



New York State Office for People With Developmental Disabilities (OPWDD) Managed Care Assessment:

Final Report Summary

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Section 1 Background

The Guidehouse team, comprised of IDD, service delivery, managed care, and long-term services and supports subject matter experts, evaluated the New York State Office for People With Developmental Disabilities' (OPWDD) service delivery system to provide recommendations regarding a potential transition to managed care or another payment model that aligns with OPWDD's strategic goals and objectives to best serve the needs of people with intellectual and developmental disabilities (IDD).

The Final Report does not include an in-depth financial analysis of managed care as a payment model for OPWDD, or on the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) program that OPWDD currently oversees, nor does it include the design of a managed care model. The engagement was structured to assess managed care as an option to improve the OPWDD system of services by examining the experiences and expertise of other states, national experts, and various stakeholders. The recommended considerations for managed care Guidehouse is providing to OPWDD should be further evaluated for financial viability and feasibility through collaboration with the Department of Health (DOH) and the Division of the Budget (DOB).

Our assessment included the completion of an Initial Report that included an overview of the current delivery system in New York and how managed care is used today and a Final Report that included findings from the stakeholder engagement and data analysis we conducted, and recommendations based on our findings.

The Initial Report is publicly available at: <https://opwdd.ny.gov/system/files/documents/2023/01/nys-opwdd-managed-care-assessment.pdf>.

Section 2 Assessment Methodology

1. **Stakeholder Engagement (e.g., Townhalls and Focus Groups, Interviews, Surveys, and Stakeholder and Advisory Board Presentations):** Guidehouse conducted the following stakeholder engagement to share information with stakeholders on the managed care assessment, to better understand how the current service delivery system is serving people with IDD and how the current system can improve, and to assess stakeholders' understanding of managed care.
 - a. *Six* Townhall and Focus Group discussions with **People with IDD, and their Family Members**
 - b. *Two* Townhall and Focus Group discussions with **Providers and Care Coordination Organization (CCOs)**
 - c. *Eight* **Provider Organization and Managed Care Organization (MCO)** Interviews
 - d. Surveys with **People with IDD and their Family Members** (1,706 survey responses)
 - e. Surveys with **Providers** (516 survey responses)
 - f. *Ten* **OPWDD Leadership** Interviews
 - g. *Six* **Stakeholder and Advisory Board** Presentations
2. **Data Analysis:** Guidehouse reviewed the National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) In-Person Survey (IPS) data to better understand how New York and peer states are performing on NCI quality-related measures.
 - a. Guidehouse selected 24 total indicators that aligned with OPWDD's Strategic Goals and determined the performance of each state and service delivery system by comparing its performance with the weighted national average. The weighted national average considers responses from all states with data reported, not just New York and peer states.
 - b. Limitations include:

- i. Although the COVID-19 pandemic likely had some impact on survey participation and results, prior data were either not collected or did not encompass the broader populations that OPWDD serves.
 - ii. Each state addressed COVID-19 in a unique manner, which is important to consider when comparing data from different states.
 - c. Given the limitations in survey intake and the varied approaches to service delivery during COVID-19 across different states, our comparison does not directly compare indicators between states. Instead, we focus on examining overarching themes across different service delivery systems.
3. **Peer State, Managed Care State, and National Expert Interviews:** Guidehouse conducted 10 interviews with peer states and states with managed care for their IDD population, and 5 interviews with national experts to better understand best practices and national trends including how states are currently implementing managed care and other payment models for people with IDD.

Section 3: Current State Assessment

1. **Overview of the current service delivery system in New York.**
 - a. **Topics include:** OPWDD populations, Care Coordination Organizations and Health Homes, and the History of Medicaid Managed Care in New York State.
2. **Findings from stakeholder feedback** (e.g., Townhalls and focus groups, surveys, and interviews) on how OPWDD can improve the current service delivery system.



What is working?

- Some people have had a positive care management experience because they were able to find a care manager who met their needs and supported them for a long period of time.
- People with I/DD expressed that community habilitation or personal care, day services, residential and family support services assist them in meeting their goals.
- People with I/DD and their families value the self-direction program because they are able to receive care in the manner that they prefer.



What is not working?

- People with I/DD experience barriers to accessing care, including provider shortages and lack of trained providers, complicated administrative processes, and long wait times to get approved for services.
 - Accessibility is worse for those with complex needs and those living in rural areas.
 - People have difficulties finding a consistent provider for medical care and have been denied hospital care due to their disabilities.
 - People have been denied care due to high behavioral needs.
 - People with complex needs seeking dental care experience long wait and travel times.

3. **Findings from the 2021-2022 NCI-IDD IPS data review.**

Our analysis of NCI-IDD IPS data does not clearly indicate whether managed care performs better or worse than other models as there are multiple limitations as mentioned in Section 2.

- a. While differences in states and limitations prevent a conclusive comparison, if peer states with similar models generally are consistently scoring above the national average in the same indicators, there is potential to learn from the best practices of these states. But, in our analysis, there is a lack of consistency in state performance across indicators to be able to determine if FFS or managed care models perform better.
 - b. It appears programs' quality is not directly tied to the payment model. Other factors that could impact performance data outcomes are the intentionality and policies of the states, the level of involvement of state agencies, and the oversight and enforcement of managed care.
4. **Interviews with OPWDD leadership** focused on how the current service delivery system can be improved. *Key themes include:*
- a. There is a need for improved collaboration across state agencies, removal of duplicated work, consideration of cultural implications, an indication that the Office is prepared for overall system changes.
 - b. There is clear alignment with OPWDD leadership and adherence to the OPWDD 2023-2027 Strategic Plan goals and objectives. Common themes observed were workforce shortages, health equity, and provider capacity.

Section 4: Future State Assessment

1. **Findings from stakeholder feedback** (e.g., Townhalls and focus groups, surveys, and interviews) on what is important to stakeholders regardless of the service delivery system and/or payment model and their understanding of managed care.

Thoughts on Managed Care

- Stakeholders shared that managed care could speed up processing and approval of certain services, especially if regulatory flexibilities and the opportunity to innovate are encouraged.
- Other stakeholders do not believe that managed care will make the current system better and are worried that it will worsen existing problems, such as workforce shortages and administrative processes.
- Stakeholders are worried that MCOs will not know how to support people with I/DD and will limit access to services.
- Stakeholders are concerned about how capping payment rates in a managed care system could increase the staffing challenges.
- Stakeholders are concerned about MCOs' administrative costs impacting provider payments.

2. **Best practices and lessons learned from peer states, managed care states, and national experts.** *Key themes include:*
 - a. Stakeholder engagement early and often is important regardless of the type of system changes. For managed care specifically, a working relationship between the State and MCOs is key to programmatic development and success.
 - b. Specialized and flexible programs that deliver services to the IDD population can be successful if the MCOs involved have experience working with the IDD population.

Section 5: Recommendation

1. **Programmatic Improvements:** OPWDD needs to continue to build on the goals of the Strategic Plan and address stakeholder concerns regardless of any changes to the service delivery system. Stakeholders (People with IDD, Families, Providers, and CCOs) shared areas of improvement that were aligned with OPWDD's Strategic Plan. OPWDD has already included these areas of improvement and corresponding action plans to address them in their Strategic Plan.
 - a. *Access to services was the chief concern that stakeholders shared:* Stakeholders shared challenges that impact access to services which include provider shortages, extensive application process for services, and long wait times for approval of services.
 - i. OPWDD has several goals outlined in the Strategic Plan to address access to services for people with IDD including increasing access to meaningful employment and day activities, making regulatory and policy changes to improve health equity and access, and improving capacity to serve people with complex needs.
2. **Managed Care:** Guidehouse does not recommend a transition to full managed care for the whole OPWDD service delivery system. However, should OPWDD decide to implement managed care, Guidehouse recommends first assessing the financial viability and feasibility of implementing a partial managed care model, including the following:
 - a. *Services Provided:* Physical and behavioral health services only. Behavioral health services include mental health, social work support, intensive behavioral health, and services offered by Article 16, Article 28, and Article 32 clinics.
 - i. **Long-term services and supports would remain in the fee-for-service model through the CCOs.**
 - b. *Populations Served:* Mandatory enrollment for non-dual eligible people with IDD (i.e., Medicaid only, without Third Party Insurance (TPI)), who are not currently enrolled in Mainstream Managed Care (MMC) would be necessary to ensure sufficient enrollment to support capitated rates.
 - c. *Implementation Considerations:*

OPWDD should:

 - i. Explore financial viability and implementation feasibility further, in collaboration with DOH and DOB.
 - ii. Conduct a procurement process for potential MCOs that serve people with IDD to ensure selection of qualified MCOs with demonstrated IDD-specific experience and appropriate network development. This could also be preceded by the issuance of a non-binding Request for Information (RFI) for MCOs potentially interested in serving people with IDD to gather information and help inform program design.
 - iii. Use a phased-in approach to implementation starting with specific region(s) to allow for accumulation of valuable insights based on peoples' experiences.
 - iv. Conduct ongoing stakeholder engagement during the design phase of managed care implementation to identify additional criteria that MCOs would be required to meet as part of their contractual obligations to OPWDD. This should also include strategic outreach to assess the experiences and recommendations of the more than 38,000 people with IDD who are currently enrolled in Mainstream Managed Care (MMC) plans for their physical and behavioral health needs. The Office of Mental Health (OMH) and the Office of Addiction Services and

Supports (OASAS) should also be consulted for “lessons learned” from their transition from FFS to managed care.

- v. Require cross-collaboration between MCOs to address the geographical differences that exist in the State (e.g., Upstate vs Downstate).
 - vi. Require MCOs to partner with critical service providers who serve people with IDD, including community-based organizations, federally qualified health centers, and home-and community-based service providers.
 - vii. Incorporate services and supports for Health-Related Social Needs (HRSNs) that align with New York State Medicaid HRSN objectives.
 - viii. Proactively assume a leadership role in communication and delegation of responsibilities, including coordination with other agencies (i.e., DOH, OMH, and OASAS.).
- d. *Future Considerations:* As this report explains, managed care has demonstrated the potential to improve quality and coordination of care, including innovative models and program demonstrations that are currently underway in New York. Alternative approaches to comprehensively support the healthcare and long-term services and supports of people with IDD should continue to be evaluated and learned from by OPWDD and stakeholders as potential long-term options.