Andrew M. Cuomo
Governor

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Olmstead Progress Update

April 30, 2014
Most Integrated Setting
Coordinating Council

The Olmstead Plan – Key Elements

- Community transition
- Common assessment and outcomes measurement
- Reforms to support community integration
- Accountability

Today's Focus

- Common Assessment and Outcomes Measurement
- Community-Based Settings Regulations

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Common Assessment and Outcomes Measurement

Katherine Bishop, OPWDD

Jacqueline Matson, DOH

NYS Vision

- For people requiring long term care, NYS is committed to working in a cross agency manner to establish common measures of need and outcomes.
- These measures will facilitate the development of a competent community based system of support and reduce the reliance on highly structured service models.

Common Assessment and Outcomes Measurement Workgroup

- Cross agency work group established fall 2013
  - DOH
  - OMH
  - OPWDD
  - OASAS
  - SOFA
- November 2013 – subgroups formed
  - Assessment (OPWDD Lead)
  - Measurement (DOH Lead)

Goals

- Core set of standard assessment items
  - Cross agency
  - Ensure individual choice
- Promote person centered planning, informed decision making, and elimination of bias
- Core set of performance measures to observe advances in community integration

Populations

- DOH
  - MLTC, ALP, Personal Care, CDPAP, LTHHCP, TBI, Adult Day Health, Care at Home and NH Transition and Diversion waivers
- OMH/OASAS
  - BHOs, HARPs
- OPWDD
  - All eligible individuals
- SOFA
  - Difficult to define LTC population

Instruments

- DOH
  - Uniform Assessment System (UAS)
- OPWDD
  - Coordinated Assessment System (CAS)
- OMH/OASAS
  - In development (core set comprised of UAS and CAS)
- SOFA
  - Comprehensive Assessment for Aging Network Community Based Long Term Care Services (COMPASS)

Plan of Work

- Evaluate common elements of the assessment instruments
- Determine applicability of each measures for each agency and population served
- Determine availability
- Identify need for additional measures
- Develop a set of common measures
  - Determine whether development may need 2015-2016 budget request

Issues and Decisions

- What is long term care? – 120 days of care
- Medicaid only? – no, i.e., SOFA included
- Children and Adult? - Adult initially
- Institutions as well as community based – Ideally yes
- Short term approach and long term planning
- Employment measures' applicability to older populations (SOFA and MLTC)

Survey Development

- List of applicable measures identified during creation of Olmstead report
  - Choice, Employment/Meaningful Day Activities, Transportation, Self-direction
  - NCI, POMS, BRFSS
- Agencies asked to provide feedback on:
  - Applicability to Olmstead focus
  - Applicability of each measure to their populations
  - Is data currently available and in what format
  - If no data available, should we collect?
  - Also list of other suggested measures

Cross-Agency Survey

- Survey tool finalized March 2014
- Two conference calls with agency leads to discuss the survey
- Due April 30, 2014
- Will compile results
  - Goal is to have a list of core measures applicable to all populations
- Other
  - OPWDD holding meeting to review NCI measures

Measuring Inclusion

- Likely Sources of Information
  - Standardized survey and satisfaction information
  - National Core Indicators (NCI)
  - Person Outcome Measures (POMs) data
  - Assessment tool data
  - Claims/billing data

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HCBS Final Rule

Final Rule Intent

- "Maximize opportunity for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting."
- Align policies and procedures for individuals in need of home and community based services across disability populations using three distinct Medicaid funded authorities: 1915(c), 1915(i) and 1915(k).

Key Provisions

- Not just about appropriate settings for certain Medicaid authorities; also
  - Implements 1915(i) State Plan HCBS as amended by the ACA;
  - Makes changes to 1915(c) waivers, including the ability to combine target populations and person-centered planning requirements;
  - Allows third-party payments (provider payment reassignment) to benefit direct care staff under certain circumstances;
  - Allows five year initial authorization and renewal periods for waivers and demonstration programs serving dual eligibles at the Secretary's discretion; and
  - Establishes new public notice requirements for substantive changes in waiver services or rates, new effective dates and new CMS monitoring and compliance tools.

Final Rule Goal and Effective Date

- Goal is to establish conformity across HCBS authorities for person centered planning, allowable settings, and cross-disability applicability.
- Effective March 17, 2014.
- SPAs, waiver applications and other program changes made in advance of effective date will be reviewed and must transition to meet new requirements.

HCBS Waiver Changes under 1915(c)

- May combine existing three waiver targeting groups to include aged, physically disabled, mentally or behaviorally disabled and developmentally/intellectually disabled in a single waiver;
- Person-centered plans of care required;
- Characteristics of allowable home and community based settings; and
- Clarify timing of amendments and public input requirements.

Key provisions of 1915(i)

- Like 1915(c) HCBS but a state plan benefit;
- Does not require institutional level of care;
- Does not have to be cost neutral;
- Must be statewide;
- Cannot be limited to certain individuals; however, can be carefully targeted to certain populations;
- Allows presumed eligibility;
- May be used to provide transitional assistance to those leaving institutional care; and
- Allows non-duplicative services during short term acute care stays.

Other Changes

- Permits Secretary to approve a waiver that provides MA to dual eligible individuals for an initial period of up to 5 years and a renewal period of up to 5 years at state's request.

- Enhance existing tools to improve and coordinate care and services for this population.

Settings Expectations

- Allowable settings will exhibit characteristics and qualities most often articulated by persons with disabilities as key determinants of independence and community integration.
- States electing to implement 1915(k), 1915(i) and/or 1915(c) must include a definition of home and community based setting that incorporates these qualities.
- States with approved 1915 (k) or (i) SPAs and 1915(c) waivers will be given a reasonable transition time to come into compliance with HCB setting requirements in final rule.

Transition Plan

- If states submit a new waiver or State Plan Amendment within a year of the effective date, it must include a transition plan detailing how it will be in compliance with the settings requirements; AND
- The submission triggers the clock for transition plans for all 1915(c), 1915 (i), and 1915 (k) waivers and state plan amendments that may exist in the state. The state has 120 days from the date of the initial submission to develop and submit plan.
- CMS intends to extend these requirements to 1115 Medicaid demonstration projects' terms and conditions upon renewal or amendment.

Compliance in New York

- Interagency workgroup was convened to review current settings, determine scope of impact, monitor new submissions and amendments and develop statewide transition plan;
- Established a time line for completion of transition plan; and
- Currently reviewing existing settings to identify potentially problematic settings and where we already meet the new standard.

Draft Time Line

Key Activity	Notes	Date
OPWDD transmission of 1915(c) amendment to implement transformation plan	Triggers need to develop transition plan for remaining 1915(c) waivers.	Expected early May 2014
Articulated transition plan completed for Executive Review		June 20, 2014
Post plan on website, notify stakeholders, advertise webinar	Need 2 statements of public notice and public input procedures	June 30, 2014
Public comment period ends		July 31. 2014
Summarize public comments; consider revisions	Concludes August 15, 2014	August 15, 2014
Finalize for Executive Review	Fast track	August 18, 2014
Submit to CMS	Include summary and evidence of public notice	August 30, 2014