



We understand that New York State has chosen Managed Care as a way of improving health, improving the quality of services and reducing overall costs. These are noble objectives, but “Managed Care” is a Medical model that so far has not achieved this for of people with Intellectual and Developmental Disabilities at all.

We urge the Commissioner to slow down this process and determine if Managed Care works for our population based on real data. We understand that there are already more than 20,000 individuals with I/DD being served for their medical needs under a Managed Care program in NYS. However, the success as it relates to quality and improved medical care while reducing costs remains unclear. We feel strongly that the data representing these people be closely evaluated to determine if, in fact, their health and quality of medical care has improved and has generated savings.

If the data shows that having people with I/DD enrolled in MCO’s for their medical care, achieve the above stated objectives; the path forward could include a phased approach for medical care in an MCO for all people with I/DD across NYS. There should be a choice of provider networks, and a commitment to provide higher quality of medical care at a reduced cost. Otherwise there is no reason to move forward with this model.

Only after an effective transition for medical care is accomplished, with published metrics on the success, should additional services be considered for inclusion under Managed Care. Every service should be at scrutinized as to the merit of such a change, does it increase quality, and save money. Furthermore if there are savings they must be reinvested into the system that supports people with I/DD and it is essential that the administrative or infrastructure costs NOT come out of the money allocated by the state to provide actual services and supports to individuals with IDD.



In addition, in order to not perpetuate the inequity that exists between individuals served by the state and those served by the voluntary, people served by State Operations should also be included in any consideration of implementation of Managed Care at every level of service.

Energy and resources would be more usefully directed at the following:

- Workforce Crisis – this continues to be individuals and families #1 concern. Providers are struggling to attract and retain a quality workforce as a result of the lack of adequate compensation. Unless a DSP is employed by the state, wages do not reflect the work performed; the life and death decisions they face and the care that direct support professionals provide day in and day out. Until there is a serious plan to address this issue, nothing else matters.
- CCO's – We are still dealing with the rocky and incomplete rollout of Care Management through Care Coordination Organizations. Continued improvement and attention is required to insure that CCO's are fulfilling their mandate to help families negotiate supports and services with the addition of managing medical care. It is essential to validate the accuracy of the various new assessment tools or rates and capitation will be off

In summary, we urge the Commissioner to slow down moving the IDD population to Managed Care for medical care and to take a hard look at whether moving Long Term Supports and Services should be included in Managed Care at all. Slowing down and reassessing is the only way to ensure the transformation is successful in serving the needs of the IDD population.