



**Coalition Of Provider Associations**

*Representing More Than 250 Provider Agencies in New York State*

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## Provider Association Meeting Minutes – April 16, 2018

1. **State Plan Amendment.** CMS approved the amendment that permits the start of Health Homes for individuals with I/DD as part of the implementation of care coordination.
2. **03 1915 Waiver Amendment.** This final amendment to the HCBS Waiver implements transition to 1115 Waiver and changes advancing NYC base year, fiscal year filers, for rate setting and changes in To/From transportation reimbursement.
3. **2018-2019 Budget.** OPWDD spending will grow by 4% as compared to prior year. The Budget includes: \$120 million on an annualized basis for new OPWDD services with \$20 million of that for individuals residing with family members who are unable to continue to care for them; \$15 million for low-income affordable housing projects; collaboration with OMH for dually diagnosed individuals to develop a residential program to be located at Queens DC; \$39 million for transition of MSCs to CCO implementation; and \$80 million for minimum wage compliance and \$191 million in #BFair2DirectCare fully annualized funding. The Budget also includes a 32 FTE cut to central office staff. IPSIDD services will now qualify for full funding of Medicare deductibles and copayments with payment based upon higher of Medicare or Medicaid.
4. **Licensure Exemption Reform.** Agreement was reached on services provided by unlicensed individuals in OPWDD, OMH, and OASAS programs that might constitute the practice of psychology, social work or mental health practitioners. This new bill replaces the current exemption and will continue for one year after SED issues regulations to implement reforms. SED is required to issue guidance by 9/30/18 and encapsulate in regulations. The bill includes a grandfathering clause that continues broad exemption from professional licensure requirements for persons who are employed or who commence employment in a program or service operated, regulated, funded or approved by, among others, the Department of Mental Hygiene, prior to one year from the date when SED issues required regulations. The grandfather clause applies to such persons for as long as they remain employed by such programs or services and whether they remain employed by the same or other employers providing such programs or services. Hence, persons with master's level degrees in psychology and master's level degrees in a field of mental health practitioner can continue to work under supervision of person who is fully licensed. Most important, language included clarification of tasks that an unlicensed persons can provide: advising regarding benefits; general advice and guidance and assist on a day to day basis including create, develop or implement a service plan (that is not a behavioral health diagnosis or treatment plan); assist in the development with a multi-disciplinary team in the creation of behavioral health diagnosis or treatment plan. Thus, the new bill creates three tiers of unlicensed individuals: unlicensed staff who are unsupervised providing services for which no licensure or supervision is required; unlicensed staff participating in a multi-disciplinary team

activities; and unlicensed staff with a master's level degree under supervision of licensed professional. All OPWDD requirements (i.e., 633.16) must still be complied with. As always, an unlicensed professional can advise, assist and provide guidance to the licensed professional, such as conduct psychometric testing, but they can never render a diagnosis to an individual. (See attached PowerPoint.)

5. **CCO Health Homes**. Revised transition plan has been issued. The CHOICES website is now able to accept CCO enrollments. There are 7 designated CCOs. Of the nearly 100K folks receiving MSC services, there are 512 people who are not yet affiliated as of 4/13/18.
6. **CCO Proxy Designation**. OPWDD has promulgated an emergency regulation to establish a procedure for permitting third parties (guardians and family members) to make decisions regarding CCO enrollment. In the first instance before July 1<sup>st</sup>, MSCs will be primarily engaged in this process. An individual currently receiving services, who is capable of making decisions, can make a decision regarding CCO enrollment. For those individuals unable to make the decision, and who have a guardian or family member (in order), that person makes the decision. If such person is unwilling or unavailable, then the decision can be made by CEO of individual's certified residential program (or state operation's director), and if not in an OPWDD residential program, then the DDRO director. (See attached PowerPoint.)
7. **2018 NCI Staff Stability Survey**. OPWDD will be sending out a survey on DSP workforce issues including vacancies, turnover, etc. In the NCI study of 2016 data, there were 280 agencies that responded to the survey out of a possible 354 – a great response. New York State not-for-profit agencies reported an overall turnover rate of 31.2%; nationwide it is 45.5%. Vacancy Rates were 11.7% in NYS and 9.8% nationwide.
8. **START Update**. There are five START teams in NY. On Long Island, the START contract was awarded to FREE and had its official launch this month. In Region 2, START should begin in April, 2019. Implementation of START has significantly reduced inpatient ER visits and inpatient psychiatric hospitalizations for both children and adults. When the 1115 Waiver is implemented, START should be eligible for Medicaid FFP. For information on START in all Regions, see attached PowerPoint.
9. **Regional Centers for Workforce Transformation**. (See attached PowerPoint.) Primary activity is collecting data on 242 date points. Goal is to build workforce champions in each region and have engaged 81% of all OPWDD voluntary providers. Also introduced was DSP Connect, a new electronic platform where agencies and DSPs can communicate with each other. Fostering the profession of direct support is the mission.
10. **Rate Update**. The 3.25% BFair2DirectCare adjustment was included in rate effective April 4, 2018. DOH is working on July 1, 2018 rates and planning on uploading rates on July 3, 2018. For NYC, rebased rates for July 1, 2019, the 17-18 CFR will be used instead of the 16-17 CFR. For rest of state, DOH will continue using 2017 calendar year CFR.

11. **Financial Planning Work Groups**. There are currently a number of work groups: higher needs methodology; direct care hiring crisis; clinic APG rates; CAS and the development of risk adjustment rates; CAS and risk adjusted rates; Value Based Payments; at risk OPWDD providers; cost report accuracy and OMIG audits; ICF conversions; and a newly constituted workgroup on budget neutrality issues and adjustments regarding July 1, 2018 rates. Another workgroup on rates and budget neutrality will be reconstituted to discuss the effects of rate rationalization over the last several years, as well as continuing strains on the system that are not sufficiently captured as costs, such as the excess retainer days that are putting residential providers in untenable positions.