Provider Association Meeting

May 23, 2016

**Acting Commissioner Kerry Delaney- General Comments**

*Transformation Panel*- Work Plans are being formulated with assistance of KPMG (consultants). There are 8 general groupings of recommendations (Residential Support, Care Management & Assessment, Employment & Life in the Community, Flexibility & Responsiveness, Funding & Performance, Self Determination, Support Family and Supporting Staff). From there, each of the 61 recommendations were put into 1 of 3 categories, depending on how difficult it will be to formulate a strategy and implement. For the 1st 2 categories (easier ones)- there is an OPWDD internal steering committee who have put plans together already. They are currently working to interface with Panel members for their comments. For the most difficult category (including things like flexible day & residential options and safety net), the Panel will do scenario planning.

*Rate rationalization*- considered a mid-level category. Gathering information from selected providers to ensure that OPWDD understands all issues before review begins

*Acuity*- potential fixes are underway

**Residential Wait List-** *Abiba Kindo & Sally Berry-*

Residential Registry List (RRL)- has over 11,000 people on it throughout the state (this merely shows interest in residential placement ). Need to better train MSC’s on how to move people from RRL to CRO list when the need is imminent. If on RRL list, MSC or family must notify DDRO of change in status and CRO team reviews and if appropriate they are placed on CRO list for immediate consideration. CRO list is only for those for are actively seeking residential placement. A suggestion was made that a description of the differences between the 2 lists be put into writing for distribution.

New Residential Support Categories (see attached for descriptions )- finalizing guidance. Have taken recommendations from Transformation Panel.

Priority 1- now Emergency Need

Priority 2- now Substantial Need

Priority 3- now Current Need

**ICF Conversions-** *Megan O’Connor & Dixie Yonkers*-

79 ICF’s have converted with 669 people. 26 are under review with 243 people. Need 1000 more in the voluntary sector this year to make their goal. Will be focusing on larger ICF’s. Soliciting interest via recent survey. Recognize issues for individuals with significant/complex needs. Rate rationalization and HCBS waiver standards have complicated this.

**ISS Rental Subsidies***- Kevin Valenchis*

Reviewing HUD data sets to determine fair subsidies. Reviewing situations where there are roommates. This is a significant problem in NYC region.

***Transportation- Provider Enrollment & Standards***

Verbal agreement on nearly all issues, but still don’t have final language from DOH.

Agencies should be able to auto-enroll as transportation provider (in lieu of 6 page enrollment form). Medicaid compliance issues should only be an issue for transportation companies who aren’t currently enrolled as a MA provider. They must enroll by 1/1/17 or at the expiration of their current contract.

DOH will defer to OPWDD guidance on 19-A licenses (from early 1990’s)- currently on OPWDD website.

Training requirements- may be a bit expanded.

Driving records- most agencies already do this through LENS (?) or similar program

Still discussing vehicle retirement requirements

OMIG Audit- since there is no billing or claiming for agencies, there should be no traditional audits.

DOT- Operating authority- they acknowledge that OPWDD providers are exempt, but you will need verification of your exemption. You can do that now. Must file by 10/1/16. Further info to come.

Documentation- covers pre-voc, certified residential programs, certified day hab programs for to/from transportation- will need to verify driver license#, consumer CIN #, mileage, etc. DOH recognizes providers have this information in different places and this seems okay.

For guidance, it was suggested that OPWDD add to the May 28, 2015 ADM memo on safe community outings. OPWDD will discuss further.

Pete Pierri (IAC) and John Kemmer (NYSARC) have been Provider Association reps working with OPWDD, DOH and DOT on this.

**Day Hab Expectations for HCBS Settings & Heightened Scrutiny Evidence Package-** *JoAnn Lamphere*

NYS must supply an internal review of the current Transition Plan to CMS by October. DOH is compiling and it will be available for public comment this summer.

Day Hab guidance is being formulated, as well as an ADM for Person Centered Planning.

A Day Hab letter will be issued this summer based on CMS exploratory questions and ADM 2014-04.

A Heightened Scrutiny evidence self-report will need to be completed for each site deemed to be heightened scrutiny (7/16 – 9/16). You should be self-identifying your own sites, as well those identified via DQI process. More information to come

**Revised Lien Agreement**- *Roger Beardon/Sue Milstein*

60 – 70 have been done in the past year. Some revisions are possible if the providers want them. OPWDD will be reaching out to you to discuss if you have an agreement.

**Legislative Update-** *Roger Bearden*

See attachment. Roger and Greg Roberts will now have a regular forum to review these with Provider Association government affairs/lobbyist staff. J.R. is part of that group.

**Rate Transformation –** *Donna Cater*

There will be a DOB rep at the next meeting.

Issue with Cycle 2019 Day Hab rates. File picked up wrong rate. Will be corrected in 2021 cycle. Providers are aware if it’s a significant amount.

Cost verifications- Donna just sent 123 new sites to OPWDD. New policy that was effective 11/1/15 in regard to final expenditure reports. Many are missing. Letters have been sent requesting information to agencies. Donna will send a list of missing information to PA to distribution to members. 176/700 PPA’s agencies never responded to final expenditure report request. Not completed within 2 years of opening, $ can be taken out of your rate.

Respite- OPWDD/DOH remains committed to Transformation Goals. Working hard on differentiating different types of respite and determining what CMS will allow. More to come.