



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

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PROVIDER ASSOCIATION MEETING NOTES – MAY 15, 2017

1. **CMS HCBS Settings Rules.** CMS announced a delay in implementation of HCBS Settings rules. The last date for the State’s completion of full implementation (such as “heightened scrutiny” and including full analysis of compliance efforts) has been pushed back from 3/1/19 to 3/1/22. However, OPWDD is reviewing its deadline for Settings compliance, but has not made any decision regarding delaying its deadlines (for example, the deadline for sheltered workshop conversion). This CMS delay does NOT apply to conflict of interest rule for care coordination and phasing out of MSCs in favor of CCOs. The 1/1/18 date for transition to conflict-free care coordination remains unchanged.
2. **CCOs.** RFP for CCO applications will be released for stakeholder comment shortly.
3. **Revised SEMP Regulation and ADM.** These documents are being worked on but there is no definitive timeline.
4. **Article 16 Clinic Telemedicine.** Article 16 clinic providers have expressed interest in use of telemedicine to provide access to services – especially, psychiatry and other specialty services. DOH and the “O” agencies have been meeting to discuss expansion of telemedicine services. OPWDD will consider setting up a work group on this issue.
5. **NYS Transportation Study Update.** A statewide study conducted by Public Consulting Group (PCG) was prepared analyzing transportation issues for persons with disabilities. However, there were no specific recommendations pertinent to OPWDD at this time. The report recommended combination of all current state agency transportation services into a single state managed program. Roger Bearden was asked to provide an overview of the findings and recommendations that could impact current transportation arrangements in the OPWDD system for a subsequent PA meeting.
6. **CAS Update.** 9,561 individuals have been assessed using the CAS instrument. As the CAS is implemented, its first use will be in person-centered planning and will be required to be part of the planning process. Next, the CAS will be used to develop an “acuity” scoring or tier mechanism for determination of funding needs. 5,000 individuals selected (not randomly) as a “representative” group for the acuity project. Also, CAS will be used for residential hab rate setting. OPWDD confirmed that time spent by individuals participating in a CAS assessment during day hab program will not need to be

excluded from the required day program time. OPWDD will be reaching out to providers for identification of experienced direct care staff for a time and motion study to inform acuity rating project. OPWDD is working on releasing the CAS validation study performed by SUNY Albany.

7. **Person Centered Planning FAQs.** A 12-page FAQ was prepared and released to provider agencies on 5/1/17. Signature requirements are clarified. Role of MSCs and documentation requirements were clarified. The FAQ clarifies requirement of rights notification and documentation regarding modifications.
8. **HCBS Waiver Amendment 01.** OPWDD continues to work on finalizing amendment with CMS. CMS has approved new respite rate methodology for new respite fees. SEMP fees have been approved. New methodology for “high-needs” individuals is still being worked on. This new high-needs methodology will replace template funding. A question was asked whether new respite fees will require separate cost reporting for each of the five respite categories. OPWDD will get back on this issue.
9. **Status of “Higher-Of” Rates in Merger and Auspice Changes.** Current OPWDD concept is that the new provider would get the “higher of” the rate of the former provider or the rate of the new provider. Now, Amendment 01 does have language for emergency transfer of operations from one provider to another provider (occasioned by surrender or loss of an operating certificate) for use of “higher of” rate until a full year of costs for the transferred program appears in a base year for cost reporting. If it is not an emergency, then the new provider’s rate will apply. One assumes that all transfers will occur due to an “emergency.” OPWDD will be issuing an ADM on “emergency takeovers” to the field shortly.
10. **Rate Rationalization Update.** DOH is working on preparing draft 7/1/17 rates to be released in a few weeks. DOH anticipates that rates will be issued on a timely basis. However, for current template rate individuals who had a full year of costs in the 2015 base year, DOH is recommending that providers do NOT bill at the template rate but insert the program rate code to avoid an overpayment. 7/1/16 and 1/1/17 IRA rates with correct occupancy rates and correct property rates have been loaded. Any providers (there are 23) that did not respond to clinical services IRA survey and all clinical dollars will be removed from their rates.
11. **Conflict Free Case Management and Settings Rule.** OPWDD has previously agreed to comply with the federal care coordination conflict of interest rule by 1/1/18. CMS has agreed that if individuals with I/DD are now included under the health home program under the state’s 1115 Medicaid waiver (such individuals were previously excluded), then the new CCOs will meet the conflict of interest rule even if DD providers establish and control the new CCOs. Delays in implementation in the HCBS Settings rule do NOT apply to conflict of interest rule and change from MSC to CCOs/health homes.