COPA
Coalition Of Provider Associations
Representing More Than 250 Provider Agencies in New York State

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Provider Association Minutes – August 14, 2017

1. **CCOs.** An FAQ is now posted on the OPWDD website reflecting questions received from the CCO webinars. The CCO draft application has been released for comment through August 11, 2017. 24 organizations expressed interest in becoming a CCO. With this level of interest, OPWDD anticipates at least two CCOs in each region of the state – a requirement for mandatory enrollment in CCOs. OPWDD has met with federal SAMHSA to discuss addition of health homes that will be included in the CCO implementation. The addition of DD health home will require a state plan amendment. There were approximately 1,000 participants on the Webinar for families. OPWDD will look to set up more meetings with families in the Fall. Many concerns were raised about the MSC transition.

2. **1115 Waiver Application.** OPWDD programs and services will be brought into the 1115 Waiver. The draft application has been released for comments. Anticipated start date is January 1, 2018. Primary intention is to move current 1915(c) Waiver to 1115 without changes in current programs and services. Once conversion is accomplished there are opportunities for more flexibility in services.

3. **507 Plan.** OPWDD intends to revise its 507 Plan. The planned revision will include managed care implementation.

4. **Prevoc Regulation and ADM.** Annual assessment will be required to confirm continued need for Prevoc. Group Prevoc can be increased to 15 individuals and billing time can be rounded up to full 15 minutes. Travel time is billable and community Prevoc services can be provided during meals. The 50% productivity rule applies to both site based and community Prevoc. Site-based Prevoc can be provided at the location of an integrated business if the space is certified. If not certified, then community Prevoc can be provided at that location. OPWDD expects to release a draft regulation and ADM by the end of September.

5. **CHOICES Upgrade.** IT upgrades will be implemented to change the layout and screen appearance by end of the year.

6. **Update of Part 624 Handbook.** OPWDD expects to issue a revised document in September. Some of the changes include increased time frame to 65 days for submission of corrected action plan and only portions of plan that were revised need to be submitted. OPW is continuing to work with the Justice Center to reduce duplication in forms

7. **Template Funding Billing.** Individuals who remain eligible for Template funding after 7/1/17 (approved prior to 7/1/17 or those without a full cost year for a base year) will continue to be billed using same rate and locator codes. This represents a change from information provided at last Provider Association meeting. For those Template funded people with a full year of cost experience in a base year who will be part of a provider's new Res Hab rate after 7/1/17, the provider should bill for their services at their current Res Hab rate, and OPW will make a retroactive adjustment to 7/1/17 after the new rates are uploaded.

8. **Due Process/Discharge Plan Update.** Policy update will be issued reminding providers regarding discharge policies for individual in residential programs who are discharged from hospitals.

9. **IPSIDD Reimbursement Problem.** OPWDD has become aware of a problem of Medicaid reimbursement of IPSIDD services for dual eligibles (Medicare and Medicaid) that prevents full payment of Medicare copayments at the same level currently available for Article 16 and Article 28 clinics. OPWDD Counsel's office is reviewing the issue to determine necessary steps to address the matter.

10. **01 and 02 Waiver Amendments.** The 01 Amendment that was approved by CMS includes revised fee schedules for FI and SEMP, procedures for rates in auspice changes and mergers, COLA adjustments, vehicle modification, and delivery of assistive services in regards to nurse practice act. The 02 Amendment addresses the high-needs methodology.

11. **High-Needs Methodology for IRAs**. This methodology addresses residential needs of individuals with medical and/or behavioral needs and replaces template funding. For individuals already living in an IRA, eligibility will be determined by a (triggering) qualifying event, e.g., hospital discharge, accidents, seizures, stroke, injury, major psychiatric event or decompensation, psychotropic medication issue, chemotherapy within previous 6 months. There will be three acuity levels based on DDP-2 scores using behavioral index and medical index. Acuity levels will result in additional hours annually allocated between direct care and clinical hours but may be used as determined by the provider.

    For supervised IRAs: Acuity Level 1 gets an additional 1,000 hours; Acuity Level 2 gets an additional 2,000 hours; Acuity Level 3 gets additional hours based upon a plan submitted to OPWDD. DDROs will make decisions on Level 1 and Level 2 and Central Office will review all Level 3 requests.

    For supportive IRAs: Level 1 additional 400 hours; Level 2 additional 800 hours, but no Level 3 for supportive IRAs. Each high-needs individual will still have a separate rate. The additional support is approved and then those hours are added to the provider's brick with the hours allocated 2/3 to direct care hours and 1/3 to clinical hours (irrespective of how the dollars are actually spent). There will be separate locator code for billing for each individual. Individuals eligible for template funding on or after 7/1/17 are grandfathered in at current levels. There is an overall cap on all levels of the high-needs rate set at the

current template funding. This methodology is planned to sunset effective 7/1/19 when CAS is supposed to be implemented for rate setting purposes.

The high-needs methodology will also be available to individuals aging out of education placements and out-of-state placements. Approval of funding will be retroactive to 7/1/17 and if billing was already done at provider's IRA rates, claims reprocessing will be done to generate additional payments. At the insistence of CMS, every six months, provider must submit an attestation that the individual continue to requires high-needs funding.

OPWDD is developing a procedure for applications for individuals coming through the Front Door, individuals in the Waiver not living in an IRA and seeking residential placement, and individuals already living in an IRA. The provider will use a high-needs request form. OPWDD will be holding a training session in September on the process.

12. **Respite Transition**. OPWDD will be providing training on the intensive respite fee, initially to DDRO staff and later to providers. New intensive fees will be available as soon as the plan is implemented and could be retroactive to 7/1/17 provided intensive respite is implemented.

13. **SEMP Update.** New SEMP fees will be effective for services date on or after 8/1/17.

14. **Minimum Wage Survey.** Surveys were sent out last week. Survey is seeking data for only a single quarter. This survey will include a question seeking the number of individuals who received additional funding by titles and amount received. There is a two week turnaround on returning the survey. There will be requirement to provide a reconciliation of spending of minimum wage for salary increases for staff below the minimum wage. Attestations that the funds went to the intended recipients will be required in January as addendum to your cost reports. OMIG will be issuing guidance on what they would be looking for under audit, such as salary records, etc.

15. **7/1/17 Draft Rates.** DOH and OPWDD are still reviewing the new rates. However, no commitment was made for release of draft rates.