FREQUENTLY ASKED QUESTIONS
CARE COORDINATION

(Based on most current information: 8.23.17)

Background:

- In October 2016, OPWDD submitted to *The Centers for Medicare and Medicaid Services* in Washington, DC ("CMS") a transition plan towards Conflict Free Case Management ("CFCM") to comply with the Federal rule for Home and Community Based Services (HCBS) settings and person-centered planning.
- The plan, as all the provider agencies have been informed is that CFCM will be operational by July, 2018.

What is Conflict Free case Management (CFCM)?

- 80% of the agencies providing services to individuals with intellectual and developmental disabilities in NYS also provide Medicaid Service Coordination (MSC) services.
- The MSC function, and the present MSC staff, will transfer to new organizations being formed in regions throughout NYS. These entities, to be known as Care Coordination Organizations ("CCO's). The title and functionalities of MSC's will change to "Care Coordinators". New Hope Community has joined with over 20 other agencies in the Mid-Hudson region to apply for CCO status. We will become part of the *Mid-Hudson Service Providers, LLC.* , if approved.

How and where will the services be performed in the future?

- The CCOs are also known as Care Coordination Organization/Health Homes ("CCO/HHs").
- The "Health Home" terminology does not refer to a physical home, and this initiative does not concern residential services, except in improving the way individuals are assisted to access them.
- A Health Home (federal program) requires cross-system/wrap-around care coordination and enhanced information technology, and provides additional resources to help transform the service delivery system.
- Beginning in 2018, the Care Coordinator will no longer be employed by the agency providing the services.

What are the Care Coordination policy objectives?

- Provide a pathway to managed care, quality monitoring and value-based (AKA successful outcome based) payments;
- Individual choice and focus on person-centered planning;
- Ensure service continuity for individuals and families;
- Transition MSCs to Care Coordinators;
- Meet and maintain federal requirements for conflict-free case management;
- Provide tiered care management that responds to changing needs.

How will the policy be operationalized?

- Through CCOs which are expected to provide enhanced care coordination services:
    - Level of service tailored to each individual's needs;
    - Regionally based /community resources expertise;
    - Personal choice;
    - Build on traditional MSC role;
    - IT enabled
    - Data and outcome driven;
    - Consists of OPWDD providers coming together to establish integrated CCO's.

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What will be the top accountabilities of the Care Coordinator?

- The NYS plan is another way of managing services, adding features to the service coordination provided today by MSCs.
- Coordination of the OPWDD services will mean that an individual will have a single "Life Plan".
- These other services will include health and wellness services, behavioural health and medication management services not currently coordinated by MSCs.
- Serve as intermediary between the provider (s) and the Managed Care Organization (MCO) which will issue payment for services rendered by the provider.

What will happen to our MSCs?

- The state's high priority, and ours, is to ensure that all MSCs successfully move over into the new CCO structure. Their role is essential to the delivery of care coordination services.
- We understand that there will be educational opportunities for them to develop new skills, as may be necessary, to provide professional level care coordination services.
- Will they have to move from their present offices? Providing the individuals with choice is essential thus it may not make sense for them to move. This is all under evaluation.

How does all of the above work/coordinate with Managed Care?

- CCOs can apply to become, or affiliate with MCOs to move to managed care as early as 2018.
- It is expected that there will be a 5 year transition to managed care.
- High emphasis on ensuring that individuals have a choice of managed care plans AND assess satisfaction and outcomes.

Where do we go from here?

- September, 2017---Formal application released to each potential CCO applicant.
- End of December, 2017---Approve/disapprove CCO regions as proposed.
- January – June, 2018---CCO network readiness activities.
- July, 2018---Initiation of care coordination

Ways to keep informed of changes/progress:

- We will keep any updates and resource material on our website: **NewHopeCommunity.org And FACEBOOK**
- As necessary we will reach out to you as may be helpful to you or your loved one.
- Refer to the OPWDD website: **https://opwdd.ny.gov/**
- **PLEASE KNOW THAT WE ARE IN TRANSITION IN THIS NEW SERVICE DELIVERY PLATFORM AND THERE ARE/WILL BE ONGOING CHANGES.**
- **OUR GOAL IS TO KEEP YOU AS INFORMED AS POSSIBLE.**
- **THERE ARE NO BETTER ADVOCATES THAN FAMILIES, THUS WE MAY CALL UPON YOU TO REACHOUT TO LEGISLATORS AND REGULATORS.**

End.

FILE: "FAQ Care Coordination 8.23.17"