



Coalition Of Provider Associations

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Alliance of Long Island Agencies, Inc.
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Provider Association Meeting Notes – August 15, 2016

1. ISS Rent Subsidies. OPWDD is considering an increase in ISS rent subsidies and to enhance ability to rent 2 and 3 bedroom apartments.
2. Affordable Housing. OPWDD will support up to 50% of the capital cost of apartments for no more than 25% of the total units located in the project. Units include ISS housing subsidy and waiver support services. There are two programs – HCR for the 9% tax credits and the Open Window for 4% tax credits. Only \$5 million is left from the 2016-2017 budget allocation of \$15 million. The issue of including certified IRA units in affordable housing projects receiving OPWDD capital support is still unresolved. A PowerPoint presentation on affordable housing is attached.
3. Nurse Practice Act. In 2003, OPWDD and SED reached agreement on an MOU regarding medication administration in certified locations. Legislation adopted in 2015 was intended to extend medication administration to non-certified setting. However, SED has taken a very narrow interpretation of the statute to limit its applicability to person living in non-certified settings only and thereby vitiated the impact of the new legislation for persons residing in certified settings, but needing medication administration support when such individuals are in the community. SED contends that the new statute does NOT apply to individuals living in certified settings when they go out into the community. OPWDD plans on issuing a regulation to implement its reading of the statute to permit medication administration in non-certified settings for all OPWDD program participants whether they reside in certified or uncertified settings. Nurses employed by OPWDD providers may be concerned that providing supervision of medication administration is contravention of SED's view of the statute could subject them to SED disciplinary proceedings.
4. New Prevocational Services ADM. OPWDD is finalizing text of new prevoc ADM for a September release. Site based prevoc will include pre-employment and job readiness skills development in non-residential certified facilities. If a provider is using day hab space for site based prevoc, no additional certification is required. A new provider integrated business is considered a non-certified setting. Gathering or Hub space located in a certified setting is also considered non-site based prevoc provided that the gathering or hub location is not where the prevoc service is delivered. A location converted from workshop to integrated business is non-certified

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space. Documentation and billing requirements for site based prevoc will not change. For community prevoc, documentation and billing is hourly and similar to SEMP and Pathways to Employment. There is an issue of wages of program participants who earn more than 50% of minimum wage, but less than the minimum wage in order to be eligible for SEMP. Current federal laws do not require 50% rule and only requires that person's earning capacity be less than minimum wage. However, the 50% rule is written in the waiver. A suggestion was made that OPWDD amend language to drop the 50% rule from its waiver. A PowerPoint on the draft prevoc ADM attached.

5. HCBS Settings & Heightened Scrutiny Update. State plan for compliance with CMS settings rules will be submitted to CMS in September. Currently, OPWDD is accepted public comment on the plan. Deadline is August 19th for comments. Federal deadline for full compliance is March 17, 2019. OPWDD is working toward full compliance on October 18, 2018. OPWDD has adopted a new policy decision that by end of 2019, new group homes will be developed for no more than 4 persons except with prior approval of the Commissioner. OPWDD has already conducted its own survey of certified settings and identified only 164 settings that trigger heightened scrutiny out of over 5,000 certified locations. OPWDD will be advising providers of those locations that have triggered heightened scrutiny and those sites that met HSBS requirements and those that still need work. A PowerPoint on HSBS Settings attached.
6. Update on HCBS Waiver Amendment.
 - (a) Conflict-Free Case Management transition plan must be submitted by October 1, 2016. The same provider that provides case management should not provide waiver services to the same individual. 87% of provider agencies providing MSC also provide waiver services to the same individual and 50% of all waiver individuals receive MSC and services from the same provider. OPWDD's plan is to implement care coordination model for all program recipients. The only likely exception will be due to geographical considerations (areas with few providers) and language/cultural issues. There was extensive discussion regarding the potential adverse financial impact on providers that rely on MSC for their financial viability.
 - (b) Community First Choice Option (CFCO) will now be available to persons with I/DD. CFCO is a new state plan service under fee-for-service Medicaid available to persons enrolled in the HCBS waiver and will include community habilitation, vehicle modification, assistive technology, community transition services, and environmental modification. Services in this list that are already included in the waiver will continue to be available. All current providers of any of these services can provide these services under CFCO. All persons enrolled in the waiver can get CFCO services. The key to understanding why the state has added this services is that the state gets an extra 6% of FFP for these services – the federal share will be 56%! In essence, community hab is now eligible for a 56% federal share. OPWDD has already starting use community hab spending to claim the extra federal dollars.

- (c) The waiver includes provisions to be effective January 1, 2017, to permit prospective rate adjustments for high cost individuals entering the system and already in the system who have needs that cannot be accommodated within existing rate methodologies. Presumably, this change focuses on individuals with behavioral and health needs that demand resources beyond what is covered in provider's rates. See item 14 below for important information on high cost individuals and changes regarding template rates. A PowerPoint on the waiver amendment attached.
7. Survey Redesign Update. OPWDD is continuing to update and revise re-certification survey redesign. OPWDD will conduct a review of person-centered planning for 1,500 individuals drawn from every provider. Instead of reviewing one person in a residence across all programs and services, surveyors will pick different persons for different protocols. A PowerPoint is attached.
 8. Agency Quality Performance Ratings. OPWDD is developing a score card/rating system for OPWDD providers with a targeted date for publication of ratings for January 1, 2018. Ratings will reflect results of surveys and performance on quality indicators. There will be a five star rating system. Average quality will get three stars. The deficiency-based component of the ratings will be weighted to distinguish between types of deficiencies and also, will be adjusted for size of the agency. During the next 12 months, OPWDD will be developing the rating algorithm and will be seeking input.
 9. Coordinated Assessment System (CAS) Update. Assessments are being conducted of individuals in IRAs, self-directed and individuals who have moved from out of state placements. Individuals enrolling in FIDA pilot will also be assessed. A validation study of the CAS instrument being conducted by SUNY Albany is still being worked on, but surveys will continue to be conducted even though the validation report has not been issued. OPWDD is still planning on using the CAS for rate setting and resource allocation and is developing algorithms for such purposes and is planning on incorporating the CAS into rate setting for July 1, 2019 rates. A PowerPoint is attached.
 10. Waiver Rate Updates. DOH completed 1/1/16 updates for units and property for respite, prevoc, IRAs, and day hab. Psychology and nutrition dollars were added to the IRA and day hab rates effective 1/1/16 based on provider attestation forms. The 0.2% COLA will be added to all rates effective 4/1/16 and the revised rates will be loaded this month. Rates for 7/1/16 will reflect transition of rate rationalization phase-in from 50%-50% to 75%-25% for the phase-in, and update of to/from transportation. Off-site clinic dollars will be added to IRA and day hab based upon attestation forms. A form for non-billable days will be sent out in next few weeks for calculation of occupancy adjustment. People First Waiver (VAP) contracts have been approved by the Comptroller and funding should be received shortly.

11. ICF Rates Updates. Rates through 1/1/16 have been loaded. ICF will receive a survey regarding vacancy days to be used to calculate occupancy factors. People First Funding (VAP) will be also be implemented in about a month retroactive to 7/1/14. The ICF PFF dollars are now eligible for FFP.
12. Minimum Wage Implementation. DOH made a very perplexing presentation on minimum wage rate adjustment implementation. DOH has developed a survey instrument to secure wage data that it is using for hospitals and other DOH programs to calculate minimum wage impact and additional funding. The DOH survey requires a separate response for each OPWDD program and requires FTE data on full-time and part-time employees in three distinct categories and then requires FTEs to be broken out by hourly wage at increments of 25 cents up to \$15 per hour. DOH is sending out the survey Wednesday of this week with a 7 day turnaround! If there is insufficient response from OPWDD agencies or the quality of responses is deemed “poor”, DOH will simply use CFR data to calculate average salaries for each program and then compare averages to the minimum wage target on December 1, 2016. If the average salary is one cent over the minimum wage, the provider will get no minimum wage dollars. Significant issues were raised regarding the survey proposal especially because if insufficient surveys are submitted, DOH may ignore them and just use averages from CFR data. OPWDD heard the concerns and indicated that it will discuss the matter further with DOH before surveys will be sent out this Wednesday.
13. Respite Rates. DOH is continuing to work on development of new fee for service rates. Information will be released shortly.
14. High Needs Individuals and Process to Request Additional Support Hours. DOH is finalizing a letter of instructions for how to request additional dollars. The letter, to be released shortly, will only address new admissions. The new high need methodology will replace template funding after January 1, 2017, for new individuals entering the waiver services after January 1, 2017, from CRPs, out of state placements, ICFs and state run programs. Current individuals receiving template funding will not be affected under initial implementation of the high needs individuals protocol. However, OPWDD apparently intends to convert existing template funded individuals to high needs individuals and develop unique rates for each current template rate funded individual.