In order to comprehensively expand supportive housing options for people with intellectual and developmental disabilities, the NYS OPWDD is working with CMS-Housing Capacity Building Initiative for Community Living to build a sustainable infrastructure for non-certified/non-traditional housing options across all systems - now and in the future.

The following proposal was submitted by OPWDD and approved by the CMS Technical Assistance (TA) group to support OPWDD's effort:

- The creation of a Scientific Strategy for determining housing needs. This would allow OPWDD to make predictions for approximately 3-5 years for people with intellectual and developmental disabilities (ID/DD)
- The creation of a system to identify existing housing stock (inventory of housing) within each county and with finding ways to access each housing type. This would include identifying key players, contact information and etc. This area may refer to learning how to operate a Housing Resource Scan. OPWDD needs a system that can verify if there are existing commitments in place in certain locations in order to make a certain number of units available to individuals with ID/DD. If so, the question then becomes – "Are these commitments being met (or does it offer opportunities to make some of the units available to OPWDD")
- Learning the role of state and local agencies on developing supportive housing. Also learning about the specific role of Tax Credits and what it offers to special needs populations. How do we use this learned-skill to access more supportive housing opportunities for people with ID/DD?
- Creating a training package and providing training to regional housing coordinators to gain a cadre of housing specialists in each region of NYS.
- Learning the "how-tos" in taking existing investments and turning it into dollars for non-traditional/non-certified housing opportunities. How does this happen in other states?
- Learning how to access and read a Public Housing Plan to gain information for and about people with ID/DD.

The Project will begin in the Long Island and Finger Lakes/Western NY regions/localities with onsite training on November 19 and 21, 2013 followed by a series of Webinars. Participants will include staff with key responsibilities for housing and community living as well as the local government staff.

Some additional initiatives during this quarter include the following:

- Efforts to expand supportive housing inventory are continuously underway. Meetings are being held with NYSHCR to define and refine OPWDD's specific role in the supportive housing industry. Progress is positive. Voluntary agencies are increasing the number of proposals submitted to OPWDD for support of their application for funding from NYSHCR Unified Funding RFP. OPWDD has received 13 new proposals from OPWDD agencies to submit to the NYSHCR for funding for supportive housing opportunities in the 2013 round of funding.
- Negotiations are also underway with USDA Rural Development Multi-Family homes to host sessions with developers and managers of apartments in rural NY.
- The partnership between the State of New York Mortgage Agency (SONYMA) and the Home of Your Own (HOYO) program has grown from a total of $19.8 million in loans (through 12/31/2009) to people with intellectual and developmental disabilities, people with mental illness and their income-eligible families to nearly $25 million in loans. Progress for this quarter is reported below.
- OPWDD continues to play a vital role in the Governor's Supportive Housing Development Program and as such advocates for the expansion of rental assistance to people with ID/DD, including additional housing opportunity cross systems (OTDA; DOH; OMH; OASAS). Under the MRT Program, 21 additional supportive housing opportunities through the Consolidated Supports and Services (CSS) residential option are available to OPWDD.
- As described above, OPWDD presented to the entire supportive housing cross-systems group on 9/20/13 on progress made towards expanding housing options and on the CMS/TA approved-proposal. The awareness and interest in moving from congregate residential settings to independent living is increasing at a rapid pace by individuals with ID/DD and by their families. Efforts are underway to create a scientific method to identify housing options statewide – starting with two specific regions –Long Island and Finger Lakes/Western NY.
- OPWDD is collaborating with the nationally known director of Creative Housing Solutions to expand work on the previous publication, "Making Homes that Work." A major part of the project includes identifying and compiling best practices in the area of environmental modification in non-traditional and non-conventional housing options from leading experts and housing specialists and disseminating this information through training, written and electronic resources, capacity building and technical assistance. A series of Webinars/Webcams are being planned for 2013 – 2014.
- OPWDD is exploring new and expanding the role of existing partners in the housing industry. For example, we are working with some Public Housing Authorities and have met with Habitat for Humanity to discuss partnership opportunities.

Progress made in the development of new housing units includes the addition of 4 new home owners, totaling 6 since April 1, 2013. Supportive housing units reported during the first quarter that are connected to the Governor's Medicaid Redesign Team Supportive Housing Development Program and, OPWDD's partnership with the NYS Homes & Community Renewal (NYSHCR), include 21 additional opportunities as described above, totaling 83 available units.

Total Number of New Housing Units Developed	
New Home Owners	6
Available Supportive Housing Units	83

Increasing Supported Employment Services and Competitive Employment

Supported Employment Services and Competitive Employment
(from CMS Special Terms and Conditions, Attachment H)

a. *By May 31, 2013, New York must provide CMS with a baseline count of the number of enrollees receiving supported employment services and the number of enrollees engaged in competitive employment for the most recent period for which data is available.* ***Thereafter, the state must provide CMS with a quarterly report documenting the state's progress toward the agreed-upon goal of increasing the number of persons engaged in competitive employment, through Supported Employment, by 700 persons above the previous 12 month enrollment, with no exceptions for attrition during the period of April 1, 2013 and March 31, 2014. Given the expected fluctuations triggered by school timelines (e.g. graduations), New York will increase the number of persons in competitive employment by no less than 250 persons by October 1, 2013, with no exceptions for attrition****. Only integrated gainful employment at minimum wage or higher will be considered competitive employment. The quarterly report also must include a description of activities the state has undertaken during the quarter to increase the number of demonstration participants engaged in competitive employment.*

b. *Effective July 1, 2013, New York will no longer permit new admissions to sheltered workshops. The state will report the number of enrollees that remain in sheltered workshops in each quarterly report as required under paragraph 62.*

c. ***By October 1, 2013, New York will submit to CMS a draft plan for CMS review, and a final plan no later than January 1, 2014, on its transformation towards competitive employment. Both the draft and final plans must include a detailed proposal/work plan for increases in the number of individuals in competitive employment and the number of students exiting the educational system moving directly into competitive employment. The plan must include a timeline for closing sheltered workshops, and a description of the collaborative work with the New York educational system for training/education to key stakeholders on the availability and importance of competitive employment.***

Baseline Data Adjustment

After the July 1, 2013 report was submitted OPWDD received additional data from provider agencies on the number of people receiving supported employment services. The additional data has resulted in an adjustment to the March 31, 2013 baseline. There were 9,934 individuals with developmental disabilities enrolled in supported employment, of these individuals 6,983 were competitively employed in an integrated setting earning at least minimum wage. During the period of April 1, 2013-July 31, 2013 there was a net increase of 222 individuals engaged in competitive employment. Employment data for August 1, 2013-October 1, 2013 will be included in the next quarterly report.

Workshop Enrollments

The March 31, 2013 baseline for workshop enrollment was 7,896 people. During the month of June there was an increase of 205 enrollments making the new baseline 8,101. Effective July 1, 2013, New York has ended new enrollments into sheltered workshops.

Improving the Quality of Supported Employment Services

In an effort to build the capacity of voluntary agencies to provide high quality supported employment services to people with developmental disabilities, OPWDD engaged in the following activities:

- Convened seventeen Innovations in Employment Training sessions. This training series provides participants with skills, tools and techniques that can be used to improve employment outcomes for people with developmental disabilities. The four-part series includes sessions on: Employment and Putting People First; Assessment and Planning; Job Development; and Job Coaching.
- As a follow up to these sessions, OPWDD convened ten Employment Management Forums with the directors and managers of supported employment programs. This was an opportunity to facilitate dialogue with the leadership of provider agencies about things they can do to support their front line employment staff in the implementation of tools and techniques provided in the Innovations in Employment Training Series. These forums also created an opportunity to discuss job attrition, the reasons why people have difficulty maintaining jobs and strategies that can be used to assist people in retaining jobs. There were 256 participants at these Employment Management Forums representing 165 out of 174 supported employment agencies in New York State.
- Convened two Employment Roundtables in Region 2 (Broome, Central NY and Sunmount). The first employment roundtable was designed to recruit new supported employment providers. This session focused on OPWDD's employment expectations, goals and strategies for delivering quality supported employment services. Billing and documentation requirements were also covered. The second employment roundtable was a follow-up to the Statewide Promising Practices in Employment video conference. This session enabled supported employment providers within the region to share promising practices and successful techniques for transitioning people from day habilitation and workshop services to competitive employment. Plans are currently underway to convene additional employment roundtables in New York City and Long Island.

Fostering Business Partnerships

OPWDD had several meetings with the Empire State Development Corporation (ESDC) about the need to encourage businesses to hire people with developmental disabilities. As a result of these discussions, ESDC facilitated a meeting between OPWDD and the New York State Retail Council and New York State Food Industry Alliance to discuss ways to educate their membership about the untapped workforce of people with disabilities. These two trade associations represent supermarkets and retail store across New York State. OPWDD identified a supported employment agency and a few businesses that employ people with developmental disabilities to participate in the meeting. The trade associations were very interested in the job carving, customized employment and job coaching supports that are available to workers with disabilities.

During the next quarter, OPWDD and ESDC will have follow up discussions with these trade associations in an effort to encourage their members to hire people with developmental disabilities**.**

Fostering Partnership with the State Educational System

As part of the collaboration between OPWDD, State Education Department, Developmental Disabilities Planning Council and University of Rochester on the Partnership in Employment Systems Change grant, efforts are underway to utilize model demonstration projects to improve employment outcomes for youth and young adults with developmental disabilities.

The University of Rochester is leading efforts to increase the number of Project Search sites in the state. The Project Search model has been very successful in transitioning students from high school to employment because of the collaborative efforts of school administrators, regional vocational rehabilitative offices, businesses which in most instances are hospitals and developmental disabilities regional offices.

A new Project Search site is currently in development with Monroe ARC where the focus will be on transitioning people from workshops to competitive employment. This will be the first Project Search site in the nation focused on workshop participants.

In addition to Project Search, OPWDD's Employment Training Program (ETP) will also be utilized in some of the model demonstration sites. ETP is a paid internship program that has enriched OPWDD's partnership with the State Education Department and has created incentives for businesses to hire people with developmental disabilities. ETP program components include discovery and job readiness training. A customized approach is used to carve a job that matches a person's interests and skills with the needs of a business. During the internship, OPWDD pays the ETP intern a minimum wage salary (with non-Medicaid funds) and job coaching supports are provided by the high school. Every ETP participant has a job description that is used to assess their progress in meeting the employer's expectations. At the end of the internship the ETP participant is hired by the business. Several businesses that have hired ETP interns have indicated that they were initially hesitate to hire a worker with developmental disabilities. The paid internship reduced risk for the business and provided an opportunity for the business to see that a person with developmental disabilities could be successful in the general workforce. 67% of the high school students that participate in ETP are working after leaving high school.

As part of the Partnership in Employment Systems Change grant, OPWDD in partnership with the Center for Human Services Education, has been working with the State Education Department to create a job readiness curriculum that will be used by teachers. Three high schools have agreed to test the curriculum and provide feedback. During this reporting period, OPWDD has developed a curriculum outline and has solicited feedback from the Office of Special Education's (OSE)Regional Transition Specialists. This feedback will be used to make additional modifications to the modules. OPWDD and OSE are working to align the job

readiness curriculum with the State Education Department Common Core Standards that are required for all classroom instruction. The curriculum topics are as follows:

- **Unit One:** *My Life, My Choices*
  Lesson 1- A Discovering Me: Assets, Challenges and Solutions
  Lesson 2- Understanding My Learning Styles
  Lesson 3- My Ideal Job
  Lesson 4- Self Advocacy: Speaking Up
  Lesson 5- Making Informed Choices
  Lesson 6- Problem Solving: Seeking Assistance
- **Unit Two:** *Avenues to Adulthood*
  Lesson 1- How Will Work Impact my Life?
  Lesson 2- Following Instructions and Workplace Rules
  Lesson 3- Time Management: Making it all Work
  Lesson 4- Who's on My Team?
  Lesson 5- Documents for Work
  Lesson 6- My Rights and Responsibilities as a Community Member and Worker
- **Unit Three:** *Think It, Say It, Feel It*
  Lesson 1- Developing Self-Esteem
  Lesson 2- Personal Awareness (Physical, Verbal and Non-Verbal)
  Lesson 3- Listening Skills
  Lesson 4- Accepting and Providing Feedback
  Lesson 5- Understanding Other's Needs
  Lesson 6- Creating Questions that Cause Conversations
  Lesson 7- Building Trust
- **Unit Four:** *Developing Community Connections*
  Lesson 1- Meeting New People: Networking Skills
  Lesson 2- Getting Involved in My Community
  Lesson 3- What Types of Jobs are Out There?
  Lesson 4- Who's in my Network?
  Lesson 5- What are the Job Match Possibilities in My Community?
  Lesson 6- Exploring My Community: What's Happening?
- **Unit Five:** *The Road to Employment*
  Lesson 1- Creating My Portfolio
  Lesson 2- Capturing my Experience: Perfecting my Resume
  Lesson 3- Completing Job Applications
  Lesson 4- Trying It Out: Assessing my Success
  Lesson 5- What Skills Do I Need to Learn for Work?
  Lesson 6- Preparing for Day One at Work
  Lesson 7- Gathering References

- **Unit Six:** *Entering the Workplace*
  Lesson 1- What am I Nervous About?
  Lesson 2- Understanding Employer Expectations
  Lesson 3- Dressing for Success
  Lesson 4- Job Interview Preparation
  Lesson 5- Getting To Work: Orientation and Mobility
  Lesson 6- Preparing for Change
  Lesson 7- Understanding Workplace and Community Safety
  Lesson 8- Informational Interviewing Skills
- **Unit Seven:** *Long Term Success at Work*
  Lesson 1- Being a Team Player
  Lesson 2- Balancing Life and Work
  Lesson 3- Putting Feedback to Work: Creating New Habits
  Lesson 4- Handling Authority
  Lesson 5- Working with A Mentor or Job Coach
  Lesson 6- Making a Difference at Work
  Lesson 7- Moving Up
- **Unit Eight:** *Apps for Achievement*
  Lesson 1- Using Technology to Find Jobs
  Lesson 2- Understanding Assistive Technology
  Lesson 3- Internet/Technology Safety
  Lesson 4- Apps to Use for Work Success
- **Unit Nine:** *Working and Earning*
  Lesson 1- Understanding my Paycheck
  Lesson 2- My Needs and Wants: Financial Goal Planning
- **Unit Ten:** *Wellness and Working*
  Lesson 1- Healthy Living
  Lesson 2- Relationships at Work
  Lesson 3- Keeping Up with Personal Care
  Lesson 4- Whole Life Balance

Stakeholder Engagement

As part of the process of developing the Draft Plan to Increase Competitive Employment Opportunities for People With Developmental Disabilities (Appendix 2), OPWDD solicited feedback from stakeholders in the following ways:

- Convened an Employment Committee comprised of parents, self-advocates and providers who made recommendations related to ways to transition high school students and workshop participants to competitive employment. A summary of their recommendations is in Appendix 3.
- Convened eight Community Dialogues across the state to solicit feedback from parents, self-advocates and providers on concepts within the OPWDD Employment Transformation Plan. A summary of these recommendations is in Appendix 4.

Increasing Self-Direction

Consumer Self-Direction
(from CMS Special Terms and Conditions, Attachment H)

b. New York will increase the number of people offered the option to self-direct their services through increased education to all stakeholders in a consistent manner statewide. This education will be provided to at least 1,500 beneficiaries (with designated representatives as needed) per quarter beginning on April 1, 2013. ***New York will submit a quarterly report of the number of training/education sessions conducted and the number of persons attending the sessions.*** *New York will share training materials and curricula for these sessions with CMS, and make them available statewide by May 1, 2013.*

c. In the design and implementation of its 1915(b)/(c) waiver and other MLTSS models authorized by this demonstration, New York will incorporate and enhance opportunities for self-direction by demonstration participants. If the state utilizes the agency with choice model of self-direction, New York will assure that these agencies provide maximum control by the beneficiary, and include a performance indicator(s) to assure that beneficiaries exercise choice and control. ***New York will report to CMS on a quarterly basis its efforts to enhance self-direction, and the results of the performance measurement.***

e. New York will provide a report to CMS no later than July 1, 2013, on the current number of persons with IDD and other disabilities who self-direct their services under this demonstration.

i. By October 1, 2013, 350 new beneficiaries will self-direct services;

Self Direction Education to Beneficiaries

The NYS Office for People with Developmental Disabilities (OPWDD) has promoted self direction for individuals receiving supports through educational efforts by OPWDD staff and stakeholder groups. Educational efforts include community training sessions and new staff practices at the "Front Door" which ensure that individuals coming to OPWDD to access services make an informed choice regarding self directed service options

Consistent with the transformation goal to expand education about self-direction service options in a consistent manner to all stakeholders statewide, OPWDD has educated more than 1,500 individuals and family members in self-direction sessions during the second quarter ending on September 30, 2013, with a total count of 3,746 individuals and 66 training sessions. Self-direction education sessions are actively attended by individuals and family members, and more sessions are scheduled for the third quarter of 2013. Specifically, OPWDD will continue to focus education activities on self-direction according to the education goals described in the table below.

Self-Direction Education Totals July 1 - September 30, 2013			
Self-direction Education Target	**Education Goal**	**Total Number of Individuals**	**Total Number of Sessions**
New people requesting supports from the OPWDD system and people who are transitioning from the education system into the OPWDD system of supports.	Increase awareness of self-direction options among the people engaging in supports from OPWDD	**3465**	***66***
Individuals who are currently receiving OPWDD supports and services and new individuals who have expressed an interest in self-directing services.	For people who are expressing interest in self-direction, the goal is to ensure understanding of the key concepts of self-directed supports.	**237**	**26**
Individuals who are actively seeking to self-direct services with budget and employer authority	Detailed understanding of the operational components of self-directed supports; clear understanding of the responsibilities associated with self-direction.	**44**	***6***
	Total	***3,746***	***98***

Beneficiaries with Developmental Disabilities who currently Self-Direct their Services

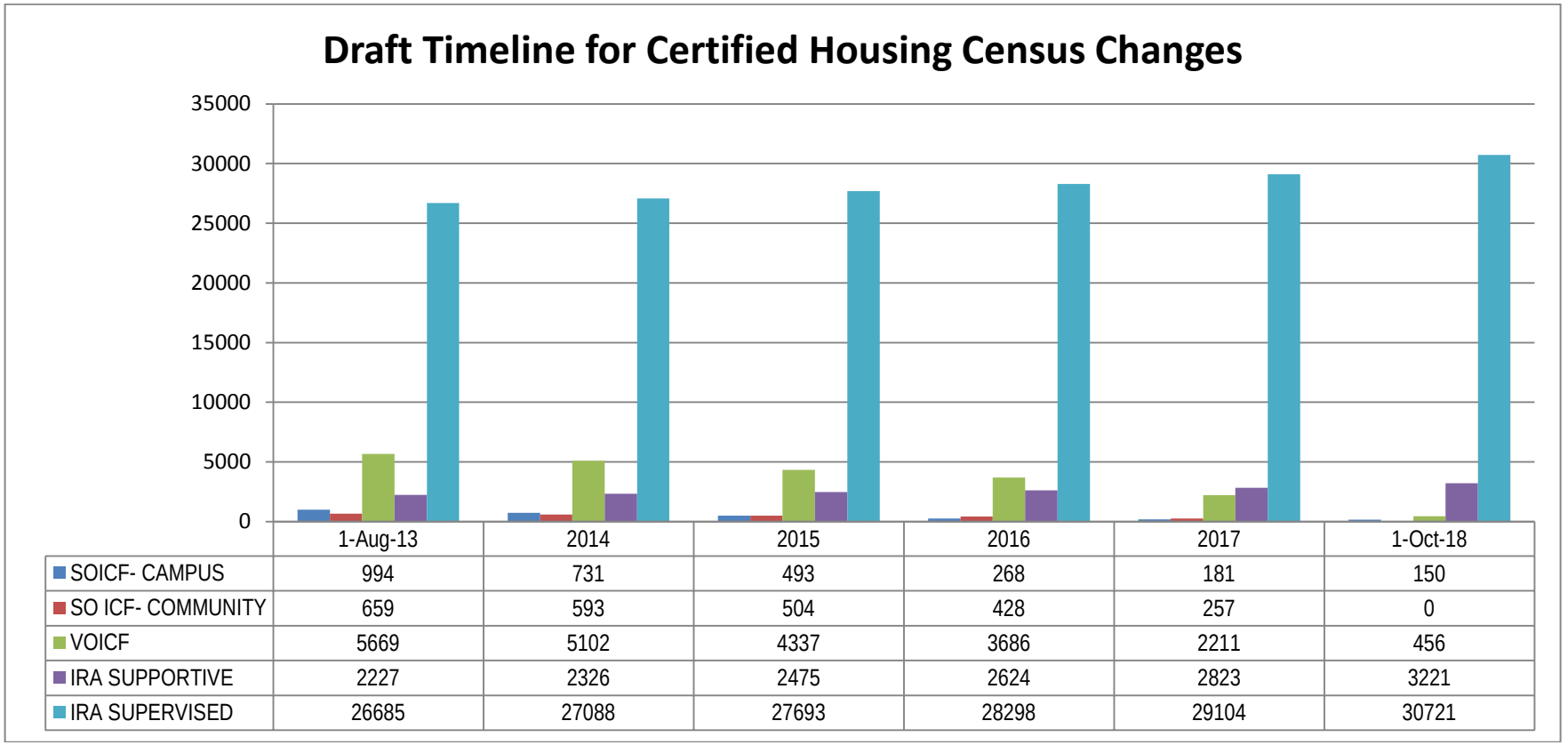
The July 1, 2013 Developmental Disabilities Transformation Update reported a total of 979 individuals with intellectual and developmental disabilities who self-direct their services using Consolidated Supports and Services (CSS). Updated analysis which includes a wider range of existing self directed options as noted below, indicates the baseline was actually 1,155 individuals.

New York State is now serving 394 individuals in self direction beyond the baseline of 1,155. As approved under the HCBS Waiver, individuals can choose to direct their supports under various service models. Based on eMedNY data, 131 additional participants self direct through CSS. In addition, OPWDD has been promoting these various options in many venues as evidenced by the additional 263 individuals now self-directing through the Community Habilitation service, as documented in a memorandum of understanding signed by the participant. As shown in the table below, OPWDD has met the goal of 350 new beneficiaries self-directing their services by October 1, 2013.

Number of Individuals Self Directing	
Updated Baseline	1,155
October 1, 2013	394
Total	1,540

Appendix 1 - ICF Transition Plan

Housing Options	August 1, 2013	2014	2015	2016	2017	October 1, 2018
CERTIFIED HOUSING:						
SOICF- CAMPUS	994	731	493	268	181	150
SO ICF- COMMUNITY	659	593	504	428	257	0
VOICF	5669	5102	4337	3686	2211	456
IRA SUPPORTIVE	2227	2326	2475	2624	2823	3221
IRA SUPERVISED	26685	27088	27693	28298	29104	30721



	1-Aug-13	2014	2015	2016	2017	1-Oct-18
SOICF- CAMPUS	994	731	493	268	181	150
SO ICF- COMMUNITY	659	593	504	428	257	0
VOICF	5669	5102	4337	3686	2211	456
IRA SUPPORTIVE	2227	2326	2475	2624	2823	3221
IRA SUPERVISED	26685	27088	27693	28298	29104	30721

This plan includes opportunities for 1048 people to move into person controlled housing by Oct. 1, 2018.

APPENDIX 2

NEW YORK DRAFT PLAN TO INCREASE COMPETITIVE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
Final Draft - Sept 30, 2013

I. Introduction

In accordance with the Health System Transformation for Individuals with Developmental Disabilities Agreement as defined in the Special Terms and Conditions, this document sets forth New York State's strategies and plan toward increasing competitive employment. This plan describes specific strategies to: increase the number of individuals engaged in competitive employment; increase the number of students that transition from high school to competitive employment; collaborate with the educational system to ensure that stakeholders are aware of employment services; and transition workshop participants to competitive employment or other meaningful community activities.

II. Increasing the number of individuals and high school students in competitive employment.

Competitive employment is defined as employment in an integrated setting, in the general workforce, where a person earns at least minimum wage. In order to increase the number of people who are competitively employed there must be growth in the number of new people receiving supported employment services. New York will encourage growth in supported employment by working collaboratively with Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) and by creating a career planning service to assist individuals with the transition to competitive employment.

1. Connect Individuals to ACCES-VR

Competitive Employment starts with ACCES-VR which is the state agency designated to provide employment services to individuals with disabilities, including individuals with developmental disabilities. Annual growth in the number of individuals applying for and receiving ACCES-VR services will result in an increase in the number of individuals with developmental disabilities who are competitively employed.

OPWDD will contribute to this annual growth by working collaboratively with ACCES-VR to increase the number of individuals who apply for and receive intensive supported employment services through ACCES-VR. All individuals that apply for OPWDD services will receive information about the availability of supported employment services. If an

individual is interested in employment, OPWDD's regional office will connect them with their local ACCES-VR office. In an effort to increase the number of students who transition from high school to employment, OPWDD regional offices will refer all transition aged youth to their local ACCES-VR offices. Individual who are unable to receive ACCES-VR services will have the option of receiving OPWDD's Pathway to Employment service.

2. Create Pathway to Employment

Pathway to Employment is a new person-centered, comprehensive career planning and support service that will provide assistance for participants to obtain, maintain or advance in competitive employment or self-employment. The service will be available by March 1, 2014. It is a focused, time limited service that engages a participant in identifying a career direction, provides instruction and training in pre-employment skills, and develops a plan for achieving competitive, integrated employment at or above minimum wage. Within 12 months, or sooner, the outcome of this service is documentation of the participant's stated career objective; a detailed career plan used to guide individual employment supports; and preparation for ACCES-VR intensive supported employment services.

The Pathway to Employment service will be available to anyone who needs additional supports before transitioning to ACCES-VR or needs supports to assist them in maintaining or advancing in employment. Individuals receiving day habilitation, prevocational or workshop services and high school students will have the option of receiving Pathway to Employment services.

In an effort to ensure that Pathway to Employment services result in an increase in the number of people engaged in competitive employment, the service will only be authorized to be provided by supported employment agencies. In addition, voluntary agencies will be required to complete an OPWDD approved training prior to the delivery of Pathway to Employment services. A Request for Proposal (RFP) is currently under development for an entity to develop the Pathway to Employment curriculum and provide statewide trainings to voluntary agencies.

Once Pathway to Employment services are available, OPWDD will work with voluntary agencies to educate families and individuals currently receiving day habilitation, prevocational and workshop services about the service and how it can assist them in the transition to competitive employment.

3. Collaborate with State Education Department

Both ACCES-VR and the Office of Special Education (OSE) are within the New York State Education Department (SED). OPWDD will work the educational system to educate

stakeholders about supported employment services. Discussions are currently underway between OPWDD and ACCES-VR to create a Supported Employment Memorandum of Understanding designed to formalize the role that each agency will have in developing strategies to assist people with development disabilities in achieving competitive employment.

OPWDD is also working with OSE to educate school district and high school administrators, regional transition specialists and Board of Cooperative Educational Services (BOCES) superintendents about employment options for high school students. Efforts are also underway to develop a partnership with the New York State School Boards Association to education their membership about OPWDD services including employment.

OPWDD will continue to utilize the Employment Training Program (ETP) as a way to partner with schools and educate stakeholders about employment while students are still in high school. There are currently 192 students participating in ETP. Components of the program include discovery and job readiness training. A customized approach is used to carve a job that matches a person's interests and skills with the needs of a business. During the internship, OPWDD pays the ETP participant a minimum wage salary (with non-Medicaid funds). Job development and job coaching supports are provided by the high school. Every ETP participant has a job description that is used to assess their progress in meeting the employer's expectations. At the end of the internship the ETP participant is hired by the business. Several businesses that have hired ETP interns have indicated that they were initially hesitate to hire a worker with developmental disabilities. The paid internship reduced risk for the business and provided an opportunity for the business to see that a person with developmental disabilities could be successful in the general workforce. OPWDD has used the paid internship program to partner with several high schools and BOCES.

Approximately 67% of the high school students that participate in ETP are working after leaving high school. ETP has created opportunities for OPWDD to get into high schools and connect with educators and families prior to OPWDD's Front Door Process. Very often teachers and families are not aware of OPWDD services. ETP triggers discussions about the OPWDD eligibility process before students leave high school. This has resulted in a smoother transition for families.

OPWDD will also utilize its collaboration with the State Education Department on the Partnership in Employment Systems Change grant, which is detailed in the October 1, 2013 Quarterly Report, as a way to educate stakeholders about supported employment options for people with developmental disabilities.

4. Improve Job Retention

In addition to focusing on annual growth in the number of people receiving supported employment services, OPWDD will also focus on strategies that assist individuals in the retention of jobs. On an annual basis approximately 1,000 people transition from ACCES-VR intensive supported employment services to OPWDD extended supported employment services. Approximately 800-900 people lose those jobs becoming un-enrolled in supported employment services, resulting in annual supported employment growth of 2%-3%. This accounts for the lack of historical growth in the number of people with developmental disabilities who are engaged in competitive employment. Data from OPWDD's supported employment programs provides the following information about the historical trend for job retention:

- Sixty-eight percent of people who transition from ACCES-VR intensive supported employment services to OPWDD extended services remain employed one year after placement.
- Retention is fifty-one percent after two years
- Retention is forty percent after three years
- Retention is thirty-three percent after four years
- Retention is thirty percent after five years

Data from OPWDD's Employment Training Program provides information on the following factors that contribute to job loss:

- Inability to Master Job Skills-18%
- No Longer Want to Work- 16%
- Behavior Challenges- 15%
- Lack of Transportation- 13%
- Financial Disincentive-12%
- Layoff-8%
- Dissatisfaction with Job 8%
- Medical Needs-2%
- Other-8%

OPWDD is developing the following strategies to improve job retention for individuals receiving supported employment services:

- Incentivize Employment

  The current billing and fee structure for supported employment is not comparable to the billing and fee structure for day habilitation, workshop or prevocational services. This has created a financial disincentive for providers where many voluntary agencies provide supported employment services at a financial loss.

OPWDD will work with the Department of Health to create a new supported employment billing and fee structure that is more reflected of the true cost associated with helping an individual retain employment. The new structure will be more in line with fees for other day services, creating an incentive for providers to assist individuals in transitioning from day services to employment. Beginning in October 2013, OPWDD will conduct a review of its 176 supported employment providers to identify the rates, billing cycle and level of supports needed to successfully assist individuals in maintaining employment. The review will be completed by December 31, 2013. By January 31, 2014 recommendations will be made to the Department Health for a new supported employment fee and billing structure. Components of the new supported employment fee and billing structure will include performance measures, tiered funding levels based on support need and transportation cost.

- Provider Training and Performance Monitoring

  Many of the factors contributing to job loss indicate that the quality of supported employment services must be improved to ensure that appropriate discovery, job carving/job development and job coaching are provided by voluntary agencies. While OPWDD has trained over 2,000 staff of provider agencies in the areas of assessment, planning, job development and job coaching, the turnover of provider agency staff is such that ongoing provider training is necessary. OPWDD will continue to offer the Innovations in Employment Training Series to providers of supported employment, day habilitation, prevocational and workshop services. OPWDD is also in discussions with ACCES-VR to align the supported employment training of both agencies to ensure that similar expectations of success are reinforced.

  In addition to training it is also important that adequate supervision is provided to front-line supported employment staff. To ensure that supported employment agency supervisors are providing guidance and direction to front line staff and are monitoring their employment outcomes, OPWDD will be convening regular provider meetings by region to discuss retention, the reasons for job lost and promising practices that can be used to improve outcomes. In-person meetings will be supplemented with provider agency specific calls focused on their employment data. Effective December 2014, OPWDD will release an annual report on its website on provider supported employment outcomes with data by provider on:
  - The number of people receiving supported employment services;
  - The number of people engaged in competitive employment;
  - The number of people who are not working; and
  - The number of people who have lost jobs in the last 12 months.

- Improved Data Collection

  In 1993 an interagency agreement was established between OPWDD, ACCES-VR, Office of Mental Health (OMH) and Commission on the Blind and Visually Handicapped (CBVH) regarding supported employment where OMH was designated as the agency that would collect supported employment data. In order to create and implement strategies that improve employment outcomes for people receiving SEMP services, OPWDD has decided to collect its own employment data.

  In May 2013, OPWDD began to collect data on the number of people with developmental disabilities receiving supported employment services, number of individuals that are employed, their salary, the employment setting (integrated or segregated) and employment start date. This data was used to establish the March 31, 2013 baseline. In August 2013, providers were required to submit monthly reports on the number of people on their supported employment roster, whether those individuals are employed, whether the employment setting is integrated or segregated, the type of employment placement (individual or enclave) and employment start date. For purposes of the data collection, a segregated setting is defined as a work setting where workers with developmental disabilities and/or mental illness only interact with, and work alongside, other workers with disabilities. The data that is now being collected from voluntary agencies provides better information about the following:
  - Retention by provider and region of the state;
  - Reason for job lost; and
  - The amount of time a person is unemployed

  This data will be use to work with provider agencies to create additional strategies to improve retention.

III. Transitioning People from Workshops to Competitive Employment and/or Other Meaningful Community Activities.

The main components of OPWDD's workshop transformation are strategies for provider agencies to convert to alternative business models and strategies for workshop participants to transition to integrated employment, retirement or other community inclusion options. The current demographics of workshop participants are as follows:

Age	Workshop Enrollment	% of Total
18-33	1747	21.5%
34-43	1554	19.2%
44-50	1562	19.3%
51-58	1691	20.9%
59-96	1547	19.1%
Total	**8101**	**100**
Mean Age 46 **Median Age** 47		

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Individualized Service Planning Model (ISPM) Scores	Statewide Totals	% of Workshop Participants
1	3377	42%
2	110	1.3%
3	3346	41%
4	373	4.6%
5	33	0.40%
6	11	0.13%
Missing Info	851	10.5%
Total	**8101**	**100**

1. Stakeholder Engagement

As part of the process of creating the Employment Transformation Plan, OPWDD convened an Employment Committee comprised of parents, self-advocates and providers and Community Dialogues were also convened across the state to solicit feedback from parents, self-advocates and providers. Both of these activities gave OPWDD the opportunity to share information and solicit feedback from stakeholders. This feedback has been incorporated into the Employment Transformation Plan. OPWDD will engage in ongoing communication and dialogue with stakeholders as the Employment Transformation Plan is finalized and implemented.

Feedback from stakeholders included the following:

Strategies to Improve Employment Outcomes

a. There needs to be greater collaboration between ACCES-VR and OPWDD. State agencies should work together to better align and streamline their eligibility processes.
b. More information must be available to students and families about the impact of employment on their benefits and how work incentives can be utilized.
c. OPWDD should expand the Employment Training Program (ETP) which will increase partnership with schools and increase the number of students who transition to employment upon leaving high school.
d. The State should increase business incentives to encourage the employment of people with developmental disabilities.
e. A new flexible and tiered supported employment fee structure is need that is more in-line with the true cost associated with assisting someone in achieving their employment goals. Flexibility must be built into the fee structure that would allow voluntary agencies to provide supports that are efficiently and effectively tailored to the changing support needs of each person.
f. If needed, transportation should be included in supported employment fees.

Strategies related to Workshop Transformation

a. Concerns were raised by parents with children in their 40s who have attended workshops for over 20 years. Parents gave examples of the emotional and psychological stress that would be caused by the transition to community employment.
b. Concerns were raised about the need for a safety net for people who may not be successful in employment and the need to provide sufficient supports on the job.
c. Concerns were raised about the lack of jobs in rural parts of the state.
d. Work centers were described as vocational training centers that not only prepare people for competitive employment but provide a safety net if people are not successful.
e. Concerns were raised about the lack of a safety net in the plan and it was suggested that workshops could be transformed to serve that purpose.
f. Concerns were raised about the lack of choice available to people if they want to remain in a workshop.
g. Concerns were raised about the interpretation of the Olmstead Decision and whether it requires workshops to be closed.
h. Self advocates raised concerns about transportation and stressed that community employment is not possible if people do not have reliable transportation.
i. Since the policy decision was made to end new enrollments into workshops effective July 1, 2013, consideration should be given to allow for the natural

attrition of workshop participants especially since 40% of workshop participants are over the age of 50.

j. For the remaining 60% of workshop participants annual goals in the range of five to ten percent a year should be identified to transition people out of workshops to competitive employment.
k. Consideration should be given to the large number of people who are currently employed in workshops and the time it will take to engage in the discovery and transition planning needed to assist them in the transition to either competitive employment or other meaningful community activities, therefore OPWDD funding for workshops should phase out over 9-11 years. This timeline is in line with what has been done in other states.
l. Supported Employment must be restructured to fund the supports people will need as they transition to competitive employment. Job coaching supports must be available whether a person needs one-on-one or lifelong coaching supports.
m. Data systems should be created to track workshop transformation, including the number of people who transition to competitive employment, the number of hours per week they are employed, the number of support hours they receive, what happens to people who are not working and the how satisfied individuals and families are with the their post workshop options.
n. As people transition to competitive employment attention must be paid to case management which will be essential in assisting individuals and families navigate employment and community inclusion options.
o. Technical assistance and financial support must be available to voluntary agencies with large physical plant infrastructures, mortgages or equipment obligations. Assistance will be needed in finding alternative usages for properties. Technical assistance will also be needed to retrain staff and upgrade their skill set so they are successful in assisting individuals in the transition to competitive employment.
p. The business community should be engaged in discussions about ways to increase the employability of people who will be transitioning from workshops.

2. Workshop Conversion

While there are 113 workshops currently in New York, several providers have already had success converting their workshops into integrated community businesses using the affirmative business or social enterprise model. OPWDD's central office will work with workshop providers interested in restructuring their business model to create employment opportunities in the general workforce where people with disabilities have opportunities to work alongside people who do not have disabilities.

OPWDD's central office will convene a Workshop Conversion Workgroup comprised of provider agencies that have converted to affirmative businesses or social enterprises and universities within New York State that have done extensive research on the outcomes and criteria for successful workshop conversion. The Workshop Conversion Workgroup will make recommendations to OPWDD regarding the type of technical assistance and support that will be needed to encourage and incentive workshop conversion. The goal of workshop conversion will be to establish models of integrated employment for people who choose not to retire or have great difficulty maintaining competitive employment.

The workgroup will be convened in November 2013 and recommendations for alternative business models will be made by March 1, 2014. OPWDD will issue workshop conversion guidance to voluntary agencies by May 1, 2014. Providers interested in workshop conversion will be required to submit conversion plans to OPWDD by September 1, 2014. Plans will be approved by November 1, 2014. In addition to recommendations from the Workshop Conversion Workgroup, plans will be required to include the following: business plans for creating a affirmative business or social enterprise; strategies for recruiting and maintaining an integrated workforce; plans for how existing workshop contracts will fit within the new business structure; plans for recruiting new business partners; plans to repurpose workshop space; supervisory and management opportunities for employees with disabilities and plans to assist people with developmental disabilities who are interested self-employment.

3. Assisting Workshop Participants in Transitioning to Competitive Employment

OPWDD regional offices will work with provider agencies to use a combination of age and ISPM scores to identify workshop participants who may be interested in transitioning to competitive employment. The ISPM combines the Adaptive, Health and Behavioral Scores from the DDP2. The ISPM score provides information on the amount of direct support a person needs in the areas of motor skills, cognitive skills, communication, self care, activities of daily living, managing medical conditions and behavioral supports. The score provides the following information:

- A score of 1 indicates that a person has low need for support with adaptive skills and medical conditions and low need for behavioral supports.
- A score of 2 indicates that a person has low need for support with adaptive skills and medical conditions and high need for behavioral supports.
- A score of 3 indicates that a person has medium need for support with adaptive skills and medical conditions and low need for behavioral supports.
- A score of 4 indicates that a person has medium need for support with adaptive skills and medical conditions and high need for behavioral supports.

- A score of 5 indicates that a person has high need for adaptive and medical supports and low need for behavior supports.
- A score of 6 indicates that a person has high need for adaptive, medical and behavioral supports.

A multi-year strategy will be needed to identify workshop participants who are: interested in competitive employment, ready to begin a discovery and assessment process that identifies the supports and services that will assist them in becoming employed, and ready transition to ACCES-VR employment services. OPWDD estimates that 50% of workshop participants could successfully transition to competitive employment over six years. OPWDD regional offices will work with providers to engage workshop participants in the following transition activities:

- Discovery, Assessment and Transition Planning
  Pathway to Employment services will be offered to all workshop participants interested in transitioning to competitive employment. Discovery and assessment will focus on both the individual and their environment. This process will be used to identify supports and services that will assist an individual in obtaining competitive employment. Since a variety of discovery, assessments and transition planning tools already exists, OPWDD will not require the use of a specific tool but providers will be required to cover a minimum of the following:
  - An assessment of the individual- soft skills (social behavior, ability to handle stress, willingness to work with others, etc), job performance (attendance, punctuality, hygiene/grooming, etc), communication skills, work ethic (motivation, initiative, focus, etc), interest (likes, wants, dislikes, dreams, etc).
  - An assessment of the individual's situation: transportation needs, family supports, physical and mental health, safety, etc.
  - Opportunities for individuals to discover different community experiences to obtain information that will be use to create a person-centered transition plan.
  - Transition plans will include both work and non work activities that create opportunities for individuals to engage in meaningful activities.
  - Transition plans will include activities and options that allow individuals to maintain social networks and friendship established in the workshops.
  - Families and/or an individual's circle of support will be included in discovery, assessment and the transition planning process.

- Family Engagement
  Families will be actively involved in the discovery, assessment and planning process for workshop participants who will be transitioning to competitive employment. Families will also receive information about the impact of working on benefits, how their loved one will travel to and from work; what other

meaningful community activities their loved one will be engaged in when they are not working; how job coaching supports will be provided; what happens if their loved one loses their job; and the type of supports that will be provided to help their loved one obtain new employment.

- Staff Training
  Workshop staff will be trained on how to perform the discovery, assessment and person-centered planning necessary to assist individuals in transitioning from workshops to supported employment. OPWDD's Innovations in Employment Training and the Pathway to Employment curriculum yet to be development will be utilized as ways to retrain staff. OPWDD will also encourage providers to create opportunities for workshop staff to work as a team with their supported employment staff.

- Peer Mentoring
  OPWDD will partner with providers, independent living centers and self advocates to identify peer mentors who have successfully transitioned from workshop services to competitive employment. Peer mentors will share success stories with families and workshop participants and encourage them to try competitive employment options.

- Self Direction
  Self direction will be explored as a way to assist in the transition to competitive employment. This option would be especially useful for individuals who want to hire their own supported employment staff.

- Self Employment
  As part of the assessment and transition planning process self employment will be included as a possible career choice. Self employment could be funded by ACCES-VR, or as part of Pathway to Employment or Supported Employment.

4. Options for People Who Will Not Be Transitioning to Competitive Employment

Based on age, ISPM score and amount of time some individuals have worked in workshops, OPWDD estimates that 50% of individuals and families will not be interested in transitioning to competitive employment or have medical, adaptive or behavior support needs that create barriers to employment. Alternative options for these individuals are as followings:

- For individuals who are retirement age, Community Habilitation, Consolidated Supports and Services or Day Habilitation could be used to fund community activities. These activities may consist of supports to

participate in volunteer, social, recreational, senior center and other community activities that are typical of people who are retirement age.

- For individuals who want to continue to work obtaining employment in a former workshop that has converted to an affirmative business or social enterprise will be an option.
- If an individual reconsiders and later expresses interest in employment options other than those offered by provider agencies, Pathway to Employment services will be available.

5. Partnerships with the Business Community

   In an effort to increase job opportunities for individuals with developmental disabilities, OPWDD will continue to foster partnerships with the New York State Department of Labor and Empire State Development Corporation.

   Collaboration with the Department of Labor is focused on improving interaction between OPWDD regional offices, supported employment providers and Department of Labor One Stop Centers, which can provide benefit counseling and job matching services to job seekers, and supported employment agencies. Collaboration with the Empire State Development Corporation is focused on educating businesses about the employment potential of people with developmental disabilities and encouraging businesses to hire more people with developmental disabilities.

6. Technical Assistance for New York State

   In an effort to further improve competitive employment outcomes for individuals with developmental disabilities, New York joined the State Employment Leadership Network (SELN). SELN is a cross-state cooperative venture of state MR/DD agencies that are committed to improving employment outcomes for people with developmental disabilities. The SELN helps states enhance their capacity to develop, implement, and support effective integrated employment initiatives designed to improve employment outcomes for individuals with developmental disabilities.

   SELN will provide the following technical assistance to New York:

- Administer a self-assessment process designed by NASDDDS and Institute on Community Inclusion (ICI) project staff to identify the strengths and weaknesses of New York's existing employment support infrastructures and develop related system improvement strategies.
- Conduct on-site visits to review/discuss New York's self-assessment and desired future, resulting in two site visit reports prepared by members of the SELN project team. These reports (a) outline the team's principal findings and observations and (b) provide a brief overview of the state's DD service delivery system and policy making environment.
- Receive assistance in developing a state Employment Work plan that lays out short-term objectives and action steps aimed at placing the state on a pathway to achieving its near-term system improvement goals. This plan identifies the types of outside assistance that may be required.
- Receive access to a pool of peer-to-peer consultants and trainers drawn both from Network states and external sources developed by ICI and NASDDDS.
- Receive assistance, if necessary, from ICI in developing a data tracking system that will help the state monitor its progress and fine-tune system improvement strategies over time.
- Receive assistance in identifying and selecting outside consultants to help the state to translate desired changes in employment policies and practices into specific operational strategies.
- Participation in monthly Network steering committee calls to manage project business and also share experiences among the participating states.

IV. Summary

This Draft Employment Transformation Plan describes New York's commitment to improving competitive employment outcomes for individuals with developmental disabilities. The plan outlines strategies that: address systemic barriers to employment growth, improve cross system collaboration, and create opportunities for workshop participants to transition to competitive employment or other meaningful community activities.

Appendix 3
Summary of Employment Committee Recommendations
September 2013

The committee agreed to make the following recommendations to OPWDD as it relates to its creation of an Employment Transformation Plan :

1. Strategies to Improve Employment Outcomes
    a. There needs to be greater collaboration between ACCES-VR and OPWDD. State agencies should work together to better align and streamline their eligibility processes.
    b. Opportunities must be created for supported employment providers to partner with schools and start working with students and families prior to graduation to better support the transition to adult services and community employment outcomes.
    c. Opportunities must exist with ACCES-VR and OPWDD to fund supports for summer and afterschool employment.
    d. More information must be available to students and families about the impact of employment on their benefits and how work incentives can be utilized.
    e. The State should build on the success of the Model Transition Program (MTP) previously funded by ACCES-VR.
    f. OPWDD should expand the Employment Training Program (ETP) which will increase partnership with schools and increase the number of students who transition to employment upon leaving high school.
    g. The State should increase business incentives to encourage the employment of people with developmental disabilities.
    h. A new flexible and tiered supported employment fee structure is need that is more in-line with the true cost associated with assisting someone in achieving their employment goals. Flexibility must be built into the fee structure that would allow voluntary agencies to provide supports that are efficiently and effectively tailored to the changing support needs of each person.
    i. If needed, transportation should be included in supported employment fees.

2. Strategies related to Workshop Transformation
    a. Since the policy decision was made to end new enrollments into workshops effective July 1, 2013, consideration should be given to allow for the natural attrition of workshop participants especially since 40% of workshop participants are over the age of 50.

b. For the remain 60% of workshop participants annual goals in the range of five to ten percent a year should be identified to transition people out of workshops to competitive employment.
c. Consideration should be given to the large number of people who are currently employed in workshops and the time it will take to engage in the discovery and transition planning needed to assist them in the transition to either competitive employment or other meaningful community activities, therefore OPWDD funding for workshops should phase out over 9-11 years. This timeline is in line with what has been done in other states.
d. Given the concerns of families and the feedback received from the Community Dialogues the elimination of funding for workshops should be reconsidered. Workshops should continue to be an option for individuals who are retirement age but want to continue to work or have medical, behavior or other support needs that create employment barriers. Workshops should also be viewed as a safety net for people who lose their jobs.
e. As people transition from workshops to competitive employment funding must be available for providers to address their property costs.
f. Supported Employment must be restructured to fund the supports people will need as they transition to competitive employment. Job coaching supports must be available whether a person needs one-on-one or lifelong coaching supports.
g. Options must be available for people who lose employment that allow them to become engaged in the discovery process to find new employment.
h. Data systems should be created to track workshop transformation, including the number of people who transition to competitive employment, the number of hours per week they are employed, the number of support hours they receive, what happens to people who are not working and the how satisfied individuals and families are with the their post workshop options.
i. As people transition to competitive employment attention must be paid to case management which will be essential in assisting individuals and families navigate employment and community inclusion options.
j. Technical assistance and financial support must be available to voluntary agencies with large physical plant infrastructures, mortgages or equipment obligations. Assistance will be needed in finding alternative usages for properties. Technical assistance will also be needed to retrain staff and upgrade their skill set so they are successful in assisting individuals in the transition to competitive employment.
k. The business community should be engaged in discussions about ways to increase the employability of people who will be transitioning from workshops.

3. Discovery, Assessment and Transition Planning
    a. Discovery is an essential part of the process of transitioning people to competitive employment. It will provide baseline information on a person's skills, abilities, interests, etc. This information should be used to establish benchmarks related to what a person needs in order to successfully transition to employment or other meaningful community activities.
    b. Discovery should be a process that is used to learn about the individual and their unique needs. From the individual perspective there should be a review of soft skills including: social behaviors, job performance and work ethic. An individual's situation should also be assessed and include a review of their transportation needs, family supports, social relationships, mental and physical health and the impact that work will have on their lives.
    c. There should be opportunities for periodic reassessment and reevaluation of a person's progress and continuing needs.
    d. The discovery process should be used to create individualized employment plans.
    e. The transition process should include opportunities for people to engage in integrated work sampling, work try outs, internships, situational worksite assessment, job sharing, etc.
    f. A staff team approach should be utilized to engage in the discovery, assessment and transition planning process. Training opportunities must be available for workshop staff and to the extent possible they should have opportunities to work with supported employment staff as individuals transition to competitive employment. A person's circle of support must be included in the discovery, assessment and transition process.
    g. There must be a recognition that additional funding will be needed due to increased staffing supports that will needed to assist people in the transition to competitive employment.
    h. Mechanisms must be in place for post job placement follow up which will enable providers to assess how satisfied people are both mentally and physically with competitive employment. It will also be important to create ways for social networks that have been created in workshops to stay connected.
    i. Ongoing supports must be available to address any barriers or concerns that arise after job placement including fears, isolation, transportation difficulties, benefits problems, health and safety, etc.
    j. Benefits counseling should be available families.

k. The Social Security Administration should be encouraged to incentive employment by allowing people to earn income without immediate reductions to their monthly benefits.

4. Volunteerism as the Bridge to Employment
    a. Volunteering should be used as part of the discovery process and transition planning process as an opportunity to work on soft skills and identify interests.
    b. The provision of volunteerism as a bridge to community inclusion creates an opportunity for workshop staff to upgrade their skill set to better align with community-based support options.
    c. Volunteerism may also create opportunities to address family concerns and fears related to the transition to competitive employment.

Appendix 4
OPWDD Community Employment Dialogue Summary
September 27, 2013

The following is a summary of stakeholder feedback from the eight Community Dialogues convened between September 16 and 26:

- Concerns were raised by parents with children in their 40s who have attended workshops for over 20 years. Parents gave examples of the emotional and psychological stress that would be caused by the transition to community employment.
- Concerns were raised about whether state and federal expectations regarding transition to competitive employment are realistic.
- It was suggested that the current workshop model be changed to meet state and federal employment expectations rather than be eliminated.
- Self advocates raised concerns about transportation and stressed that community employment is not possible if people do not have reliable transportation. OPWDD was strongly encouraged to work with local transportation authorities to create better options for people with disabilities who want to be engaged in their community.
- It was suggested that transportation be covered in SEMP rates because the cost in the long-term would be less than supporting someone in day hab.
- It was suggested that financial incentives should be available to encourage providers to change their business model which will create jobs in integrated settings.
- Concerns were raised about the need for a safety net for people who may not be successful in employment and the need to provide sufficient supports on the job.
- Concerns were raised about the lack of choice available to people if they want to remain in a workshop.
- Concerns were raised about the interpretation of the Olmstead Decision and whether it requires workshops to be closed.
- It was suggested that assessments should not only focus on ability but also include what a person wants to do with their life and should factor in the perspectives of a person's circle of support.
- Concerns were raised about whether businesses are willing to hire people with disabilities.
- Questions were raised about the willingness of community members to accept people with disabilities.
- Self advocates shared their successful transition from a workshop to employment but stressed that it is important for others to have the workshop option.

- It was suggested that the decision to close workshops be reconsidered and that state and federal entities renegotiate that section of the Transformation Agreement.
- Work centers were described as vocational training centers that not only prepare people for competitive employment but provide a safety net if people are not successful.
- Concerns were raised that people will either attend day habilitation or stay home if workshops are closed.
- Families questioned why the choice of being employed in a workshop is being eliminated.
- There were questions about whether the Olmstead Decision really requires the elimination of workshops if it is the most integrated setting appropriate to a person's needs.
- It was suggested that self employment be an option for people interested in transitioning from workshops.
- Concerns were raised about people with forensic backgrounds and the prevocational training role that workshops currently provide. There was a question about how people with forensic histories will be supported to obtain jobs in the community.
- Concerns were raised about the decision to end new enrollments in workshops.
- Concerns were raised about people with medical and behavioral needs. There was doubt that businesses would be willing to hire people with complex needs.
- Concerns were raised about the availability of the staffing supports that will be needed to successfully transition people from workshops to competitive employment. It was suggested that the concept of fading job coaching supports should be eliminated.
- A Long Island self advocate described how there are some people employed at workshops who earn at or above minimum wage depending on their productivity. It was explained that the workshop is a better employment option for someone who needs personal care assistance. The need for reliable transportation was also raised.
- A Broome sibling raised concerns about how unrealistic it is to expect people in their 60s to find employment in the community. Concerns were also raised about the unemployment rate across the state and how challenging it will be for people with disabilities to be hired.
- In Finger Lakes, it was suggested that the decision to close workshops be reconsidered and alternatives to workshops should be developed before talking about closure. Concerns were raised about the definition of "integrated setting" because for some people the workshop is the most integrated setting appropriate to their needs. Concerns were also raised about people with behavioral challenges who will have difficulty finding a business willing to hire them.
- A Long Island self advocate and support staff shared their experience with self direction and how CSS has been used to create the live envisioned by the circle of support. They shared how CSS was used to identify employment interest and led to finding a job.

- A Long Island parent talked about self direction as a very person centered option for people who want to work. The importance of doing good person centered planning was stressed. It was also suggested that OPWDD work more closely with the State Education Department and reach out to the Department of Labor regarding rules for volunteering in for-profit companies. The importance of person centered assessment was stressed along with the need to end agency and programmatic silos.
- Concerns were raised about the impact of workshop closure on businesses that have contracts with provider agencies. It was argued that this decision could erode the relationship and trust that providers have with local businesses.
- A suggestion was made to allow providers who are in the process of converting to either an affirmative business or social enterprise to enroll new participants.
- In Long Island, a parent talked about his experience with Consolidated Supports and Services and how it can be used to help people obtain community employment as long as flexibility is maintained. Concerns were raised about language in the plan that is focused on job readiness instead of focusing on what people with developmental diversity can do. It was also suggested that OPWDD think creatively about ways to get businesses to foster acceptance and tolerance within their companies and hiring practices. The need for public service announcements about hiring people with developmental diversity was also suggested.
- Concerns were raised about the future of staff employed at workshops.