



September 4, 2019

Office for People with Developmental Disabilities  
Theodore Kastner, MD, Commissioner of OPWDD  
44 Holland Avenue  
Albany NY

Dear Dr. Kastner,

As you are well aware, the seven Care Coordination Organizations (CCOs) which support over 100,000 individuals with Intellectual and Developmental Disabilities (I/DD) across New York, recently completed our first full year of operation. In the past year, we believe that the strong and consistent partnership between OPWDD, DOH and the CCOs has significantly contributed to this successful system transformation. It is through the operational and start up support of OPWDD and DOH that the transformation has been possible. We would like to thank OPWDD and DOH for all the support provided to date.

Moving forward, it is critical that we continue this partnership and collaboration in order to ensure the future success of care management in support of individuals with I/DD. This success is dependent on there being adequate care management reimbursement rates for the CCO's. We are raising this now because you have shared with us that OPWDD has begun to work on the SFY 2020-2021 Executive Budget.

By way of background it is important to level set where the CCO's began and where they are today.

Even before the official launch of CCOs on July 1, 2018, there were countless hours of planning and preparation related to building new organizations designed to coordinate I/DD services across 62 counties.

Building the infrastructure to support a new service delivery model for over 100,000 people was a significant investment of human and financial capital. An immeasurable amount of time was spent by leaders across the state to design and implement the model, and many Agencies invested their own financial resources to make the CCOs a reality.

Today, the seven CCOs directly employ over 3,000 Care Managers, plus hundreds of staff who provide all the vital back office functions to support our Care Management programs. Transforming a service system of this magnitude is an unprecedented accomplishment and we are all very proud of the incredible work to date.

Additionally, all seven CCOs, and our Member Agencies, are unanimously committed to the future of the Care Management program. The center of the entire service system is Care Management, as the CCOs are responsible for linking and referring over 100,000 people to the services that they depend on every day. The long-term viability and sustainability of the CCOs is essential to the well-being of our members, their families and our provider system.

When the Medicaid Service Coordination (MSC) programs at almost 400 unique Agencies across NYS transitioned to the auspices of the seven CCO's, the demands and expectations on the workforce increased substantially. As a direct result, the CCO's all offered compensation commensurate with the increased expectations. We were able to do this because of the enhanced CCO funding. This not only helped with the retention of the workforce during the transition, but elevated the position both in title, description and compensation. This increase in compensation from MSC to CCO was very much appreciated by the Care Management workforce, and it allowed us to retain the vast majority of MSC's offering individuals and families with the continuity they were promised. Currently, the CCOs must hire our workforce to be compliant with the credentials of Health Home Care Managers, as defined by NYS.

In addition to the increased pay for our critical workforce, there are many unique CCO program requirements that are significantly different from the MSC program. For example, the Department of Health Medicaid Security Bureau imposed the Data Use Agreement on all CCOs, which is a significant expense for each CCO.

Also, the creation of CCOs enables NYS to come into compliance with Federal requirements for conflict-free case management. The CCOs support conflict free case management, as demonstrated by our investment in the creation of our respective Organizations.

The following list represents the CCO Health Home requirements/expectations that are over and above those required of the MSC program:

1. Health and community-based service integration in addition to OPWDD services (more intense caseloads/supervision)
2. Caseload size limitation for Tier 4 Required (impacts caseloads of Care Managers (CM's) supporting individuals in other tiers)
3. Increase in Face to Face requirements (monthly for Tier 4 and quarterly for Tiers 1-3)
4. Increase in qualifications for Care Managers requiring a higher level of pay and benefits.
5. Life Plan (LP) v. ISP-LP document has many additional requirements (i.e. medical/pharmacy/approvals/authorizations, etc.)
6. Enrollment - no ability to say "no" or "not at this time" - this makes balancing caseloads much more challenging
7. Increased assessment responsibilities - I AM, DDP2, LCED - and the eventual phase in of CAS
8. Clinical component requirements
9. Intake responsibilities
10. B&E Dept (some MSCs did support this task but varied by MSC agency)
11. Electronic Health Record (EHR) system management, development, maintenance and records management
12. Portal
13. Developing a Service Provider Network /Establishing Provider Relations
14. Regional Health Information Organization (RHIO) connectivity requirement-consent acquisition, systems connectivity and maintenance (This supported by multiple staff in CM, IT, Compliance, Network Dev, Clinical Depts)
15. Data management and analytics to meet HH metric, quality and system requirements

16. Complaint, issue, grievance, appeal tracking, monitoring system and management (Supported by staff in multiple departments and system development and maintenance)
17. Establishing a Training Department and delivering enhanced training (i.e. 10 basic skills in addition to other SLMS trainings)
18. Individual/Family Advisory Board requirements
19. Weekly/monthly reporting to OPWDD
20. The CCO administrative structure-CM is a stand-alone service

The Department of Health mainstream Health Homes are required to be compliant with some of the abovementioned expectations, but many of these expectations are even above and beyond the requirements of mainstream Health Homes. Essentially, the CCOs are the most regulated and complex delivery system for Care Management of any Medicaid population. The CCOs are co-regulated by both OPWDD and DOH, as well.

Lastly, the CCOs are anticipating increased operational costs as we approach future months and years, specifically for infrastructure that is yet to be built for such areas as continuing education, clinical supports, clinical integration, and portal operations.

Let's continue the partnership and collaboration and ensure that the future reimbursement rates for the Care Management program are adequate for the sustainability of the complex service model of the CCOs. We are available to answer any questions that you may have, and we appreciate your anticipated support.

Respectfully,

*Advanced Care Alliance*, Meggan Schilkie, Interim CEO

*Care Design of NY*, Jim Moran, CEO

*LIFEPlan of NY*, Nick Cappoletti, CEO

*Person Centered Services*, Bridget Bartolone, President and CEO

*Prime Care*, Prime Care Coordination, Tracy Boff, President and CEO

*Southern Tier Connect*, Meghann Andrews-Whitaker, Executive Director

*Tri-County Care*, Yoel Bernath, CEO

CC: Roger Bearden  
Kevin Valenchis  
Kate Marlay  
Allison McCarthy