INTERAGENCY COUNCIL
of Developmental Disabilities Agencies, Inc.

June 25, 2020

Howard Zucker, M.D., J.D.
Commissioner
NYS Department of Health
Corning Tower Building
Empire State Plaza
Albany, New York 12237

Dr. Theodore Kastner
Commissioner
NYS Office for People
With Developmental Disabilities
44 Holland Avenue
Albany, New York 12229

Dear Commissioner Zucker and Commissioner Kastner,

The InterAgency Council, IAC, is pleased to provide our provider association's comments on the Draft NYS Medicaid Managed Care Organization I/DD System Transformation Requirements and Standards to Serve Individuals with Intellectual and/or Developmental Disabilities in Specialized I/DD Plans – Provider Led (SIP-PL).

The IAC is a membership association, incorporated in 1977, representing nearly 120 not-for-profit provider voluntary agencies providing services and supports to children and adults with special needs. Our mission is to provide the tools for our members to succeed and collaborate with them to make a better world for people with intellectual and developmental disabilities.

The association's comments are enclosed, initially through an Introduction and Overview, Principles and Recommendations followed by more specifics to SIP-PL Requirements and Standards as proposed in the draft document.

We appreciate this opportunity to comment.

Sincerely,

Thomas McAlvanah
Executive Director

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Comments & Recommendations on the Draft Managed Care Organization I/DD System Transformation Requirements and Standards to Serve Individuals with Intellectual and/or Developmental Disabilities in Specialized I/DD Plans – Provider Led (SIP-PL)

Submitted by the InterAgency Council (IAC) to the NYS Department of Health and NYS Office for People with Developmental Disabilities

June 25, 2020

The IAC again thanks the NYS DOH and OPWDD for this opportunity to provide comments and recommendations with regard to the "DRAFT Managed Care Organization I/DD System Transformation Requirements and Standards to Serve Individuals with Intellectual and/or Developmental Disabilities in Specialized I/DD Plans – Provider Led (SIP-PL).

Introduction and Overview

In 2011, New York State under the efforts led by Governor Andrew Cuomo, launched a Medicaid Redesign initiative that intended to allow for a better person centered system of services through quality innovation and improvements, the establishment and management of funding streams that support individual outcomes and better integration of long term care, primary and behavioral health care through care management. It was understood by the community supporting people with intellectual and developmental disabilities and also heard from thought leaders and other advocates, that the system of I/DD services needed to undergo transformation for the now nearly 130,000 people supported under the auspices of OPWDD. The course for the future at that time, with an uncertain economy, the increase in the number of individuals seeking entrance into services and the desire for more innovation and person centered supports, led to a rethinking of the role of state government, how to fund services better and to more people and attain long term sustainability for the I/DD system.

New York State's Office for People with Developmental Disabilities and the Department of Health began to implement its plan to improve the I/DD service delivery system using managed care to increase service flexibility, and transition through the development of the People First Waiver. Then in July 2018, with the support of the community of providers, OPWDD and DOH began its first steps to managed care with an enhanced care coordination model and the development of regional Care Coordination Organizations (CCOs), prior to moving to a full managed care model and a fully capitated rate.

And so the transition of over 100,000 New Yorkers with I/DD began, haltingly at first, but over time successfully transitioned to this new method of connection for people with I/DD and other health care providers, building their Life Plans and support services to meet their desired outcomes, all the while maintaining a person centered approach.

We all, people with disabilities, families and providers, were on our way to managed care as OPWDD was the last remaining Medicaid system to migrate to an MLTC model with hope of better outcomes and promised cost management needed for sustainability. Believing that we had crossed the threshold towards change, albeit uncertain, the provider community including the CCOs answered the challenge in the journey to managed care, while watching the system that had been showing signs of weakness despite the resource investment coming to our DSPs, still not fully delivered. What we have now is the quality of our services beginning to erode, with 10 years of underfunding, statutory increases removed and a fee for service model that doesn't respond to the increased spending to meet the needs of the population, an inefficient and imbalanced rate structure resulting in severe financial stress on the provider community. Many are going out of business or merging with others, as individuals served, and their families wonder about their future.

New York's system has a great deal to be proud of, from deinstitutionalization to community integration and the hope for greater inclusion. OPWDD, the families, self-advocates and the provider community have been working in partnership to achieve the promise that still lies in our collective mission; for people with intellectual and developmental disabilities, it is having the opportunity to become contributing members of their communities, enjoying equal rights and their own designed pathways for meaningful lives. But if our aim was to integrate other health delivery systems, including behavioral, medical and dental care services, (a much needed effort in coordination and execution for the population in question), and to provide the financial sustainability and manage the influx of those seeking services at the Front Door, we have only delayed unnecessarily what we set out to do to fully integrate our system.

It is time for OPWDD and DOH to lead the way on the path that was promised when we began: a fully integrated, statewide managed care implementation that can restore the financial stability and flexibility necessary to better manage the fiscal crises that currently result in provider rate reductions and doom for many of them. We must allow for a system that can better respond to the needs of the individuals supported and their families, and utilize the structure of the provider led entities, first demonstrated by the CCOs and now through this proposed SIP-PL transition. The seven CCOs are now the four emerging SIP-PLs who have been working as asked to ready for the next phase of implementation. It is our hope that for the 110,000 individuals now served, NYS DOH and OPWDD will begin to implement the program they told us to get ready for and begin enrollment into the fully integrated SIP-PL managed care plans.

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DOH and OPWDD must immediately develop the time line for implementation for all enrolments though an advanced phased-in process, but include all services and populations including residential in order to achieve a fully integrated model.

While each provider represented by IAC and other organizations may present a variety of viewpoints as to if, when and how we can manage this transition, we have come to acknowledge that the current system, as designed, is unsustainable. The Fee for Service model and continued practice of reducing rates and asking the voluntary provider community to sacrifice their financial stability in the name of efficiencies has reached its breaking point. We have been presented with the pathways to a better more integrated system for several years. If all these presentations were pointing to a more supportable and responsive system of services, then the time has come to develop the timelines with this transformation document and move the system to its ultimate destination in partnership with not only the provider led groups, but with individuals and families, so that they can count on a sustainable future system of services. We may not have all of the answers, but we can look to further building equalities in the funding for services, examine the State's own role in providing and regulating services, and explore the opportunities for innovative and integrated care systems that managed care has to offer through the provider led entities.

As IAC supports New York States effort to modernizing its system of services and supports, we believe strongly that transformation can only occur if in the establishment of SIP-PLs, the following principles are at the heart of any further development of guidance or standards:

Principles and Recommendations

I. OPWDD and DOH should establish an advisory group of parent/family members, people with I/DD and providers to participate in the transition that can assist in setting policies regarding the transition to a successful managed care environment.

II. A statewide Managed Care Ombudsman-Committee should be established to include all stakeholder entities and a formal process to review the transition, implementation and ongoing concerns within the managed system, insuring that all populations have an appropriate allocation of resources to ensure that their needs are met.

III. There needs to be a firm commitment that the establishment of managed care and its administration costs should not be taken from the existing OPWDD service delivery system, utilizing the foundation already created by the CCOs.

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IV. There must be assurance that any savings generated in the managed care environment be reinvested in the voluntary provider system for expansion of services, sufficient rates for operation and further investment in the DSP workforce.

V. Insure the preservation of service provision in all of New York State's regions, communities and neighborhoods, with special recognition of cultural competencies for all discrete populations, underserved populations due to language or ethnicities, including communities of color and Native Americans.

VI. Insure that individuals who present with complex needs, such as those with Physical and behavioral challenges, those with co-morbid conditions and those who are aging who may demand greater service time and resources, are granted the equal opportunity to receive needed specialty services as those who may present a less costly PMPM.

VII. Insure that the SIP-Pl have children's services experts that can focus on their health and clinical needs but most importantly an Education Liaison who would integrate with the care management function and overall be dedicated to the special education needs of any child in the plan.

VIII. Insure adequate support for the financially stressed provider community through additional support for the building of electronic health records and other IT platforms.

IX. Recognize that the any transition for newer, more flexible residential options and reimagined day services must consider the extensive investment in properties by the current provider network that will impede innovations unless policies that manage a reimbursement structure are created.

X. Implement a review of the existing regulatory, financial and policy structures that are currently in place that have limited system innovation and development both programmatically and financially. Include a review of government quality oversight structures, that may be better accomplished within the through the development of Value Based Payment Quality measures and use of outside accreditation entities, such as CQL, who can monitor and enhance provider agency performance through established person centered approaches

We also have some specific recommendations below:

1.0 & 1.2 Vision and Transforming:

Comment: The rollout of the Provider Led managed care system has been deliberately slow, i.e., New York needs to do it right, as opposed to what has happened in other states that simply turned the service system over to the for-profit managed care companies. The CCO system, after much resistance, has proven successful even after a slightly rocky start during the first year. The current application document includes a timeline that is unnecessarily slow. Time is now of the essence.

Recommendation: The document should identify a timeline regarding the transition to a Provider Led managed care system indicating certain OPWDD current functions turned over to the SIPs-PL. This transition will produce savings in addition to the efficiencies that the SIPs-PL will produce, both of which will be re-invested into the voluntary operated service system. Therefore, IAC recommends this initiative move forward at greater speed.

Comment: The application document describes a number of responsibilities for the SIP-PL that are currently the responsibility of OPWDD, i.e., a duplicative system.

Recommendations:

1. DQI Surveillance and Survey section cited on page 6 should describe OPWDD's intent to transition its current close-up oversight to a much higher view, as the SIPs-PL take over this quality oversight responsibility.
2. Conversely, the applicant should propose a schedule for the assumption of certain functions that are currently the responsibility of OPWDD. The SIP-PL application has a robust quality control process to monitor and measure quality and compliance. The document does not include the intersection of the functionality of OPWDD's Division of Quality Improvement; it is unclear how the reporting measures identified by the MMC and DQI will intersect or vary.
3. The gradual transition of government responsibilities to the SIPs-PL should yield savings that can be re-invested into the voluntary operated service system.

Comment: Since the beginning, one of the most frequently expressed concerns has been that money currently allocated for services should not be taken out of the system in order to fund the administrative functions of the Provider Led entities, and that any resulting savings should only be invested back into the voluntary operated service system. As currently worded, the reinvestment of savings would be into the "OPWDD system".

Recommendation: The "OPWDD System" is a very broad category including central administration and state operations. This should be corrected to say the Voluntary operated I/DD system.

Comment: The proper implementation of this Provider Led managed care system requires independent oversight.

Recommendation: An independent Consumer Advocate entity should be established so recipients and families have an official source to bring their concerns to.

Comment: OPWDD has always shown its commitment to identifying unserved/underserved populations, including those in urban and remote regions of the state, special groups such as the elderly currently living in group homes, behaviorally challenged individuals that require more intense settings, and young people at risk of being placed in out-of-state residential schools. Additionally, and perhaps most importantly, OPWDD with its provider network has recognized a multitude of specialty providers with specific cultural competencies across the State.

Recommendation: The SIP-PL applicant must describe how it will work in concert with OPWDD to identify people in need of services, and work to preserve services for specific cultures and special populations.

3.10: Cross-system Collaboration

Comment: The provision of effective services and treatment for children and adults and families dealing with co- occurring issues, relies on collaboration across systems so that the needs of children and adults and families can be better understood and services can become more streamlined and cohesive. Cross-system collaboration is an excellent opportunity for reaching across service delivery systems to promote access to care and better quality of care. However, this section does not clearly indicate how this will be achieved and what will drive the collaboration.

Recommendation: We recommend developing a "cross-system" dashboard or platform that includes key performance indicators and metrics, in various areas. Further, to include other stakeholder groups such as family members and provider associations; having such a dashboard will increase the ability for SIPs-PL to identify other underserved groups at risk and ensure they are receiving the appropriate health, mental health and developmental services.

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3:11 Quality Management

Comment: The document includes a number of reporting and performance requirements, all key features in a managed care system. However, the movement of OPWDD habilitative services and other LTSS into managed care must consider some validation of an appropriate managed care infrastructure including the development of Value Based Payment (VBP) Quality measures for I/DD LTSS; acuity scoring and reporting; robust data collection and analysis of utilization management, quality measurement and further IT and EHR upgrades for the I/DD system. Such development will require appropriate state fiscal support for all of these necessary components of managed care.

Recommendation: We recommend the State's investment in fiscal support for such developments be identified in the SIP-PL application.

3.13 Claims Processing

Comment: There is no mention of a prompt processing and payment requirement.

Recommendation: Require the applicant to demonstrate its knowledge and commitment to prompt processing and payment of claims.

Recommendations on Ensuring Quality Services to Children

Comment: On page 9 there is a list of OPWDD Non-Residential HCBS Waiver Services many of them are services that children age 3-21 with developmental disabilities and their families may need. However, the document fails to focus on children and lacks a child-centered approach. There is not one single staff position assigned in this SIP-PL application that is focused exclusively on children except a foster care liaison if the SIP-PL reaches enrollment of 500 children.

In the Personnel section it states that "the SIP-PL must meet the needs of all SIP-PL enrollees including service delivery and staffing requirements for children as defined in the ***MMC Organization Children's System Transformation Requirements and Standards.*** Full implementation of these requirements will be based on enrollment thresholds being met." P. 21. The document refers the reader to the ***Medicaid Managed Care Organization Children's System Transformation Requirements and Standards***. IAC is concerned that while the applicant is referred to the second document that is focused on children, the SIP-PL application fails to ensure that there will be children's' services experts employed by the SIP-PL. In the ***Medicaid Managed Care Organization Children's System Transformation Requirements and Standards*** there is a list of two key leadership positions referenced on page 30.

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IAC believes that if a SIP-PL is going to serve children and establish a trusting and long-term relationship with families of children with developmental disabilities the SIP-PL must employ experts knowledgeable about the needs of children.

Recommendations: OPWDD should require that the SIP-PL have these two positions focused on children included in the SIP-PL application: a BH Medical Director for Children's Services and a BH Clinical Director for Children's Services. P. 30. and that the SIP-PL document include the list of all the key personnel referenced on page 30 of the ***Medicaid Managed Care Organization Children's System Transformation Requirements and Standards***

Comment: One area that the SIP-PL fails to recognize as central to the life of a child and the main provider of service to children is school. The majority of children with developmental disabilities receive special education services guaranteed under federal law – IDEA. This law entitles children to receive special education services up to the age of 21 and includes special education and related services. Ensuring that the child is benefiting from and receiving all of their mandated special education and related services should be a major concern for OPWDD. If a child receives the free and appropriate public education that she/he is entitled to, the overall quality of their lives will be improved and the need for intensive OPWDD services after the age of 21 will be reduced. It is in OPWDD's interest to utilize the SIPs-PL to advocate for children while they are entitled to receive special educational services, and to assist families in advocating to ensure that the education services and supports received are benefiting their children. We believe this advocacy will reduce the need for behavioral support services in the home and reduce the incidences of hospitalizations and out of home placements.

Recommendation: the SIP-PL should have one additional staff position added to the Key Personnel and Management section who is experienced and dedicated to the special education needs of children**:**
Education Liaison – this would be an individual who is an expert on special education services to children with developmental disabilities and would be responsible to support and train care managers who work with children. The individual would be responsible for evaluating educational services for children when a family has expressed concerns about the provision or quality of these services and work with the care manager to ensure effective intervention and advocacy. This individual should have a Masters Degree in Education, Social Work, or a related field.

We appreciate the opportunity to participate in the transformation of OPWDD services and look forward to our continuing collaboration.