



Coalition Of Provider Associations

Representing More Than 250 Provider Agencies in New York State

3 Cedar Street Extension, Suite 2
Cohoes, NY 12047
518.436.0467 ♦ info@copanys.org
www.copanys.org

Provider Association Meeting Minutes – September 24, 2018

1. **Specialized I/DD Plans-Provider Led (SIPs-PL)**. The public comment period for responses to the draft document for the creation of specialized Managed Care plans has been extended to 10/17/18. OPWDD will look to record a presentation in order for individuals, families and all stakeholders to comprehend the intent and answer their questions.
2. **Community First Choice Option (CFCO)**. OPWDD is working with DOH on finalizing rate structures for those individuals who will now be eligible under the State Plan Amendment. There are approximately 4,000 individuals who are in mainstream Managed Care plans receiving Community Habilitation. OPWDD is working with DOH to develop the billing software in order to cover providers of Community Habilitation who may need a single case or network agreements with a Managed Care companies. There are currently 255 providers who have individuals in 18 distinct mainstream Managed Care organizations in the State. OPWDD has an agreement with DOH to use the Fee-for-Service (FFS) methodology for the first two years as a transition preserving the rates that providers currently receive. As there are many steps to go to finalize the billing transition, OPWDD is still targeting the first or second quarter of 2019 to begin implementation. Please stay tuned for updates to come in the next few weeks. Finally, for those individuals receiving Community Habilitation who are not in mainstream Managed Care, their billing will remain the same and providers will use their current rates. The billing processes will evolve as the CCOs and downstream providers move to full Managed Care.
3. **CCO Transition**. For the 3,200+ people who hadn't chosen a CCO/Health Home or Basic HCBS Plan Support but were preliminarily assigned, 95% of those cases were resolved. OPWDD recognized at least 3 major challenges over the first 2 months of the transition: 1) the assignment of Tier 4 individuals and the complications of the weighted caseloads – OPWDD is working with the CCOS directly on resolution; 2) the challenge of the Assessments, including the CAS and the IAM scheduling – they recognize the growing pains here and have heard much of it from families as well; and 3) data and security concerns – OPWDD is working with Maximus and they're connecting with the CCOs on the CAS documents as there has been a slowdown in completing them. They also acknowledged the difficulty in accessing CHOICES and the ensuing errors that has been a challenge.

When questioned about the transition difficulties and the concern over audit processes, DQI did respond and is looking to push back the review of the Care Management and Life Plan document reviews until at least January 2019. However, DQI staff may be asking to see completed Care Management and Staff Action Plan documents to pilot their own future audit activities, but only

as a test and not for certification purposes prior to 1/1/19. Our COPA agencies ask providers to let them know should DQI look to pilot their survey processes during program audits.

4. **Eligibility Regulations.** OPWDD has heard many comments and concerns about the issuance of Eligibility for Services Emergency/Proposed Regulations, which became effective through the emergency/proposed rulemaking process on June 7, 2018. OPWDD Counsel's office explained that the regulations were now being republished as the guidelines were first clarified in 2001-2002; there were issues then for individuals who were transitioning and coming back to New York State. OPWDD reported that Disability Rights New York (DRNY) had raised questions about eligibility and why it was only in guideline form and contained in case law but not issued in regulation. OPWDD cited that inquiry as the reason behind the promulgation of new regulations. They see no changes in the processes of determination of eligibility already in place.
5. **2018 Rates.** Yes, we are all still waiting. Kevin Valenichis reported that he hoped to resolve the outstanding questions from DOH by early of the following week, 10/1/18.
6. **Workgroup Recommendations.** As reported in previous Provider Association meetings, all recommendations suggested in the 9 different Workgroups were sent to Kevin Valenichis' Fiscal Services Unit to cost out the results and commitment that OPWDD would need to seek from DOH and DOB for implementation. While OPWDD has not issued the recommendations, nor are the costs fully associated available, I can share some highlights. The following is not the exhaustive list and only some of recommendations being considered. As per OPWDD, we cannot identify the potential costs, and we cannot expect implementation across the board, but the discussions have been enlightening for both OPWDD and the provider community.

Higher Needs Workgroup: The group discussed expanding the flexibility of the definition of "qualifying event;" another recommendation asked for increasing the timeframe for eligibility, timelines for completion of a request for this funding and consideration for individuals in Nursing Homes were suggested.

Direct Care Workforce: Recommendations included the development of recruitment and candidate materials, supporting statewide best practices, training and developing a candidate pipeline workgroup to conduct outreach, continue working with DOLs of the State and Federal governments to create an Occupational Code and examine costs of developing credentialing programs.

Clinic and APG Workgroup: OPWDD confirmed the losses in the Article 16 clinics statewide. Recommendations to support clinics through rate adjustments were included; a number of recommendations asked for dramatic support for the losses in both Article 16s and 28s to address years of underfunding before the transition to managed care; the creation of a permanent workgroup to inform OPWDD about Clinics for both policy and fiscal concerns was also included.

CAS and Acuity Workgroup: A number of recommendations were put forth concerning the development of guidance to assess the risk scoring and resource allocations for services, especially considering the fullest capture of service costs for individuals with high needs. Also suggested was the development of an advocacy group to review the actuarial model input for scoring and rate development.

Value Based Payment: Recommendations included the establishment of an advisory group to review the metrics for assigning payment value; identify the unique aspects of the I/DD population that will need specific design considerations; include the evaluation of current Medicaid spending and quality data prior to VBP to assess system impact.

At Risk Provider Workgroup: Explore the opportunity to stabilize providers adversely impacted by rate transformation and other factors; develop a pool for organizations to incentivize mergers and consolidations; develop consistent fiscal health metrics and support the system with training; increase technical assistance on rate methodologies.

Cost Reporting Accuracy: Simplify the Units of Service definition and develop web-based training modules for providers; refine CFR Manual instructions and modernize the CFR system that can better facilitate analysis; require CFR training for all nonprofit staff assigned for CFR preparation.

ICF Program Conversion: Adjust the fiscal impact to providers to convert to IRAs; discuss the Retainer Days and lost reimbursement to providers due to hospitalizations and other absences from residential programs; examine providers already serving individuals with complex needs in IRAs.

The Commissioner has asked the Provider Associations to review the recommendations and respond by next month's meeting as OPWDD prepares their final budget recommendations to DOH and DOB for the 2019/2020 year. OPWDD will make the final decision about which recommendations will be adopted.