

August 22, 2019

OPWDD

Attention: Commissioner Theodore Kastner

44 Holland Avenue

Albany, NY 12229

[theodore.a.kastner@opwdd.ny.gov](mailto:theodore.a.kastner@opwdd.ny.gov)

Re: Provider-Led MC

Dear Commissioner Kastner:

We write to you today on behalf of the many organizations represented below serving people with Intellectual and Developmental Disabilities (I/DD) in New York State. We write to express our position on the path forward for the service system that supports over 130,000 of the State's most vulnerable individuals.

In 2013, stakeholders and advocates from numerous organizations endorsed the goal of transitioning the system for the management and financial support of State funded services for individuals with I/DD from fee for service to managed care. However, that endorsement was conditioned on the approval of legislation, subsequently passed, that authorized the creation of specialized Medicaid Managed Care Plans led by providers with experience in delivering Home and Community Based Services (HCBS). This position resulted from a concern that entities with no experience in the provision of habilitative services and no demonstrable understanding of the unique nature of the I/DD population should not be delegated the responsibility for managing or paying for the care and treatment needed by these individuals. While cost control and ensuring appropriate service utilization are undoubtedly important, they must not come at the price of negatively impacting the individual's quality of life, which cannot always be measured in dollars and cents, or units of service.

I/DD service providers in our State have a long history of trust with individuals receiving services and their families. A specialized managed care program was developed precisely because of this history, which was, and still is, the best way of ensuring the highest quality services and payment methodologies which support outcomes so important to our loved ones. Provider-led plans will be sensitive to the unique nature of the people we serve and their history of marginalization, substandard health care, inadequate and unequal access to services.

There are numerous ways in which a fully integrated managed care program could have a positive impact on the lives of the people we support in our programs. For instance, the confines of the current siloed fee-for-service system make it impossible for providers to innovate in the way they deliver their services, and managed care can offer opportunities for providers to try new service and payment models and employ new technologies. Without managed care, the ability to reinvest savings into provider programs to enhance quality, serve new members and enhance the workforce simply does not exist. And, perhaps most importantly, the current system leaves parents and loved ones navigating multiple systems for service authorization and access without support, at times unaware of programs that may benefit them, and often in times of crisis, which can result in often more expensive and less helpful responses to an individual's needs. Managed care, when implemented and overseen by an organization knowledgeable of the population, offers a single point of access; greater support in accessing

services much faster than in fee-for-service Medicaid; and can provide incentives for robust, solution-focused care management and crisis response. This point is made very clearly in the example being utilized by OPWDD where waiver services, such as community habilitation, are being utilized in place of other more appropriate services such as home care and personal care that are funded through DOH. Single point of access through managed care will ensure the true coordination and utilization of the appropriate services, in the right amount and at the right time, to meet a person's needs.

Some suggest that the process of creation of these specialized managed care plans has somehow been rushed or without enough discussion with stakeholders. To the contrary, managed care for individuals with I/DD has been part of the State's policy vision and the subject of stakeholder engagement for nearly ten years, since the Governor's Medicaid Redesign Team recommended care management for all Medicaid recipients in 2011. Throughout these last eight years, the State, Specialized I/DD Plans-Provider Led (SIP-PL) applicants and Care Coordination Organizations (CCOs) have hosted numerous forums, listening sessions, small stakeholder groups and other means of achieving input into what matters most in managed care to the individuals served and their members. Stakeholder engagement has been critical in shaping policy and design in beneficial ways, including the preference for I/DD provider-led plans.

Others have said that we need to get care coordination through the CCO's right before moving to fully integrated managed care. However, the CCO's were only envisioned as a single short-term step in the move to managed care. The promise of true care coordination can only be achieved if the CCO has a direct relationship with the payor of all services, the managed care organization. In isolation without that direct relationship, the CCO has little ability to truly influence most outcomes.

In the preliminary application for SIP-PLs and in on-going conversations, the State had indicated that the CCOs should either be prepared to apply to become a SIP-PL themselves or align with a qualifying managed care plan. The seven CCOs have been preparing for that to happen as part of the transition to managed care and have and will continue to invest resources to the extent possible (financial, human capital, etc.) to assist with the cost associated with start-up and administration of the SIP-PLs. Any remaining start-up and administrative costs **cannot** be taken from funds currently utilized for supports and services, but rather are expected to be covered through the global cap as authorized in the 2018 NYS Budget as passed by the Legislature and Governor or, if necessary, through State administrative cost savings associated with the managed care plans taking on most of the State's work. Any attempt to use funds currently utilized for supports and services will result in the creation of a financial crisis that will rapidly and irreparably damage the service system, before any positive outcomes can be derived from managed care.

The current fee-for-service system and models of support and services for individuals with I/DD is broken and is at a major crossroads. A considerable number of OPWDD service providers have failed and others will continue to do so under the current system. This is a system that is not sustainable.

So much is at stake in ensuring that the next steps forward for our service system remains ever focused on building on the decades-old partnership between the State, service providers, individuals, family members and advocates in support of enhancing an individual's quality of life. While fear of change is understandable, we must move forward with provider-led plans and continuing to delay the coming of integrated, payor and provider-aligned care, only further exacerbates the problems with the current system, where providers are collapsing and quality is slipping away on a daily basis. The State must stay the course on the pathway to an integrated provider-led managed care program that has already been planned, designed, supported and begun.

We welcome the opportunity to work with you in continuing into the future in a way that honors our commitment to our individuals and families about the provider-led nature of managed care in our system, one that offers them the best opportunity to realize the benefits of integrated services.

Sincerely,

ADAPT Community Network

Care Design NY

CDS Life Transitions

Hamaspik of Kings County, Inc.

Hamaspik of Orange County, Inc.

Hamaspik of Rockland County, Inc.

Nassau AHRC

NYSHA, Inc.

Partners Health Plan

Prime Care Coordination

The Arc of New York

Tri-County Care

Young Adult Institute, Inc.

Partnerships for Healthcare Solutions, Inc.

AHRC Nassau County

AHRC New York City

AHRC Suffolk

Arc of Rockland

Arc of Westchester

New York Integrated Network for Persons with Intellectual and Developmental Disabilities

Access: Supports for Living, Inc.

Association for Neurologically Impaired Brain Injured Children

Birch Family Services, Inc.

Brooklyn Bureau of Community Services

CP Unlimited

HeartShare Human Services of New York

Human Care Services for Families & Children, Inc.

Institutes for Applied Human Dynamics, Inc.

Lifespire, Inc.

Metro Community Health Centers, Inc.

Services for the Underserved, Inc.

Westchester Jewish Community Services

Cc: Paul Francis and Donna Frescatore