Response to Public Comment

Section 1115 New York Medicaid Redesign Team Waiver Amendment – Individuals with Intellectual and/or Developmental Disabilities (I/DD)

On June 14, 2017, New York State issued public notice of its intent to submit an Amendment to the State’s MRT 1115 Waiver. This Amendment would bring OPWDD’s current 1915(c) services into the 1115 Waiver effective January 1, 2018, and provide for a transition of the OPWDD system into Health Homes and Managed Care over the next several years. On July 21, 2017 New York State published a copy of the draft Amendment for a 30-day period. During the public comment period, which lasted until August 25, 2017, OPWDD and the New York State Department of Health (NYSDOH) received comments from 27 individuals and organizations. In general, the comments focused on the need for additional information regarding managed care design, the schedule for transitioning from fee-for-service Medicaid to managed care service delivery, the importance of demonstration goals that are specifically tailored to the needs of individuals with intellectual and/or developmental disabilities (I/DD) and the individual protections that will be implemented in managed care.

Based on public comment, several changes were made to the Amendment. The Amendment was updated to include the development of a Transition Plan setting forth detail on how OPWDD 1915(c) services will move into the 1115 MRT Waiver. The Transition Plan will address specific topics raised during the public comment period for the Amendment, including Specialized I/DD Plan (SIP) Readiness Standards and individual protections. The Transition Plan will be available for public comment prior to finalization.

In addition, changes were made to the research question associated with Goal 2 – Increase Access to HCBS. To address public comment, the research question was revised to include an explicit reference to self-directed services, and clarifies OPWDD’s intent regarding increased access to services -- to more explicitly address the community support needs of individuals living independently and with families.

Changes were also made to include Crisis Intervention as a Demonstration Service.

**Key Elements of the Managed Care Design**

New York’s vision for specialized manage care was laid out in a Policy statement that is available on the OPWDD Website: [https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations/managed_care_policy_paper](https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations/managed_care_policy_paper). This Amendment begins a multi-year process that will implement a specialized managed care system designed to address the needs of individuals with intellectual and developmental disabilities (I/DD).

**Specialized I/DD Plans (Specialized Plans) will be created.** NYSDOH and OPWDD will create a model of care that integrates the delivery of services
across systems and enables qualified Specialized Plans throughout the state to meet the needs of individuals with I/DD. Initially, these plans will be led by representatives of organizations that have a history of serving New Yorkers with I/DD through the 1915(c) Waiver. Respondents were divided on this requirement. Some organizations supported this design, while others raised concerns about the sufficiency of Plans meeting these standards. Others questioned whether I/DD leadership and control was sufficient to guarantee that Specialized Plans have the necessary expertise and capabilities to meet the broad needs of individuals with I/DD.

The State’s primary goal is to ensure robust, cross-system service coordination by entities that are familiar with the unique nature of serving individuals with I/DD and are able to meet all requirements for operating as a comprehensive managed care service delivery plan. The State will continue with its plan to first determine the sufficiency of qualified OPWDD provider-led Specialized Plans before mainstream managed care (MMC) Plans may begin to offer OPWDD services as a line of business. If there is insufficient participation of Specialized Plans, the State will develop criteria that would be used to authorize MMCs to provide coverage for I/DD services. With respect to the assertion that OPWDD provider-led Specialized Plans may not have the expertise or ability to function as managed care entities, OPWDD provider-led entities will go through the same rigorous standards to which any other entity would be subject if applying for licensure for managed care service delivery in New York State. This includes a review of administrative oversight, fiscal viability and outcome measurement. Specific standards and oversight will be detailed in the model contract for Specialized Plans, which will be publicly issued.

**Specialized Plans will help people receive all Medicaid services.** Through a network that includes I/DD providers, hospitals, health care providers and behavioral health providers, these plans will ensure a holistic, person-centered approach to care coordination and service delivery. Some commenters sought clarification on the services that would be included within managed care, specifically self-direction and other HCBS Waiver services. Specialized Plans will manage all current OPWDD Comprehensive 1915(c) Waiver Services. This will include services associated with self-direction (e.g., Fiscal Intermediary and Support Broker Services). Plans will also manage all current 1915(c) Residential Services, including Individual Residential Alternatives (IRAs), Community Residences (CRs) and Family Care. Clarification was made to the Amendment to highlight the continuing importance of self-direction as an option for individuals and families.

**People with I/DD will have a choice of managed care plans prior to mandatory enrollment.** Initially, enrollment in a Specialized Plan will be voluntary. Prior to initiating mandatory enrollment in a region, the State will assure a choice of at least two plans in that region. If there are not at least two provider-led Specialized Plans in a region, existing Mainstream Managed Care
(MMC) Plans will be invited to apply to coordinate services for individuals with I/DD.

**A Phased Approach to Implementation**

The Amendment begins a process that will prepare providers and plans in advance of mandatory enrollment. A particular focus is placed on the role of care coordination, and building on the strengths of the State’s current workforce as we prepare for managed care. The four phases are:

- Health Home services delivered by a Care Coordination Organization/Health Home beginning in 2018
- Voluntary enrollment in Specialized Plans beginning in 2019-20
- Mandatory Enrollment in Specialized Plans beginning in 2021-22 (with HCBS Services fee-for-service via “pay and report”), and
- Mandatory Enrollment that includes OPWDD HCBS services in a risk payment arrangement no later than 2023-24.

This approach to implementation will allow for public input prior to implementing each phase. Numerous commenters noted that there was insufficient detail in the Amendment and asked if further implementation actions would be subject to public comment. This Amendment establishes the major framework under which the system will operate over a five-year period. The first phase, the development of Care Coordination Organizations/IDD-specialized Health Homes (CCO/HHs), is described more fully in the Health Home/CCO Application to Serve Individuals with Intellectual and Developmental Disabilities and in information available on the OPWDD website (https://opwdd.ny.gov/opwdd_services_supports/care Coordination Organization s). The Health Home Application was published for public comment. As noted, additional information will be published this Fall in a Transition Plan that will be subject to public comment and will address both Health Home services and the initial transition to the 1115 waiver. The State will conduct public outreach as each of the phases are being implemented. In addition, key policy documents such as that used to outline the Qualifications and Requirements for Specialized I/DD Plans will be published. Finally, public discussion opportunities to address implementation issues will be available at forums planned for November 2017.

The management of HCBS Waiver Services by Specialized Plans will phase-in over time, allowing plans to gain experience prior to being ‘at risk’ for the cost of HCBS services. New York State Specialized I/DD Plans will help individuals access OPWDD 1915(c) Waiver services and will pay providers for these services. The Plan will pay the provider the Medicaid Rate and, for up to a six-year period, the Plan will “pay and report.” (Some Plans may assume risk before then.) Several respondents asked for additional information regarding this element. This provision means that the State will assure payment of the existing Medicaid rate for its enrollees for this initial period, and quality/outcome metrics will be reported. Providers will continue to receive the Medicaid rate, and
plans gain valuable experiencing in managing these critical services. These measures are meant to address the concerns raised by commenters that new Plans may be inexperienced, that there is insufficient information to establish an appropriate payment level for these services in managed care, or that managed care will diminish access to services.

**Demonstration Goals Tailored to the Needs of Individuals with I/DD**

This Amendment establishes high level goals for the 1115 demonstration. Based on public comment, changes were made to the goal related to access to services to better identify the importance supports to individuals and families as discussed above.

The goals in the application are initial goals and are subject to revision as the OPWDD system gains experience in the 1115 Waiver. Respondents asked how demonstration goals will be evaluated and whether that process will be subject to public review. The State conducts an ongoing comprehensive evaluation of the effectiveness of the demonstration in achieving the stated goals of the MRT Waiver and the added OPWDD services will be subject to that review. The State will prepare a Draft Evaluation Plan that will be subject to public comment. This Evaluation Plan will provide a framework for evaluating how the new OPWDD 1115 goals will be evaluated and reviewed. This Evaluation Plan design is due to CMS 120 days after CMS approval of the Amendment.

The State’s ultimate objective is to base the goals of the 1115 Waiver provisions incorporating OPWDD services on the achievement of individual outcomes. As one commenter noted, managed care should be evaluated to determine the extent to which individuals with I/DD achieve the highest level of independence possible. The State fully agrees with this comment, and for that reason the person-centered Life Plan will be provided in a consistent format for all individuals receiving care management under the 1115 Waiver. The Life Plan will integrate Personal Outcome Measures (POMS), that are identified by the individual and his or her family as part of the person-centered planning process. The Life Plan will be a resource for evaluating the 1115 demonstration as we evaluate whether individuals are meeting the outcomes set forth in their Life Plans.

The OPWDD Commissioner will be convening a group of stakeholders to help inform the further development of the quality and evaluation strategy for services under the 1115. This advisory group will be drawn from existing advisory bodies.
Individual Protections in Managed Care

Several commenters raised concerns about the lack of detail in the Amendment related to individual protections. First, OPWDD-specific managed care will center around the development of an individual Life Plan, which is the person-centered plan developed by and with the individual and his or her care planning team. This plan identifies the services a person will receive. In Managed Care, the Life Plan will also be the document that reflects the managed care plan’s authorization of services for people who are enrolled in managed care. While all efforts are made to achieve consensus on a plan to support the individual’s life goals, individuals and/or their representatives will be entitled to file an appeal if they do not agree with the final Plan.

In addition, there are a number of existing protections in the 1115 Waiver for managed care service delivery, and all of these will continue to apply to individuals who enroll in a SIP under the 1115 Waiver. These protections include:

There are protections in managed care if a Medicaid Managed Care enrollee or a provider is not satisfied with the care or services that a Medicaid Managed Care Plan is providing to the enrollee. In those situations, enrollees and providers may file a formal complaint with the plan, the State, or both. An independent Ombudsman will be available to assist individuals and families who encounter difficulties. New York State currently has a contract for this entity and the services provided (http://icannys.org/).

In addition, the rights and processes described in OPWDD 633.12 regulations will continue to be available to all individuals for concerns or issues related to an OPWDD-certified provider’s actions.

The OPWDD Regional Office (DDRO) will continue to be a resource for individuals and families and will work with Specialized I/DD Plans regarding access to key services such as Residential Habilitation. A commenter cited a lack of detail about the role of the DDRO in authorizing services and assisting families when services are included within managed care. OPWDD will continue to evaluate the role of DDRO staff as the system transitions to managed care, but it is clear that a regional presence and connection to individuals, families and providers will continue to be a critical element of our service system.

Other comments and questions were received about the role of Medicaid Service Coordination (MSC) and the transition of service coordinators to Health Home care management in fee-for-service and following the transition to managed care. The State’s intent is that today’s service coordinators will be offered the opportunity to transition to CCO/HHs as care managers and that these organizations in the future will operate within managed care either as licensed managed care entities or as the care coordinating arm of the managed care entities. The State’s objective is to allow current Medicaid Service Coordinators the opportunity to be trained as care managers,
providing continuity for the individuals and families served. Publication of public comments received related to CCO/HH Application will provide additional information and will be available during the month of September at the OPWDD and DOH websites. The links are:

NYSDOH:  
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/

OPWDD:  
https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations

Notification will be sent to stakeholders via the OPWDD Commissioner’s Correspondence and the NYSDOH MRT Listserv. Stakeholders can sign-up to receive notifications from both agencies at the following links:

NYSDOH: https://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm

OPWDD: https://opwdd.ny.gov/opwdd-email-distribution-list