

Workforce Crisis

For our loved ones, the workforce crisis is personal as DSPs are the cornerstone of services and supports. Without Direct Support Professionals nothing happens – no programs, no respite, no care. These vacancies means inadequate supervision which puts lives at risk, not engaging with the community and the broken promise of services approved that can't be delivered. Vacancies mean activities have to be cancelled.

Turnover isn't just losing staff, it is losing people who know you, know what care you need, and care about you. It isn't right 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 especially if you cannot clearly articulate your needs.

- ❖ Individuals, Families and Providers are in CRISIS – **FOR US THIS IS A SAFETY ISSUE.**
- ❖ Our family members are at significant risk for medical mistakes & serious injury including death
- ❖ The work done by Direct Support Professionals is LIVE GIVING. The job is not the equivalent of 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 many are encountering stumbling blocks. Without technology that works flawlessly and accurately, the data available for planning will be invalid so how can this be successful? This will have a direct and negative affect on individuals with intellectual and developmental disabilities, and on us, the people who love them.

- ❖ Using historical data to establish rates doesn't take into account the underutilization of services over the last number of years because of the workforce crisis. There is a significant difference in "approved" vs "delivered" and this has great rate implications. It's imperative that this discrepancy be considered in rate setting.
- ❖ Managed Care Organizations must answer to our loved ones, not shareholders. Please protect us from MCOs whose business goal is profit, not caregiving
- ❖ The administrative costs of an MCO (typically 10-12%) should NOT come out of resource budgets, which are established for the delivery of actual services (residential, day, respite, transportation). Budgets for direct services are not keeping pace with increasing need, and do not account for the need to adequately train staff who serve individuals with complex health or behavioral needs, especially with the constant turnover
- ❖ Capitation is based on medical models of patient care. Having a lifetime developmental disability is more than medical care, it means needing long term supports and services to have a safe and meaningful life.
- ❖ What strategy is there to ensure that people with high needs aren't rejected as too costly by providers, neglected, placed in inappropriate settings or become a threat to others as a result of poor training or supervision?
- ❖ How and when will VALID and appropriate 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 of services 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 top two 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.