



*Coalition Of Provider Associations*

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

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## Provider Association Meeting Minutes – January 14, 2019

1. **CCO Update.** Problems remains regarding implementation of Life Plans. The first is an IT problem and OPWDD has retained an IT consultant to work with the CCOs to resolve the problem. In addition, OPWDD has postponed the effective date for Life Plan development for Tier 4 individuals until March 31, 2019 and until December 31, 2019, for Tier 1, 2 and 3 individuals. Problems have also been identified regarding Life Plans that include services or service frequencies not consistent with provider responsibilities or scope of provider regulatory obligations. For example, an individual may only be receiving SEMP services and the Life Plan includes the desire for a recreational activity, not part of a SEMP program. Or the Life Plan requires the residential provider to staff a hospital stay 24 hours per day. If disputes arise of this sort, providers should try to work them out with the CCO, but if a resolution cannot be reached, the provider should contact the DDRO seeking its assistance. OPWDD is working on an ADM on Life Plan and Staff Action Plan approval process and documentation requirements.
2. **CFCO Update.** The target date for CFCO implementation for community habilitation services being included as a state plan CFCO service is July 1, 2019. OPWDD will be sending out a letter explaining the changes in the next few weeks. Providers will be receiving a communication through OPA identifying the list of eligible enrollees on 7/1/19 (while the list is expected to be close to actual enrollees on 7/1/19, OPWDD expects some variation with enrollments and disenrollments between now and then). Individuals currently receiving comm hab services will fall into three distinct categories:
  - individuals enrolled in the HCBS Waiver currently receiving comm hab who will continue to receive comm hab through the waiver (in self-direction, live in a residence, family with special budgeting rules);
  - individuals who will, effective July 1, 2019, now receive “comm hab” services as a CFCO state plan service under the CFCO acronym SAME (all other individuals in the Waiver receiving comm hab); and
  - finally, individuals whose comm hab services will switch to CFCO on July 1 2019, and who are enrolled in mainstream Medicaid Managed Care plans, will have their “comm hab” services now included as a Medicaid Managed Care Plan services and comm hab providers will have to enter into some form of contractual arrangement with these managed care plans in order to receive payment for services.

Reimbursement for CFCO state plan “comm hab” services will remain essentially unchanged (but see below under Rate Setting Update). Medicaid Managed Care plans that cover CFCO “comm hab” services (as SAME services) will pay at the comm hab rate for a minimum of two years.

3. **Workgroups Update.** Higher Needs Workgroup is working on the definition of a qualifying event that would trigger Higher Needs status for individuals. The proposal is being reviewed by OPWDD administration. Direct Care Hiring Crisis Workgroup is discussing reaching out to SUNY, CUNY and Community Colleges regarding recruitment. Regarding the Workgroup on Value Based Payment Initiatives, OPWDD will be reforming a Provider Reimbursement Workgroup. Regarding the Workgroup on At Risk Providers, OPWDD is developing an RFP to be released seeking proposals from providers to provide technical assistance to other providers that are encountering operational difficulties. Regarding Workgroup on CFR Accuracy, OPWDD will be implementing a Web-based training module. Regarding ICF Conversions, OPWDD is reviewing recommendations from the Workgroup on using ICF board costs in IRA rates and retainer day limitations. Article 16 Clinic Workgroup will be meeting this week. Rate Rationalization Workgroup is continuing to meet and is discussing the IRA 14-day retainer day issue.
4. **Telehealth Follow-Up.** OPWDD is working with DOH and “O” agencies on development of a telehealth guidance document. OPWDD will be issuing an ADM on telehealth billing procedures once DOH guidance document has been finalized its policy.
5. **Rate Setting Update.** 1/1/19 rates to be released in February with property and minimum wage adjustments. The CFR on file as of 1/4/19 will be used for 7/1/19 rate setting and no further amendments will be accepted. Higher Needs rate setting for 7/1/19 is still unresolved since CAS is not available for rate setting purposes. OPWDD is working on determining CFCO “comm hab” rates. Since DOH uses only two rate regions – upstate and downstate – and OPWDD has three comm hab rate regions, OPWDD is pursuing combining current region 1 and region 2 rates into a single downstate CFCO rate and leaving region 3 rates as the upstate CFCO rate for the SAME service. DOH is developing a new DOH waiver for children’s CFCO services and current OPWDD Care at Home Waiver Services for children will move into this new children’s waiver effective 4/1/19.
6. **Electronic Visit Verification Update.** The federal implementation date for implementation of electronic visit verification was extended by Congress until January 1, 2020. This requirement would impact personal care, other home-based services and OPWDD comm hab and CFCO SAME services. NYS DOH is reviewing various options for the NYS Medicaid Program.