



Office for People With Developmental Disabilities



People First Care Coordination MSC Information Session



MSC Information Session 1

People First Care Coordination – What MSCs Need to Know

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Overview of Session 1

- Purpose
 - An introduction to the MSC Informational Series providing an overview of the transition to CCO/HH Care Management and the role of the MSCs
 - Good News
 - Webinars will be recorded and posted on OPWDD website People First Care Coordination page
- https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations
- Info sessions will count towards the current required annual professional development hours for MSCs



CCO Myth Busters

In times of change
misinformation can spread...

Let's talk about what is really
going on!



OPWDD's Commitment

- Ensure that people with intellectual and developmental disabilities (I/DD) receive supports that are person-centered, flexible, easy to access and responsive to their needs and preferences.
- Advance our system to provide a high-quality outcomes-based system of supports that includes health and wellness, preparing for a transition to Managed Care.



The Goals of People First Care Coordination

- Enhance person-centered planning and focus on outcomes in our system
- Create a foundation of person-centered planning for specialized DD managed care
- Eliminate conflict of interest
- Incorporate a person's services in a single *Life Plan* overseen by a care manager
- Incentivize performance
- Keep the same level of family involvement as before
- Develop/train MSCs as Care Managers



People First Care Coordination = Care Coordination Organizations = I/DD Health Homes

- Follows model of the federal **Health Home** program, tailored for people with intellectual or developmental disabilities

Health Home: Not a building -- a new organization, a connected team of health and human-services providers that coordinates care for Medicaid eligible people with chronic conditions.



CCO / HH Implementation Timeline



June 2017

- Draft Application Published



Summer 2017

- Submitted State Plan Amendment and 1115 Waiver Application



October 6, 2017

- Final Application Published



December 1, 2017

- Applications due

December 2017 –
February 2018

- State Review of Applications, Approvals

February 2018 to
June 2018

- CCO/HH Readiness Activities

July 1, 2018

- CCO/HHs Provide People First Care Coordination

How Will the Transition Take Place?

- People receiving OPWDD services will transition to a CCO in their region
- All people receiving services will have a Care Manager and a team to rely on from the start
- Provider Agencies will be part of one or more CCOs
- All OPWDD Medicaid Service Coordination will transition to CCO/HH Care Management
- We expect no interruption to services



Read the COO/HH Application

- Details the expectations for a CCO/HH
- Important areas of focus
 - Life Plan
 - Care Manager Qualifications
 - Care Manager Skill Building areas



The Transition Plan

- The Draft Transition Plan published 12/5/17
 - Anticipated timeframes associated with the CCO/HH Application process
 - Individual/family education and outreach activities
 - Staff preparation for the initiation of CCO/HH Services



Status of Potential CCO/HHs

- Six entities indicated an interest in submitting a Health Home Application to serve Individuals with Intellectual and/or Developmental Disabilities
- All regions will have at least two CCOs
- Ten CCO Applications were submitted and are now under review
 - Governance
 - Anticipated number of members



Session 2: December 27, 2017

What is CCO/HH Comprehensive Care Management and How is it Different from the Work of Today's MSCs?

- Overview
 - An explanation of what CCO/HH Care Management is and
 - Key differences between coordination of I/DD only services and the expanded role of Care Managers
- Registration
https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations/msc_webinars





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Thank you – Questions?
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