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

**Provider Association Meeting Minutes 2/27/17**

1. **Empire State Supportive Housing Initiative.** OPWDD projects will now be included in the Governor’s $20 billion housing initiative.  Projects for individuals for I/DD can now apply for those dollars when the RFP is issued in next several months.
2. **ICF Conversions.**  OPWDD met its 2016 goals.  117 ICFs (14 or fewer) have converted.  33 ICF conversion proposals are under review.  OPWDD needs to have 2,100 individuals currently in ICFs to move to IRAs by end of 2017 to meet its goal.  Over 320 ICFs with 14 or fewer individuals have not submitted proposals.  OPWDD is considering changing its policy on 4/1/17 to use the current hours at time of conversion with no adjustment.  When implemented, direct care hours will flow through to the IRA rate for the converted ICF.  OPWDD is also considering a proposal to permit fixed costs to be maintained with downsizing. Providers will provide suggestions to incentivize conversion.
3. **Workshop Proposals.**  OPWDD received 72 proposals for conversion of workshops.  Initial review will be completed by July, 2017, with request for additional information.  Ten workshops have not submitted a proposal.
4. **SEMP.**  DOH is working on new SEMP fees to address issues regarding billing issues with a 7/1/17 effective date. See attached.
5. **Medical Marijuana Update.**  For those individuals whose medical condition is on the list of eligibility for medical marijuana that live in a certified setting, they can access the medication if there is a family member who is willing and administer.  Other barriers remains – Medicaid will not pay for it, and a 700 lb. safe is required for storage; the Nursing Board has informally advised OPWDD that administrating medical marijuana by a nurse constitutes professional misconduct in that such administration violates federal law.
6. **BIP Grant Update.**  All BIP grants funds must be expended by 9/30/17.  There are no audit planned that are focused on BIP grants.  Federal OIG might audit NYS regarding BIP funds.  If BIP grant expires before 9/30/17, a no-cost extension is available until 9/30/17.
7. **DSP Staffing Crisis.**  A survey will be released from an updated survey on vacancy and turnover rates.  Preliminary review indicates that the vacancy and turnover rates have increased since the last survey.
8. **Heightened Scrutiny Update.**  The second version of the State’s transition plan was submitted to CMS in January, 2017.  Previously, family care programs were not included in the assessment process for waiver services.  Now, family care services will be included.  There are 354 family care homes under the auspice of an OPWDD provider. These providers will be asked to conduct an assessment of family care homes.  The heightened scrutiny process will culminate with submission to CMS of those settings that were determined to be subject to heightened scrutiny but the State has determined should not be deemed a segregated setting by virtue of community integration and non-institutional program.  CMS will then review and issue a final determination. There are 305 facilities – 219 residences and 84 day programs – have so far been deemed subject to heightened scrutiny:  91 sites were ICF conversions; 98 have program issues; 181 campus location; 150 on the grounds of public institution, hospital.  Those numbers do not include ICFs that convert to IRAs that will automatically be placed on the heightened scrutiny list.  Providers will receive a survey regarding compliance with settings rule to identify those settings that may be subject to heightened scrutiny.  Providers will be required to respond to the survey by May 5, 2017 if the packet goes out to providers by March 1, 2017.  OPWDD will be holding two webinars in March and a Q&A session as well. See the attachment.
9. **Care Coordination Organizations.**  Work is continuing with key players.  The NYS Executive Budget for 2017-18 anticipates capital funding for Managed Care infrastructure from Medicaid Cap savings and any operational savings will be reinvested.  CMS has advised NYS that a health home 1115 waiver effective 1/1/18 would resolve the MSC conflict of interest issue.  The State is working on launching CCOs initiative by 1/1/18, but acknowledges the complexity.  And to date there are no funds for startup costs. CCOs will manage all DD services, health services and behavioral health services.  CCOs are a precursor to managed care and value-based payments.  It should be kept in mind that the CMS rule on conflict free care coordination went into effect in 2014.  Thus, CMS is insisting for 1/1/18.  OPWDD acknowledges the need for a phased implementation.  Last year, OPWDD conducted an MSC Workforce Survey to assess number of staff, education and experience.  Survey is attached.  Some highlights – only 1% of MSCs have no college degree; 42% of staff in the survey have only been working in MSC for 2 years or less; 79% are qualified QIDP; and MSC vacancy rate is 7% (no turnover rate was solicited).
10. **Staff Stability Survey.**  NYS will be participating in National Core Indicators (NCI) national survey with other states.  Survey will focus on DCP salary, benefits, vacancy rates, turnover rates.  Survey will focus on providers serving individuals 18 years or older and will not include provider identification information.  Survey period is 2016 calendar year and must be submitted by June 30, 2017.  Survey will be received as an electronic communication in March.
11. **General Rate Issues.**  Respite and Prevoc Rates will be reloaded for rates effective 1/1/17 next day.  For Day Programs, DOH has completed property adjustments and will be sent to OPWDD for review and then loading in March.  Minimum wage adjustments attestation issue is being work on.  DOH will be sending out a survey that will cover next minimum wage increase.  Regarding the new overtime rules, there are no plans to provide any funding based on new overtime rules and thresholds for minimum salary for exemption from mandatory overtime.  Provider Associations will be conducting a survey to assess impact.  DOH expects to provide draft rates for 7/1/17 before July 1st of this year.
12. **Respite Rates.**  New draft respite fees (attached) to be effective 7/1/117.  These are the same fees previously proposed except that “school age” will be the same as “recreational” and “Intensive” was increased.  To/from transportation will be counted as respite time if the respite provider furnishes transportation directly to the individual receiving service or if staff travel with individual as part of the respite service.  These fees are subject to CMS approval.

Region             Unit     In-        Camp   Site Based       Recreation/     Intensive

Home                                      School Age

1                      ¼ hr.    6.35     6.47     6.24                 5.63                 8.69

2                      ¼ hr.    6.01     6.16     6.24                 5.39                 8.60

3                      ¼ hr.    5.96     5.68     5.75                 5.34                 8.25

4                      ¼ hr.    5.86     5.68     5.72                 5.21                 8.08

1. **SEMP Fee Schedule.**  Proposed new fees to be effective July 1, 2017 (subject to CMS approval):

Region             Unit                             Individual        Group

1                      Hourly                         71.87               28.05

2                      Hourly                         75.10               25.63

3                      Hourly                         79.82               22.64

1. **New Fire Safety Rules.**  Survey for ICFs switched to 2012 Life Safety Code.  For ICFs only, patient care electrical equipment – oxygen, nebulizer, etc.  There must be a maintenance and service plan for each piece of equipment.  If an outside vendor is used, then outside must provide this information available on site.  Other electrical appliances (TVs, stereos, computers, cell phones) in kept in bedrooms must be inspected and the inspection documented when first brought on site.  For all ICF and waiver program providers must submit emergency notification information through the IMU mailbox.  Each agency must have a dedicated IMU mailbox.