83 Maiden Lane, New York City, NY 10038
ph: 212.780.2500 | fax: 212.780.2353
TTY: Dial 711 and ask for 212.780.2500
www.ahrcnyc.org

Angelo Aponte, *President*
Gary Lind, *Executive Director*

Comments on the 1/8/2016 Draft Recommendations of the OPWDD Transformation Panel

GENERAL OVERVIEW:

As a transformational approach, the recommendations are underwhelming and offer mostly high level concepts that taken at face value, would be difficult to argue against. The fact that it offers few tangible approaches or details makes it uninformative and not at all "transformational". Where details are offered (mostly in the appendix) they are largely a "to do" list and some of them (particularly related to managed care) are a BAD to do list. As a blueprint lacking in specificity, it is difficult to refer to it as transformational.

The stated approach to Managed Care is one case in point. The field knows that Managed Care is coming; we just want to make sure it recognizes the unique needs of people with IDD and does not follow the medical risk approach that has failed miserably across the country for IDD services and supports.

MANAGED CARE:

While touting the IDD FIDA, the State is ignoring the principles embodied in its own IDD FIDA approach and is exploring a mostly typical Managed Care approach to IDD Medicaid Managed Care. The approach being recommended would rely upon a health insurance model that was never designed or intended to apply to habilitative and long term supports.

The model being discussed publicly proposes capitated payments to existing health insurance MCOs which would coordinate health care while contracting with an IDD conglomerate to coordinate habilitative and long term supports. Finally, all residential habilitation in certified housing would remain on a fee for service basis.

This approach is misguided in a number of ways:

First, instead of proposing a system that is designed to manage all of a person's needs, this approach splits the person into three parts; health/medical, non-residential habilitation and residential supports. Instead of the care coordination that could be achieved by managed care this design focuses on (and, likely guarantees) uncoordinated care. In addition, the approach of leaving existing residential supports as fee for service guarantees a more difficult process for any MCO trying to coordinate the support related to that part of a person's life.

Second, this approach puts Health Insurance MCOs in charge of all the funds, even though medical is only 14% of the total supports and habilitation is much more significant to the life supports that people with IDD rely upon. It also focuses the resource decision with entities that are risked-based and do much to avoid people with pre-existing conditions and are constantly "creaming" in order to generate their 12% (6% overhead; 6% profit). It also puts the funding in the hands of corporations that make care decisions based upon business statistics (such as dropping independent practitioners from their provider base) versus knowledge about the individual and consumer need.

Third, instead of streamlining overhead, this approach triples the number of entities requiring administrative and overhead funding without considering if any value is added through this excess overhead.

Finally, the report suggests that managed care and value based payments are the answers to parents' fears about the future for their loved ones. At best this is wishful thinking and suggests a cynical deafness to the questions being asked by families that relate to addressing the needs of their loved ones and their concerns about the stability of a system in turmoil. As a result, existing Medical MCOs and their practices are far from the answer that gives them comfort. Their track record, alone, belies that thought.

WORKFORCE:

The draft offers almost nothing when it comes to the issues surrounding the workforce, which is the major support element after the family. The document ignores the existing issues of recruitment and retention and avoids the issue of the Governor's minimum wage proposal as if the proposal doesn't even exist. The words "urge fair compensation" are not inspiring for a Transformational Agenda.

Any Transformational Plan that ignores the issues related to a well-trained, fairly compensated and stable workforce ignores the greatest threat to the continued delivery of supports to people with IDD across the state.

REGULATORY FRAMEWORK:

Under the heading of "Flexibility and Responsiveness" the report calls for streamlining regulations. The hypocrisy of this statement, in light of the onslaught of regulations, policy directives and administrative directive memoranda (ADMs) that are constantly being developed by the State, is incredible. Just to name a few, consider the Justice Center and the processes it requires, the article 16 clinics with the CONs and the latest Medicaid transporter enrollment requirements. In fact, during the past year there have been at least 20 more of these directives. Each one requires the establishment of new policies and procedures that must be developed and communicated to staff. In addition, staff then needs to be fully trained on each new directive.

True transformation would focus upon looking at the current regulatory framework and determining the value added by the mountains of requirements and paperwork. In addition, these unfunded mandates should also be looked at in light of the impact they have on staff's ability to provide direct support to the people they support. It is disappointing that the deliberations of this panel, which appropriately focused upon these concerns, were ignored by the authors of the draft.

ICF/IID:

Last, but not least, are ICFs, particularly those that support individuals with high needs. There are a number of people with severe medical conditions that have been diverted or moved from nursing homes into small community ICFs in various parts of the state. These homes are known

for the appropriateness and quality of care as well as their focus on providing community based experiences. While a small number of these people might be able to live in well-funded IRAs, there is a danger that eliminating their ICF home will force them back into nursing homes, which would constitute an Olmstead violation. Ignoring this issue, in the face of the State's current ICF Closure Plan calls into question the value of the Transformation Plan, itself.

In closing, if one were to attempt to grade this often misguided draft, the best one could hope for is an "incomplete." While many of the statements have some merit, it falls very short of the transformational guidebook it purports to be. Many of us hoped that the efforts of the transformation panel offered some potential for a modicum of rationality in the fractured efforts at transformation to date. This plan disappoints and requires serious alterations and much more detail before it can be considered a serious effort towards true transformation.

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Gary Lind
Executive Director
AHRC NYC