

**OPWDD Providers**  
**Strategic Positioning Issues to be Addressed**  
**November 15, 2013**

Global / Pervasive Issues and Questions Related to Medicaid Managed Care Reform Concepts

- 1) Under Managed Care principles, New York State is "transforming" the DD delivery system from providing services that individuals / families "want" to a system based on an assessment of what the individual "needs". How does the DD provider evaluate the impact of this transformational change from a service delivery perspective?
- 2) What strategies are being considered or have been developed by the DD provider to plan for and address the impact of this transformational change resulting from Medicaid Managed Care reforms? The window of opportunity is very narrow.
- 3) New York State has selected a traditional Care Coordinator / Manager "model" to serve as the "gatekeeper" for determining what services are needed by each individual being served. How will the DD provider assess the impact of this shift in the service determination / referral role from the current Medicaid Service Coordinators employed by providers to the Care Coordinators / Managers employed by the DISCOs (also known as Managed Care Organizations – MCOs)?
- 4) The State has acknowledged its objective very clearly in its Medicaid Waiver application. The State's "Triple Aim" is to achieve a) Better service quality, b) Better health outcomes, and c) Reduced / more efficient costs of delivery. This "Triple Aim" is filled with inherent conflicts for providers. How will the DD provider achieve each of the goals specified in the State's "Triple Aim" mantra while maintaining fiscal viability?
- 5) The State has made it quite clear, with the Department of Health (NYS DOH) now driving the bus, that fewer DD providers with reduced administrative costs will be one of the sources of achieving efficiency and reduced costs for DD services. What should the DD provider be doing proactively to address its administrative cost efficiency and, more broadly, the State's desire for mergers, affiliations, and shared service organizations (MSOs) to achieve a more efficient DD delivery system?

Specific Programmatic / Funding Concerns and Questions

- 6) NYS DOH has announced plans, through OPWDD, to reform and restructure the "traditional" DD delivery models of care that have been developed over the past 30+ years. For example, **the State wants to close Sheltered Workshops** by eliminating new program admissions with the "expectation" that community-based employment / volunteer services in an integrated setting is the most desirable option for all individuals with disabilities. How can the DD provider, with its workshop and vocational programs, effectively transition from the workshop program model to a community-based employment / volunteer service (Day Hab) delivery system?

- 7) With respect to workshop closures, what options will be available to the DD provider to continue a Workshop Program that achieves Federal and State objectives for integration of disabled and non-disabled individuals in a daily work environment?
  
- 8) Change is pervasive. For example, based on recent agreements between Federal and State representatives in negotiating the \$15 billion payback by New York State, the group residence program model is being restructured. No new group homes with more than four beds will be approved. How will providers with residential programs manage the transition to more integrated community-based residential settings? Specific emphasis is on integrated apartment settings, family support at home, and employing “house parents” analogous to the foster care model for at risk youth. Is housing in the new structure an opportunity for the DD provider?
  
- 9) How will the DD provider reach out to parents and advocates for purposes of informing them of the potential massive changes in program service delivery for Individuals with Disabilities?
  
- 10) Traditional Managed Care principles will affect all aspects of DD provider programs in the following areas:
  - a. Restricted Access, A/K/A Challenges to Service Eligibility
  - b. Relocation of Service Delivery Sites
  - c. Rationing of Services Through Care Coordination
  - d. Redistribution of the Health and Human Services Fiscal Budget (\$\$\$)
  - e. Reduced End of Life Care – Palliative v. Curative (e.g., reduced Emergency Room utilization)

How will the DD provider proactively address the potential impact of the areas listed above to address and achieve the State’s Triple Aim referred to above?