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From: Guy Legare <glegare@pdcsllc.org>
Sent: Sunday, September 17, 2017 12:35 PM
To: PW, ODPCComment
Cc: Marijean Genoble
Subject: Comments on Proposed Fee Schedule Rates and Proposed Rate-Setting Methodology, ODP Announcement 088-17

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To whom it may concern,

I am writing to share some concerns regarding the Proposed Fee Schedule Rates and Proposed Rate-Setting Methodology and the unintended impact it may have particularly on small organizations who exist to support only one or a few people.

I am the Executive Director of a small organization providing Behavioral Support Services across the Commonwealth of Pennsylvania. We have partnerships with over 40 residential providers and we are currently exploring how we can best be helpful and of service with the people they serve in January 2018. There are always good reasons for these large system changes even though they can be confusing and difficult to manage for many. The need to move the system forward and create conditions where large numbers of people experience better and meaningful lives is not in question. The need to make the most with the resources we have is not either. The unintended consequences of these necessary changes is the reason why I submitting this comment.

I have known Nancy Thaler since 1994 and gladly accepted an invitation to be the Associate Clinical Director for the OMR Statewide Training & Technical Assistance Initiative in 1996. I have the upmost respect for her and always saw her as an incredible leader, I still do today. Shortly after I started in 1996, she asked me to meet someone who was struggling and who's direct request to Nancy was very simple: "I don't want to be in restraints anymore!"

As a consultant with the various providers supporting him (over the years) we all worked hard to create a support system that would help him be safe, happy and enjoy an everyday life. Throughout his life, his family advocated for him and diligently worked with various providers to create the support system that would offer him and them, peace of mind.

After many unsuccessful attempts to partner with providers to customized and create that support system for their son, the family finally decided in 2000 to explore the possibility of becoming their own provider. Having the ability to design all aspects of the work and supports they would provide with only their son's needs in mind was attractive and something no providers had been able to successfully do. They found the courage to jump in and create the kind of personalized support system. Their son lives in his own home, his life has been stable, there are no more crises and restraints and the supports he receives are all tailored to help him get his needs met. He has been safe, happy and healthy.

Even with the highest SIS score, the new rate setting methodology will be impacting their ability to continue supporting successfully (something no other provider organization has been able to do) their son the way they have during the last 17 years. So for them, the upcoming changes, changes that should benefit many, are actually unintentionally creating conditions where their demonstrated ability to successfully support their son, his health and safety are all at risk. Being a very small provider has been a blessing, in this context it makes managing the impact of such system changes problematic.

We at PDCS are currently involved in many conversations with residential providers where we can see first hand how hard they are all working to manage the upcoming changes and minimize the impact it could have on the people they serve. All of them approach the process a bit differently, many of them will have to make hard decisions and all of them cannot wait to better understand what the upcoming appeal process will look like.

It is my hope that this appeal process (or another process) will allow the system to address and correct the unintended consequences of their actions while moving towards a capitated rate system.

Sincerely,

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