

Workforce Crisis

For our loved ones, the workforce crisis is personal. The workforce is the cornerstone of services and supports. Without Direct Support Professionals nothing happens – no programs, no respite, no care. Vacancies put lives at risk. Vacancies mean inadequate supervision, and broken promises of services approved but not delivered. Vacancies mean activities have to be cancelled.

Turnover isn't just losing staff. Turnover is losing people who understand you, who understand the care you need, and care about you. It is inhumane to force a person who is dependent upon others for the most personal care (feeding, bathing, toileting) to have a steady stream of strangers provide that care.

- ❖ Individuals, Families and Providers are in CRISIS – **THIS IS A SAFETY ISSUE.**
- ❖ Our family members are at significant risk for health issues & serious injury including death
- ❖ The work done by Direct Support Professionals is LIFE GIVING. It cannot and should not be compared to retail or fast food.
- ❖ We are facing the highest turnover & vacancy rates NYS has ever experienced. See stats attached
- ❖ **The difference in wages paid for State employees vs Voluntary employees is unconscionable.**
- ❖ People with intellectual and developmental disabilities deserve a safe, happy, healthy and productive life.

Implementation of Managed Care

We believe there is a need to SLOW down the transition to Managed Care. The CCO implementation is still underway and has encountered many stumbling blocks. Without technology working flawlessly so that information is available for planning, Managed Care organizations will not be able to be successful. This adds stress, having a direct and negative affect on individuals with intellectual and developmental disabilities, and on the people who love them.

- ❖ Using historical data to establish rates doesn't take into account the under utilization documented over the last few years as a result of the growing workforce crisis. There is a significant difference in "approved" vs "delivered" and it has great rate implications. It's imperative that this discrepancy be considered in rate setting.
- ❖ The administrative costs of an MCO (typically 10-12%) should NOT come out of resource budgets, established to address the delivery of needed services (residential, day, respite, transportation). Budgets for direct services are not keeping pace with increasing need, and they do not provide the resources to adequately train staff who serve individuals with complex health or behavioral needs.
- ❖ The concept of capitation is based on medical models of patient care. Having a lifetime developmental disability is more than medical care, it is about the long term supports and services needed to have a safe and meaningful life.
- ❖ What plan for reimbursement will be in place to ensure that people with high needs aren't rejected or neglected and to ensure that those with behaviors don't become a threat to others as a result of inadequate training or supervision?
- ❖ How and when will VALID value based measures be developed. Who determines the validity?
- ❖ What specific successes have been achieved with the transition of other special populations into managed care?

Data Needs for System Health Assessment

A vital measure is the ratio of Services Delivered over Services Approved. NYS DOH has given SWAN a summary extract of MAPP data on service delivery from Calendar Year 2016, by county and by service category. The next two top priorities **are crucial for the transition to Managed Care, MAPP should include**

1. **services approved.**
2. **acuity.**

Eventually, the full set of reports will provide the advocacy community and OPWDD with excellent insight into the efficacy of the service delivery system.

