

OPWDD Provider Association Meeting

January 25th, 2016

Transformation panel

The Transformation Panel issued its draft report.

- Comments due last Friday Jan 22, 2016.
- 150-200 comments so far, but will accept late comments
- A number said recommendations were great, but need a plan to implement them.

Action plans are already underway. The Panel will review the comments on Friday January 29th.

The final report is due to legislature mid-February. Shortly after, a detailed action plan will be released to the public with quarterly updates on progress. The Transformation Panel will reconvene periodically.

The final report will include responses to comments from the listening sessions and comments submitted on the report.

Other Reports Being Issued

By February 16th, OPWDD will be issuing reports on the following issues:

- Integrated Work Settings
- Front Door
- Residential Request List- 24,000 calls made, 12,000 letters sent to identify those who need placement now and will in the next few years

OPWDD Value Based Payments Committee

This transformation will begin with outcome based payments and will go all the way to a capitated rate. The DOH website outlines what the Value Based Payment Model is. A committee of people served, families, providers and OPWDD staff is meeting monthly now to design how this will work in our service system. The next step will be to determine the link with health outcomes.

Budget

Funds slated for placement of people moving out of Developmental Centers and ICFs. The ICF note is specific to a project on long island where a specific set of state operated ICFs are being transferred to non-profit providers.

Savings will go into local assistance and will be used for additional services

2600 new residential housing opportunities: In the last 18 months (the state fiscal year plus the 6 months prior) 1525 came from home, the remainder from DC's, ICF's, and

Nursing facilities. The count includes only those new to residential services. In 2014- there were 851 placements. A detailed breakdown will be provided at the next Provider Association Meeting. In 2014, there were 851 placements.

OPWDD will be issuing a mailing with 2015 numbers and they will also be included in the OPWDD newsletter.

15 million dollar has been allocated for supportive housing- the process to obtain these funds has not changed.

A PA representative requested details at the next meeting on how all the prior year development money was spent. The budget office confirmed that it was all spent and said they will provide details to the group.

Approved Projects

500 Residential which include ISS, Family Care, Supervised, Supportive. These are new services or the expansion of current services, but these are not backfills.

600 Day Services including Group Day Hab

500 Employment Supports- SEMP, Pre-Voc, Pathways

400 Respite- primarily hourly

4000 Other supports including CH, MSC, IBS, Self-Direction

Minimum wage

The Commissioner indicated this was a multiple agency issue (OPWDD, OMH, etc.) and DOB is coordinating this as a state issue. They are conducting an analysis, which is ongoing. Providers expressed frustration that an analysis was already done in August and DOB agreed it was comprehensive and well done so what is there for them to still analyze. NYC is already being impacted and we need action fast.

Once the analysis is done, it will be brought to the legislature.

At this time, there is no commitment to raise above minimum wage. Providers expressed concern that no plan has been issued and paying DSP's minimum wage is wrong. There was discussion about the OPWDD commitment to treat DSP's as professionals and we need them to stand behind this commitment. A concern was express that all levels of the organizations need to be considered because Managers and DSPs cannot make the same wage.

Providers indicated Minimum wage is a law so it has to be followed, but services will be cut to those with the highest needs if we don't get OPWDD's support in raising pay.

SEMP

SEMP ADM- in counsel's office. Providers will be happy because what is billable is more clear and has been expanded. Innovations training will be billable. The Weekly note- #9 in the checklist is out.

OPWDD indicated they reviewed July-Nov billing data to evaluate the impact of this new billing method on providers, but they're not sure it was long enough to give the full picture.

A provider indicated there are some who need financial help in the interim. The Commissioner indicated the Contingency fund is gone- it was put into the new rates.

A review of agency's struggling will be done and see how it can be solved.

Respite

The recent survey was completed. Data is being review and should be done soon.

Those who are outliers and providing a service may need to consider a different service model.

Transportation issue: (OPWDD recently sent correspondence to all providers) Some counties who authorized state funded transportation to respite should not have. DOH found out and is telling them to stop. This only appears to be a handful or providers. You would know if it were you. This is state funded transportation only. This doesn't apply to most. This doesn't mean transportation can't be provided during respite.

Waiver renewal

The updated Waiver is published on the website. Recent Webex's were held to discuss the Waiver and audio recordings are on the OPWDD website. Q&A finalized and will be out soon.

Providers who requested paper copies, they will be available at regional offices.

Comments extended to March 4th.

4 new changes:

- 1) High needs funding (for people new to services)
- 2) Respite fees
- 3) Auspice change- providers get the higher rate
- 4) Technical change related to the Template funding

This goes back to 10/1/4 – this is a retroactive action

Transportation Vendor Enrollment for Day Habilitation and Residential Providers

Late in December, providers received communication from DOH regarding enrollment as a Medicaid transportation vendor. OPWDD and DOH are indefinitely delaying the

effective date until its impact is better understood. Currently they are working on a crosswalk of regulations that already exist due to being a Medicaid provider. Providers have indicated that current regulations are sufficient and vendor enrollment is just another layer. DOH didn't realize the extent of the impact of this until they discussed it further with OPWDD. They are working on getting out the letter to say there should be no disruption of services

Two work group sessions with transportation providers and service providers will be formed to get details on how things really work.

At the next Provider Association Meeting, there will be an outline provided on what's happened.

CAS Update (PowerPoint will come with the notes)

Goal- to have a standardized automated assessment tool. This is a conflict free assessment which is meeting CMS requirements. OPWDD wants to ensure those with similar needs have similar resources. Two years of verifications has been done and OPWDD will begin rolling out the CAS in March. The IT System will be up and going in February. Tabs and Choices will be updated in March to share the CAS data. Webinars will be held in Feb and March.

Those who have been identified as a priority group is who will receive the CAS Assessment first, starting in March including:

- Newly eligible for services, over the age of 18
- Children in the system who turn 18
- Self-directing with budget authority- OPWDD will be doing an analysis of variables PRAs. (There is no more money to increase PRA's in total, but when funds are tied to the CAS down the road, some many see an increase in PRA while others with less needs see a decrease.
- People living in IRA's
- People receiving Specialized or Template funding
- FIDA- eligible people (not just those enrolled)

This tool is for adults not children. The initial assessments will be done by state staff. These staff completed the CAS with 1100 people during the study and are well trained. People get to decide where they want to be assessed such as at their home, a program they attend, etc. There will be an effort to be efficient in the administering for example if the Assessor goes to an IRA to conduct the CAS, the other people who live there will also get the tool as a way to avoid multiple trips.

Within 24 hours after the assessment is completed, the CAS results should be available in Choices. MSC's and regional OPWDD staff will have access to ensure the person's needs are being met. Written communication such as FAQ will be available soon.

A subcommittee of the Transformation Panel will be formed to look at the data to create an acuity model for payment. Acuity measures will be developed. Right now the tool is being used to assess needs. Assigning an economic value to those needs will come later.

Where a person has specialized needs, such as being deaf, OPWDD is ensuring that the training provided and training manual include how to handle. This will include that the assessor seeking assistance from those who the person successfully communicates with.

SUNY Albany did a review of the CAS data collect so far and data is positive. They verbally confirmed the tool is valid. The written report isn't ready yet, but OPWDD saw no need to delay implementing this long awaited assessment.

There are 100,000 people in the system, so getting this done will take time. The roll out will occur with randomly selected people and settings, starting with the above mentioned priority groups.

Providers expressed concern that while we're waiting, PRA's will not be increases. The response was there will be opportunities to look at it. Total dollars won't increase, but funds may be shifted between people.

Rate Transformation Update

Respite survey- 50 Agency's still need to respond, but so far they believe:

- 1 to 1 fees are high
- Group is opposite, too low.

Once they get the remaining surveys, they will review the rates.

7/1 supportive rates posted on 12/19

7/1 supervised rates posted 1/21

Target date for vacancy and retainer days 2/5/16.

Some providers billed 14 retainer days and stopped. They should not have done this. Even though there is only payment for the first 14, all need to be submitted. If not submitted, DOH counts those days as vacancy days. When OMIG does a review of providers, they will see that a provider is getting paid a vacancy day while the person is receiving a Medicaid paid service outside of the home. This will be an issue of improper billing. DOH is paying those days in vacancies now and the window to fix it is over. OPWDD has been provided the list of who made this error and will be conducting follow up. (A question was asked- what if a provider comes forward and says you're paying me too much for vacancy because I made this error. DOH said if a provider self discloses, we'll have to fix it).

DOH also indicated for those under or close to 5%, it matters. If their vacancy is over 5%, it doesn't matter because that's the cap.

January property update will be in rates by the end of Feb, goes back to 7/1/15.

If you had property changes, they will go in the 7/1/15 rates.

ICF AR balance recovery

OPWDD has spread AR balances across all providers. The adjustment is 15%. The instructions were clear providers should have emailed "I will be sending you a check", and if you didn't, you're still getting the 15% taken.

Community Service Fund

40 million being given and will be paid on 4/1/16 (it's possible the payments are delayed, but contracts will be out by that time). Letter to come shortly to notify if you got it.

Will be issuing a contract 7/1/14- 6/30/16, in July 2016, 7/1/16-6/30/17. These will be reconciled to actual expenditures in total for the 3 year period. These were based on the 7/1/14 rates so there will have been some changes since the rates changed.

Looking at a **Phase 2**. There will be an application for those programs that had a rate transformed as of 7/1/15. This includes: SEMP, Pre-Voc, Respite, Agency sponsored family care. No decision yet on what CFR will be used.

Phase 2- 7/1/15-6/30/17 – reconciled over two year period.