



The **EVOLUTION** of Supports and Services



Managed Care



Office for People With
Developmental Disabilities

(866) 946-9733 | www.opwdd.ny.gov

Managed Care – The Evolution of Supports and Services

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Managed Care – The Evolution of Supports and Services

People with developmental disabilities and their families want services that meet their needs and that they can rely on to be there when they need them. OPWDD, with the help of providers, families and the people we serve, is taking steps to make that possible.

As the first step, Care Coordination Organizations were established to help people develop a Life Plan and coordinate all of a person’s developmental disability, medical and behavioral health services.

The next step is to transition services to operate in managed care. The new managed care system will be designed for people with developmental disabilities and use service providers with experience in supporting them. Managed care will coordinate and arrange for the delivery of all of a person’s services, including OPWDD-funded services, healthcare, behavioral health and medication management, improving access to services and ensuring that people are reaching their goals.

What exactly is managed care?

Managed care is a payment system in which a Managed Care Organization receives money that will be paid to a group or network of providers for the delivery of all of a person’s medical, behavioral and developmental disability services.



Why is OPWDD moving to managed care?

Managed care makes it easier for OPWDD to ensure that services are helping people. Managed care gives OPWDD a way to measure how well a provider meets a person's needs (their outcome) rather than just measuring that a service was delivered. It also helps people receive services they need from OPWDD and other important health and behavioral health services.

How will managed care work?

Just like the current system, people with developmental disabilities who are new to services will work with OPWDD Regional Office staff to determine their eligibility for Medicaid Home and Community Based Services (HCBS) Waiver services and supports, and to select a Managed Care Organization (MCO).

A care manager will assist the person with developmental disabilities and their family and/or advocates in the person-centered assessment and planning processes.

After the assessment is complete, they will develop the Life Plan. The Life Plan serves as the basis for outlining the supports a person needs and his or her desired outcomes.

The Managed Care Organization then offers the person access to a network of providers who will deliver the services. The MCO will also provide opportunities for self-direction.



How is managed care different from care coordination?

Care Coordination Organizations (CCOs) provide care management services including person-centered assessment of a person's needs and choices, and assist in the development of a Life Plan that identifies the supports a person needs and their desired outcomes. Managed Care Organizations (MCOs) will authorize a person's services and provide access to a network of providers responsible for the delivery of the services in the Life Plan.



Managed Care Organizations (also called Plans) must—

- Have a full network of providers to serve individuals and families
- Ensure that individuals and families will have input and a strong voice in their supports
- Address health, safety and clinical needs
- Meet performance and quality management standards
- Secure private information

Will my services change?

The person-centered planning process identifies the supports and services a person needs, and that doesn't change in managed care. Under managed care, Continuity of Care Provisions will ensure that a person's current level of supports remain in place when they enroll in managed care. The person-centered planning process, with individuals and families fully involved, will continue to drive a person's services.

In addition, people can choose to enroll in a managed care plan that includes their current providers. If they require services from a provider not in the plan's network, the Managed Care Organization can authorize that service to continue from the current provider.

When do the changes take place?

Over the next several years, people receiving OPWDD services will have the opportunity to participate in managed care. At first, participation will be on a voluntary basis as OPWDD monitors the progress of managed care plans. Over time, people will need to choose a Managed Care Organization to provide their services once enrollment is mandatory.

What happens if I am not satisfied with my services?

If a person is not satisfied with their services, they can speak with their care manager and review their Life Plan to determine if a change is needed. If they are not satisfied with their provider, they will have a choice of providers within their managed care plan's network. If a person is not satisfied with their managed care organization, they can choose another. Individuals enrolled in managed care can also file complaints with the managed care organization and appeal decisions about their care.

Are people with developmental disabilities enrolled in managed care today?

Yes. The Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) demonstration in the New York City metropolitan area provides managed care for 1,100 people. There is also a Program of All-Inclusive Care for the Elderly (PACE) that provides services to elderly people with and without developmental disabilities. Both of these managed care plans are run by organizations with experience serving people with intellectual and developmental disabilities. In addition, there are currently over 25,000 people with developmental disabilities enrolled in the New York State mainstream managed care program for their non-OPWDD services.

Managed care case studies

Daniel

Daniel's goal was to be more independent. He enrolled in a specialized managed care plan when he moved to New York City after his father passed away. With managed care, Daniel benefitted from having a care team that would look out for his total well-being. During the development of his Life Plan, his care team learned that Daniel needed more money to pay for basic items at home. Daniel and his care team worked with New York City's Human Resource Administration to review Daniel's monthly stipend and discovered Daniel was entitled to a significant increase in his benefits.



His care team also learned that Daniel had a strong desire to get a job. Daniel was soon able to start attending a day habilitation program, where he is working on skills to help him get a job.

Thanks to the comprehensive care management provided by managed care, Daniel is able to live more independently and work toward his goal of getting a job.



Lyndall

Lyndall's goal was to get a new wheelchair. When Lyndall first enrolled in managed care, he was housebound. He had outgrown his manual wheelchair and using it caused a great deal of discomfort. Lyndall's repeated

efforts to get a new chair had fallen flat, preventing him from attending day program for months.

One of the first orders of business during Lyndall's initial assessment with his care team was to get him a custom wheelchair for his height and weight. Lyndall's care team worked with his mother and his primary care physician to fast-track the letter of medical necessity and script that was needed to order a custom wheelchair and soon he was able to go back to his day program.

Lyndall not only feels better physically, but his mood is improved...and so is his mom's. Lyndall started receiving home care services for a few hours which has helped improve mom's life as she is able to run errands and do what she needs to do for her own health.

Judith

Judith's goal was to replace outdated assistive equipment. Judith is an independent self-advocate who relies on her assistive equipment to maintain her independence and quality of life. Her decision to enroll in managed care was influenced heavily by her desire to get durable medical equipment quickly.

Judith's movement and speech are limited and she uses a motorized wheelchair that she controls with head movements and a speech device that she operates with her eyes, in addition to other equipment, including a hospital bed and lift.

When Judith enrolled in managed care, her care team learned that her speech device was not working and that several other items were old and did not function well. Her care team, durable medical equipment specialist and provider network team worked together with the vendor to repair her speech device, as well as order other medical equipment.

These items have allowed Judith to focus on her ultimate goal of getting a job.



What changes in managed care?	Current System	Managed Care
Eligibility determined by OPWDD Regional Office	●	●
Care management provided by Care Coordination Organizations	●	●
Life Plan identifies service needs and desired outcomes	●	●
People who self-direct their services have flexibility and control over their supports	●	●
All of a person’s disability, health and behavioral health supports are planned and delivered in one place		●
There is a network of providers a person can turn to for their services		●
Providers are rewarded for helping people achieve their goals		●

How will supports be monitored & evaluated in managed care?

It is important that the supports people with developmental disabilities receive help them achieve their goals. OPWDD is working with stakeholders, including individuals and families, to identify the standards that will define health, quality of life and personal positive outcomes for people with developmental disabilities, and how these outcomes will be measured. OPWDD and stakeholders will identify ways to measure how well services improve a person’s quality of life, assist him or her in making informed choices, have more control over their supports and are afforded increased opportunities for community involvement and engagement.

Where can I learn more?

OPWDD wants to hear from individuals and families, and respond to their concerns and questions as we move forward. Please feel free to reach out to your regional office, call 1-866-946-9733 or email: peoplefirstwaiver@opwdd.ny.gov to ask questions or share feedback.



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For further information, please check the OPWDD Website:

www.opwdd.ny.gov

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