

THE SENATE
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February 10, 2021

Dr. Theodor Kastner
Commissioner
Office for People with Developmental Disabilities
44 Holland Ave.
Albany NY 12229

Dr. Kastner; *Ted,*

Following the February 5th, Legislative Joint Budget Hearing on Mental Hygiene, in which you provided testimony on behalf of the Office for People with Developmental Disabilities (OPWDD), I am concerned that crucial and relevant questions that were asked of you went unanswered, especially in light of the fact that my office provided your staff with questions in advance of the hearing.

Therefore, as Chairman of the New York State Senate Standing Committee on Disabilities and in the spirit of transparency, I am requesting that OPWDD provide the following responses in writing to my office by no later than Monday, February 15th. This information is absolutely vital to decision making as part of the SFY 2021-22 Budget process.

- For FY 2021, provide the monthly projected spending and actual disbursements to voluntary provider agencies through the State's Statewide Financial System and/or eMedNY;
- Similarly, from the Enacted SFY 2017-18 to the proposed Executive SFY 2021-22 Budget, provide the annual breakdown of year-to-year funding disbursements for both the voluntary and state-operated system through SFS and/or eMedNY.
- For the same period as above, provide the number of enrollees served in the voluntary system and the state operated system;
- For the same period as above, provide actual expenditures by category of service and the number of enrollees accessing each category of service, separated by voluntary and state operated¹:
 - Residential;
 - Residential Family Care;
 - Day Habilitation;
 - Respite;
 - Pre-Vocational;
 - Live-in Care Giver;
 - Supportive Employment;

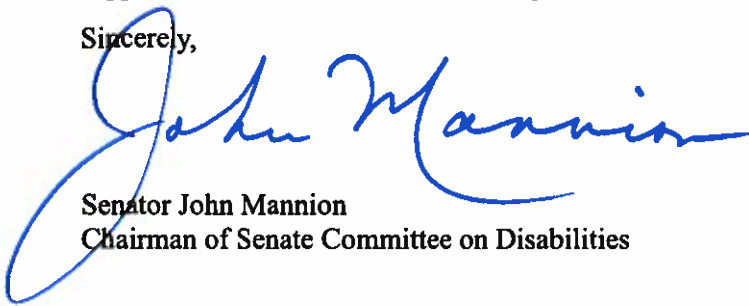
¹ Provide this information in the format of the attached chart for the following State Fiscal Years; 2017-18; 2018-19; 2019-20; 2020-21; and 2021-22

- o Fiscal Intermediary;
 - o Individual Directed Goods and Services;
 - o Support Broker;
 - o Adaptive Technology;
 - o Community Habilitation;
 - o Intensive Behavioral Supports;
 - o Community Transition Services;
 - o Family Education and Training;
 - o ICF Program;
 - o Care Management;
 - o Article 16 Clinic; and
 - o State Operated Institutions.
- Provide an accounting for any enhanced FMAP funding that has been received by the state and any funds that have been allocated by the State of New York to OPWDD and which categories of services or programs they were allocated to;
 - Since SFY 2017-18 how many net certified residential beds have been added to/or subtracted from the entire OPWDD system;
 - On average, how many individuals receive placement in certified residential placements annually, in both the voluntary and the state operated system;
 - How many certified residential vacancies are currently available as of January 31st, 2021 in the OPWDD system, broken down by voluntary and state-operated;
 - How many individuals are currently approved for certified residential services who have not yet been placed in certified residential services;
 - How many individuals are currently approved for certified residential services are considered “emergency needs” statewide broken down regionally;
 - Given that OPWDD does not have cost report data from the CCOs, what data or methodology was used to determine the CCO cuts;
 - What, if any, analysis was done on the impact of this cut? When OPWDD transitioned from MSC to CCO services, it transitioned to a health home model of care coordination that has specific requirements and benefits above and beyond MSC services. Specifically, please identify whether OPWDD has analyzed the impact of the cut on the following services, and – if so – what that impact is projected to be on the following (please include project impacts on caseload, as applicable):
 - o The ability of CCOs to comply with the intense caseload/supervision to achieve health & community based service integration for both health/medical + OPWDD services;

- o Various assessments for individuals (DDP2, IAM, LCED, CAS), either directly by Care Manager or in collaboration with Care Manager;
- o Risk Management assessments and planning process for high risk individuals and others with legal involvement;
- o Clinical component requirements for CCOs include health promotion and education, chronic disease management, and management of ADTs and high utilizers; and
- o I/DD Care Management specific electronic health record (EHR) system management, maintenance, and records management;
- CCOs have started to establish a robust IT infrastructure to support care management, quality, enrollment, healthcare, training, provider network, compliance, intake and finance. How will the rate cut impact the ability of the CCOs to continue to grow and maintain these systems? If the CCOs are not going to carry out this function, what is the State's intent to ensure that such a system is created and implemented?

Thank you for your attention to this matter and we look forward to working with you and with OPWDD to ensure that individuals with intellectual and developmental disabilities are provided with the important supports and services that are necessary to live full and meaningful lives in our great state.

Sincerely,



Senator John Mannion
Chairman of Senate Committee on Disabilities