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

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Provider Association Minutes – September 18, 2017

1. **1115 Waiver Update**. OPWDD is proceeding with converting to the 1115 waiver. The application was submitted to CMS last week. Effective date is scheduled for 1/1/18. There will be a transition plan to describe the process of moving from 1915 to 1115. The transition plan will be available for public comment. (See PowerPoint: CCO/Health Home)

2. **Health Home**. DOH submitted a State Plan Amendment to expand the Health Home program to include I/DD individuals. Target date for implementation is 7/1/18 together with CCOs.

3. **1915 Waiver Amendments**. O1 Waiver was approved on 8/1/17, but the 02 Amendment is still pending. The 02 Amendment includes provisions for respite and other rates and will be effective retroactive to 7/1/17.

4. **Update to 507 Plan**. Hearings will be held on 9/25/17 on the 507 Plan at 9 locations throughout the state and will be conducted by video.

5. **Changes in OPWDD Leadership**. With the retirement of Helene DeSanto, Jay Kiyonaga (formerly with OPWDD) will be rejoining OPWDD in the position of Executive Deputy Commissioner. Jay will start at OPWDD in a few weeks, allowing for a smooth transition while Helene is still there. Her retirement is scheduled for the end of December.

6. **OPWDD Financial Sustainability Metrics**. OPWDD reviewed its procedures for reviewing financial viability of providers. A copy of the power point is attached. Essentially, OPWDD staff is reviewing provider financial statements, rate transformation impacts, audit findings, and 990s. OPWDD will review various financial data to identify providers that appear to be in financial jeopardy. OPWDD is using metrics reported in CFR 2A: negative net assets; current ratio below one; net assets less than 10% of revenue; long term debt greater than 200% of net assets; and long term debt greater than net book value of fixed assets. Counsel's Office expressed concern regarding how the findings were being communicated to providers. Currently it is through the DDRO, but a more formalized and helpful system needs to be developed. This then led to a discussion on the need for fee-based services which can generate surpluses which have been critical to financial stability. Also discussed was the impact of losing MSC in some agencies.

7. **Integrated Housing Update**. OPWDD received $15 million in funding to support low-income housing tax credit deals and awards have been made to DD agencies for development of housing projects. Three projects were funded under the Open Window Project (4% tax credits):
    - ACLD on Long Island
    - Westchester Community Services
    - Jefferson Apartments – People, Inc.

That left $9.3 million of the $15 million for the Unified Funding program (9% tax credits). There was also an expansion of the Senior Housing Project in Brooklyn under the Block Institute.

8. **CAS Validation Study Report**. OPWDD once again indicated that it expects the study to be posted shortly, and will schedule webinars.

9. **IPSIDD Update**. OPWDD is still reviewing IPSIDD dual eligible reimbursement issue. It may require legislation to fix the problem.

10. **Respite Fees**. There have been instances of providers attempting to bill Camp Respite when they should have billed Site Based. Providers that believe it is appropriate to bill Camp Respite should contact Central Office. Guidelines will be issued shortly. Regarding Intensive Respite Rates, respite providers can either await billing until rates are loaded, or bill using another rate code (site based) and then file for an adjustment. If the 90 day period for billing has past, providers can bill within 30 days of loading of rates under an exception code.

11. **CCO/Health Home Implementation**. OPWDD has now named this new initiative "People First Care Coordination." CCOs may become certified as Article 44 HMOs. When we move to managed care, the CCOs will also be I/DD Health Homes (to permit the state to access enhanced federal funding). OPWDD also plans that mainstream Medicaid managed care plans will be permitted to enroll individuals with I/DD. The last step will be implementation of mandatory managed care and funding of providers through capitation rates with full phase-in in 2024. There are two types of CCO networks – one network being established now for current MSC providers to convert to CCOs and, in that case, each MSC provider must select a single CCO. However, there ultimately will be another network for care planning, and in this case, a provider would likely enroll in all CCOs in which individuals receiving services from that provider have enrolled for care management services. The possibility of a more gradual rollout of CCOs might be required if there are regions lacking competent CCO applications. OPWDD has initiated efforts to work with providers that primarily are MSC agencies. Abiba Kindo is the primary contact on this effort. (See PowerPoint: CCO/Health Home)

12. **Heightened Scrutiny**. CMS extended the deadline for completion of transition plan to March 2022. A third draft of NYS's plan is under review by the Governor's office. OPWDD intends to extend its deadline for implementation to 10/1/2021. Currently, there are 319 sites identified as subject to heightened scrutiny, but that number excludes ICFs of 14 beds or less than have not converted to IRAs. (See PowerPoint: Update on HCBS Settings)

13. **Status of 7/1/17 Rates**. DOH has completed its analysis and has identified providers that are facing a cut in reimbursement. DOH expects to send files to provider associations by end of this week or next. There are 700 individuals who lost template funding and these providers have been unable to bill for the higher amount (but can bill at the provider's rate). DOH is examining drops in acuity, unreported template funding costs, and impacts caused by a much higher old rate. Sixty providers are facing a loss of 7.25% or greater in combined revenue for supervised IRAs, supportive IRAs, day hab and prevoc. Seventeen ICFs providers face a reduction of greater than 7.25%.

14. **Minimum Wage Surveys**. DOH received minimum wage surveys from 94% of providers. OMIG will be conducting audits to confirm minimum wage spending; guidance will be issued prior to the audits. DOH is considering input on implementation of Living Wage increase of 3.25%. It most likely will be a simple calculation of direct care salaries multiplied by 3.25%, but selection of CFR to use is still under review. Problem is avoiding supplanting minimum wage increases with Living Wage dollars.

15. **Day Hab Services for ICF residents**. Even though day programs are now permitted to bill eMedNY directly for ICF residents, OPWDD still must provide data to CMS on the total number of people and costs. Therefore OPWDD will be requiring day hab providers to complete a form to identify the number of ICF residents and costs for ICF individuals in day programs. DOH is preparing a form to be prepared and submitted. In addition, there may be an additional CFR line to capture the cost of day hab.

16. **SNAP**. USDA issued annual update of SNAP standards. This year the maximum allowable resources level increased to $3,500. The minimum monthly entitlement is now $15 ($1 less) and the maximum is $192 ($2 less). Because of these changes in SNAP benefits, state supplements will have to be revised effective 1/1/18 to reflect new SNAP offsets. It is expected that SSI rates will increase by 2.2%.

17. **OMIG Audits**. In 2014, OMIG issued audit reports on OMRDD providers. Starting today, any new final audit reports for audits commenced after today will now be published on the OMIG website. Reports of completed audits and pending audits will not be published on the OMIG website.