



Cerebral Palsy Associations  
of New York State

*Real people. Realizing potential.*



August 30, 2019

Honorable Theodore Kastner, MD  
Commissioner  
NYS Office for People With Developmental Disabilities  
44 Holland Avenue  
Albany, NY 12229

Dear Commissioner Kastner:

On behalf of providers supporting people with disabilities in all parts of New York, we write to clarify our position on the State's move to managed care for the 140,000 people with intellectual and developmental disabilities.

New York State has been working to transition to Medicaid managed care for all the populations covered under Medicaid for almost a decade. When the provider community was first asked how best to transition people with intellectual and developmental disabilities into Medicaid managed care, we identified the need to ensure that the advances of the past 70 years were not compromised and that high-quality supports and services would continue to be available across the state. To that end, we continue to advocate that the specialized knowledge of the unique needs of the people we support must be incorporated in the care management and utilization review of any managed care plans authorized in New York State.

While initially there was widespread doubt and questions about the impact managed care would have on the people and families currently supported by OPWDD and other programs, the provider community began working with our state partners over the past two years to ensure the transition would be successful. Providers have generally defined any successful implementation of managed care as a system that includes assurances that people with disabilities and their families will continue to be able to receive needed supports and services in all parts of the state through a person-centered planning process.

We all agree that managed care should not result in a reduction in supports and services due to unavailability of needed programs, unreasonable utilization review criteria or a diversion of current financial supports for services to pay for the cost of implementing managed care. Instead, managed care should enhance inclusion, person-centered planning and equity in access to health care and DD services.

The key to achieving this goal is an effective care coordination that will move us beyond the "silo" approach to accessing services and help families and people with disabilities access supports across multiple systems. Furthermore, under the current fee-for-service system, a significant number of providers are in jeopardy of failing. Managed care should enhance, not jeopardize the financial viability of providers. Otherwise, there is a real danger that people with disabilities and families in all parts of New York will not be able to access services.

We believe that it is important for the State to stay on track with its managed care plans to ensure continuity of quality supports and services. Providers have committed significant resources to prepare for this change. The partnership of the State and the current provider network has been a critical factor in New York becoming a national leader in ensuring needed supports and services are available for our most vulnerable citizens and their families. The move to managed care offers another opportunity for success.

Therefore, we ask that you build upon that partnership between the State and the I/DD providers by (i) supporting and stabilizing the existing network of I/DD providers; (ii) insuring that the administrative costs associated with implementing managed care do not reduce provider reimbursement for programs; and (iii) ensuring MCO start up and ongoing administrative funds are taken from the global Medicaid cap in this move to managed care.

We look forward the opportunity to work with in the future you as we have in the past – on a partnership to success.

Thank you for your consideration,



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