OPWDD Provider Association Meeting- Conference Call
DDAWNY
March 19th, 2018

Commissioner Delaney

CCO Update - 6 approved. People receiving services will have the choice of two CCO's. OPWDD has been devoting time and resources to educating MSC's about this transition and the focus will soon include other groups. There were forums for people served and families focusing on why the change is happening and now the focus of the forums will now be to provide detail on what the future looks like.

On March 1, the Health Home State Plan Amendment was submitted. Negotiations have been occurring. CMS indicated they should be issuing an approval by the end of March.

On Feb 28, OPWDD submitted responses to questions by the Feds on the 1115 Waiver Application. This was the second request for additional information. Hopeful we are nearing the end of that process and looking forward to an approval soon.

HCSB Waiver 03 Amendment - close out preparing the move into the 1115 Waiver. Received a request for additional info on the High Needs Funding on Feb 28th. We hope to have approval on this soon.

Professional Licensure Exemption - there have been some recent developments. OPWDD and other "O" agencies met with the Assembly and the Senate regarding what items would be exempt from licensing. Willow and Jill put together a small workgroup of voluntary providers so they didn't just agree to items that work for the state operated programs. The workgroup will be convening after this meeting. The plan is for the exemption to become permanent.

Kevin Valenchis (very hard to hear on the call)

Overall financially, not too much to report.

Assembly redirected $30 million in funds for aging caregivers. There hasn't been much discussion with OPWDD on what the details are on that. Senate added $2.445 million dollars, $2 million of it for managed care support.

Both houses made comments on the licensure issue.

Rep payee demo extension from 2018 to 2021.

Fingerprinting requirement on the CCO - senate accepted, assembly rejected the requirement for criminal background checks but accepted the expectation to make HH Care Manager Mandatory Reporters.

Telehealth bill was made more flexible than originally planned.

JoAnn Lamphere/Tricia Downes

Electronic Visit Verification - established by Congress in 2016 - phone and computer based time keeping services used to track time in a person's home.

Requirements of EVV - track personal care services delivered in the home or community. States are required to have in place by 1/1/19. Any State that doesn't have in place are subject to penalties. Staff call into a number, verify their identity with a code. System has GPS monitoring. System calculates billing time for the service. CMS has a broad interpretation of the requirement and indicates waiver services should be included. Day Hab and Employment are the only services not impacted. Seth Stein brought up a recent case which indicated guidance cannot replace regulation and in this case, NYS should not over interpret and issue guidance on the services they think are included. Personal Care services are just that and the State should be cautious about adding other services.

Kate Marlay

Community Habilitation Transition to CFCO.

Self-direction is not included.

This has minimal impact. DOH issued memos to their health plans moving to.

Transition timeline:

- 4/1/18- services, none of which our providers offer.
- 7/1/18- CFCO will include Activities of Daily Living, IADL- skill acquisition and maintenance (for the non-IDD population).
- 1/1/19 Community Hab, Assistive technology, community transitions services, moving assistance, food delivery, social transportation, e-mods.

This will be a state plan service as long as you are eligible for a state plan benefit. This impacts those in the Waiver and Medicaid Managed Care plan. OPWDD is working with the DOH on this and more information will be forthcoming.

Joanne Howard

Status of Workgroups - we had more interest than we could accommodate. The goal of the groups is to remain small and be time limited. The chair of the group will be sending out the first meeting date later today.

The workgroup on the Agency Report Card is separate from these groups. If you are interested, contact Tamika Black.

Donna Cater

Rate transformation update

Sending a PowerPoint on the Acuity will provide the calculation: 75 % DC hourly rate, 25% regional hourly rate, multiple by state wide annual hours. Then we multiple that by the acuity factor, then by capacity to come up with the dollar amount. Clinical is done differently.

Acuity cannot be calculated. DOH uses a regression analysis. Donna indicated she could share the components, but the average of this impacts the average of that so a provider could not

independently figure out. They take into account all of the components and look at cost reports and make correlations.

Frequent questions: The acuity of those I serve went up but my acuity factor went down. Reason: if you didn't spend more hours, if you had more clinical services rather than direct care, direct care would have gone down. The average didn't move a lot. The average hours changed only marginally about 40 hours per person, which is not a lot.

Acuity Adjustment Factor - goal is to examine historical DDP information - the DDPs are for those you served in the 2015 cost report. Took into account those who were template funded and those from Willowbrook. Minimum staffing requirements were taken into consideration. There were zero providers cut below the minimum staffing.

Step one is review the cost report data. Perform regression analysis. The six factors considered are: Template, Willowbrook, bed size, behavior score, adaptive score, and minimum staffing.

Credibility adjustment is to adjust outliers. 57 providers that benefited from being outliers. If you're an outlier, we use 80-20 or 90-10.

Did not use for Supportive or ICFs.

What is driving the change in acuity? DDP scores, DSP hours, average bed size change, number of template or Willowbrook in comparison to the denominator.

Once someone who was template funded is rolled up into the cost report, they will no longer flagged as template.

Regional Fees - depending on the person doing the job, there may not have been a regional fee add in for minimum wage.

4/1/18 rates will be posted sometime after 4/1/18. Fees will go in around 4/1/18.

Communication with DSP's regarding the 3.25% - asking the Executive Directors to communicate with their employees how and when they are going to get their 3.25%. 4/1/17 or after increase can satisfy a 1/1/18 increase. Central Office is getting many calls from staff and would rather people speak to providers directly.

John Kemmer

New ICF Conversion Funding Policy - moving to the proposed hours neutral policy has a negative impact on providers and therefore would not want to convert.

For those who were approved to convert, we want to make sure they're not disadvantaged. We need to make sure you're transparent with the new policy.

Central Office would like people who are harmed to share those details. Megan indicated there is a work group convening and can review the details and impact on providers.