Care Coordination Organizations
A Few Questions & Answers...

FOR FAMILIES:

MSC – Medicaid Service Coordination
CCO – Care Coordination Organization
Service Coordination vs. Care Coordination

Medicaid Service Coordination (MSC) is a program that provides ongoing support to individuals with developmental disabilities and their families. Medicaid Service Coordinators help people find available services in the community and also assist people during the eligibility determination process with the NYS Office for People With Developmental Disabilities (OPWDD). Service Coordinators also provide advocacy to protect the rights of people with developmental disabilities.

Care Coordination is a broader program than MSC and incorporates health services and looks to support people by ensuring traditional health services and supports are in place along with looking at the social determinants of health. Care coordinators typically provide the following services: develop an ISP; identify services needed and select providers; arrange for individuals to receive needed services; monitor implementation of the ISP; coordinate with health service providers and organization(s) providing needed services; assist individuals in establishing and maintaining eligibility for Medicaid and other public assistance benefits; complete outcome reports; and provide information consistent with program requirements. Care coordination will replace MSC in New York State.

When is this change happening? The change from OPWDD Medicaid Service Coordination (MSC) to Care Coordination through a Health Home is scheduled for July 1, 2018. Effective July 1, 2018, those people receiving MSC will begin to receive care coordination support in place of the service coordination of the past.

Do I have to do anything? The change from OPWDD Medicaid Service Coordination (MSC) to Care Coordination will not require families to file paperwork to make that change happen, but you will need to sign a consent form to participate in health home services with the CCO. What will be different is the care coordination process is more comprehensive than MSC has been and will involve an interdisciplinary team that considers broader aspects of people's lives, mostly health care considerations. With that change, families may be brought into the process in ways they have not been in the past.

Does this mean I will no longer have the same service coordinator? As of July 1, 2018, the supports provided through MSC will be part of a care coordination model that includes care managers and coordinators, most of whom will have served as service coordinators. While there is no guarantee that your service coordinator will work for the new Care Coordination Organization (CCO), it is our expectation that many – or most – of the current MSC's will be working for the CCOs and families will have the opportunity to continue their relationship with their service coordinator under the CCO model.

Where is my choice allowed for in this process? It is the intent of NYS to ensure that at least 2 CCOs will be available in all parts of the State; however, in areas with limited population density there may be only one CCO. That said, there is always a choice of care managers/coordinators within the CCO for families, as well as a choice of service providers working with the CCO. Remember that the CCO is a means to coordinate care, but your interaction with that agency allows for choice of CCO, care manager, and service provider to the

extent that your area of the State supports multiple CCOs. Finally, it's important to note that families can opt out of Health Home care coordination and remain in service coordination but that service will be provided through the CCO and not your current MSC agency.

How will I ensure decisions about services meet our needs? There will be a team (referred to as "multi-disciplinary" and including people who are involved in your family member's supports and services), that is part of the care coordination process model the CCOs will use, that offers multiple opportunities for families' concerns/interests to be addressed and incorporated in the plans for each person covered by the CCO. This process will be person-centered and OPWDD has been working to ensure the hallmarks of person-centered planning are incorporated in the care coordination process. In addition to offering families input throughout the process, it is likely that each CCO will be expected to develop a dispute resolution system that the State will approve to ensure objections are heard and resolved should there be questions about needs being met. We also anticipate that the CCOs will be charged with finding ways to engage individuals and families in leadership levels, e.g., board positions, family advisory group, etc.

Who is on this "team"? Care coordination and planning requires the Care Manager to lead the team and facilitate the team's activities and assist in ensuring people receive the supports they need to meet their goals. The person and his or her family or representative are always part of the team, along with OPWDD, medical, and behavioral services clinicians and experts familiar with each case – incorporating health and other long term supports and services as appropriate based upon each individuals service plan (to be known as a Life Plan).

Why is the State adding another layer of administration to an already complex system? New York State has determined that our current system's firewalls between MSC and service providers no longer meet the federal government's "conflict free" standards. In addition, the CCOs as established offer a transition to the managed care organization model that the entire Medicaid program is moving toward.

Can I change my service/care coordinator once we are under the CCO model? What options will I have? Once we have moved to the CCO model, there will be an opportunity for families to choose which CCO they will belong to, if there are multiple CCOs in their area. People with I/DD can also choose their care coordinator within the CCO.

How is this process, requiring more administrative expense, adding to the quality of my family member's life? Care coordination is intended to provide an opportunity for improved coordination across the entire spectrum of supports and services that contribute to the health and well-being of an individual. This coordination will encompass residential, day, clinic, and social supports that may not be currently as coordinated as they need to be to ensure improved health outcomes and increased efficiencies in accessing the health care system, including but not limited to, accessing emergency room services and prescription drug management. A prime goal of the care coordination model is to improve the health status of people through improved coordination of all of a person's health and long-term care services.

Our service coordination agency is having trouble finding service coordinators to take positions that will not be there after June of 2018 – how will service coordination be provided for my and other families in our area? OPWDD is committed to working with families and providers to ensure that no lapses in service coordination occur as we move to the care coordination model. If you or anyone you know has concerns about lack of service coordination being available in your area, we suggest that you call your local OPWDD office – DDRO. In addition, CP of NYS has recommended that OPWDD/DDRO's create a hotline for MSC/Care Coordination concerns that remains active until December 2018.

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What work do we need to be doing to coordinate our benefits and pay scales with the new CCO with which we will be aligning? Agencies should be having discussions with the new CCO administration as soon as possible to address the multiple issues regarding transitioning via contract or direct employment of MSCs as care managers.

What are the fiscal implications we need to consider as we make that determination on whether we look to contract our employees with the CCO on July 1, 2018 or terminate the department altogether without a 1 year transition? For agencies who have programs subject to rate rationalization, the transition of administrative costs previously associated with the MSC program that now must be spread across the entire agency must be weighed versus the value of contracting employees for a service they no longer will bill for effective 7/1/18. Agencies will not see the reimbursement for the transitioned administrative expense in their rates until 2 years after the first base year (2019) that reflects the shift in administrative costs.

Cerebral Palsy Associations of New York State

How are our administrative expenses for our MSC program going to be absorbed into our operations after July 1, 2018? With the MSC program no longer under the agency, the direct administrative expenses will no longer be part of the agency's expense. Allocated costs that were covered by the MSC program must now be transitioned to the entire operation.

What are the IT structures we need to have in place for connectivity with the CCOs? The CCO must have an IT system in place to verify OPWDD and Health Home eligibility, enroll and track members in the CCO, etc. Also, CCO/HH must have structured information systems, policies, procedures and practices to electronically create, document, execute, and update a Life Plan for each enrollee; a systematic process to follow-up on tests, treatments, etc.; an electronic record system which is accessible to the interdisciplinary team; makes use of available HIT and access data through RHIOs, etc. The full requirements are outlined in the RFA, but suffice to say the HIT requirements are extensive. The CCO IT systems will need to be able to accept data from service provider systems such as Precision Care, etc., and be able to upload data as necessary.

What contracts do we need to have in place with the CCOs prior to July 1, 2018? Each agency should work with counsel to ensure the necessary agreements are in place with their CCO(s) regarding participation in interdisciplinary team meetings, Life Plan updates, access to information required by State agencies required for billing, etc. The CCOs will also have MSC agency agreements as well as agreements with service providers.

Should we seek/can we expect any assurances from the CCOs regarding the employment, including salary and benefit determinations, of our current MSC staff in the transition to CCOs? Each agency should be working to identify how the transition will take place and communicate frequently and with as much information as possible about the transition with their MSCs and the new CCO.

What communication is OPWDD developing for families and MSCs regarding this change? OPWDD has done a number of trainings and public forums to ensure families are aware of the changes, and they have made available both online and in person various informational Q&A's on the CCO transition. They are also implementing a hotline for families to access with their concerns about the continuity of MSC services that will cover the period leading up to July 1, 2018 and for the first six months of the new system.

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Will I have a job after July 1, 2018? There are many positions that the newly created CCOs will need to fill to ensure they can meet New York State requirements to begin operations. Part of the plan for transitioning to care coordination includes a "grandfathering" of current MSCs to ensure they will successfully transition to fill many of these positions within the new CCOs. You should work with your supervisor and HR department to find out how your agency is handling this transition. Effective 7/1/18, each CCO will be the employer of care coordination staff. CCOs will decide whether they directly employ care managers or contract with current MSC agencies for staff. It is important to note that the option of not directly employing former MSCs through the former MSC agencies ends on 7/1/19. CCOs may choose to go to the direct employee model as early as 7/1/18 and any time throughout the 1 year period (7/1/18 -7/1/19); either way, CCOs will be the employer of care coordination staff effective 7/1/18.

How will I know/be assured that the benefits, salary, and culture of the new CCO will meet my needs? Each CCO will create their own salary structure and benefits package which will address each of these items, trying to best assimilate multiple benefits and salary models that exist in current MSC provider agencies. This is an extremely complex process that will in most cases not reflect exactly any one of the agencies' benefit and salary structure for MSCs. Each employee will need to assess the salary/benefits structure under the new CCO to determine whether they wish to continue in that career path.

I have heard my caseload will be more than doubled under the new CCO structure – is that correct? What are the caseloads expected to be? The models for CCO reimbursement have been developed using a maximum of 42 people and a minimum of 26 people, dependent upon the mix of acuity in the people being supported. There is also the cap of 20 for Willowbrook and others in Tier 4. However, these are not requirements but rather guidelines.

How many CCOs will there be that I might work for in my area? In their new roles at the new CCOs, current MSCs can only work for one CCO. There is a goal of offering at least two CCOs in each part of the state; in areas where population density is minimal and two CCOs would not be fiscally viable, there may only be one CCO in operation.

The care manager job responsibilities seem broader than my current MSC duties – will I be trained to do the new job? To what degree is my experience being counted toward the requirements of the new position? CCO care manager qualifications will be waived for existing MSCs who apply to serve as care managers in CCOs. The CCO will be required to provide health home (HH) core services training for current MSCs that transition to the HH program and do not meet the minimum education/experience requirements. That training shall be provided within six months of the start of the care coordination program. It is anticipated that most MSCs and supervisors will transition to care manager roles.

What happens to the accrued retirement and other benefits I had with the agency that no longer will provide service coordination? Each CCO will create its own benefit package. Based on those plans, each agency will need to identify for their current MSC employees how the retirement and other benefits will or will not be transferred to the new employer, the CCO.