NYC FAIR- CCO Panel on March 21, 2019

Panel

Jim Moran- Care Design NY
Jay Nagy- Advance Care Alliance
Malik Abdur-Razzaq- PHP
Jackie Spring- Tri-County
Bob Manley- Hamaspik Choice

Elly introduced the panel, and thanked them for coming to speak to the group. She passed the hat to pay for the costs and asked that each panelist speak for a few minutes about their organization.

ACRONYMS: CCO - Care Coordination Organization, CM- Care Manager, LP- LifePlan, MCO- Managed Care Organization, OPWDD-Office of People with Developmental Disabilities, DOH - Dept. of Health, CMS- Center for Medicare and Medicaid Services, CDNY- Care Design New York, PHP - Partners Health Plan, ACA- Advanced Care Alliance

Jim Moran commented after Elly’s pass the hat that the CCOs should pay for the translators for the meeting. Elly reiterated that we have not taken money from any agencies or governmental agencies in order to remain impartial.

Jim Moran introduction:
CareDesign supports 26K individuals. From LI to Canadian border. 60% of the enrollees are from the Lower Hudson Valley all the way to the end of Long Island. Care Design is working through a number of transition issues. They have launched four advisory boards, each in a different region and have been getting very useful feedback from them. The Advisory Boards have suggested that there be a “What to expect from your CM” guide. Jim commented it would be on their website soon. They have also shared in creating an assessment of staff survey. Their plan is to join as the Care Coordination organization under PHP as a Managed Care entity. Managed Care has not gone well in other states. $8 B system with only $1B of that spent on health, the rest is Long Term Supports & Services

Jay Nagy- ACA.
Also still working through thorough creating a CCO. They have enrolled 25K, solely downstate, Lower Hudson to the end of Long Island. ACA has 530 employees (Care Managers?), but the remaining Care Managers that they have are currently only contracted by through July. Right now, they are working on doubling their Advisory boards. They Get feedback and have a dialogue. They are focused on the future, and for the transition to MC are pooling with two other CCOs to create another option.

Malik Abdur- Razzaq PHP
We take care of 1300 individuals who are dual-eligible, both Medicare and Medicaid. We are the payer, we pay directly so there is less time lag getting services. Soon we will add Medicaid-only members.

Jackie Spring - Tri-county Care.
She remembers when OMRDD was formed initially after Willowbrook. She feels the family voice has been missing and is glad to see it is back. and Jackie is also glad that the commissioner has met with parents. Tri-County has 10K individuals, from the lower Adirondacks down to LI. The Director of Tri-County is also a director of a Managed Care organization - Hamaspik. All of the CCOs are working together to solve problems.

Bob Manley Hamaspik- Parent org for Tri-County.
He currently runs a MLTC Managed Long Term Care, for frail elders. But they are creating a MC organization for people with IDD. They want as robust a network as possible, their goal is to get your doctor in the network.
Prepared Questions

it’s been 9 months since the change to CCOs, has your mission changed? If so, how?

Jackie- No, offering quality services was and remains our mission.

Please define the difference between Basic and Comprehensive Coverage?

Jay- Basic involves coordinating only the community-based supports. Comprehensive, as it says, is community, medical and behavioral needs, the whole person

What is the Impact of this transition to CCOs on Self Direction (SD)?
Folks might find Basic is not adequate support, in terms of CCO’s meeting people’s needs. More of the burden falls on the family.

For each CCO how many are in full, and how many in basic.
Jay- 1K in Basic and Full??
Care Design – 800 in Full or basic??
PHP- None in Full or basic??
Jackie- Most of our members are full

Who do you report to - OPWDD, Dept. of Health (DOH) or Center for Medicare and Medicaid Services (CMS)?

Jackie- We are responsible to all of the above— CMS, DOH, OPWDD. We need to send in weekly reports to OPWDD on how many people are still without a CM, what the status is of the I AM assessments, LifePlans, caseload ratios. A whole roster about everyone who is served.

What incentives are there for doctors to join PHP?

Malik- We do not offer financial incentive. But doctors know they will be paid faster, we will pay after 90 days. Currently only 50/50— doctors say to us, you are new, I don't want the hassle. But when Managed Care becomes mandatory, we anticipate that the vast majority will join.

Bob- To build a network. You need to financially incentivize. Some Doctors ask for 10x the Medicare rate, but we say no.

Did any of you comment on the proposed plan for Managed Care of people with IDD?
Jim - Care Design sent comments on the draft plan last November. We used this as a platform to talk about the issues which are not addressed by MC. For example, housing, the COLA. Stream-lined, efficient service providers. How do we make this the best it can be. We can send copies of our comments.

Jay-We are still waiting for the State’s response. We commented that they should be making it easier for providers to participate.

Jackie: We commented about providing choice

Has the introduction of CCOs changed the Front Door process?

Jackie- OPWDD does not present the process accurately. People think "I came through the Front Door yesterday, now where is my CM?" They don't explain the process of establishing eligibility, gathering docs, etc., etc. The people at the Front Door are not explaining the system properly. It is hard to say what an average time is. Some already have Medicaid. Some have good psychological records from school. Or, others are 50 years old and have no paperwork. On a good day, it can take 2 weeks. If you need a Psychological it can take a couple of months.

Who participates in the Life Plan when families are gone?
Malik- Families need to have a plan in place whether it’s other family members, or other people. Work it out with the family. If there are none...the executive director of the agency can serve as the person.

Why have there been no improvements in service delivery?

Jim- This is a challenge we all have - it takes specific data that we don’t have access to. We are paying attention to the challenges with Medisked. None of the CCOs know what services people are enrolled in. Instead, CMs have to enter that data in. Was designed as if it was a new system, of 103K people Health Homes do not have access to the Medicaid Data Warehouse. So we know service authorizations, not services they are getting. If an agency has not offered the services you need, then the CCO should be helping you solve it. This is not a big secret and it is getting worse, not better. It is about money, and workforce. Need an adequate and competent workforce.

The promise was that the new system with higher pay would be able attract and retain CMs but that is not the case. What is being done to address this?

Jay- This can’t be solved overnight. It will take a while to stabilize the workforce. ACA will be better able to deal with this after the transition year is over.

Jim- We have promoted some CM’s to be supervisors, which has caused a subsequent shortage of and need for more CM’s. Those who have multiple languages have adjusted compensation. We provide higher pay for Masters degrees. CMs are feeling stressed.

Jay- The Tier 4 structure has created a lot of turmoil as well. Tier 4 is made up of people from the Willowbrook class and others. We have had to re-assign CMs to get the caseloads sorted out.

Jackie- It is not crystal clear how people who are not from the Willowbrook class became Tier 4. Some are from SD. They used the DDP2, plus something “secret”. We are retaining people by offering good benefits.

Information about individuals is not getting to new CMs? Why?

Jackie- Transitioning, and if the CM does not come over to us then the documents did not come over. If they were not uploaded into MediSked we have to enter them from paper. They should be there otherwise.

Jay- Sharing documents has not happened as it should-- from agencies, or from the family. Documents are not flowing as freely as they should. We need the Level of Care Eligibility Determination (LCED). We are pushing for documentation within 72 hours--but it is not yet achieved. Provider Agencies are not sharing docs-- just have to work through it.

Jim- It is a struggle to get the docs for 103K people. CCOs are not responsible for this, but we are working through it, and if you have gone through something new, and CM is asking, it is possible that it is because we have had problems with docs that disappear.

CMs are having problems finding services, even after they have been approved?

Jim- Yes, this is a problem- finding a provider willing to take someone, willing to actually provide service. Leadership needs to step in, a CM can only do so much. We need to have systems in place to track that, and pay attention to that.

Should families be informed of the efforts the CM has made to find services?
Families should be informed of the efforts

If you are not happy with CM, what should you do?
Jay- You need to reach out to the CM’s supervisors, Directors, senior directors, Assistant Vice Presidents, VPs, up to CEO.

How do we get the supervisors?
Jay- ACA has the senior directors on website.
Jim- We expect CMs to provide supervisor’s information, or, you can call into CareDesign.
Jackie- It's in the welcome letter, including a fridge magnet, and customer service line.

When will the CMs be able to start working on services?
Jackie- We have started tracking that. The LifePlans should be done within 45 days, and then published within 60 days. Following that service authorization and services. Should begin within 80 days.

Malik- We operate as the Front Door for our people. So aside from difficulty with finding CommHab workers, there is not much of a problem.

CAS and IAM and LifePlan
How many LPs have been done? What is the deadline?
Jim- The Initial intention was within 6 months, but now with a new deadline we have until the end of December. But For tier 4, it was to be done by the end of March. Just yesterday, we were told to submit a plan for why it should not be March 31st.
Jim: CareDesign put in plan for end of May 5.4K
Jay- Disappointing number. We had challenges, system challenges, staff familiarity. The focus now is on Tier 4, and on new entrants.

Why aren't families allowed to see CAS questions?
Jackie- Don’t know why, but for IAM, we can share. And depending on some questions, you don’t have to ask others. CMs are given liberty to skip over questions like: Where do you want to be buried, do you sleep naked? etc.

There are a number of problems with the CAS-, how to amend, it’s overly long, it's not informed, not user friendly, some questions are beside the point. Can this be made better?
Malik- CAS, can't say, we don't use it. IAM is 45 minutes now for PHP. There is a learning curve, it will get better. Families are part of the process. You should be signing off on the LP. If that is not happening, you should be having a conversation. The portal, MediSked, has an on-line portal for families with MediSked at PHP.

Jackie- CCOs do not have the portal yet. We want to be sure that it will work well, when it is brought up.

Jay- Security requirements for CCOs are delaying the roll-out of a family member portal. We are held to a very high standard. We are working together, all 7 CCOs, to figure out how to make it happen. Meanwhile, can print it out and provide the information.

Jim- We think MediSked cannot meet the security requirements now. Our thought was to provide families with the right access first.

Meri- It is a shame that our families are the learning curve.

Are any CCOs going to be MCOs or be subsidiaries?
Jim- CareDesign will not be an MCO. Plan is to connect to PHP. But we also want to provide CM through a contract to others.
Jay- Working to create something with 2 others.
Bob- Hamaspik is building the MC organization, working with a for-profit.
Jim- The legislation requires, at this time, that an MCO be a non-profit. No ability at this time, for for-profits to come in.

Live questions from audience
Q: Lack of data, lack of staff. Due to transition. What happens on July 1st to change that?
Jim: Have to be creative with work-arounds. Actual service data, will take a while to do. Staten Island PPS (Performing Provider System) has access. Have to get creative about what to do, when the state does not deliver.

Q: Do you have a dialogue with OPW about these issues?
Jay: We speak as a group every Friday.

Q: The LifePlan, does that replace the Letter of Intent?
Jim: Don’t know what that is...
Jay: Not meant to replace that. It replaces the ISP.

Q: I have a son in a group home-- I was advised to choose a CCO independent of that agency. How much autonomy and independence? How much power?
Jay: Certainly the way the CCOs are getting setup, CCOs don't get to dictate. But we have a dispute resolution process. Legally, we are the independent conflict-free authority.
Jim: The CMs job is to get involved in that. Our goal is to be collaborative. If there is conflict, our job is to represent the individual. We also need to come to an understanding with the agency, service provider. We will elevate it in the organizations, if needed.

Q: The LifePlan is the driving force document. Once it is published, it is locked, and then cannot be changed-- only amended. Why isn't the family allowed to review it before it is “published”?
Jim: Expectation is that families sign off on the plan. If the plan is not right, then there are ways to change it. Can't be published until the family has signed off on it, and reviewed by the service providers. It is not a matter of "published, and that is it". There are ways to deal with it.

Jackie: We are asking our CMs to provide a draft of the LP before the LP meeting, and do the tweaking at the meeting, so that the final LP is accurate. Changes that the individual and/or family want, are the changes we are most interested in

Q: How can we inspire our CCOs to work with a sense of urgency? How can I hold them accountable, and yet also inspire them to do their job?
Takes two hours to get her 5 yr. old to go out the door in the morning. Not effective right now. Not working. Shuffled around by 4 CMs so far.

Jackie: Some of it, we don't have control over.

Comment: Lots of anger, because the CM dropped the ball.

Jackie: I apologize for that. Monitoring them more closely.

Remote, from FREE-
Ralph: I AM is filling in LP. We have not had assurance that the family can get a printout, and verify the answers.

Jim: You can ask for a printout.
How does that create a draft of LP-- The I AM does not do it, in and of itself.
Working to stream-line the "I AM".
Once the plan is done, that is when the CM work really begins...

Q: Where is the training for the family on the LP? How do they learn what should be there?
The auto-generated LP needs to get revised.
CMs are getting distracted with LP, rather than delivering services. What is in each section?
Audience- You need to include us.
Jim- Parents need to be included. We will select parents to work with us to improve.
It seems to focus on group homes, rather than on community living.

Q-(Evan) Inaccurate. People without family. In fee-for-service, they got the service whether appropriate or not. With MC, for those who are not reliable narrators, (good reporters). What are you doing to make it better? For those who do not have someone looking out for them.

Malik- Deal with data. Most of their people are non-correspondents (no strong family). We get the info from the group home; we vet the providers. We do medication review, have found issues. We are being pro-active. Some places, the provider does not have good records. If you have issues with I AM. PHP invented the I AM Have to go back to his shop and look into it.

Q- I AM. Some things that are important, and others are ridiculous.
How do we get to a flexible, accountable vehicle? You liked a certain shampoo, maybe like a new shampoo. It has to be dynamic.... If it isn’t dynamic, then we get stuck.

Jackie- We are trying to train our CMs to know that they have the authority and responsibility to change this. At the beginning, we did not tell them to show you the draft. Now, you can tweak it.

Jim- Expectations are the same as with the MSC. There are different points in people’s lives, when things change. It gets reviewed with family and individual, every six months. And it can be changed at any point in time, if there is a change needed.

Q- Very concerned about how SD will fit into this. There are big problems all around. How does SD fit into this?

Jay- ACA has gotten positive comments about LP from people in SD. There are pockets where things go well, and other pockets not so well. Please provide feedback that LP was bad.
Malik- Those of our members who have SD, we approve budgets in weeks, not months.

Q-SI- How often are these assessments done?
I AM is done once, then LP is renewed every 6 months.