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**Need for 24-hour Residential services:**

No one disputes the tremendous need for 24-hour residential services. Theoretically, individuals can still get 24-hour residential services, but only if they are priority 2 and only if they are approved by Albany as well as by their regional DDRO. There is no room for crisis prevention, no room for the families who don't complain but can barely hang on. Families who are offered a backfill feel they must take even a bad placement because the opportunity may never come again. Person-centered planning is an oxymoron here.

This has to change. OPWDD cannot forever deny the reality that sooner or later most people will need some type of out-of-home residential services. Huge amounts of community hab and respite hours will simply delay what is inevitable. OPWDD needs to remove barriers to residential development—increase scandalously outdated rental AND PURCHASE thresholds—and fight with us for dedicated funding for development of 24-hour residential services.

**Managed Care:**

Families' greatest fear about managed care has always been that if managed care organizations do not receive sufficient funding, people will be denied needed services. Fiscal resources are already inadequate, and no one is holding out hope of increases.

To make matters worse, we now hear that managed care will not be managed by DISCOs—developmental disabilities agencies who know and understand the service needs of people with developmental disabilities and who are experienced in providing those services. Instead, DISCOs will be subordinate to managed care insurance companies that will conduct the assessments of our children's needs and make the determinations about which services and what levels of service to authorize.

This is a terrifying prospect: that generic insurance companies, probably for-profit companies, with no understanding of people with developmental disabilities and their service needs, would control the allocation of resources. In their ignorance of the needs of our population, insurance companies would base their decisions on what they do know: medical necessity and medical cures, rather than habilitative and long-term service needs. If overall funding is not sufficient, and in the interests of their bottom

line, such managed care entities would limit or deny services, especially for those with complex needs; moreover, they would impose cuts that would erode the quality of services and suppress the already inadequate salaries of direct support professionals.

This new plan is in direct contradiction of the ideals of person-centered services, POMs, and the entire transformation agenda.

People more knowledgeable than I contend that we already have managed care: Through the Front Door, OPWDD already manages eligibility, assessment, and authorization of services. OPWDD has achieved the goal of managing care the right way—by developmental disabilities professionals—while avoiding the perils of for-profit companies and medical models.

What remains to be done is to bolster the OPWDD Front Door staffing and to streamline the process so that the individuals can receive needed services in a timely fashion. This of course takes additional funds. But these funds must be additional, not money taken from services.

Families are counting on the Transformation Panel to strongly oppose this new plan. We urge OPWDD to abandon it.

Thank you for the opportunity to testify.