



Office for People With
Developmental Disabilities



People First Care Coordination



Introduction

- WHY does our system need to transform?
- WHAT will happen?
- WHEN will these changes happen?
- HOW will this impact my programs?
- WHAT do I need to do?



Why Does Our System Need to Transform?

- Individuals' and families' expectations have changed; people want more customized services
- Providers would like more flexibility to use funding to create flexible, person-centered services
- The public expects transparency, data and outcome measurement



And...

- The federal government requires conflict free care management with no conflicts of interest
- This means that a person cannot receive care management from the same agency that provides services
- This is because care managers need to know and assist individuals in accessing services from the provider of their choice



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



Transformation: A Plan for the Future

- In response to emerging changes, in 2015 OPWDD initiated a comprehensive re-evaluation of our service system by establishing a Transformation Panel of stakeholders
- The vision of the Panel is that people with developmental disabilities will be accepted as part of our communities, live the lives they choose while experiencing good health, growth, and personal relationships
- The Panel recognized, and OPWDD concurs, that the State's system of services for people with I/DD must change to promote a better use of resources to meet growing and changing needs, become more person-centered, and demonstrate measurable outcomes



What will happen?

- In response to the need to change, OPWDD will be implementing People First Care Coordination
- People First Care Coordination:
 - brings together existing OPWDD providers in Care Coordination Organizations (CCOs)
 - combines OPWDD services with health and wellness services, behavioral health and medication management
 - requires development of a single person-centered Life Plan
 - focuses on measuring and monitoring performance
 - has an increased cross-system IT focus
- People First Care Coordination establishes the pathway to Managed Care



CCOs will:

- be authorized as federal Health Homes (HH), bring increased focus on outcomes and providing revenue for transformation
- bring Medicaid Services Coordinators together for cross-system care coordination
- take a team approach to care coordination, bringing together clinical and other resources
- help people seamlessly navigate multiple systems



When will these changes happen?

- A draft application for CCO/HHs will be released this month for stakeholder comment
- The final application will be released in September, with applications due in November
- CCO/HHs will begin operations next summer



How does People First Care Coordination fit with Managed Care?

- OPWDD is working towards specialized Managed Care with a focus on developmental disability services
- CCO/HHs can apply to become, or affiliate with MCOs to move to Managed Care
- Voluntary enrollment in Managed Care will begin
 - with early adopter pilots in 2018
 - on a phased in schedule beginning in 2019
- Before mandatory enrollment occurs, OPWDD will ensure that individuals have a choice of plans and an assessment of satisfaction and outcomes
- Five year transition to Managed Care



What about MSC agencies?

- Our goal is that existing MSCs will be offered the opportunity to transition to CCOs
- Existing MSCs will be grandparented for purposes of education and experience requirements for care coordinators
- OPWDD is convening a workgroup of MSC providers to develop a pathway to the future



How will this impact my programs?

- All providers will become part of CCOs
- Providers will have IT-enabled linkages to other providers
- Individuals will still come to the Front Door for eligibility and authorization; CCOs will create Life Plans
- During Phase 1 (CCOs), providers will still be in fee-for-service and existing HCBS rules and regulations are in effect
- During Phase 2 (CCO/Managed Care), providers will enter into Value Based Payments



What do I need to do?

- Attend upcoming Webinars offering additional details
- Read the draft application to learn more about CCOs
- Connect with potential CCOs in your geographic region
- Reach out to OPWDD with questions
- Check OPWDD's website frequently for updates and new materials



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