Training Wheels Are Off: New York's Transition to Managed Care for Individuals with I/DD

HCBS Conference
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Today's Presenters

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Disclaimers

The information provided in this presentation is only intended for NY IDD CCO HHs benchmarking and overall systems improvement purposes. It is not intended for use in clinical decision-making and the findings have not been independently validated. It was generated during the program's regulatory start up period with policy, technical, and training considerations during implementation. Where noted, data has been self-reported and captured by care managers.

- Overview of Medicaid Redesign in NY
  To achieve more integrated, holistic, and flexible service planning, communication, and monitoring
- Introduction to Advance Care Alliance NY
  Care Coordination Organization / Health Home for Individuals with Intellectual and Developmental Disabilities
- Introduction MediSked
  Health IT Vendor / Partner
- Results from Year 1
- Lessons Learned
- The Road Ahead

New York Medicaid Redesign - IDD Transformation

ACA

NY IDD CCO HH

2018

2014

Phase 0:
The first FIDA-IDD care management program in the US is formed

Phase I:
I/DD targeted HCBS and I/DD populations are transitioned to Care Coordination Organization Care Management

Phase II:
Voluntary enrollment in I/DD specialized managed care plans with I/DD benefit

Phase III:
Mandatory enrollment into managed care plans

2022

Waiver Transition and Managed Care Timeline (New York)

Current Phase: Transition to Care Coordination Organizations / Health Homes

- October 6, 2017 - Health Home Application to Serve Individuals with I/DD
- November 30, 2017 - Due Date to Submit Health Home Applications
- December 2017 - February, June 2018 - Health Home Readiness and Approvals
- July 2018 - Health Home Go-Live

Next Phase: Transition to Managed Care

- Office for People with Developmental Disabilities (OPWDD) Managed Care Requirements/Standards (Part I) for Comment (*DRAFT*)
- Application Submission from Plans Due to NYS
- Onsite Readiness Reviews Begin
- State Announces Approved Specialized I/DD Plans
- I/DD Specialized Managed Care Plans (SIPs-PL) Voluntary Enrollment
- Expansion to Mandatory Enrollment Begins (Downstate then Upstate)

What is People First Care Coordination?

A connected group of health care and service providers for developmental disabilities working together – for individuals and families

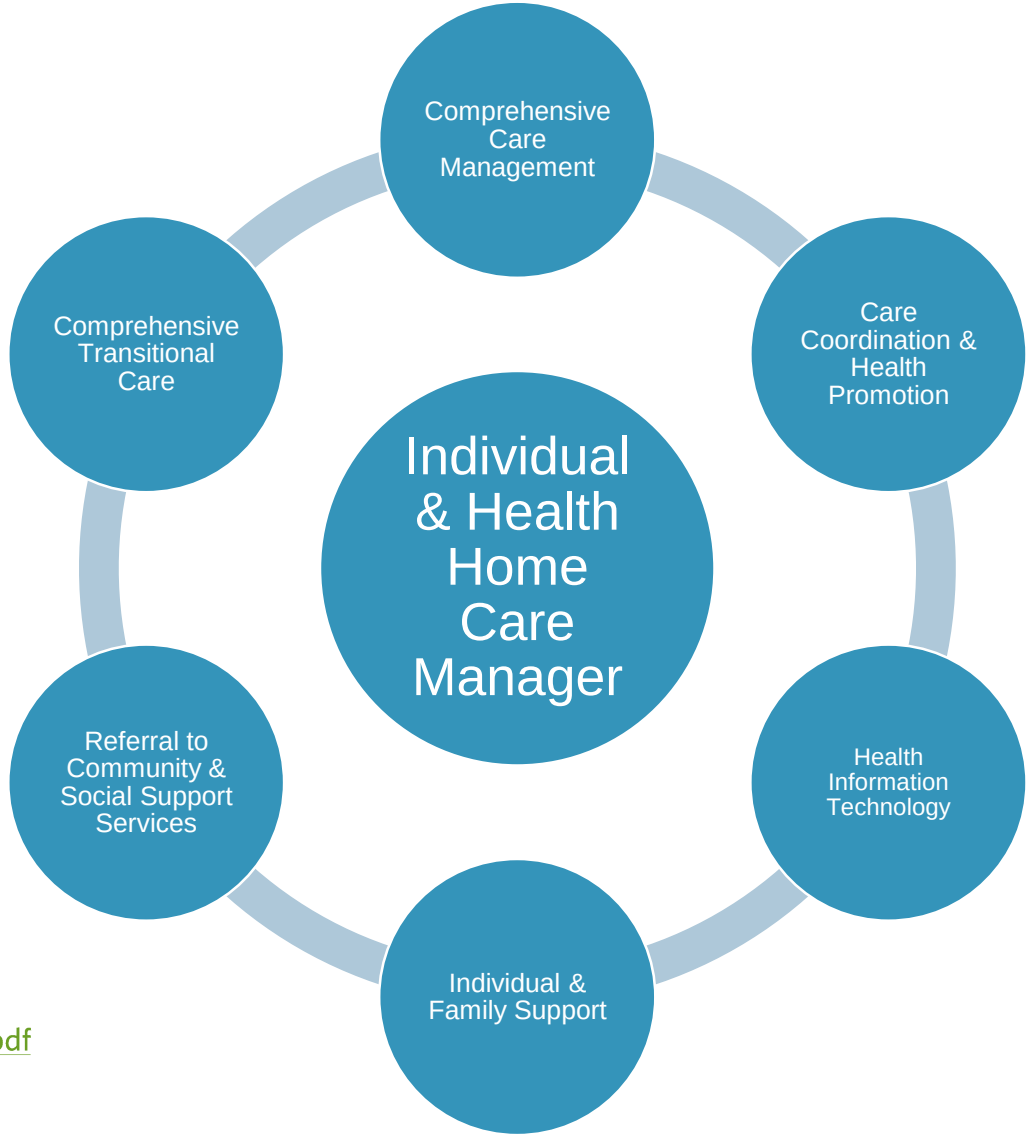
- Care Coordination Organizations (CCOs) are new organizations designed by providers with I/DD experience to:
  - Create a more holistic, comprehensive, and person-centered level of service
  - Coordinate services across multiple systems, primary care, behavioral health, and community-based services
  - Develop and manage specialized Person-Centered Life Plans, with the individual and family, based on his/her needs
  - Increase accountability for a person's well-being by driving valued outcomes

Requirements for CCO/HHs

1. Person-Centered Comprehensive Assessment
2. Integrated CQL Personal Outcome Measures (POMs)
3. Integrated Health and Safety Supports, Individual Protective Oversight Plans (IPOP)
4. OPWDD Integration including Care Coordination Data Dictionary Compliance
5. Use of Electronic Life Plan
6. Electronic Care Coordination System with Communications Among Circle of Supports
7. Meets I/DD Health Home Requirements
8. Data Exchange with Regional Health Information Organizations (RHIOs)

Goals and Core Services of the CCOs

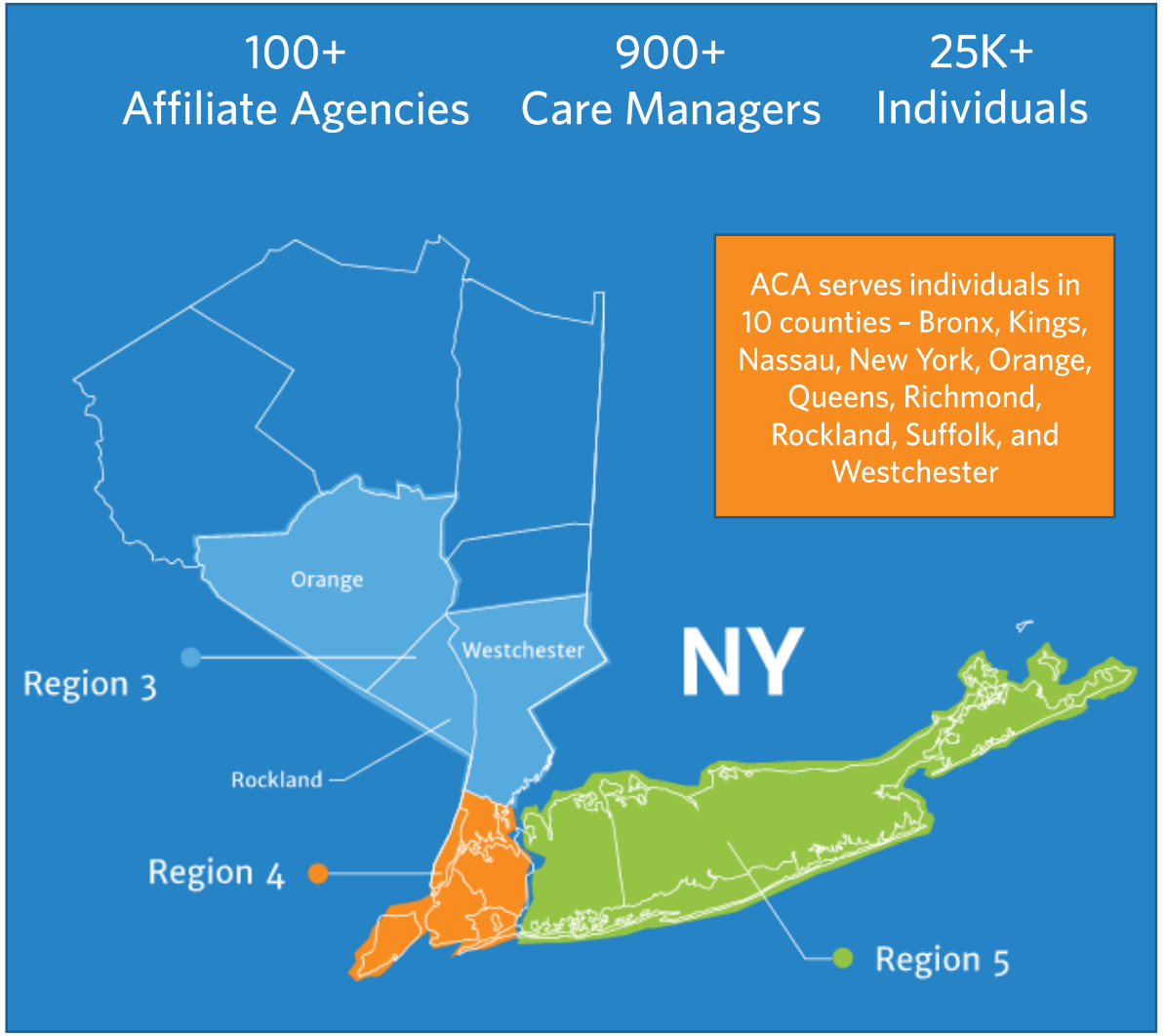
1. Enhance person-centered planning and focus on outcomes
2. Create a foundation of person-centered planning for specialized DD managed care
3. Eliminate conflict of interest
4. Incorporate a person's services in a single Life Plan overseen by a care manager
5. Incentivize performance
6. Keep the same level of family involvement as before
7. Develop/train Medicaid Service Coordinators (MSCs) as Care Managers



Source: https://opwdd.ny.gov/sites/default/files/documents/MSCInformationalSession1_121317_0.pdf

Advanced Care Alliance

- **CCO/HH** that supports 25,000 people with I/DD and their families across New York City, Long Island, and the Lower Hudson Valley
- As the only not-for-profit CCO in New York, ACA is a mission-centered organization dedicated to providing the **support and services** people need to lead an active, healthy, and fulfilling life
- ACA's agencies provide high-quality services to people with I/DD and their families, funded and overseen by NY OPWDD



ACA's Core Values

ACA's core values are grounded in an approach that fosters and encourages:

- Choice and Empowerment
- Active Family Engagement/Circle of Support
- Individualized Supports in a Home of Your Choice
- Access to Successful Employment Opportunities
- Community Involvement and Meaningful Relationships
- A Healthy Lifestyle with Supports to Ensure Personal Safety

About medisked

MediSked is the leading brand in holistic solutions that improve lives, drive efficiencies, and generate innovations for human service organizations that support our community.

Founded in 2003

Over 100 employees (all in US)

Offices in NY and MD

4 platforms

Over 350,000 people supported

$2 Billion in claims processed annually

Clients across 39 states

Regularly audited for NIST 800-53 compliance

System security and software development lifecycle controls exceed standards

Experience with adapting to regulatory change rapidly

High acuity population focus

Person-Centered approach

IT Requirements and NIST 800-53 Controls

- PHI contained in the CCO environment is classified as Medicaid Confidential Data (MCD)
  - Requires NYS Moderate-Plus System Security Plan (SSP) controls
- SSP includes 402 security controls across 18 domains

Access Control (AC)	System and Communications Protection (SC)	Identity and Authorization (IA)	Configuration Management (CM)	Audit and Accountability (AU)	Awareness and Training (AT)	Security Assessment and Authorization (CA)	Contingency Planning (CP)	Incident Response (IR)
Maintenance (MA)	Media Protection (MP)	Physical and Environmental Protection (PE)	Planning (PL)	Program Management (PM)	Personnel Security (PS)	Risk Assessment (RA)	System and Services Acquisition (SA)	System and Information Security (SI)

IT Requirements and NIST 800-53 Controls

Security Intelligence & Analytics

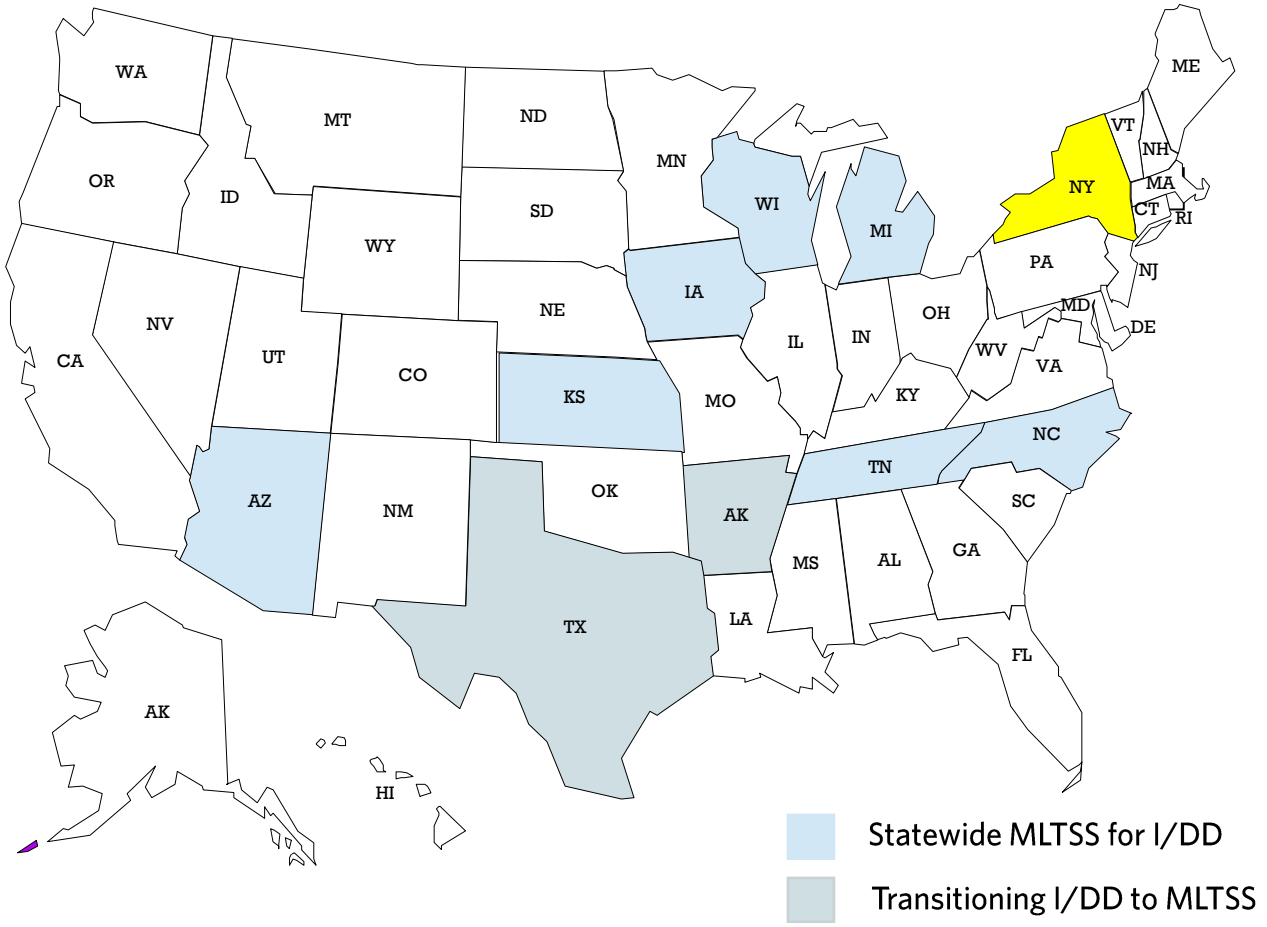
Infrastructure	• Next Generation Firewalls – Cisco ASA, Palo Alto, Unifi • Anti Malware - ProofPoint Email Gateway and Trend Deep Security • Intrusion Detection & Prevention – Palo Alto / AWS WAF / Trend Deep Security • Network Advanced Threat Protection – AWS WAF, Palo Alto, • Web Application Firewalls – AWS & Palo Alto Application Risk Rating Analysis
Applications	• Phishing Tests – Auto-generation phishing message and training • Security Awareness Training – ADP & Restricted Intelligence Videos • Intranet – Information Security Website with Policies, Procedures, Awareness • Security Risk Management Services – CORL, JIRA, SharePoint • Advanced Threat Protection – Microsoft Defender ATP & Trend Deep Security
Data Loss Protection	• Full Disk Encryption for Workstations - BitLocker • Mobile Device Management – Microsoft Intune MDM Platform • Security Information Event Management w/real-time monitor/alert • Secure Remote Access – Multi-Factor / 2FA Authentication / Centrify • Security Vulnerability Assessment Solutions – Qualys and AWS Inspector

Advanced Threat & Security Research

Trends in MLTSS for I/DD across the US

- 7 states with statewide MLTSS for I/DD
  1. Arizona
  2. Michigan
  3. Wisconsin
  4. North Carolina
  5. Kansas
  6. Iowa
  7. Tennessee

- 3 states in transition to MLTSS
  1. Arkansas
  2. New York
  3. Texas



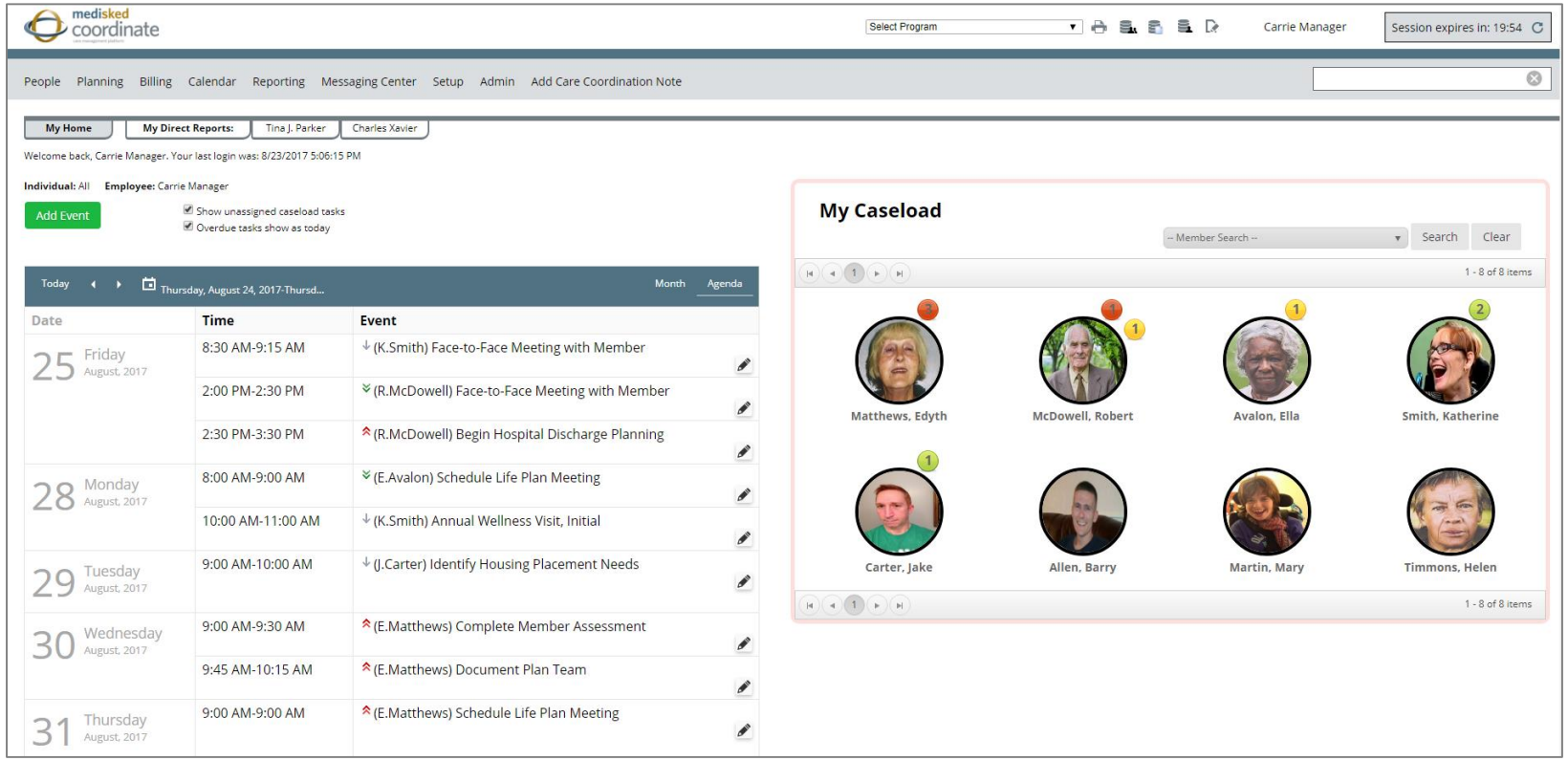
THE TECHNOLOGY SOLUTION

MediSked Coordinate – Care Management Platform

MediSked Coordinate is the platform dedicated to the daily activities of Care Management and is used daily by Care Managers, along with other CCO/HH employees

Activities include:

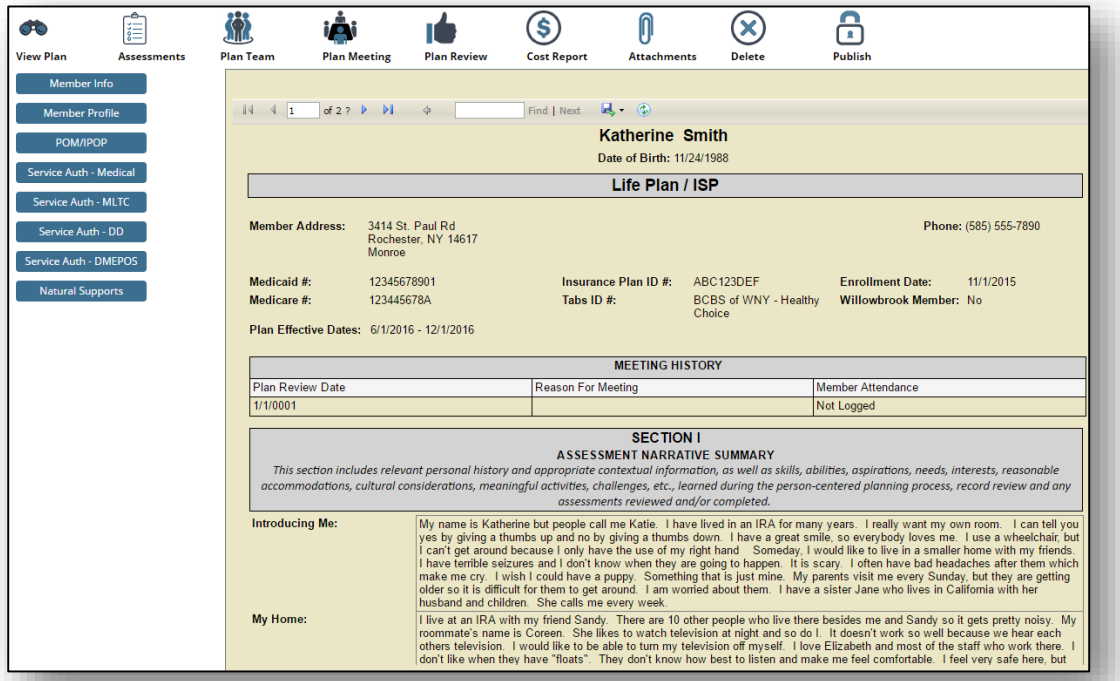
- Individual Record Management
- Plan Development
- Event/Contact Logging
- Information Sharing
- Reporting
- Task Workflows
- Note Audit
- Billing



MediSked Coordinate - Life Plan Development

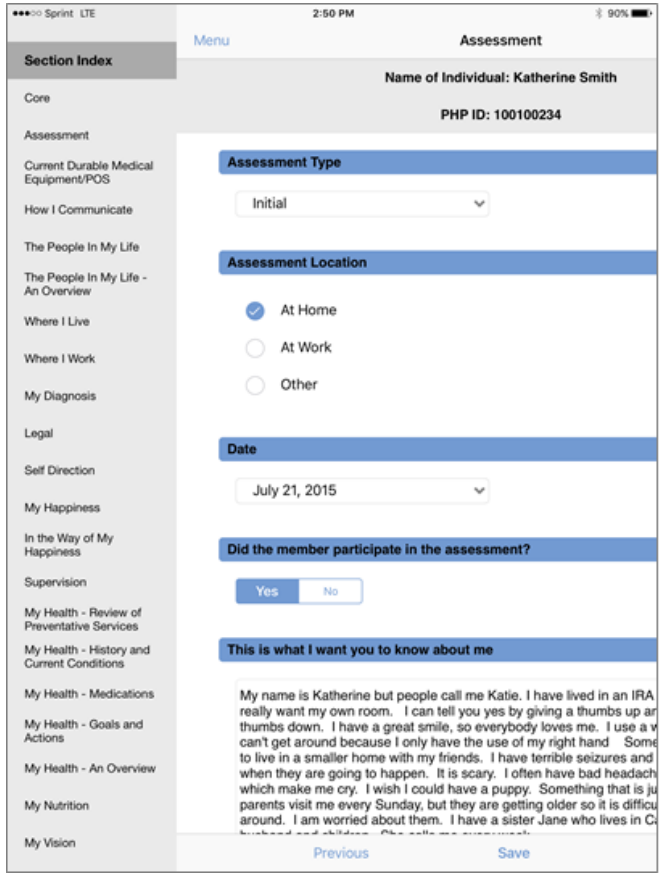
- Medicaid Service Coordination Moved to CCO on 7/1/2018
  - Basic HCBS Care Management
  - HH Comprehensive Care Management

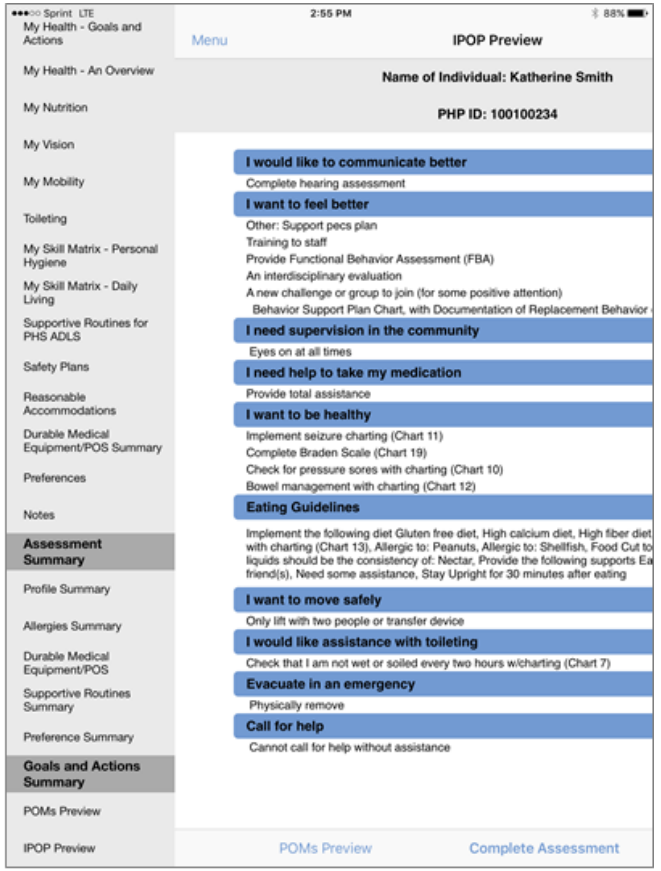
- The provider continues to develop habilitation plan and provide summaries to CCO
  - CCOs create, edit, and review current or past Life Plans and associated service delivery information, including:
    - Personal outcome measures (POMs)
    - Individualized plans of protective care
    - Needed supports and services
    - Plan progress toward goals and valued outcomes
  - Integrated with IAM assessment to dynamically populate Life Plan
  - CCOs document, edit, and review plan meetings, attendance, and minutes
  - CCOs share draft and completed Life Plans with the individual and members of his or her IDT using the MediSked Person-Centered Portal



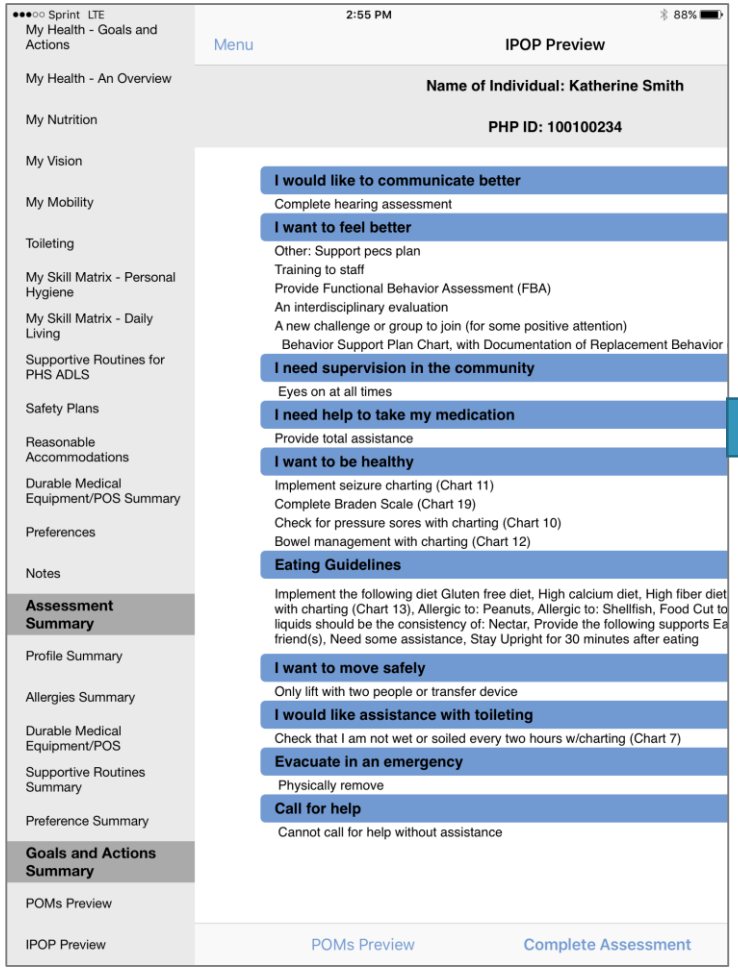
IAM Assessment

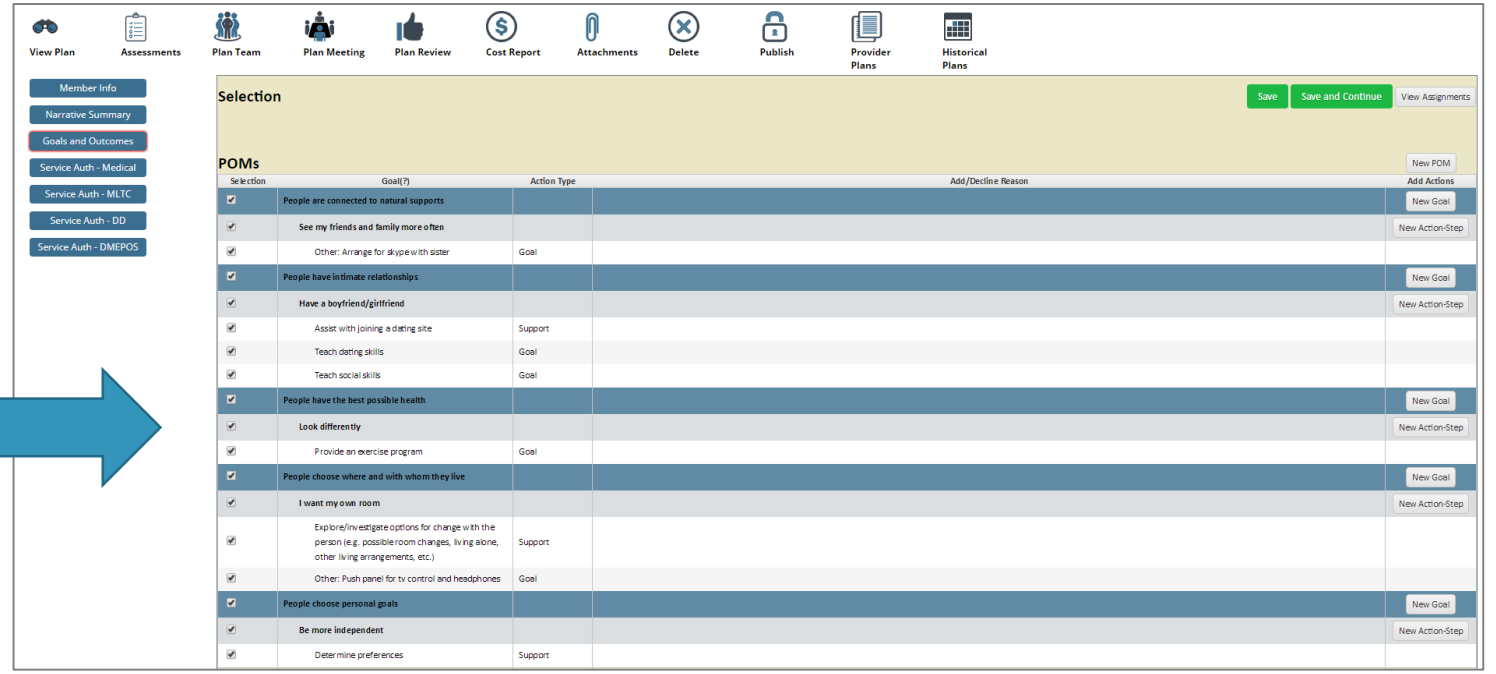
- Determines services to meet people's hopes and dreams as well as traditional health and safety requirements
- Provides a list of specific goals and actions for natural supports and service providers to follow.
- Integrates the Council for Quality and Leadership's Personal Outcome Measures (CQL POMs)
- Gathers important information into standard printouts
- Provides a list of preferences and supportive routines for individuals with more significant challenges
- Represents the powerful voice of the person with I/DD





Comprehensive IAM Assessments Populate Life Plan

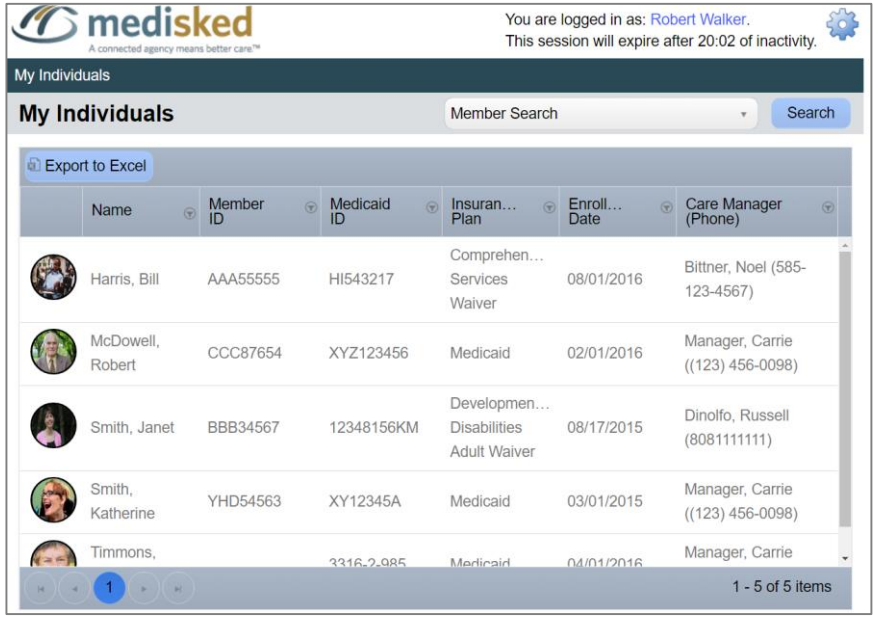


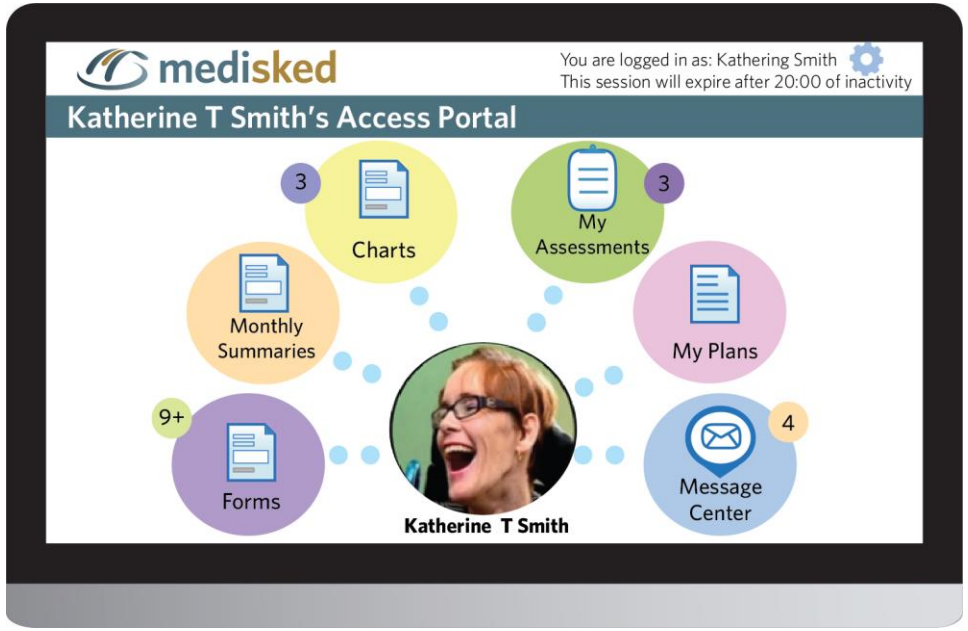


Assessment dynamically populates care management platform to assist Care Manager in:

- Scheduling and facilitating planning meetings
- Life Plan approval process
- Sharing information with service provider agencies

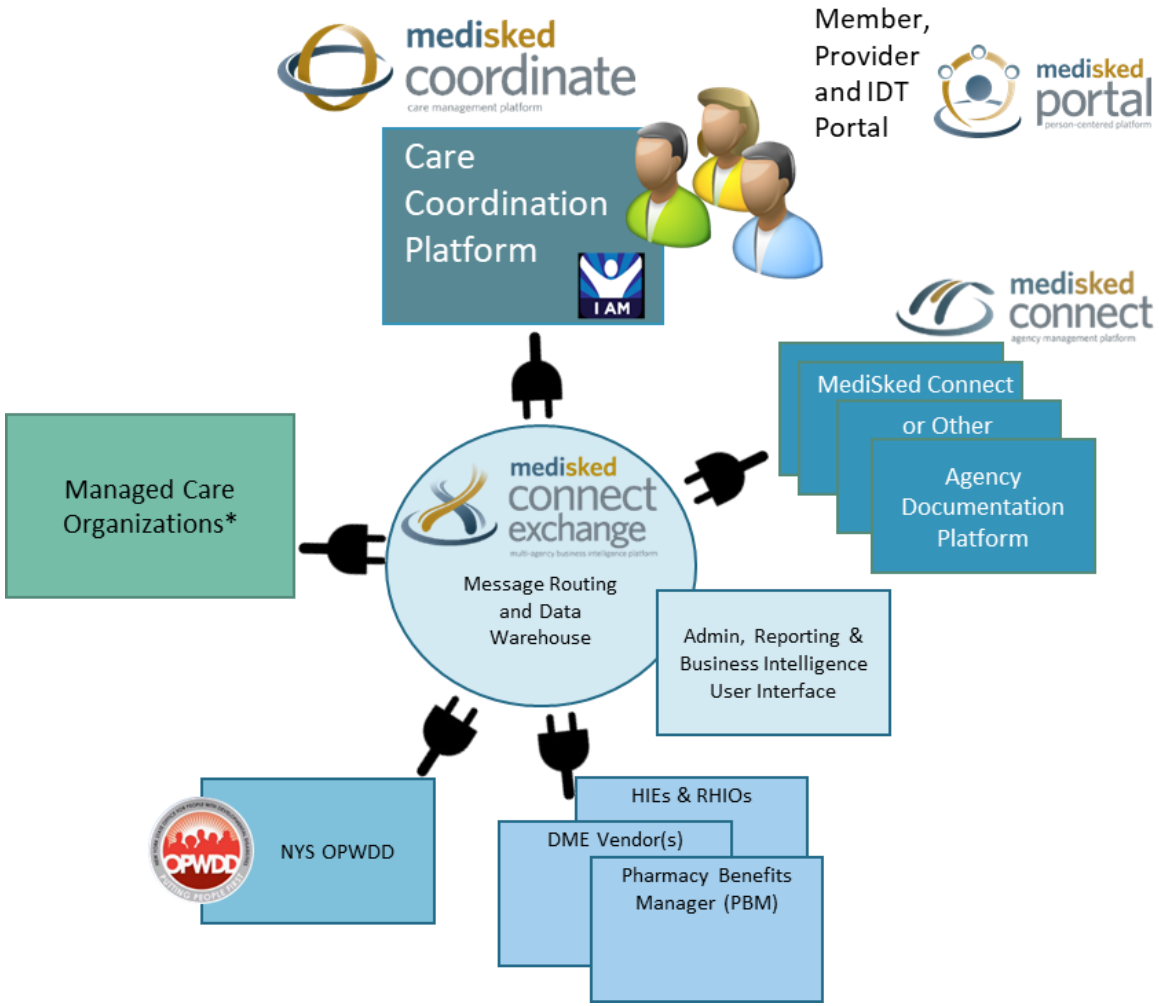
Person-Centered Portal





- Web-based tool that allows people, providers, and any family member a person chooses to get a clear, complete view of life and records to track plans, services, and even message directly with the Care Manager
- List view shares individuals that are associated with that provider/member agency
- Family members/natural supports/other service providers may be granted access
- Securely view and share information (messages, forms, charts, plans) depending on the level of access

MediSked Connect Exchange

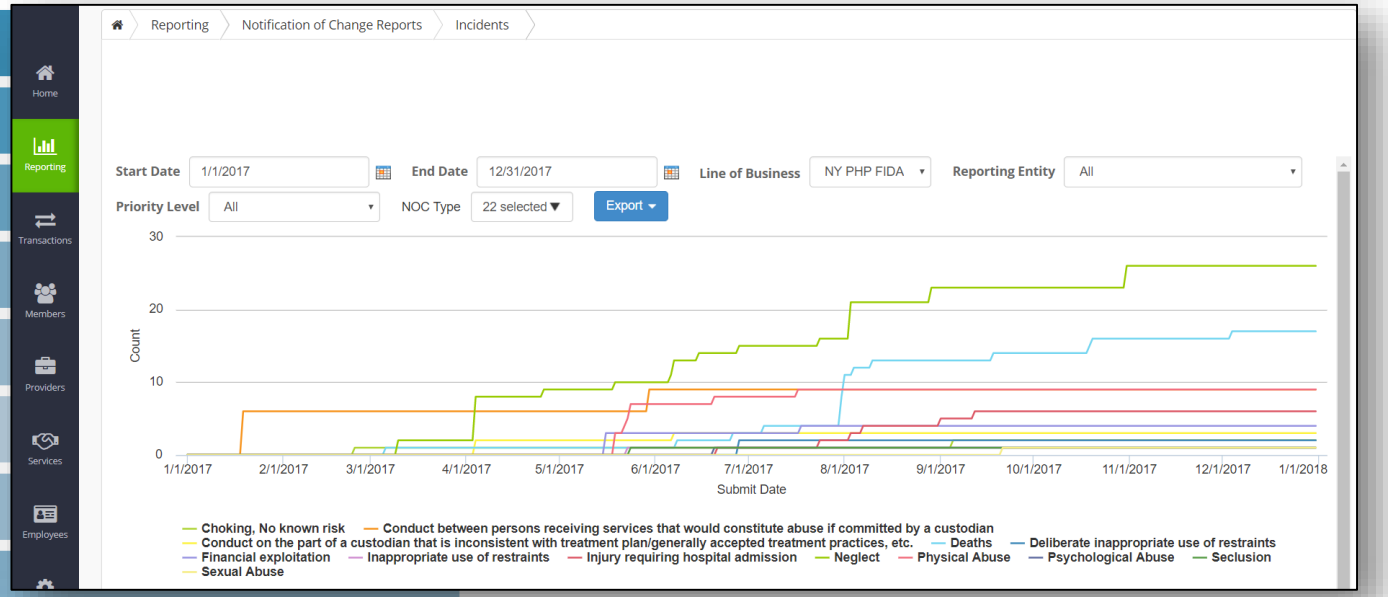


A multi-agency business intelligence platform being leveraged to expand the breadth of available data and supercharge traditional care coordination tools and workflows in New York and beyond.

- Enables real-time population management and enterprise reporting for CCO/HH across their membership
- Includes powerful reporting tools and a custom report builder to allow CCO/HH entities to view trends and outcomes across the state

NY IDD CCO HH Quality Measures

- Inpatient stays
- Emergency room visits
- Disease-Related Care for Chronic Conditions
- Preventive Care
- Transitional Care
- CQL POMs (3 Personal Goals, 2 POMs)
- Implementation of Personal Safeguards (IPOP)
- Transitioning to a More Integrated Setting
- Employment
- Self Direction
- Bladder and Bowel Continence
- Falls
- Choking
- Supporting Individuals' Transition from Institutional Settings to Community Settings



DATA FINDINGS

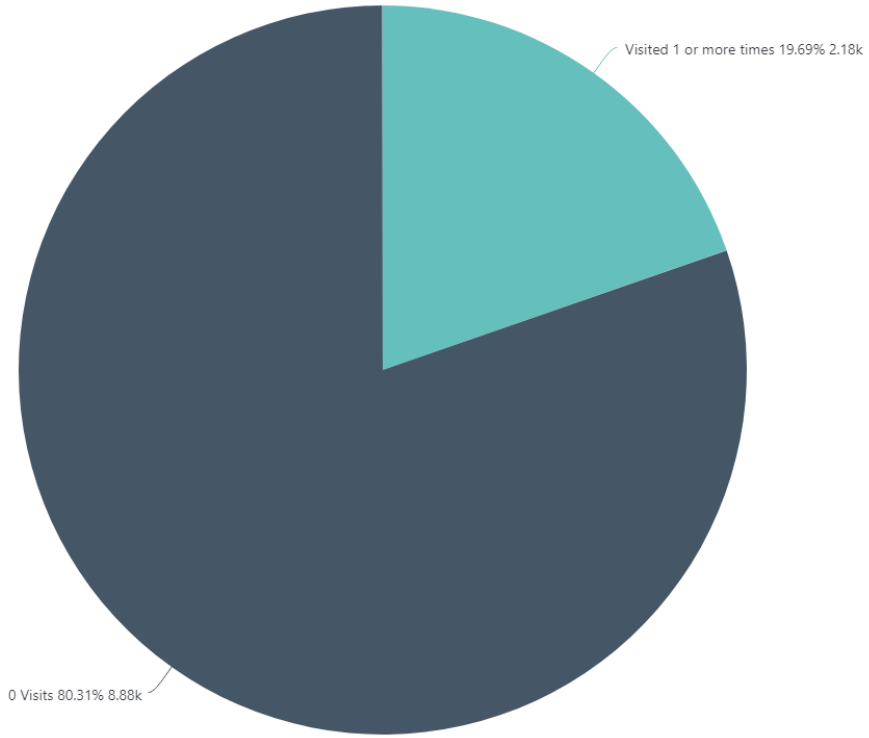
Emergency Room (ER/ED) Visits

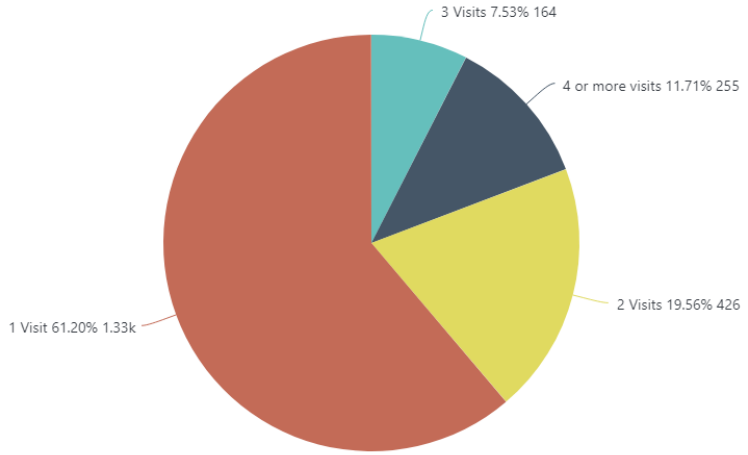
Category	Data Source
Emergency Room Visits	Number of people enrolled that were at the Emergency Room 1, 2, 3, or 4 or more times in the last 12 months

Most enrollees have not been hospitalized in the past 12 months

- 19.7% were admitted to the ED in the last year, but of those 61.2% only had to do so once

Number of ER Visits Per Tier 1-4 Enrollee at ACA





Self-reported Data Powered by medisked connect exchange

Top Reasons for ER/ED Visits

Source: NY IDD CCO HH – results have not been formally validated

Self-reported
Data Powered by

Tops Reasons for ER/ED Visits

Top Reasons for ER Visits – General Population

1. Stomach and abdominal pain, cramps, spasms
2. Chest pain
3. Fever
4. Cough
5. Headache

Source: CDC, National Center for Health Statistics, https://www.cdc.gov/nchs/hus/contents2017.htm?search=Emergency_department_visits,

Top Reasons for ER Visits – ACA

1. Illness
2. Psychiatric/Behavioral Episode
3. Fracture
4. Seizure
5. Fall

Source: NY IDD CCO HH – results have not been formally validated

Self-reported
Data Powered by

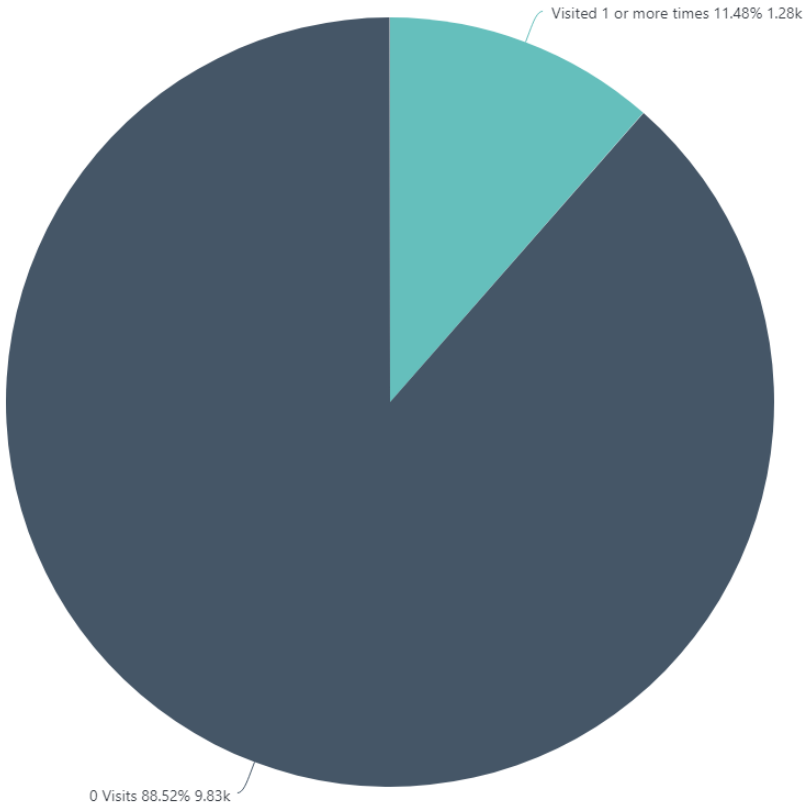
Hospitalizations

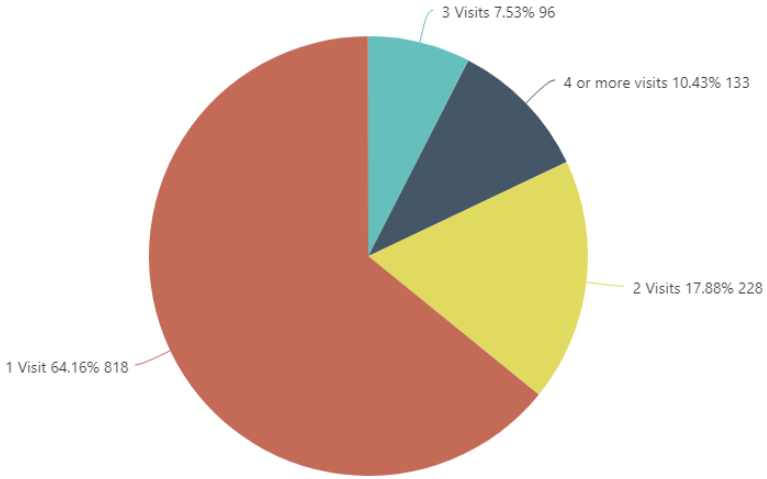
Category	Data Source
Hospitalizations	Number of people enrolled that stayed overnight in the hospital in the last 12 months

Most enrollees have not been hospitalized in the past 12 months

- 11.4% have been hospitalized at least once

Number of Hospitalizations Per Tier 1-4 Enrollee at ACA





Self-reported Data Powered by

Top Reasons for Hospitalizations

Source: NY IDD CCO HH Year 1 – results have not been formally validated

Self-reported
Data Powered by

Top Reasons for Hospitalizations

Top Reasons for Hospitalizations General Population

1. Liveborn
2. Septicemia
3. Osteoarthritis
4. Congestive Heart Failure
5. Pneumonia

Source: AHRQ, Healthcare Cost and Utilization Project
https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServletvisits,

Top Reasons for Hospitalizations ACA

1. Illness
2. Psychiatric/Behavioral Episode
3. Fracture
4. Surgery
5. Seizure

Source: NY IDD CCO HH – results have not been formally validated

Self-reported
Data Powered by

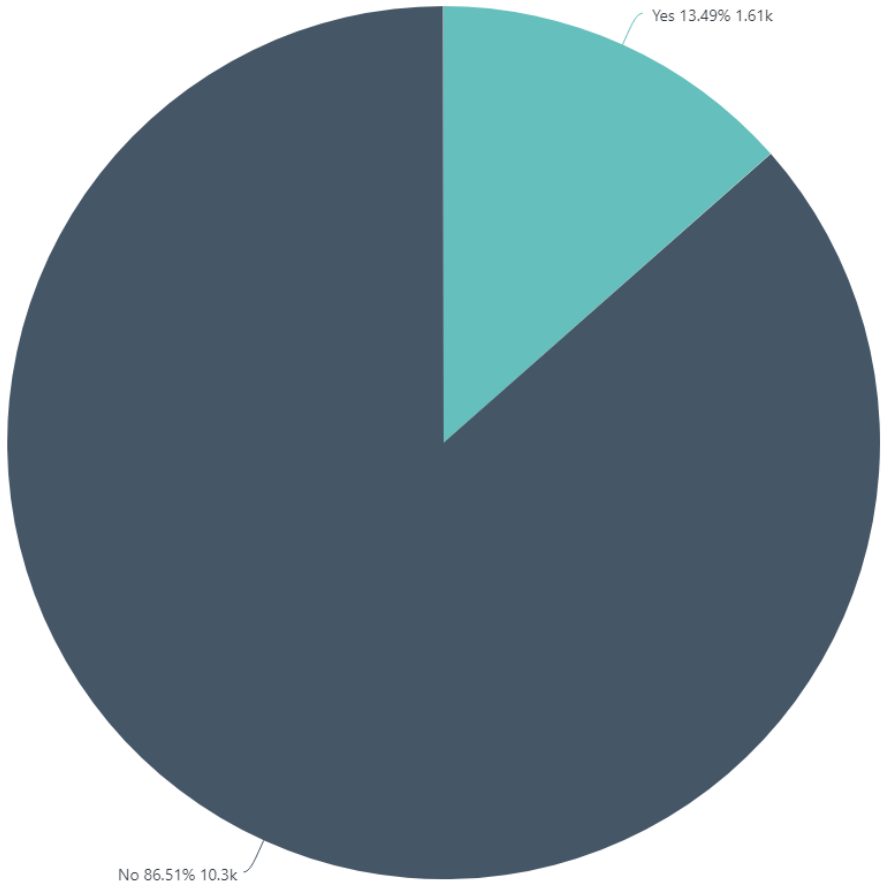
Choke Risk Analysis

Category	Data Source
Choke Risk	Number of people at risk for choking

Choke risk = 13.5%

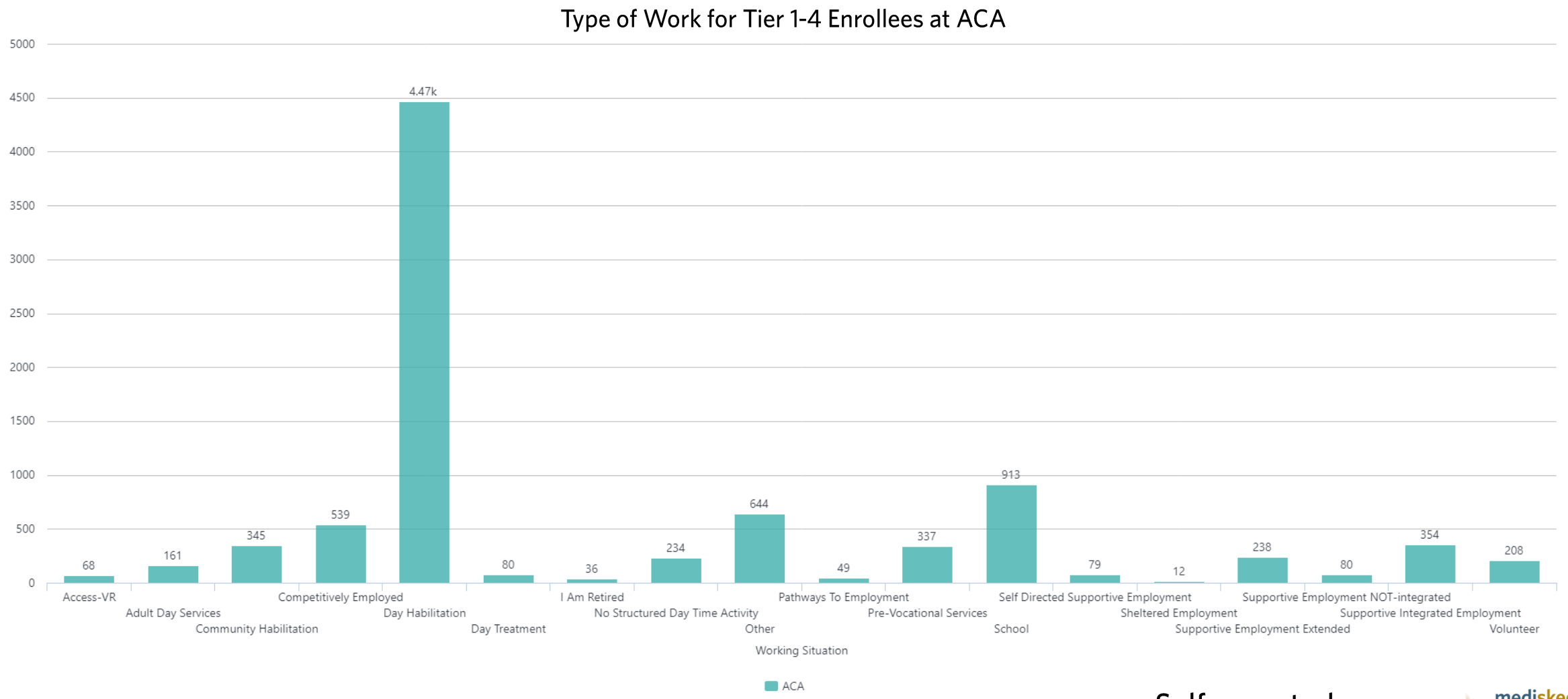
Once identified as choke risk, Life Plans are updated to include safeguards (modified consistency of foods, additional supervision, etc.)

Choke Risk Per Tier 1-4 Enrollee at ACA



Self-reported Data Powered by medisked connect exchange

Work or Day Situation

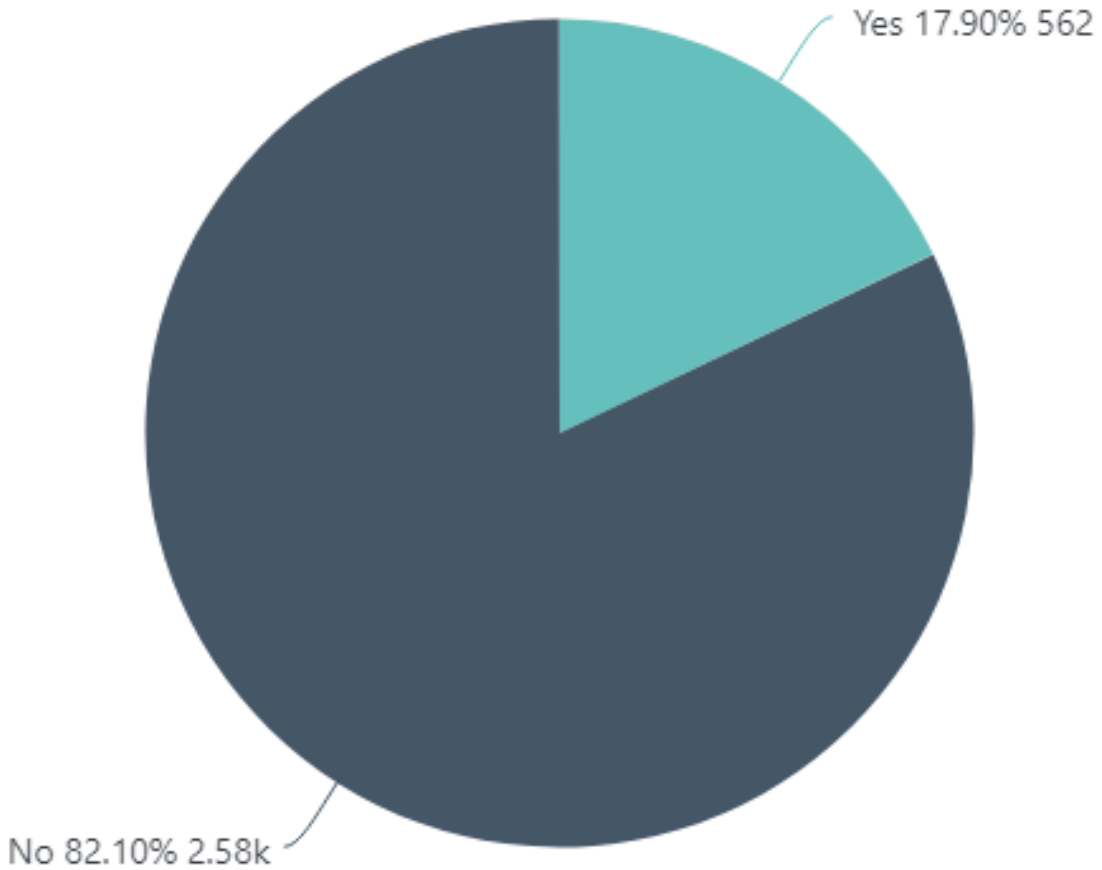


Category	Data Source
Type of Work or Day Situation	Number of people in each work/day category

Self-reported
Data Powered by

Desire to Change Work or Day Status

Tier 1-4 Enrollees Who Want to Change Their Work or Day Situation at ACA



17.9% of people indicate a desire to change their work status for different reasons including:

- Desire for a real job
- Want to earn more money
- Want to explore available options
- Want to participate in integrated employment or volunteering

Self-reported
Data Powered by

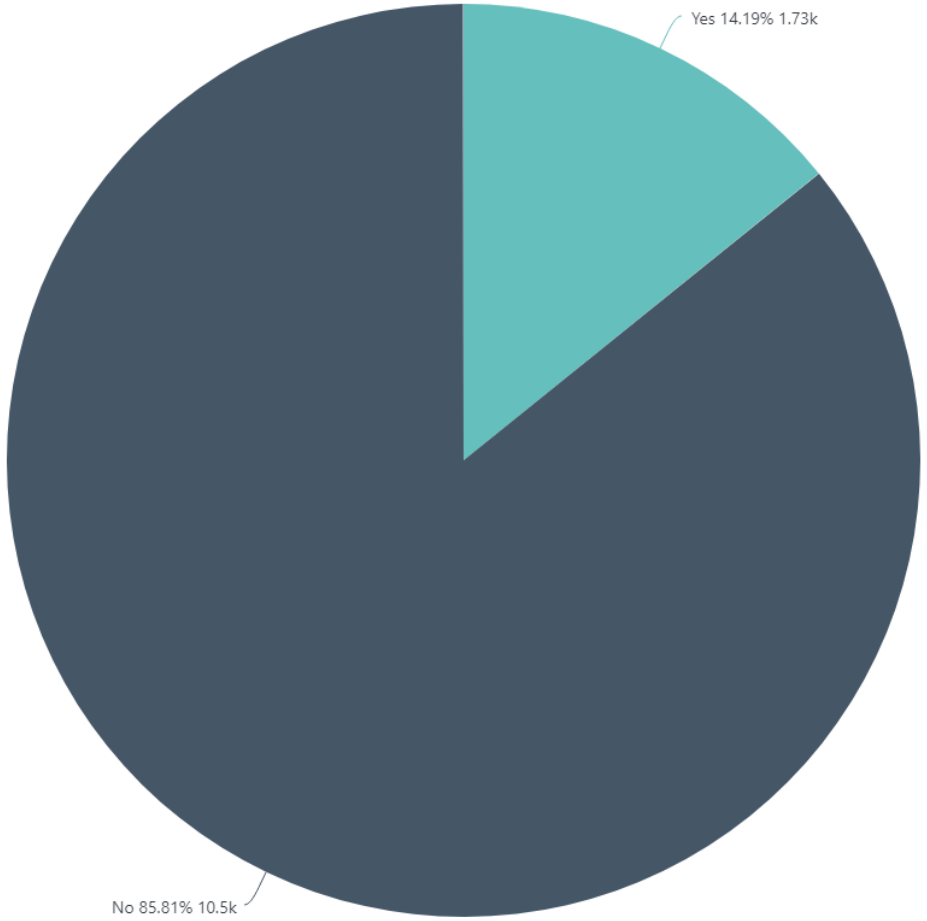
Living Situation Satisfaction

Category	Data Source
Living Situation	Number of people who like/dislike where they live

14.2% indicated they would want to improve their living situation

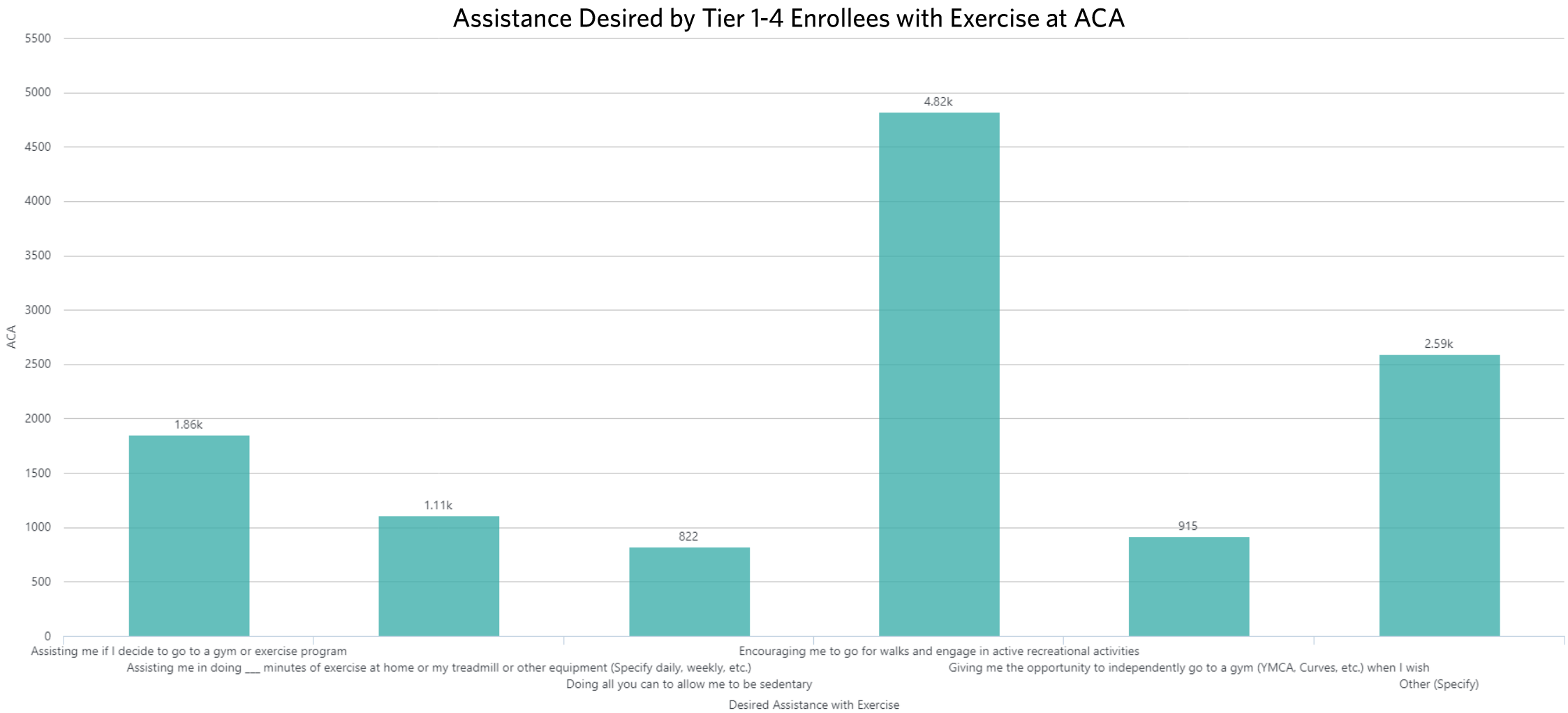
- ACA identified 12 individuals that:
  - Live in a supervised group home setting
  - Have indicated they want to change their living situation
  - Can reportedly be left alone for 4+ hours
- Although this is a small number of individuals, the cost of residential services for these 12 people is approximately $1.8M/year

% of Tier 1-4 Enrollees at ACA Who Want to Improve Their Living Situation



Self-reported Data Powered by medisked connect exchange

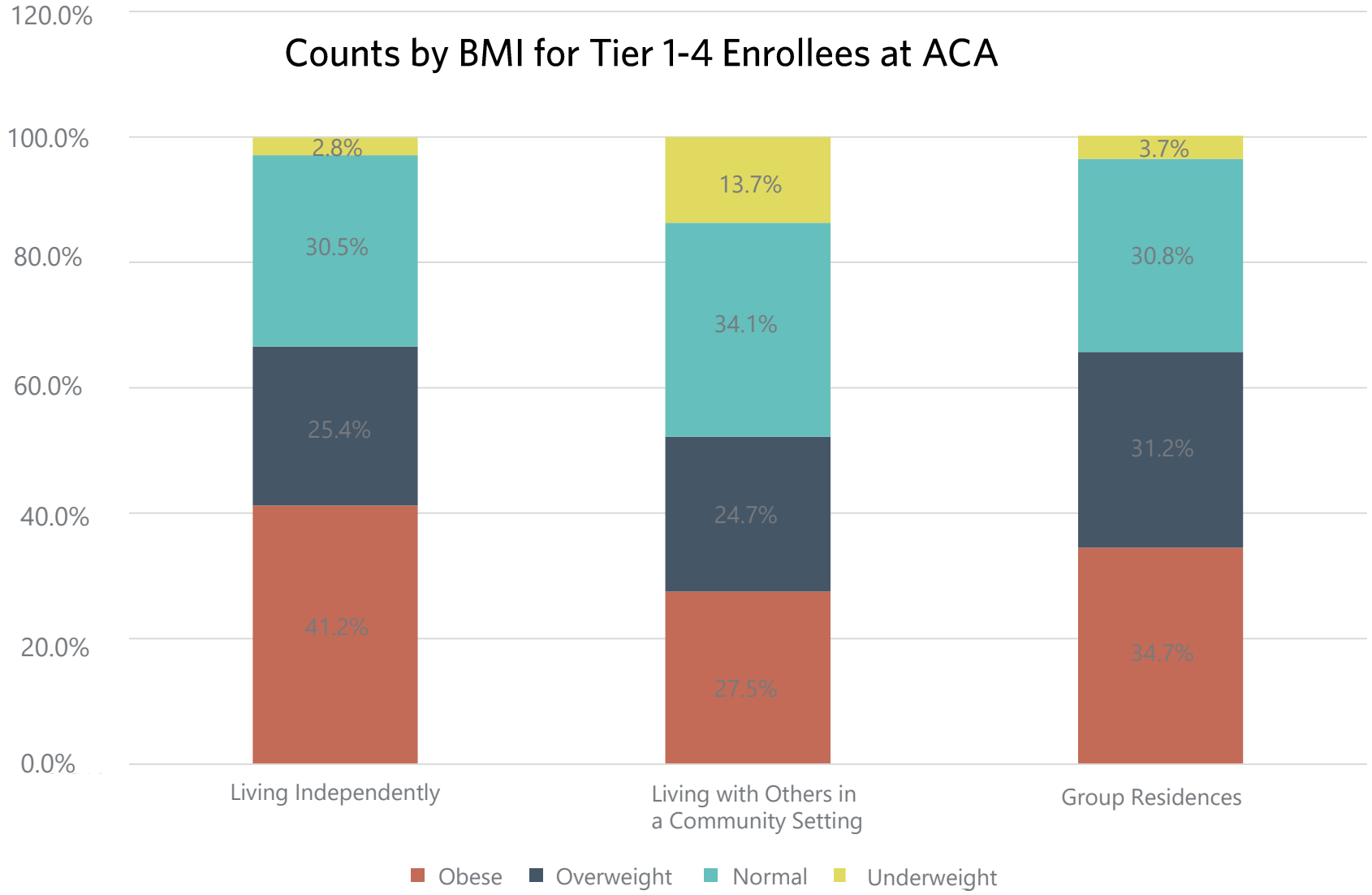
Exercise Assistance



Category	Data Source
Assistance Desired by Individuals with Exercise	Number of people who may or may not require assistance with exercise

Self-reported Data Powered by

BMI by Living Situation



Self-reported Data Powered by

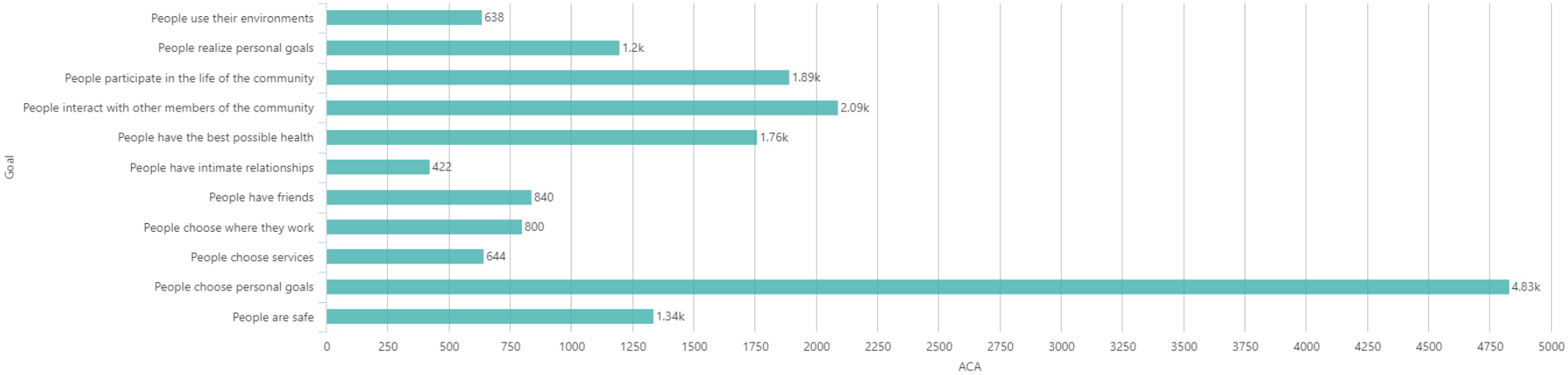
CQL Personal Outcome Measures

1. People are safe
2. People are free from abuse and neglect
3. People have the best possible health
4. People experience continuity and security
5. People are treated fairly
6. People exercise rights
7. People are respected
8. People use their environments
9. People live in integrated environments
10. People interact with other members of the community

Source: https://c-q-l.org/the-cql-difference/personal-outcome-measures

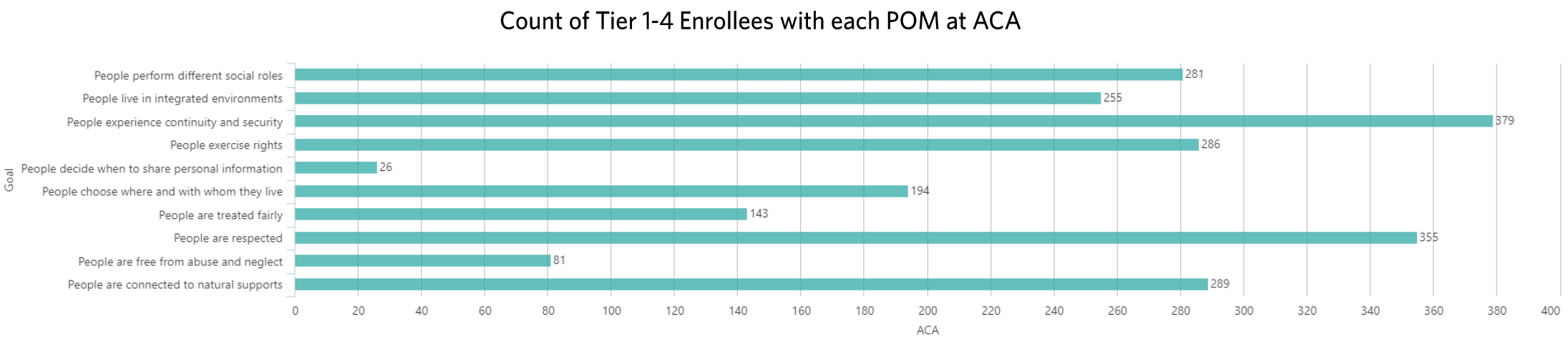
11. People participate in the life of the community
12. People are connected to natural support networks
13. People have friends
14. People have intimate relationships
15. People decide when to share personal information
16. People perform different social roles
17. People choose where and with whom they live
18. People choose where they work
19. People choose their services
20. People choose personal goals
21. People realize personal goals

Count of Tier 1-4 Enrollees with each POM at ACA



Life Plan/ISP Data Powered by

CQL Personal Outcome Measures (cont.)



LESSONS LEARNED

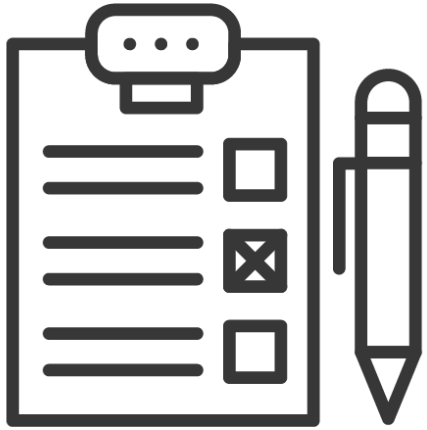
Lessons Learned

Looking back on the first year, we know that most of the turbulence is behind us and that with teamwork and perseverance the obstacles can be overcome, and the envisioned transformation can be achieved

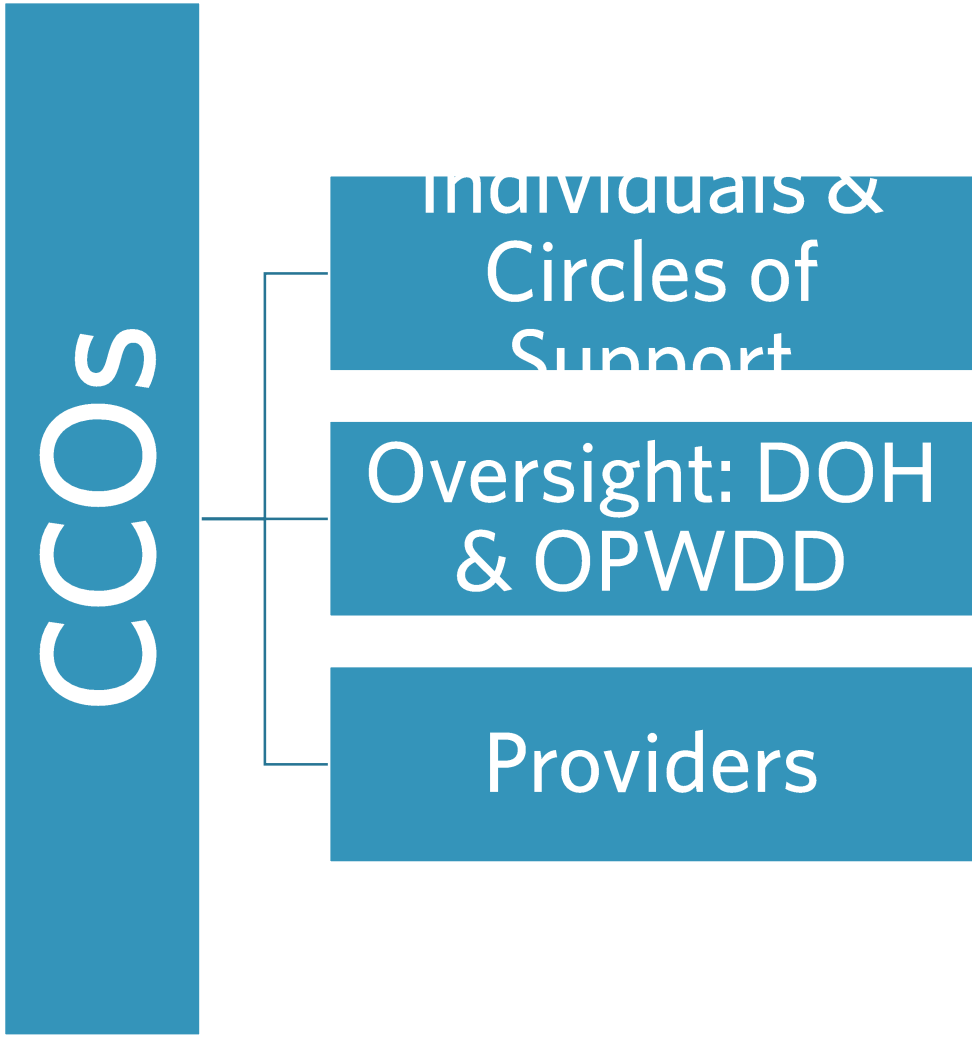
- Things may take more time than expected
- The individuals we support come first – everything else comes second
- The state has been flexible
  - Portal, security controls, and consent controls require more time to codify
  - The state has given flexibility on roll-out dates and has been very supportive in the planning and consideration process

Lessons Learned: Policy

- Include all stakeholders (individuals, families, providers, care coordinators, payors) in planning and communication
- Keep an active forum for dialogue and partner with the state agencies regulating policies
- Circumstances will come up that are not explicitly predetermined in existing regulations that need to be worked out together
- Ongoing guidance and clarification is necessary to ease the transition



Stakeholders



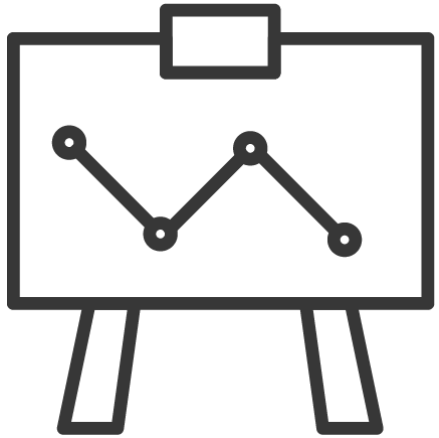
- NY has over 700 well-established HCBS waiver providers with a strong history of supporting individuals and circles of support
  - Change management is ongoing and adds time to this process
- No interruption to billing
- Concern over compliance
- Adapting to new ways of doing things
- It's not just care management and CCOs
  - For example, providers not accepting plans

Lessons Learned: Technology

- Security Requirements
- Internet Connectivity
- Pilot to help with learning and fine tuning the end solution
- Have a troubleshooting team on standby
- Be prepared for disruption and a learning curve to get to the ‘new norm’
- Allow adequate time for testing
- Communicate frequently, but also target communication for needed information to the right people
- Cultural Competencies
- Having a vendor that is a subject matter expert on core program functions

Lessons Learned: Training

- Change management needs to be an active and ongoing undertaking
- Be flexible during times of change and keep an eye towards getting to the future goal
- Be prepared for disruption and a learning curve to get to the ‘new norm’
- Provide educational resources for individuals, care management staff, provider staff, and families



ACA Staff Onboarding and Training

1. Values, Person Centeredness & Communication
2. Building Relationships and Establishing Communication within Care Coordination Team & Among Providers
3. Promoting Community Orientation
4. Cultural Competency
5. Knowledge of Developmental Disabilities, Chronic Disease & Social Determinants of Health
6. Knowledge of Community Supports and Services, New Models of Care, and Healthcare Trends
7. Understanding Ethics & Professional Boundaries
8. Promoting Quality Improvement
9. Understanding Health Information Technology
10. Proficiency in Documentation & Confidentiality

ANNUAL

- PRAISE
- Tuberculosis
- Fire Safety
- Personal Allowance, training presented by OPWDD
- Benefits & Entitlement, training presented by OPWDD
  - Medicaid
  - Medicare
  - Social Security
  - Supplemental Security Income

ONCE

- Foundations of OPWDD
- Prevention of Choking and Aspiration

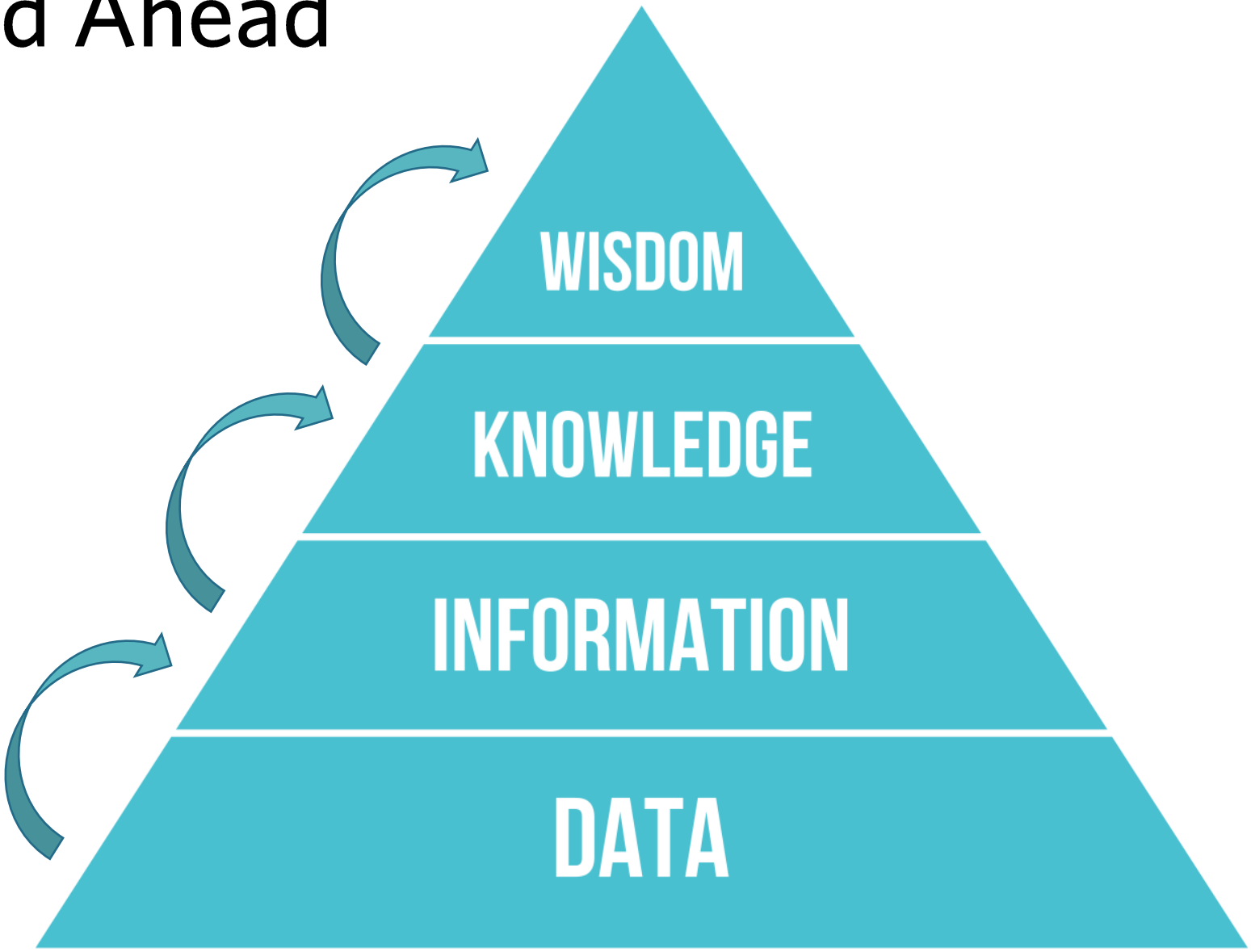
AS NEEDED

- Overview of Services for Willowbrook Class Members, training presented by OPWDD

EVERY 3 YEARS OR WITH REGULATORY CHANGES

- Supplemental Nutrition Assistance Program - SNAP, training presented by OPWDD
- Liability For Services Trainings, training presented by OPWDD

The Road Ahead



The Road Ahead

Strategies ACA is looking towards in the next quarters:

- Utilize RHIO alerts to improve linkages to Primary Care Physicians
- Use the data collected during the first year to establish a baseline upon which we can conduct CQI projects
- Access additional sources such as claims data to get to know our population even better and improve the quality of services

THANK YOU
QUESTIONS?

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