Value Based Payment Advisory Group – Services for the Intellectually/Developmentally Disabled

I/DD VBP Advisory Group Meeting 1
Meeting Date: January 21, 2016 - 1 – 4pm
Introductions
Part I

A. Intellectually/Developmentally Disabled (I/DD) VBP Advisory Group Overview
I/DD VBP Advisory Group in Context

- Part of the MRT plan was to obtain a 1115 Waiver which would reinvest MRT generated federal savings back into New York’s health care delivery system
- $6.4 billion is designated for Delivery System Reform Incentive Payment Program (DSRIP)
- Value Based Payment
  - Fundamental transformation of the Medicaid payment system, shifting away from volume and rewarding value
  - Development of Advisory Groups (I/DD)
  - Development of VBP arrangements (Episodic, chronic, subpopulations)

NYS OPWDD Transformation Panel
- Build on success of current system
- Offer support for family members and direct support professionals
- Involve individuals and families in system improvement
I/DD VBP Advisory Group Composition

Comprehensive Stakeholder Engagement

- Comprehensive stakeholder engagement has been a key component to the development of the Value Based Payment Roadmap.

- We will continue engaging stakeholders as we develop and define opportunities for value based payment arrangements.

Composition of the I/DD VBP AG includes:

- Experience and knowledge focused on the specific care or condition being discussed
- Industry knowledge and experience
- Geographic diversity
- Total care spectrum as it relates to the specific care or condition being discussed
I/DD VBP Advisory Group (I/DD VBP AG): Objectives

- Understand the State’s visions for the Roadmap to Value Based Payment
- Review VBP arrangement for people with I/DD receiving services
- Make recommendations to the State on:
  - Quality measures
  - Data and other support required for providers to be successful
  - Other implementation details related to VBP
- Definitions are standard, but financial arrangements between plans and providers around the bundles are not set by the State
# I/DD VBP Advisory Group Timeline

<table>
<thead>
<tr>
<th>Meeting 1</th>
<th>Meeting 2</th>
<th>Meeting 3</th>
<th>Meeting 4</th>
<th>Meeting 5</th>
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</thead>
<tbody>
<tr>
<td>Creating the Right Incentives – Paying for Value</td>
<td>A Deeper Dive – the I/DD Population and Total Cost of Care</td>
<td>Defining High Value Care for the I/DD population</td>
<td>Defining High Value Care for the I/DD population (continued)</td>
<td>Wrap-up Remaining Issues &amp; Considerations</td>
</tr>
<tr>
<td>• Working group agenda overview</td>
<td>• Overview total cost of care for I/DD subpopulation</td>
<td>• Defining the value premise</td>
<td>• Goal is to select quality measures to incentivize strategic goals</td>
<td>• Agenda TBD</td>
</tr>
<tr>
<td>• The role of VBP in achieving high quality, cost effective care</td>
<td>• VBP arrangements for the I/DD subpopulation</td>
<td>• Special considerations for the I/DD population</td>
<td>• Process and method for selection</td>
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<tr>
<td>• I/DD Services in transition - The Transformation Agenda</td>
<td>• A more nuanced view of use patterns of acute and LTSS</td>
<td>• Traditional medical and clinical intervention logic</td>
<td>• Detailed review of quality measures – definition and method for collection and calculation</td>
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<tr>
<td>• High value care in a I/DD context - Total care, total population models with DISCOs, ACOs, and/or IPAs</td>
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<td>• Nontraditional intervention logic</td>
<td>• Facilitated quality measure selection</td>
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<td></td>
<td>• Outcome measures to consider – an overview of “food for thought”</td>
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Part II

A. The Role of VBP in Achieving Quality, Cost Effective Care
Medicaid Redesign Team – More than 200 Initiatives
A Method and Plan for Long-Term Transformation

- In 2011, Governor Cuomo created the Medicaid Redesign Team (MRT).

- Part of the MRT plan was to obtain a 1115 Waiver which would reinvest MRT generated federal savings back into New York’s health care delivery system.

- In April 2014, New York State and CMS finalized agreement Waiver Amendment
  - Allows the State to reinvest $8 billion of $17.1 billion in Federal savings generated by MRT reforms
  - $6.4 billion is designated for Delivery System Reform Incentive Payment Program (DSRIP)
Delivery Reform and Payment Reform: Two Sides of the Same Coin

- A thorough transformation of the delivery system can only become and remain successful when the payment system is transformed as well.
- Many of NYS system’s problems (fragmentation, high re-admission rates) are rooted in how the State pays for services:
  - FFS pays for inputs rather than outcome; an avoidable readmission is rewarded more than a successful transition to integrated home care.
  - Current payment systems do not adequately incentivize prevention, coordination, or integration.

Financial and regulatory incentives drive…

a delivery system which realizes…

cost efficiency and quality outcomes: value
Payment Reform: Moving Towards Value Based Payments

- A Five-Year Roadmap outlining NYS’ plan for Medicaid Payment Reform was required by the MRT Waiver.
- By DSRIP Year 5 (2019), all Managed Care Organizations must employ non fee-for-service payment systems that reward value over volume for at least 80-90% of their provider payments (outlined in the Special Terms and Conditions of the waiver).
- The State and CMS have committed to the Roadmap.
- Core Stakeholders (providers, MCOs, unions, patient organizations) have actively collaborated in the creation of the Roadmap.
- If Roadmap goals are not met, overall DSRIP dollars from CMS to NYS will be significantly reduced.
Learning from Earlier Attempts: VBP as the Path to a Stronger System

VBP arrangements are not intended primarily to save money for the State, but to allow providers to increase their margins by realizing value.

Current State
Increasing the value of care delivered more often than not threatens providers’ margins

Future State
When VBP is done well, providers’ margins go up when the value of care delivered increases

Goal – Reward Value not Volume
The VBP Roadmap starts from DSRIP Vision on How an Integrated Delivery System should Function

Integrated Physical & Behavioral Primary Care

Includes social services interventions and community-based prevention activities

Population Health Focus on Overall Outcomes and Total Costs of Care

Sub-Population Focus on Outcomes and Costs Within Sub-Population / Episode

Episodic

Maternity Care (including first month of baby)

Chronic care
(Diabetes, CHF, Hypertension, Asthma, Depression, Bipolar …)

Diabetes

COPD

Depression & Anxiety

HIV/AIDS

Multimorbid disabled / frail elderly (MLTC/FIDA population)

Severe SMI/SUD conditions (HARP population)

Intellectually/Developmentally Disabled population

Foster Care

Continuous

Chronic care
(Diabetes, CHF, Hypertension, Asthma, Depression, Bipolar …)

Diabetes

COPD

Depression & Anxiety

HIV/AIDS

Multimorbid disabled / frail elderly (MLTC/FIDA population)

Severe SMI/SUD conditions (HARP population)

Intellectually/Developmentally Disabled population

Foster Care
The Path Towards Payment Reform: A Menu of Options

PPSs and MCOs can opt for different shared savings/risk arrangements (often building on already existing MCO/provider initiatives):

- For the total care for the total attributed population of the PPS
- Per integrated service for specific condition (acute or chronic bundle): maternity care; diabetes care
- For integrated Advanced Primary Care (APC)
- For the total care for a subpopulation: HIV/AIDS care; care for patients with severe behavioral health needs and comorbidities; and the I/DD subpopulation

- Goal of ≥80-90% of total MCO-provider payments (in terms of total dollars) to be captured in Level 1 VBPs at end of DY5
- 35% of total managed care payments (full capitation plans only) tied to Level 2 or higher. For Level 2 (risk-bearing VBP arrangements), the State excludes partial capitation plans such as MLTC plans from this minimum target.
MCOs and PPSs can choose different levels of Value Based Payments

In addition to choosing what integrated services to focus on, the MCOs and PPSs can choose different levels of Value Based Payments:

<table>
<thead>
<tr>
<th>Level 0 VBP</th>
<th>Level 1 VBP</th>
<th>Level 2 VBP</th>
<th>Level 3 VBP</th>
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</thead>
<tbody>
<tr>
<td>FFS with bonus and/or withhold based on quality scores</td>
<td>FFS with upside-only shared savings available when outcome scores are sufficient (For PCMH/APC, FFS may be complemented with PMPM subsidy)</td>
<td>FFS with risk sharing (upside available when outcome scores are sufficient)</td>
<td>Prospective capitation PMPM or Bundle (with outcome-based component)</td>
</tr>
</tbody>
</table>
Key Defining Factors of the New York VBP Approach

1. Addressing all of the Medicaid program in a holistic, all-encompassing approach rather than a pilot or piecemeal plan
2. Leveraging the Managed Care Organizations (MCO) to deliver the payment reforms jointly with the providers
3. Addressing the need to change provider business models through positive financial incentives
4. Allowing for maximum flexibility in the implementation for stakeholders while maintaining a robust, standardized framework
5. Maximum focus on transparency of costs and outcomes of care
The Total Medicaid Population: General Population and Sub-populations

All analytics for the New York State (NYS) project are done on NYS Medicaid claims data. The total population is divided into the general population and four specific subpopulations (MLTC, Behavioral Health, HIV/AIDS, and I/DD). Data does not include the Medicaid or Medicare costs for dually eligible individuals.

- Subpopulations are contracted for the total cost of care for their Medicaid members.
- For the general population, bundles are used to cluster and contract care.
  - A bundle is a patient centered (rather than provider-centered) grouping of claims focused on the integrated care for a condition.
  - Example bundles: Depression, Maternity, etc.

Note: This graph is based on 2013 claims data for non-dual Medicaid members.
Developing a Subpopulation VBP Arrangement – The Need to Identify Quality Measures

Quality measures will be used to determine the level of quality of care, and ultimately, will inform opportunity for savings when the quality metrics have been achieved.

1. Identify existing quality measures: QARR, HEDIS, DSRIP, NQF, etc.
2. Analyze additional sources of quality measure sources, specific to the subpopulation.
3. Gather appropriate quality measures for inclusion in the subpopulation VBP arrangement, based on clinical relevance, reliability & validity, and feasibility.
4. Prioritize quality measures for incorporation into the VBP Pilot phase and subsequent VBP implementation phase.
Part III

A. I/DD Services in Transition - The Transformation Agenda

• “Changing complex systems is never easy or fast, but in Managed Care and Value Based Payments we have models based on the simple idea that rewarding good outcomes and containing costs in a measurably effective system works for all: it makes sense for each individual and for everyone who depends on the system of care, now and for years to come.” (Draft Recommendations, p. 5)
Transformation Panel Draft Recommendations: The Imperative to Transform

The transformed system must:

- Build on the successes of the current system in helping the individuals OPWDD supports participate as citizens in the community whenever possible;
- Offer support for the family members and the direct support professionals who are the foundation of our systems of care;
- Involve individuals and families as much as possible.

Note: The data and analysis in the next section are from the *State of the States in Developmental Disabilities*, which is a comparative, longitudinal study of states’ performance in financing intellectual and developmental disabilities (I/DD) services and supports. The study is primarily funded by the U.S. Administration on Intellectual and Developmental Disabilities, U.S. Department of Health and Human Services. The Project is located in Boulder, Colorado at the Coleman Institute for Cognitive Disabilities and administered by the University of Colorado Department of Psychiatry in the CU School of Medicine. The Project maintains a 35-year I/DD data set on all 50 states, DC, and preliminary data on the U.S. Territories, and can be accessed at [http://www.stateofthestates.org/index.php/publications1/technical-reports](http://www.stateofthestates.org/index.php/publications1/technical-reports)
Transformation Panel Draft Recommendations: The Shared Vision

All future program models and system corrections should be grounded in the following principles:

- Does it help promote the integration of people and services into the community?
- Does it encourage the active involvement of people with disabilities and their families?
- Does it broaden the range of choices and options for individuals?
- Does it foster independence?
- Does it take those at the higher end of need into account?
- Does it use data to measure and evaluate quality and satisfaction?
- Is it clear and realistic in its language?

(Draft Recommendations, p. 19)
Building on the Successes: New York’s Overall Fiscal Effort for I/DD Services is Significantly Higher than the National Norm

Fiscal Effort for All Services and Settings: FYs 1987 and 2013

<table>
<thead>
<tr>
<th></th>
<th>FY 1987</th>
<th>FY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK STATE</td>
<td>$5.09</td>
<td>$10.11</td>
</tr>
<tr>
<td>UNITED STATES</td>
<td>$2.84</td>
<td>$4.40</td>
</tr>
</tbody>
</table>

Source: Braddock et al. Coleman Institute and Department of Psychiatry, University of Colorado, 2014. Available at: http://www.stateofthestates.org/
Building on Successes: A Larger Percentage of Caregiving Families Receive Support by I/DD Agencies in New York State

Estimated Percent of I/DD Caregiving Families Receiving Support by I/DD Agencies: FY 2013

<table>
<thead>
<tr>
<th>Percent of Caregiving Families Receiving Support from I/DD Agencies in NYS</th>
<th>NEW YORK STATE</th>
<th>UNITED STATES</th>
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<tbody>
<tr>
<td></td>
<td>27%</td>
<td>13%</td>
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Transformation Panel Draft Recommendations: Residential Support

“…the era of one-size-fits-all models has passed—people want and need choices in how and where they live. Institutions were once the only option, but today the inclusion of people with developmental disabilities in the community is a real and achievable goal for many.” (Draft Recommendations, p. 13)

Residential support should:

- Establish a system of flexible housing supports;
- Ensure that individuals living at home and those living in institutional settings have access to residential services based on need;
- Pursue an affordable housing strategy to increase investments/focus on statewide investments in affordable housing for the I/DD population;
- Engage in outreach and community education;
- Work with Intermediate Care Facilities residents and providers ensure meaningful opportunities for home and community-based services.
Residential Support: New York Serves a Larger Proportion of I/DD Individuals in Supervised Residential Settings

New York State: Estimated Number of Individuals with I/DD by Living Arrangement: FY 2013

- With Family Caregiver: 43,889 (14%)
- Supervised Residential Setting: 67,118 (22%)
- Alone or with Roommate: 198,592 (64%)

United States: Estimated Number of Individuals with I/DD by Living Arrangement: FY 2013

- With Family Caregiver: 786,156 (16%)
- Supervised Residential Setting: 634,509 (13%)
- Alone or with Roommate: 3,557,246 (71%)

Source: Braddock et al. Coleman Institute and Department of Psychiatry, University of Colorado, 2014. Available at: http://www.stateofthestates.org/
Residential Support: Supervised Residential Settings for I/DD Individuals in New York State More Frequently Settings with 7+ Persons

I/DD Persons in Residential Services by Size of Setting: FY 2013

- **NEW YORK STATE**
  - 7+ Persons: 44,025 (65.6%)
  - 6 or Fewer Persons: 23,093 (34.4%)

- **UNITED STATES**
  - 7+ Persons: 504,897 (79.6%)
  - 6 or Fewer Persons: 129,611 (20.4%)

A Closer Look: Higher Use of Supervised Settings 7-15
Private ICF’s and Other Residential Placements; Less Supported Living

<table>
<thead>
<tr>
<th>Persons Served by Setting: FY 2013</th>
<th>New York State</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>16+ Persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Facilities</td>
<td>4,429</td>
<td>6.6%</td>
</tr>
<tr>
<td>State Institutions</td>
<td>1,883</td>
<td>2.8%</td>
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<td>Private ICF/ID</td>
<td>1,015</td>
<td>1.5%</td>
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<tr>
<td>Other Residential</td>
<td>952</td>
<td>1.4%</td>
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<tr>
<td></td>
<td>579</td>
<td>0.9%</td>
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<tr>
<td>7-15 Persons</td>
<td>18,664</td>
<td>27.8%</td>
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<tr>
<td>Public ICF/ID</td>
<td>59</td>
<td>0.1%</td>
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<td>Private ICF/ID</td>
<td>4,158</td>
<td>6.2%</td>
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<tr>
<td>Other Residential</td>
<td>14,447</td>
<td>21.5%</td>
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<td>6 or Fewer Persons</td>
<td>44,025</td>
<td>65.6%</td>
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<tr>
<td>Public ICF/ID</td>
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<td>0.1%</td>
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<tr>
<td>Private ICF/ID</td>
<td>454</td>
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<tr>
<td>Supported Living</td>
<td>26,955</td>
<td>40.2%</td>
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<tr>
<td>Other Residential</td>
<td>16,582</td>
<td>24.7%</td>
</tr>
<tr>
<td>Total</td>
<td>67,118</td>
<td>100.0%</td>
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Transformation Panel Draft Recommendations: Employment and Life in the Community

“There are many challenges and no quick fixes, but as we move away from a focus on group settings there is plenty of room for new approaches that promote real and meaningful involvement in community life.” (Draft Recommendations, p. 13)

Future programs and rules should:

- Develop a flexible day service model;
- Conduct a media campaign to encourage businesses to employ people with I/DD;
- Develop more volunteer opportunities to forge relationships in the community and pathways to employment;
- Assist students in transition from high school to employment;
- Develop retirement strategies for those who may not want to pursue employment;
- Explore supplement transportation strategies such as on-demand services;
- Ensure continuity of employment for those involved in sheltered workshop transition;
- Set a percentage goal for the number of people with developmental disabilities employed by OPWDD.
Transformation Panel Draft Recommendations: Self-Determination

“Self-determination may not be the right service delivery option for everyone, but all of us like to have some control over our lives. That’s why our systems of support need to move away from a regimented approach to make choice a reality.” (Draft Recommendations, p. 13)

In the future the system should:

- Simplify rules and requirements for self-direction;
- Establish a peer mentoring program to help individuals and families understand self-direction;
- Ensure that funding is sufficient for individuals with higher needs to self-direct;
- Develop strategies to infuse self-determination in all aspects of OPWDD service delivery;
- Develop strategies to better utilize community resources available to the general public, and foster relationships between people with developmental disabilities and their non-disabled peers.
Employment and Life in the Community: Share of Total Spending for Family Support, Supported Living, and Supported Employment

Source: Braddock et al. Coleman Institute and Department of Psychiatry, University of Colorado, 2014. Available at: http://www.stateofthestates.org
Transformation Panel Draft Recommendations: Supporting Staff and Family Caregivers

“People with disabilities are supported by family and friends as well as paid caregivers, and all these people deserve and need to be supported in turn. … Careful consideration needs to be given to ensure resources are available to families who are caring for their loved ones at home, and steps taken to address immediate needs as well as plan for long-term residential support.” (Draft Recommendations, p. 14)

Staff and Family Caregivers should be supported by the following:

- Implement a second phase of comprehensive training for Front Door staff to better equip them as they develop effective service plans with individuals and families;
- Advocate for appropriate compensation for Direct Support Professionals;
- Implement the START crisis response model statewide;
- Implement care coordination in a way that incorporates the expertise of existing Medicaid Service Coordinators;
- Explore creative models for supporting caregivers, including sharing resources among families;
- Review respite needs;
- Engage in yearly outreach for those on the Residential Request List.
Supporting Staff and Family Caregivers: A Sizeable Proportion of the Estimated I/DD Population is Living at Home with Aging Caregivers

Estimated Number of Individuals with I/DD by Family Caregiver Age Group: NYS FY 2013

- Caregiver Under 41: 50,487 (25%)
- Caregiver Ages 41-59: 78,438 (40%)
- Caregiver Ages 60+: 69,666 (35%)

Estimated Number of Individuals with I/DD by Family Caregiver Age Group: US FY 2013

- Caregiver Under 41: 863,314 (24%)
- Caregiver Ages 41-59: 1,247,882 (35%)
- Caregiver Ages 60+: 1,446,051 (41%)

Source: Braddock et al. Coleman Institute and Department of Psychiatry, University of Colorado, 2014. Available at: http://www.stateofthestates.org

Refer to Appendix for methodology of data
New York State’s Performance on the National Core Indicators

- New York State’s performance relative to other states is reflected in the National Core Indicators (NCI)
  - NCI is a voluntary effort by state developmental disability agencies to gauge their own performance using a common and nationally validated set of measures.
  - NCI uses 100 standard performance measures (or “indicators”) to assess the outcomes of services provided to individuals and their families.

- New York State NCI Standings
  - New York State underperforms the NCI average in the domains of individual choice and work.
  - Access to transportation is also 10 points below the NCI average.
  - In the health domain, NYS does relatively well relative to the NCI average.
National Core Indicator Domains

Individual Outcomes
Addresses how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships, and exercise choice and self-determination. Other indicators in this domain probe how satisfied individuals are with services and supports.

Health, Welfare, and Rights
Addresses (a) safety and personal security; (b) health and wellness; and (c) protection of and respect for individual rights

System Performance
Addresses (a) service coordination; (b) family and individual participation in provider-level decisions; (c) the utilization of and outlays for various types of services and supports; (d) cultural competency; and (e) access to services.

Family Indicators
Addresses how well the public system assists children and adults with developmental disabilities, and their families, to exercise choice and control in their decision-making, participate in their communities, and maintain family relationships. Additional indicators probe how satisfied families are with services and supports they receive, and how supports have affected their lives.

Staff Stability
Addresses provider staff stability and competence of direct contact staff.
### National Core Indicators: NYS Below the NCI Average

<table>
<thead>
<tr>
<th>Choice</th>
<th>Work</th>
<th>All Other</th>
</tr>
</thead>
</table>
| 5 points below in 5 of 9 indicators | • Chose Roommates Or Chose To Live Alone  
• Chose Day Program Or Regular Activity  
• Chose Staff  
• Decides How To Spend Free Time  
• Chooses How To Spend Money | • Worked 10 Of The Last 12 Months In A Paid Community Job  
• Average Months At Current Paid Community Job  
• Receives Benefits At Paid Community Job  
• Four Most Common Fields Of Paid Community Employment-Food Preparation And Food Service | • Has A Best Friend  
• Always Has A Way To Get Places – 10 points below NCI average  
• Engages In Regular, Moderate Physical Activity At Least 30 Minutes A Day 3x/week |

Work:

- Worked 10 Of The Last 12 Months In A Paid Community Job
- Average Months At Current Paid Community Job
- Receives Benefits At Paid Community Job
- Four Most Common Fields Of Paid Community Employment-Food Preparation And Food Service

Choice:

- Chose Roommates Or Chose To Live Alone
- Chose Day Program Or Regular Activity
- Chose Staff
- Decides How To Spend Free Time
- Chooses How To Spend Money
National Core Indicators: NYS Above the NCI Average

<table>
<thead>
<tr>
<th>All Other</th>
<th>Health</th>
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<tr>
<td>3 indicators 5 or more points above the NCI average</td>
<td>6 of 11 indicators 5 points or more above NCI average</td>
</tr>
</tbody>
</table>

- Went On Vacation In The Past Year
- Four Most Common Fields Of Paid Community Employment - Building And Grounds Cleaning Or Maintenance
- Volunteers
- Case Manager/Service Coordinator Calls Person Back Right Away

- Had A Dental Exam In The Past Year
- Had An Eye Exam Or Vision Screening (In The Past Year)
- Had A Hearing Test (In The Past Five Years)
- Had A Mammogram (In The Past Two Years, Women 40 And Over)
- Had A Colorectal Cancer Screening (In The Past Year, Age 50 And Over)
- Had A Flu Vaccine (In The Past Year)

See Appendix for additional detail on indicators and New York’s scores.
Part IV- System Platforms

High value care in a DD context – Total care, total population models

• “We need modern, responsive and effective platforms to meet the varied demands of individuals and families. Our current system was built for a different time and now we need more streamlined and cost-effective alternatives. … By focusing on what works—by measuring outcomes and rewarding providers who achieve results for people—platforms like value based payments work for everyone.” (Draft Recommendations, p. 17)
Transformation Panel Draft Recommendations: System Platforms

The system platforms should:

- Transition to a value based payments system guided by stakeholders who help develop data driven quality measures;
- Develop a “safety net guarantee” so that a person can try different things and know they can return to their former level of services if needed;
- Ensure that individuals who have been cared for by family members at home receive at least equal priority for more extensive services when they are needed;
- Ensure accountability by providing online access to information, pricing, services, etc. via portals and individual accounts;
- Create flexibility and streamline the system so it is more responsive to a wide variety of needs;
- Begin managed care demonstrations with community based supports and services, but consider initially not including certified residential services.
MCO – Provider Network Alternative (without Residential)

- **MC Plan**: Signs off on assessment of need and develops & monetizes initial care plan; needs assessment TBD
- **Provider Network (e.g., ACO, IPA)**: Service Plan Development (w/in MC Care plan budget), Care Coordination, establish payment methods – inducing pay for performance for better outcomes
- **Plan pays OPWDD providers based on PN direction**

- **Acute Medical & Primary Care**
- **Day Hab**
- **Employment**
- **Respite**
- **Other OPWDD Services**
- **Residential**

**FFS**
The Challenge of Integrating Services for I/DD Individuals – Distribution of 2014 Medicaid Costs

Total Cost of Care: $7.7 Billion

- Residential Services: 44% ($3.3 Billion)
- Intermediate Care Facilities: 17% ($1.3 Billion)
- Day Services: 17% ($1.3 Billion)
- Non-OPWDD Services: 14%
- Other LTC Services: 3%
- Other OPWDD: 1%
- Other Acute Medical: 1%
- Other DOH: 1%
- OSA: 1%
- Nursing Homes: 1%
- Capitated Programs: 2%
- Clinic: 2%
- Health: 2%
- Hospitals: 2%
- Other Medical: 1%
- Miscellaneous: 3%

$1.1 Billion

Source: DOH Analysis

Chart #1
Questions / Open Discussion
I/DD VBP Advisory Group Meeting # 2

Meeting 2: Deeper Dive - the I/DD Population and Total Cost of Care

- Overview total cost of care for I/DD subpopulation
- VBP arrangements for subpopulations
- A more nuanced view of use patterns of acute and Long-Term Support Services
Appendix
More information on the method used by the Coleman Institute to Estimate the I/DD Population Demographics

The Estimated Number of Individuals with I/DD by Family Caregiver Age Group is derived from the methodology described in the original research paper *Demography of Family Households* by Fujiura, G. T. (1998).

A profile was developed from the **Survey of Income and Program Participation**, a national household survey, which is a nationally representative, probability based survey of economic well being conducted annually by the **U.S. Census Bureau** since 1983.

- The profile was designed to establish a demographic profile (populations size, characteristics, and economic status) of Americans with I/DD supported outside of the formal long-term residential care system.

**Methodology**

- **Survey** - Randomly selected households are interviewed longitudinally at 4 month intervals for up to 3 year periods.
  - The extension of the interview period beyond one year for each sample and the introduction of new surveys each calendar year establishes overlapping samples; that is, two cohorts interviewed during the same time period. The overlapping samples are especially useful for an analysis of a low prevalence population such as individuals with I/DD because the concurrence of data collection allows combination of two sets of survey data into a substantially larger sample.

  - **Screened for ID/DD** – criteria discussed on the following slide.

  - **Household relationships** - Variations in living arrangements were reduced to three fundamental types of household units in which a person could live:
    - 1. in a family household
    - 2. with a spouse
    - 3. in a self-headed household.

- Population estimates were computed by summing the weights of person or household in the sample or subgroups.
  - Weights were calculated by the Census Bureau and represented the inverse of selection probability.

Screening for ID/DD

• Individuals ages 15 years or older were included in the analysis if a diagnosis of Intellectual Disability was cited or if the individual had a related developmental disability. Respondent citation of Intellectual Disability was represented in two different forms: (a) as a specific query (“Does ____ have intellectual disability?”) or (b) as the cause of an activity limitation. Identification of a related developmental disability among adults was based on the model employed by Fujiura and Yamaki (1997) in a companion analysis of ethnic variations in developmental disabilities prevalence. Conditions included autism, cerebral palsy, or epilepsy and evidence of three or more limitations in the life activity domains outlined in the Developmental Disabilities Act (independent living, language, learning, mobility, self-care, self-direction, and work).

• Children 14 years or younger were identified as having a developmental disability if the household respondent attributed a limitation or need for specialized services to the conditions of autism, cerebral palsy, epilepsy, head or spinal cord injury, or paralysis of any kind. The inclusion criterion was any condition assumed to entail a need for lifelong support.
### National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

- **Choice- People Make Choices About Their Lives And Are Actively Engaged In Planning Their Services And Supports**

<table>
<thead>
<tr>
<th>Choice</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chose Home</td>
<td>47</td>
<td>51</td>
<td>-4</td>
</tr>
<tr>
<td>Chose Roommates Or Chose To Live Alone</td>
<td>33</td>
<td>44</td>
<td>-11</td>
</tr>
<tr>
<td>Chose Paid Community Job</td>
<td>83</td>
<td>83</td>
<td>0</td>
</tr>
<tr>
<td>Chose Day Program Or Regular Activity</td>
<td>50</td>
<td>59</td>
<td>-9</td>
</tr>
<tr>
<td>Chose Staff</td>
<td>51</td>
<td>65</td>
<td>-14</td>
</tr>
<tr>
<td>Decides Daily Schedule</td>
<td>78</td>
<td>82</td>
<td>-4</td>
</tr>
<tr>
<td>Decides How To Spend Free Time</td>
<td>85</td>
<td>91</td>
<td>-6</td>
</tr>
<tr>
<td>Chooses How To Spend Money</td>
<td>81</td>
<td>87</td>
<td>-6</td>
</tr>
<tr>
<td>Chose Case Manager/Service Coordinator</td>
<td>65</td>
<td>63</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went Out Shopping In The Past Month</td>
<td>91</td>
<td>87</td>
<td>4</td>
</tr>
<tr>
<td>Average Times Went Out Shopping In The Past Month</td>
<td>4.1</td>
<td>4.1</td>
<td>0</td>
</tr>
<tr>
<td>Went Out On Errands In The Past Month</td>
<td>85</td>
<td>83</td>
<td>2</td>
</tr>
<tr>
<td>Average Times Went Out On Errands In The Past Month</td>
<td>2.7</td>
<td>2.9</td>
<td>-0.2</td>
</tr>
<tr>
<td>Went Out For Entertainment In The Past Month</td>
<td>71</td>
<td>71</td>
<td>0</td>
</tr>
<tr>
<td>Average Times Went Out For Entertainment In The Past Month</td>
<td>2.5</td>
<td>2.7</td>
<td>-0.2</td>
</tr>
<tr>
<td>Went Out To Eat In The Past Month</td>
<td>76</td>
<td>83</td>
<td>-7</td>
</tr>
<tr>
<td>Average Times Went Out To Eat In The Past Month</td>
<td>2.9</td>
<td>3.7</td>
<td>-0.8</td>
</tr>
<tr>
<td>Went Out To Religious Services In The Past Month</td>
<td>37</td>
<td>48</td>
<td>-11</td>
</tr>
<tr>
<td>Average Times Went Out To Religious Services In The Past Month</td>
<td>1.3</td>
<td>1.8</td>
<td>-0.5</td>
</tr>
<tr>
<td>Went Out For Exercise In The Past Month</td>
<td>57</td>
<td>59</td>
<td>-2</td>
</tr>
<tr>
<td>Average Times Went Out For Exercise In The Past Month</td>
<td>6.3</td>
<td>6.6</td>
<td>-0.3</td>
</tr>
<tr>
<td>Went On Vacation In The Past Year</td>
<td>52</td>
<td>45</td>
<td>7</td>
</tr>
<tr>
<td>Average Times Went On Vacation In The Past Year</td>
<td>0.7</td>
<td>0.7</td>
<td>0</td>
</tr>
</tbody>
</table>

# National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

<table>
<thead>
<tr>
<th>Category</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has A Paid Job In The Community</td>
<td>12</td>
<td>16</td>
<td>-4</td>
</tr>
<tr>
<td>Type Of Paid Employment In The Community - Individually-Supported</td>
<td>37</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>Type Of Paid Employment In The Community - Competitive</td>
<td>33</td>
<td>34</td>
<td>-1</td>
</tr>
<tr>
<td>Type Of Paid Employment In The Community - Group-Supported</td>
<td>30</td>
<td>34</td>
<td>-4</td>
</tr>
<tr>
<td>Worked 10 Of The Last 12 Months In A Paid Community Job</td>
<td>76</td>
<td>84</td>
<td>-8</td>
</tr>
<tr>
<td>Average Months At Current Paid Community Job</td>
<td>53.1</td>
<td>69.4</td>
<td>-16.3</td>
</tr>
<tr>
<td>Recieves Benefits At Paid Community Job</td>
<td>20</td>
<td>25</td>
<td>-5</td>
</tr>
<tr>
<td>Four Most Common Fields Of Paid Community Employment- Food Preparation And Food Service</td>
<td>13</td>
<td>18</td>
<td>-5</td>
</tr>
<tr>
<td>Four Most Common Fields Of Paid Community Employment - Building And Grounds Cleaning Or Maintenance</td>
<td>38</td>
<td>33</td>
<td>5</td>
</tr>
<tr>
<td>Four Most Common Fields Of Paid Community Employment - Retail</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Four Most Common Fields Of Paid Community Employment - Assembly, Manufacturing, Or Packaging</td>
<td>10</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Wants A Paid Job In The Community</td>
<td>53</td>
<td>49</td>
<td>4</td>
</tr>
<tr>
<td>Has Community Employment As A Goal In Service Plan</td>
<td>27</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>Attends A Day Program Or Regular Activity</td>
<td>75</td>
<td>71</td>
<td>4</td>
</tr>
<tr>
<td>Volunteers</td>
<td>37</td>
<td>32</td>
<td>5</td>
</tr>
</tbody>
</table>

### National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
</table>

**Self-Determination - People Have Authority And AreSupported To Direct And Manage Their Own Services**

- Uses Self-Directed Supports: 5% in NYS vs 8% in NCI, below average by at least 5 points.

**Relationships - People Have Friends And Relationships**

- Has Friends: 72% in NYS vs 76% in NCI, below average by at least 5 points.
- Has A Best Friend: 74% in NYS vs 79% in NCI, below average by at least 5 points.
- Can See Friends: 80% in NYS vs 78% in NCI.
- Can See Family: 83% in NYS vs 80% in NCI.
- Feels Lonely: 40% in NYS vs 40% in NCI.
- Can Go On A Date: 85% in NYS vs 83% in NCI.
- Can Help Other People: 84% in NYS vs 86% in NCI.

**Satisfaction - People Are Satisfied With The Services And Supports They Receive**

- Likes Home: 88% in NYS vs 90% in NCI, below average by at least 5 points.
- Wants To Live Somewhere Else: 23% in NYS vs 26% in NCI, below average by at least 5 points.
- Talks With Neighbors: 66% in NYS vs 65% in NCI, above average by at least 5 points.
- Likes Paid Community Job: 93% in NYS vs 93% in NCI.
- Wants To Work Somewhere Else: 33% in NYS vs 30% in NCI.
- Likes Day Program Or Regular Activity: 89% in NYS vs 88% in NCI.
- Wants To Go Somewhere Else Or Do Something Else During The Day: 33% in NYS vs 34% in NCI.

### National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

<table>
<thead>
<tr>
<th>Service Coordination - Case Managers/Service Coordinators Are Accessible, Responsive, And Support The Person'S Participation In Service Planning</th>
<th>% NYS</th>
<th>% NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met Case Manager/Service Coordinator</td>
<td>97</td>
<td>95</td>
<td>2</td>
</tr>
<tr>
<td>Case Manager/Service Coordinator Asks What Person Wants</td>
<td>86</td>
<td>88</td>
<td>-2</td>
</tr>
<tr>
<td>Case Manager/Service Coordinator Helps Get What Person Needs</td>
<td>84</td>
<td>88</td>
<td>-4</td>
</tr>
<tr>
<td>Case Manager/Service Coordinator Calls Person Back Right Away</td>
<td>82</td>
<td>75</td>
<td>7</td>
</tr>
<tr>
<td>Staff Come When They Are Supposed To</td>
<td>93</td>
<td>94</td>
<td>-1</td>
</tr>
<tr>
<td>Has Help Needed To Work Out Problems With Staff</td>
<td>93</td>
<td>92</td>
<td>1</td>
</tr>
<tr>
<td>Person Helped Make Service Plan</td>
<td>86</td>
<td>87</td>
<td>-1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access - Publicly-Funded Services Are Readily Available To Individuals Who Need And Qualify For Them</th>
<th>% NYS</th>
<th>% NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gets Needed Services</td>
<td>83</td>
<td>82</td>
<td>1</td>
</tr>
<tr>
<td>Staff Have The Right Training To Meet Person'S Needs</td>
<td>91</td>
<td>93</td>
<td>-2</td>
</tr>
<tr>
<td>Always Has A Way To Get Places</td>
<td>74</td>
<td>84</td>
<td>-10</td>
</tr>
</tbody>
</table>

## National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

<table>
<thead>
<tr>
<th>Health - People Secure Needed Health Services</th>
<th>%</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has A Primary Care Doctor</td>
<td>99</td>
<td>98</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>In Poor Health</td>
<td>3</td>
<td>5</td>
<td></td>
<td>-2</td>
</tr>
<tr>
<td>Had A Physical Exam In The Past Year</td>
<td>91</td>
<td>88</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Had A Dental Exam In The Past Year</td>
<td>86</td>
<td>79</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Had An Eye Exam Or Vision Screening (In The Past Year)</td>
<td>67</td>
<td>59</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Had A Hearing Test (In The Past Five Years)</td>
<td>75</td>
<td>65</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Had A Pap Test (In The Past Three Years, Women)</td>
<td>69</td>
<td>67</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Had A Mammogram (In The Past Two Years, Women 40 And Over)</td>
<td>83</td>
<td>75</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Had A Colorectal Cancer Screening (In The Past Year, Age 50 And Over)</td>
<td>24</td>
<td>19</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Had A Flu Vaccine (In The Past Year)</td>
<td>83</td>
<td>78</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Has Ever Been Vaccinated For Pneumonia</td>
<td>45</td>
<td>41</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

### National Core Indicators Adult Consumer Indicators: New York State vs NCI Average

**Medication - Medications Are Managed Effectively And Appropriately**

- Takes At Least One Medication For Mood Disorders, Anxiety, Behavior Challenges, Or Psychotic Disorders

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes At Least One Medication For Mood Disorders, Anxiety, Behavior Challenges, Or Psychotic Disorders</td>
<td>53</td>
<td>55</td>
<td>-2</td>
<td></td>
</tr>
</tbody>
</table>

**Wellness - People Are Supported To Maintain Healthy Habits**

- Engages In Regular, Moderate Physical Activity At Least 30 Minutes A Day Three Days A Week.

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engages In Regular, Moderate Physical Activity At Least 30 Minutes A Day Three Days A Week.</td>
<td>17</td>
<td>22</td>
<td>-5</td>
<td></td>
</tr>
<tr>
<td>BMI (Body Mass Index) Underweight</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BMI (Body Mass Index) Normal Weight</td>
<td>35</td>
<td>33</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BMI (Body Mass Index) Overweight</td>
<td>28</td>
<td>29</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>BMI (Body Mass Index) Obese</td>
<td>31</td>
<td>33</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>Chews Or Smokes Tobacco</td>
<td>6</td>
<td>7</td>
<td>-1</td>
<td></td>
</tr>
</tbody>
</table>
**National Core Indicators Adult Consumer Indicators: New York State vs NCI Average**

**Respect And Rights - People Receive The Same Respect And Protections As Others In The Community.**

<table>
<thead>
<tr>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td>89</td>
<td>-3</td>
</tr>
<tr>
<td>82</td>
<td>83</td>
<td>-1</td>
</tr>
<tr>
<td>75</td>
<td>77</td>
<td>-2</td>
</tr>
<tr>
<td>90</td>
<td>91</td>
<td>-1</td>
</tr>
<tr>
<td>85</td>
<td>86</td>
<td>-1</td>
</tr>
<tr>
<td>94</td>
<td>89</td>
<td>5</td>
</tr>
<tr>
<td>94</td>
<td>93</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>33</td>
<td>-3</td>
</tr>
</tbody>
</table>

**Safety - People Are Safe From Abuse, Neglect, And Injury.**

<table>
<thead>
<tr>
<th>NYS</th>
<th>NCI</th>
<th>Above/(Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>82</td>
<td>-2</td>
</tr>
<tr>
<td>84</td>
<td>83</td>
<td>1</td>
</tr>
<tr>
<td>88</td>
<td>86</td>
<td>2</td>
</tr>
<tr>
<td>94</td>
<td>93</td>
<td>1</td>
</tr>
</tbody>
</table>