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OPWDD has opened the report from the Transformation Panel for public comment.

There is a great deal of ‘pie in the sky by and by’ to many of the ideas – but not a great deal of specifics which leaves it wide open when it comes to implementation, this makes it hard to comment.

Embedded in the document are several phrases that give me great pause and may open the door to terrible trouble.

“Develop strategies to infuse self-determination in all aspects of OPWDD” –this has great potential for tailoring services to the individual. This is all well and good for those who can, but this is not a program for everyone. In addition there must be some recognition that this may not be possible once there are no parents around.

“Implementing a comprehensive training for Front Door staff” –this is also a good idea but it also requires that there be enough people doing this. Having 4 well trained people when you need 8 does do not enough for the problems with the FRONT DOOR.

“Including the sharing of resources between families who choose to pool resources to meet their collective needs” - What are these resources? And sharing how?

The idea of Transition to a valued based payments system guided by stakeholders who help develop data driven quality measures,

Here is a quote from the report:

“ How can we use Managed Care and Value-Based Payment models to increase the accountability and flexibility of the system by rewarding providers for good performance instead of paying the same fee regardless of the outcomes for the person?”

- Managed Care so far has been strictly medical, there are no models for habilitation. Value-Based payment models do not work for people with ongoing issues, especially for people with very complex needs. In addition this presupposes that there is a way to measure ‘valued outcomes’. This opens the door for punishing providers quite arbitrarily.

Rewarding providers for good performance – it is hard to know what constitutes good performance in this field.

This is a very dangerous idea

“outcome-focused supports” – again, the word outcome is a dangerously vague word.

There is an assumption in the next phrase that I don't think we should accept as a given: "as we move away from group settings" – group settings here are not defined, There are many group settings that create a rich social life, whether residential or work. Being isolated is just as terrible as being institutionalized.

"by focusing on what works" – so far so good, need to explore what the definition of 'what works' as there are many who feel ICFs don't work, and but they do work for many people. Whose judgment wins in this situation?

"by measuring outcomes and rewarding providers who achieve results for people- platforms like value based payments work for everyone" - This dangerous idea rears its head again. It is likely to punish those who take care of the most involved

APPENDIX

Why infuse self determination in all aspects of OPWDD service delivery,
There are people incapable of this and don't want the responsibility, and there is no provision for when parents/guardian are no longer around.

"invest in targeted technologies to enhance the ability of families to get more assistance from natural and community supports" - could someone please explain what a 'natural support' is, again the lack of definition renders this useless.

"identify a funding source for new costs related to the start-up of managed care"
This is a big idea but what exactly does this mean? Grants?

"Incorporating health care services in care management from the outset" once again care management has only been successful for medical models.

"implement the new assessment tool and needs analysis" – This is almost a bombshell, what new assessment tool, has anyone seen it, how was it created – this is big news.