



Provider Associations Meeting

October 21, 2019

1. **Statewide Committee on Incident Review.** The Committee will focus on quality improvement and elimination of preventable incidents and events as a system wide initiative while promoting positive practices. OPWDD has collected data on incidents to identify key factors. They will send out some trends they are identifying to the Provider Associations.
2. **CFCO Update.** The CFCO billing training for Providers has been postponed until further notice. It appears that implementation of CFCO will be delayed beyond January 1, 2020.
3. **Community Habilitation Service Authorization Guidance.** OPWDD has been working on developing service authorization guidelines for Comm Hab, which will also be used for CFCO authorization. The guidelines will focus on need for habilitation to develop skills to independently and effectively navigate one's community. Therefore, the age of the individual will be a significant factor in determining appropriate services. An additional goal of establishment of the guidelines is to ensure consistency across all Regional Offices. Concern exists regarding transfer of Comm Hab to CFCO because managed care plans conducting utilization review based on review of medical necessity is an approach typically used in care planning under the waiver. The Commissioner stated that the rate of growth of Comm Hab spending is "unsustainable." Clearly, OPWDD is looking at acuity assessment and the level of services provided as ways to balance the CFCO portfolio and control costs in a rate reduction. Volume, unit cost and acuity are the three key elements to control total cost. In addition, OPWDD staff, in dispelling a rumor, stated that there is no practice to exclude eligible children under age 13 with I/DD.
4. **Records Retention Update.** Medicare records retention requirement is ten years and Medicaid is six years. OPWDD is not recommending any longer period than six years.
5. **Clinical Advisory Group Update.** OPWDD reconvened the Clinical Advisory Group in May. At the May and September meetings, the group reviewed quality measures and the use of health information technologies to develop measures that could be used for value based payment arrangements. The next meeting is scheduled for December. PowerPoint presentations from these meetings are available on the DOH website.
6. **Life Plan and Staff Action Plan Requirements.** OPWDD discussed an issue regarding delays in delivering Life Plan to providers to permit development of Staff Action Plans within 60 days of development of Life Plan. Providers should develop Staff Action Plan without the Life Plan based upon knowledge of the individual and clearly document failure to receive Life Plan to protect the provider in an OMIG audit. As of 9/1/19, 80% of Life Plans were completed. Goal is 100% by end of the year.

7. **Challenges in Supporting Highly Complex Individuals in the Community.** There was extensive discussion about serving individuals with significant psychiatric disorders in the DD system. The Commissioner noted that the DD system cannot provide psychiatric care; access to psychiatric care is a problem in the Medicaid fee-for-service system; he believes that the managed care system may have better options for treatment access. He also acknowledged that behavioral supports and services are not always appropriate to treat the symptoms of serious mental illness. OPWDD staff encouraged providers to reach out to the Regional Offices sooner when issues arise, despite the limitations that are inherent.
8. **Letters of Support for Tax Credit Capital Financing.** The RFA for OPWDD capital support letters for the HCR grants are due by November 27, 2019, for issuance in January. Tricia Downs is the OPWDD lead person.
9. **New Screen on Agency Administration.** New waiver renewal has a proposal to implement a screen on costs that will be used for calculation of the admin component of rates. This is still pending CMS approval. OPWDD and DOH are moving forward for implementation effective 1/1/20 (not retroactive). OPWDD is planning on implementing a cap at 15% that will be screened out before calculation of administration component. Target of 2019-2020 budget cut for Admin was initially \$60 million.
10. **Rate Transformation Update.** At this time, OPWDD is still reviewing the impact the proposed rates will have within the system. The rates have not yet been finalized. NYS budget call letters for 2020-21 are for 0% growth; the OPWDD system experienced unanticipated spending growth, due to enrollment, minimum wage and bFair increases; health home spending; increased enrollments into the system; the inclusion of Template funded/Higher Needs funding into the rate base. With the backdrop of the \$1.7 B in missed Medicaid payments from last March, all State Departments have been forced to find substantial savings. It is clear that the budget authority for OPWDD does not rest with within their department.
11. **Other OPWDD Program and Fiscal Updates.** As of 7/1/19, ICF claims must include the NPI of physician that signed off on the annual level of care form. This new edit will be implemented in late November to deny any claims submitted without the NPI. IPSIDD claims will be automatically re-calculated at the higher of, retroactive back to 6/1/18. No resubmission is required. Communication will be going out. 9/21 logic went in to pay at the higher of rate. OPWDD staff is making an additional review of template rates to identify any claims incorrectly paid at the template rate. Providers are reminded to closely match the effective dates of admission of Template/High Needs individuals.

