



Coalition Of Provider Associations

Representing More Than 250 Provider Agencies in New York State

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Provider Association Meeting Minutes – May 20, 2019

1. **Survey Redesign & Agency Review: Barbara VanVechten** – Process began to better assess Agency Quality Performance and encourage all providers to pursue quality aggressively; focus of current survey process includes the need to ensure care coordination issues are addressed; incorporate HCBS standards; want to increase data between OPWDD and providers and other stake holders; OPWDD had stakeholder workgroups which began in 2011 with the quality design team from the people first waiver and this is the result of the work that began then. It was agreed then that quality benchmarks should align with protocols – summary is on OPWDD web site (search for provider performance). In 2013, DQI staff looked to make recommendations and establish standards for high quality – workgroup re-booted in 2018 to talk about presenting deliverables. Once established, the standards would be integrated into protocols and published; there are now 6 sections/domains of quality reviewed. Next, indicators were developed (matrix is on the OPWDD web site – with sub-domains). Ms. VanVechten then discussed how they are reviewing against the matrix to ensure quality – as suggested, this is a very complicated process. The Association Executives raised objections including: the timing of this initiative given how much else is going on in the field, i.e., CCO's, managed care, hiring crisis, CAS, family communications, CFCO, loss of MSC, etc.; questions of whether compliance auditors are really the ones best suited to be driving a quality improvement process; the documentation in an Exit Conference which will not require a Plan of Corrective Action, but are on file and subject to a FOIL action. Discussion and questions continued; given the direct care hiring crisis, what are the actions within our control vs. what are the quality measures – in other words, the survey was developed for a perfect, full-staffed world, yet reality is much different and the results of the Review may be compromised by the staffing crisis; the staffing requirements, such as one to one coverage, may not always be attainable, or place a great strain on the facilities, management and DSPs. The question about accreditation from other agencies, such as CQL, something encouraged by OPWDD, adds duplication and surveys across similar domains. The Agency Quality Review duplicates it. Lengthy discussion about this issue; the state of the field's finances and the lack of resources in the regional offices and how that might be contributing to the overall issues being seen across the State between OPWDD, regional offices, and providers. OPWDD will look at how this process is implemented and consider these concerns.

2. **NCI Survey** – Sharon Devine provided an overview of the National Core Indicators (NCI) Staff Stability Survey which NYS has participated in for the past 2 years; OPWDD is using it to assist in comparing NYS to other states in the country. She highlighted NCI survey results from last year and asked for provider support in responding to this year's survey; NYS has done well in responding, 299 respondents out of 344 requested, and they hope providers will continue that this year. Survey, targets are agencies serving adults with disabilities in direct support capacities. Presented information on the past survey results. Some data included were: turnover nationally in 2017 was approximately 44%; in NYS, it was nearly 34%. It is notable that the turnover data for NYS providers is 2017, just prior to the first bFair increases that commenced in January 2018. We will be curious to see the 2018 data. While our salaries are higher than average in NYS, in comparison to the Northeast region, we're not as high-paying comparatively. OPWDD asked that the provider associations encourage providers to complete the survey, due 6/30/19.
3. **ADM 2019-02, Permissible Out of State Travel and Provision of HCBS Waiver Services** – Kate Marlay/Abiba Kindo stated that they developed the ADM to provide guidance for individuals receiving services out of state for vacations and other visits; this was an attempt to get some consistency. This includes a provision excluding providers providing waiver services for individuals staying in another institution in another state. The ADM is intended to prevent additional/unnecessary questions, as they get many each year. Providers do not need to get permission for day trips, vacations, and other trips in New York State, and as the Memorandum illustrates in bordering states, the ADM is not changing policy, but documenting the parameters for such travel. The group did emphasize that an ADM can be tied to audit and this is not helpful; the group asked that it be changed to a letter – OPWDD agreed to look at that but did not think they had that kind of flexibility.
4. **DSP Hiring Crisis Discussion – Sharon Devine** – They did not develop a PowerPoint presentation because they wanted to have a discussion with providers and then present next month on what they (OPWDD) thinks will be helpful. First, they want to be sure what is most beneficial/helpful to providers with new pipelines for employees. Working with SED and others to ensure all providers benefit from of the activities that are working for recruitment/pipelines. OPWDD also is working on retention tools/activities. Next month OPWDD staff will give a full report on where they are with their recruitment and retention activities to assist providers. Providers asked for data on State employee turnover/vacancy vs. the voluntary sector to help us figure out if more money might actually make a difference in the crisis issue or if there are other factors that might be as important; further the question of union vs. non-union answers to determine correlation of unions on the various factors.
5. **Rate Transformation Update – Kevin Valenchis and Donna Cater** – Providers raised the issue of the lack of Minimum Wage being included in Respite fees; the current fee is currently not sufficient. In one example, 60% of the total fee is absorbed by the DSP's salary. Mr. Valenchis agreed to look at the Regional fee structure, but did not think that many agencies have very different salaries. Providers asked what the process would be for

the upcoming 7/1/19 rates to be approved; How “on-time” will they be? Both Mr. Valenchis and Ms. Cater discussed the previous involvement of DOB’s Medicaid Unit in addition to their Mental Hygiene Unit reviewing the rates, delaying them much beyond this past 1/1/19 Minimum Wage implementation date. The fact that OPWDD shouldn’t affect the Medicaid Global Cap, they don’t expect too much trouble, but there was hesitancy expressed from some. DOH is committed to putting rates for 7/1/19 out in draft, even prior to DOB approval – providers will see them before the final rates are approved in case any errors need to be corrected/adjustments made. Donna clarified that the occupancy factor is based on 2018 calendar year activity; capital calculations for the 7/1/19 will be based on the approved PPAs from capital finance that DOH had prior to 5/1/15 – anything in after that was not included in the capital update. The units of service for Day Services will be included up to 4/1/19. Providers brought up the OT costs for Supervisory staff were not picked up in the new Exempt Minimum Wage increases; OPWDD asked providers to further explain the issue/dollar impact since there is no money in the financial plan for that segment of the workforce. It was pointed out in regions with \$15/hour Minimum Wage, those agencies are particularly hard hit by this issue. Mr. Valenchis agreed to talk further at the Rate Rationalization workgroup. The providers, especially those downstate, will look to conduct some outreach to see the amount of costs being absorbed.

Earl Jefferson provided an update on the IPSIDD alignment of duals project – all is almost in place to allow for the State to claim up to the Medicaid rate (9/26/19 is when they expect it to go into effect) for dually eligible; the SPA makes this change retroactive to 6/30/18.

6. The providers mentioned that they have initial results on the provider associations’ study of the accuracy of the CAS surveys and will soon be looking to meet with the Commissioner to review the findings.