

Intellectually/Developmentally Disabled Clinical Advisory Group Recommendations on VBP Arrangements

OVERVIEW

On December 20th, the New York State Department of Health (DOH) posted a report on the Intellectually/Developmentally Disabled (IDD) eligible subpopulation from the IDD Value-Based Payment (VBP) Clinical Advisory Group (CAG).

The report describes the proposed VBP arrangement design and summarizes VBP quality measures for total care for the Medicaid IDD-eligible subpopulation. This document summarizes aspects of the IDD CAG report.

The report is available [here](#). Public comments will be accepted at dsrip@health.ny.gov through January 20th.

IDD CAG RECOMMENDATIONS

The IDD CAG held a series of meetings on the IDD subpopulation. The CAG discussed key components of the IDD VBP arrangement, including members and services to be included in the VBP arrangement and selection of relevant quality measures.

Members and Services Included in the IDD VBP Arrangement

IDD individuals who receive Office for People with Developmental Disabilities (OPWDD) services funded by Medicaid are to be included in the IDD VBP arrangements. The IDD VBP arrangement is intended to be a total cost of care arrangement, which would include primary and acute care as well as OPWDD specialty services (e.g. – supported employment, day services, residential supports, and Home and Community Based Services).

Typically, savings generated by preventing avoidable hospitalizations and providing better primary care for dually eligible IDD members result in savings for Medicare that cannot be captured by Medicaid providers. To this end, the State intends to create additional quality incentive initiatives to reward providers who generate such savings.

IDD Quality Measures

The IDD CAG reviewed current and new outcome measures that will be used to measure quality for the IDD subpopulation under VBP arrangements. Since many of the services provided by OPWDD fall outside the realm of healthcare, the advisory group incorporated nontraditional quality measures drawing from those used in the IDD field, such as Personal Outcome Measures (POM) and Medicare ACO measures. Measures have been sorted into three categories and assessed based on their clinical relevance, reliability and validity, and feasibility. During the CAG review, the third category of measures was eliminated as such measures were determined to be insufficiently relevant, valid, reliable and/or feasible.

Category	Definition	Examples of Measures
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Category 1	<ul style="list-style-type: none"> • Approved process and outcomes measures that are felt to be clinically relevant, reliable and valid, and feasible. 	<ul style="list-style-type: none"> • People Choose Where and With Whom they Live • People Participate in the Life of the Community • People Have the Best Possible Health • Preventive Care and Screening
Category 2	<ul style="list-style-type: none"> • Measures that are felt to be clinically relevant, valid, and probably reliable, but not feasible. • Category 2 measures will likely be investigated during pilots but will likely not be implementable in the immediate future. 	<ul style="list-style-type: none"> • Antipsychotic Polypharmacy Monitoring of three or more agents • Psychotropic Polypharmacy Monitoring
Category 3	<ul style="list-style-type: none"> • Measures that were decided to be insufficiently relevant, valid, reliable, and/or feasible. 	<ul style="list-style-type: none"> • People are Connected to Support Networks • People Live in Integrated Environments • Improvement in Eating

A complete list of over 50 measures can be found [here](#).

The CAG will re-convene once the transition to managed care for OPWDD services is underway to review and revise the design of the IDD VBP arrangement and the Category 1, 2 and 3 measures based on the experience in NYS during the pilot phase.