



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

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Provider Association Minutes – July 17, 2017

1. **Care Coordination Organizations and Health Homes.** The draft application for CCO designation was released on June 30th with a public comment period through August 4th. The final application will be released in September with applications to be submitted in November. In order to proceed with implementation of CCOs and Health Homes, the state is preparing an amendment to its 1115 Waiver to add OPWDD CCOs and Health Homes.
2. **Join the Conversation.** OPWDD is implementing a new initiative to enhance communication with individuals receiving OPWDD services and their families. OPWDD will be distributing "palm cards" and ask providers to distribute them widely to individuals and families. The palm card will have contact information to permit communication and exchange of questions and information.
3. **Rate Transformation Update.** 7/1/17 rates have been completed, but DOH and OPWDD are reviewing rate calculations to verify that they are correct. As soon as the review is completed, rates will be released.
4. **Minimum Wage Surveys.** Minimum wage surveys will be released this week with two additional questions added to the survey. Minimum wage legislation required that the State identify, in addition to the number of individuals impacted, their salary range and their job titles in each CFR categories for OPWDD providers (i.e., 100-600) who received minimum wage increases. Early next year, DOH will be sending out notification of amount of dollars sent to each provider for minimum wage increases seeking confirmation of amount paid from such dollars for minimum wage increases to employees. Providers that do not spend the minimum wages will have to return unspent funds. If providers were underfunded for the impact of minimum wages and paid out more for minimum wage compliance than received, then such providers will be eligible for additional funding on a retroactive basis. Annual surveys will continue annually through the full phase-in of the \$15 minimum wage. There will be a 2-week turnaround time for the surveys. Important to note, the 3.25% increase is in addition to minimum wage. A question was raised about the additional costs of Overtime. Donna Cater noted the question and will bring it up to DOB.
5. **CAS Update.** OPWDD will be scheduling a WebEx shortly to review the findings of the CAS validity study and the report will be released after the WebEx and posted on the OPWDD website. A CAS PowerPoint is attached with update on implementation. A

process to handle inaccuracies or objections to the findings by the reviewers will be developed by Central Office. The reviewers will have no role in processing any changes to the summary.

6. **START Implementation.** See attached PowerPoint for information on regional roll-out of START services.
7. **High Needs Funding Update.** OPWDD is preparing a memo on the application process for high-needs funding. The new high-needs methodology will replace template funding for individuals now approved for template funding prior to July 1, 2017. The high-needs methodology will add direct care hours in three levels to the rate calculations or the “brick.” The application for high needs funding for new individuals entering the system through the Front Door will be different than for individuals already residing in an IRA. For those entering the system through the Front Door, approval for eligibility will be determined by DDRO clinical review using DDP until the CAS is implemented. For those already residing in an IRA (supervised or supportive), there must be a “qualifying event” such as accidents (car accident, assaults, slips, etc.) causing serious personal injury and thereby requiring additional permanent or long-term supports, psychiatric decompensation, psychiatric hospitalization and behavioral changes, major medical events impacting functioning on a permanent or long-term basis. The key is a significant change or decline in medical condition or functioning that is permanent or has long-term impact. The DDROs will review all requests for a high needs funding, assess the acuity level of the individual and determine if there is a need for additional resources.
8. **CMS Waiver Amendment 01 and New 02 Technical Amendment.** CMS has agreed to separate respite rates and high needs rates from the long-pending 01 Amendment and consider these two changes as an 02 Technical Amendment thereby permitting retroactive FFP funding starting July 1, 2017. The balance of the 01 Amendment, including SEMP funding changes, merger policy, and fiscal intermediary changes, remains pending without eligibility for a retroactive implementation date. However, OPWDD is confident that the 01 Amendment will be approved by August 1st with only a one month gap, i.e., new SEMP rates will not become effective until August 1st. The key issue is that SEMP rate increases will only become effective once the 01 Amendment is approved and thus, there will be at least a one-month delay beyond July 1st in the implementation of the new SEMP rates.
9. **Template Funding Update.** A PowerPoint is attached. OPWDD has completed a billing review for template funding and identified over 500 individuals and about 30 providers where template funding has been billed and paid where there was no template funding authorization for these 500 individuals. There are another 225 individuals where OPWDD needs further review to determine whether such individuals were eligible for template funding. If there were overpayments, OPWDD will be working with providers to recoup such overpayments. If there are eligibility issues, OPWDD will work to resolve. There are 794 individuals who were authorized for template funding prior to 6/30/14 for downstate and prior to 12/31/14 for upstate. These individuals will no longer be

eligible for template funding effective July 1, 2017, and template funding billing should cease for these individuals. Because a full year of costs of services for these individuals was included in the 2015 CFR, their costs will now be included in the 7/1/17 rates rebased using 2015 CFR costs.

There are approximately 900 individuals currently receiving template funding who continue to be eligible for template funding until implementation of the CAS for rate setting purposes planned for 7/1/19 rates. For these individuals (who remain eligible for template funding after 7/1/17), the billing code for residential habilitation will change to the code for the highest level of high-needs billing (at the current template rate). For day habilitation services, template funding will continue using the same billing. The high needs methodology will add direct care hours used to calculate the rate "brick" but current template funding amounts will be the "cap" on dollars for high needs individuals.

10. **2017 Legislative Update.** The following bills were passed by both Houses and sent to the Governor that have an OPWDD impact: a) DASNY bonding authority expanded to stand-alone clinical facilities; b) adult siblings adding to MHL 33.16 as authorized individuals for access to records and Jonathan's Law notification; and c) adds Prader Willi Syndrome to list of I/DD eligible conditions; expand nurse practitioner scope of practice to include DNR orders.
11. **Justice Center Update.** Provider Associations have submitted a list of issues on incident reporting. OPWDD reports that it has completed an update of Part 624 Handbook for release in early September including clarification regarding conduct between individuals and substantial diminution. The deadline for submitting investigation report is extended from 60 days to 65 days. Clarifications will be issued regarding corrective action plans requirements and issues with OMH 147 completion. OPWDD has asked that agencies refer to and maintain the master incident number when looking for assistance with specific issues or problems between OPWDD and Justice Center review to ensure all three parties (i.e., agency, OWPDD and Justice Center) are able to access records for review of the agency's questions regarding process and decision.