



Office for People With
Developmental Disabilities

Overview of 1915 (c) Comprehensive Home and Community-Based Services (HCBS) Waiver “Amendment 01” Effective January 1, 2017

Kate Marlay, Deputy Director, Division of Person-Centered Supports

August 2, 2016

The purpose of this Session is...

...to help stakeholders focus their review on the sections of the Waiver that are most important to them.

...to help people 'navigate' the Waiver Application – its very large and complex.

Today we will review changes at a **high level**...more detail can be provided in other meetings to be scheduled.



Today's Topics

Where Can I Find the Waiver?

- OPWDD Website
- OPWDD Regional Offices (DDRROs)

Public Comment

- When is the Comment Period?
- How Can I Submit My Comments?

What is the Waiver?

- How does the Waiver work?
- How is the Application Organized?

What Has Been Updated?

- Rate Setting Proposals
- New State and Federal Policies



Where Can I Find the Waiver?

OPWDD Website

- Proposed Waiver Amendment 01 (effective January 1, 2017)
- http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_waiver_services

OPWDD Regional Offices

- Hard copies of the Proposed Amendment 01 are available at all 14 OPWDD DDROs
- http://www.opwdd.ny.gov/welcome-front-door/Front_Door_Contact_Numbers



Public Comment

When is the Comment Period?

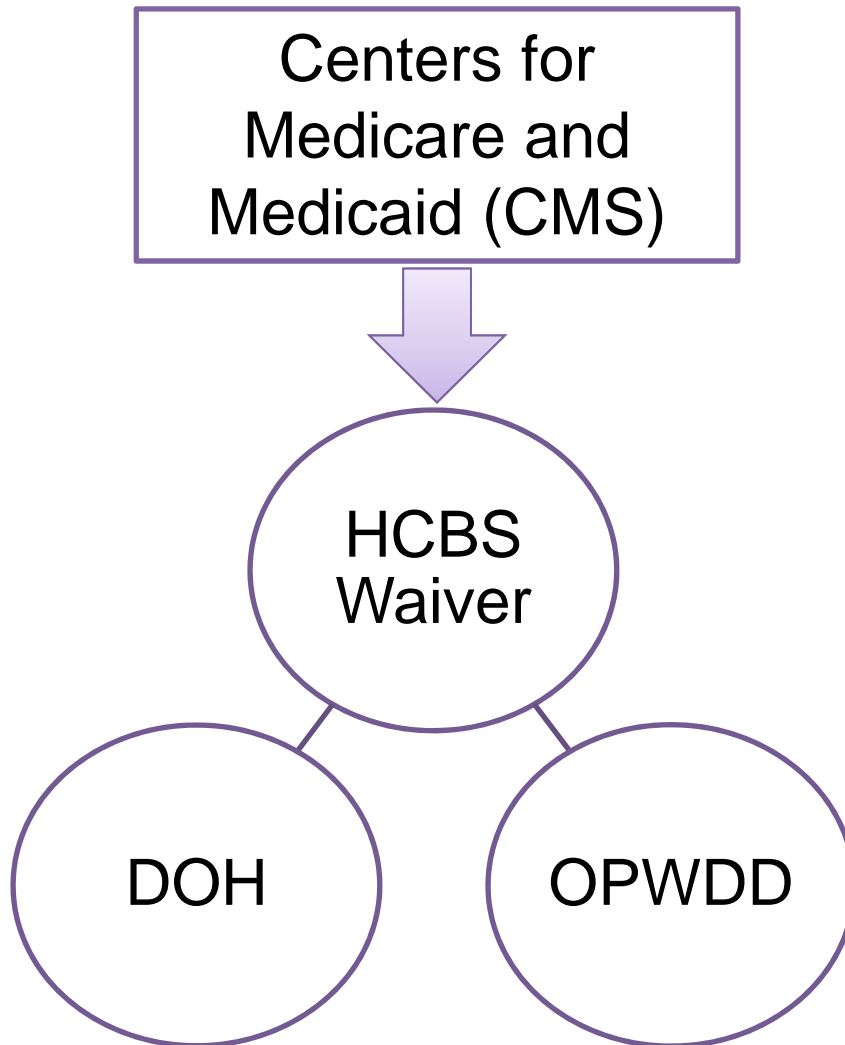
- “Amendment 01” was posted to OPWDD Website on August 1, 2016
- Written comments accepted through August 31, 2016.

How Can I Submit My Comments?

- Mail To: OPWDD, Attention: Division of Person Centered Supports, 44 Holland Ave 4th Floor Albany, NY 12229
- E-mail: Peoplefirstwaiver@opwdd.ny.gov



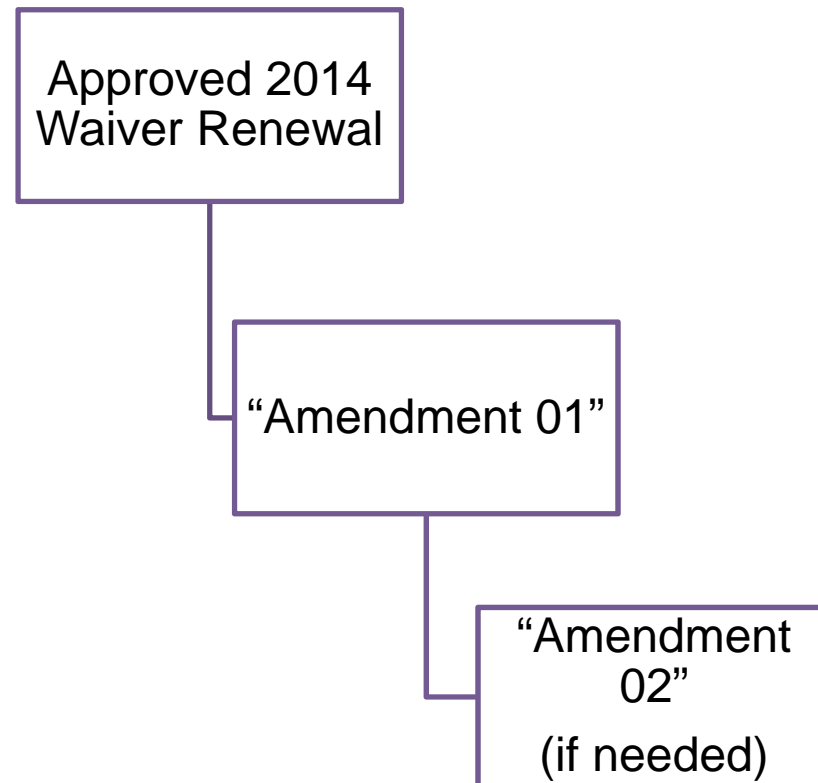
What is the Waiver?



- NYS authority to provide Home and Community Based Services (HCBS) to individuals with intellectual and developmental disabilities.
- Collaboration of work between OPWDD and Department of Health (DOH).
- Approval by CMS.

Why “Amendment 01”?

- Every 5 years NYS submits a Waiver Renewal Application to CMS.
- Edits made to an existing Renewal Application are called “amendments”.
- The first edit to the 2014 Waiver Renewal is therefore called “Amendment 01”



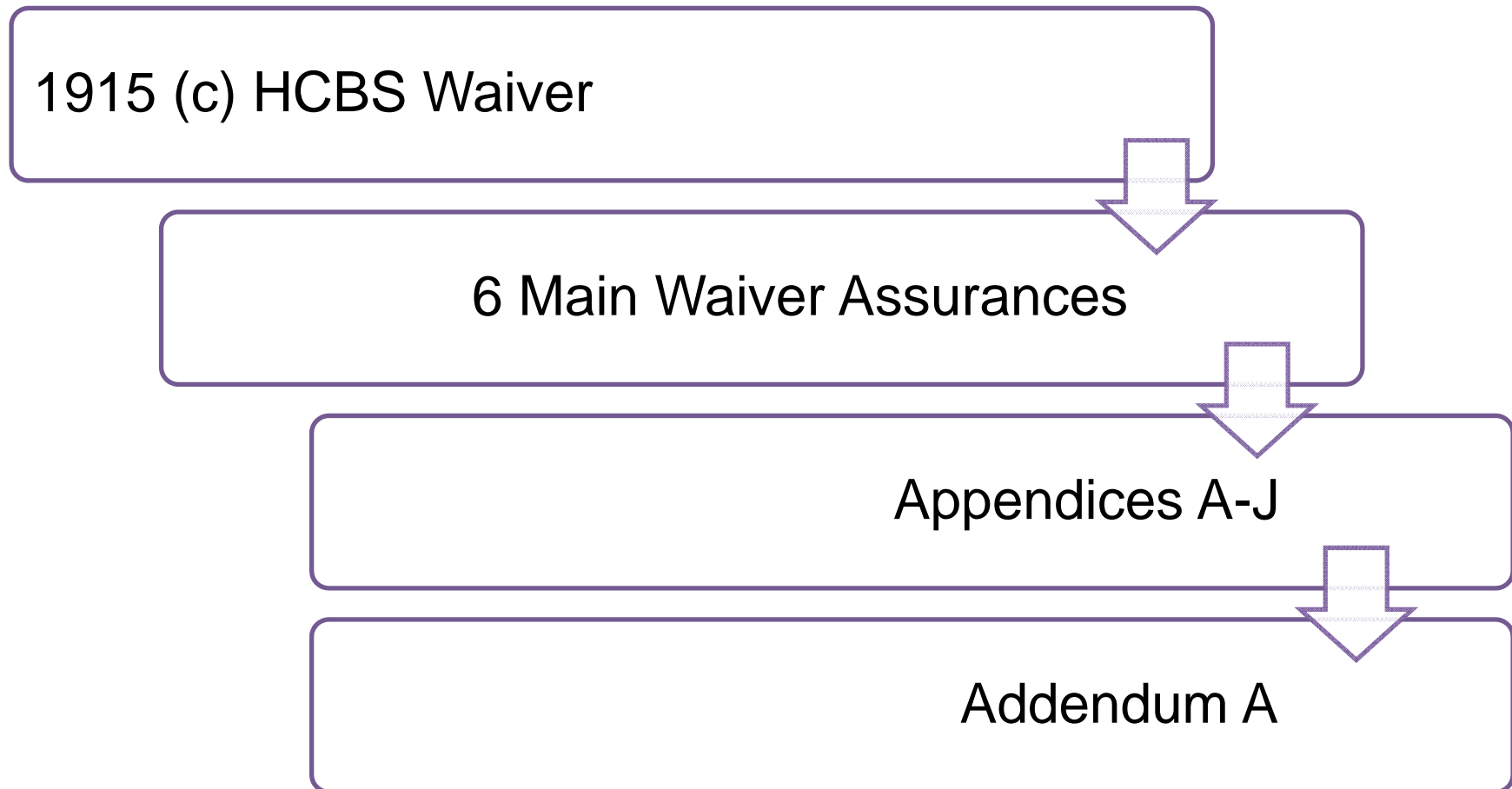
Effective Date?

Waiver Renewal was
retroactive to
October 1, 2014

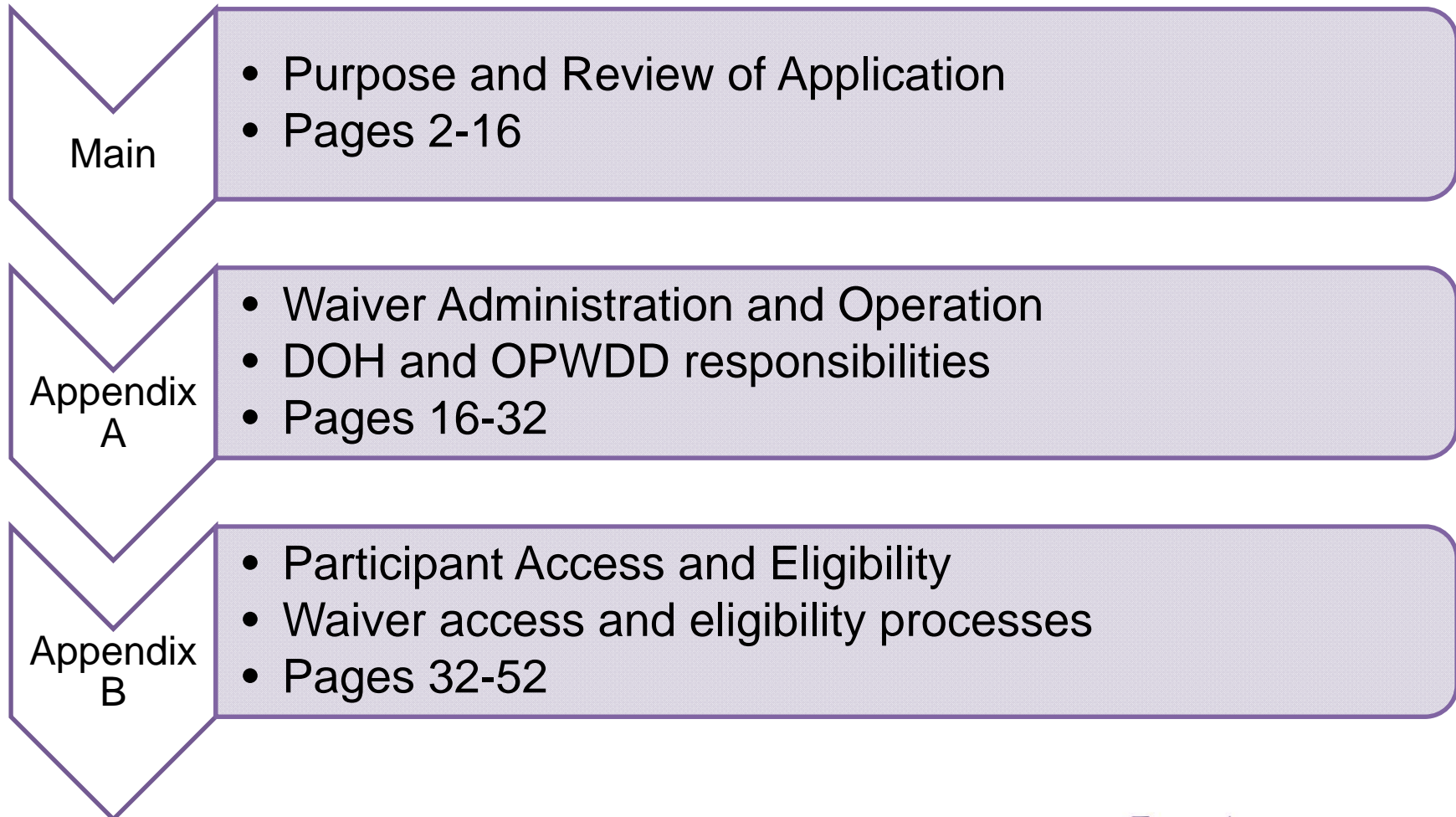
“Amendment 01”
prospective date –
requested effective
date for changes
January 1, 2017



How Does the Waiver Work?



How is the Waiver Organized?



How is the Waiver Organized?

Appendix C

- Participant Services
- Description of waiver services including service limits and provider qualifications
- Pages 52-131

Appendix D

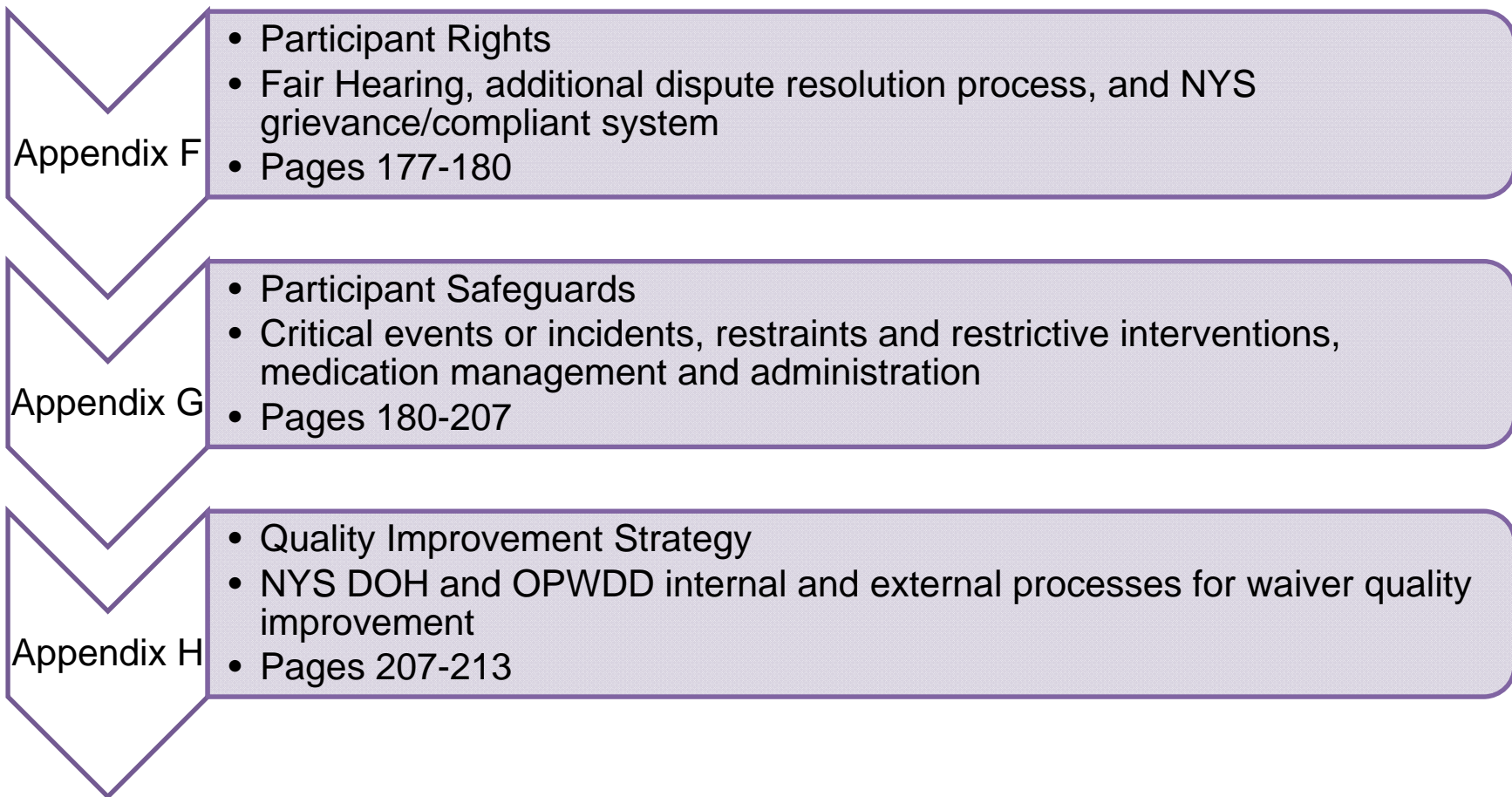
- Participant-Centered Planning and Service Delivery
- Care Coordination
- Pages 131-163

Appendix E

- Participant Direction of Services
- Self-Direction
- Pages 163-177



How is the Waiver Organized?



How is the Waiver Organized?

Appendix I

- Financial Accountability
- Waiver audit procedures
- Pages 213-238

Appendix J

- Cost-Neutrality Demonstration
- Fiscal projections for Fee-For-Service and Managed Care throughout five year waiver period 2014-2019
- Pages 238-261

Addendum A

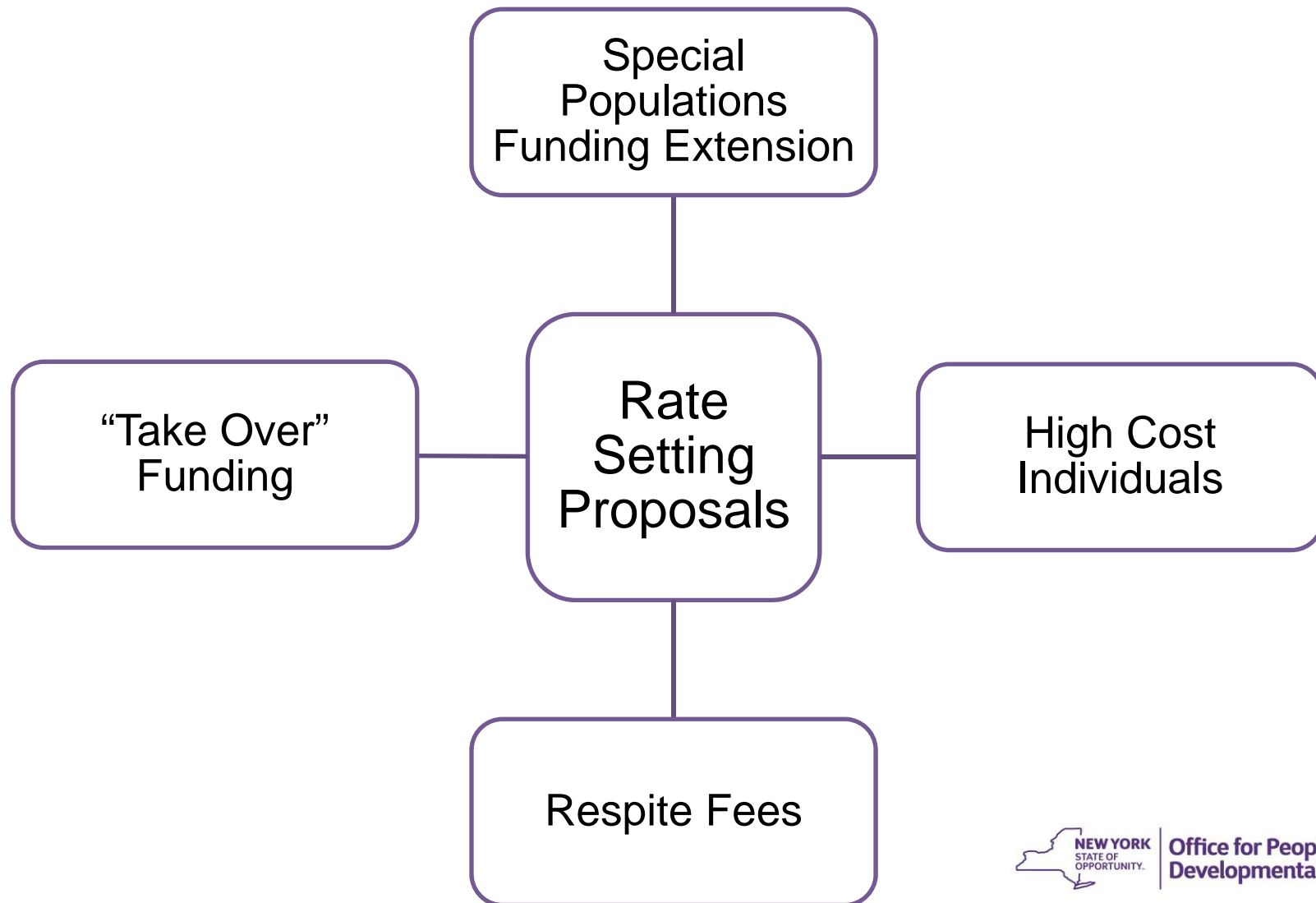
- Rate methodology language for waiver services
- Pages 261-369
- Methodology attachments
- Pages 369-392



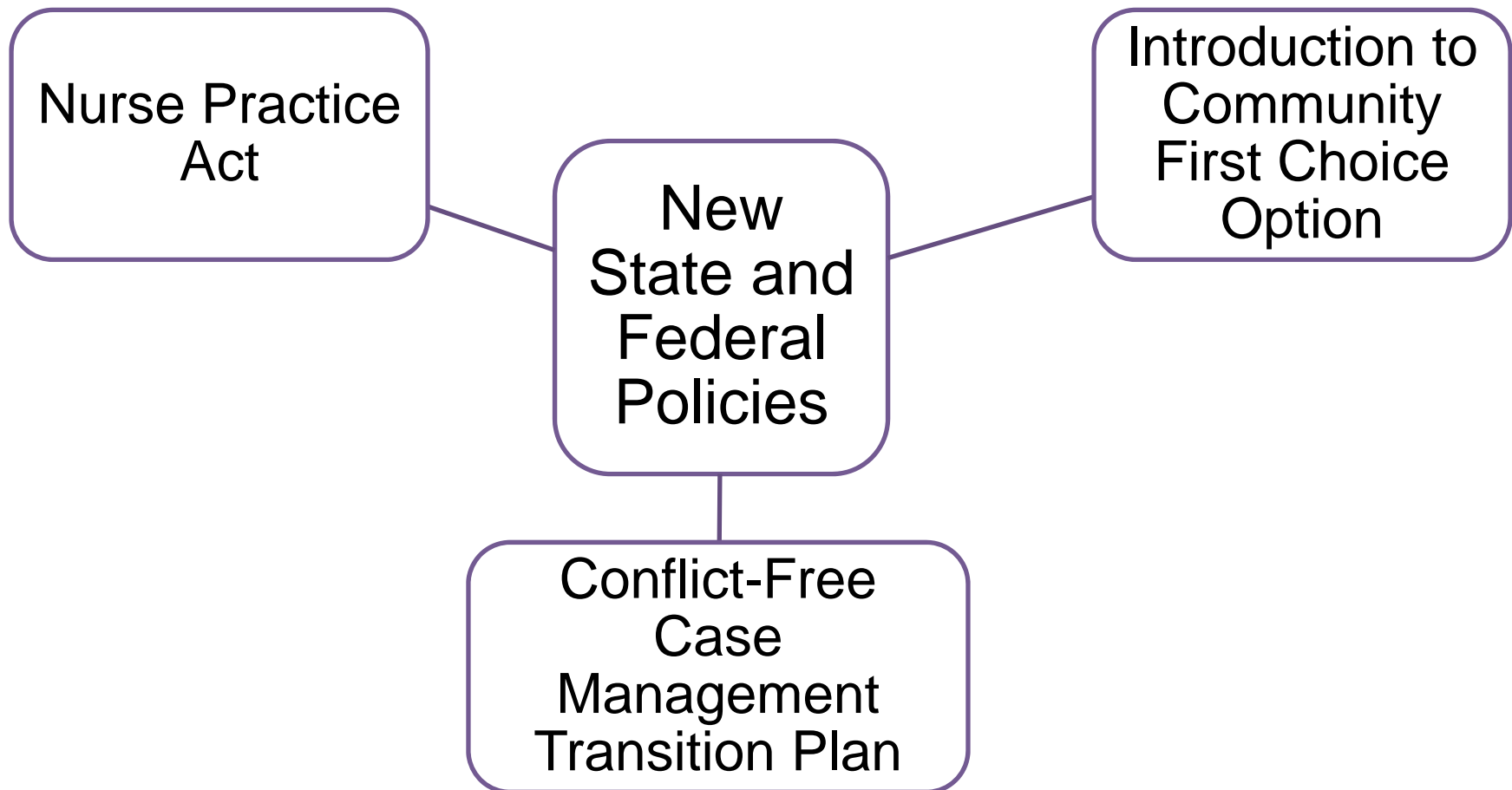
OVERVIEW OF CHANGES



What Has Been Updated?



What Has Been Updated?



MORE DETAIL ON CHANGES



Rate Setting Proposals

Special Populations Funding Extension

- Technical Change affecting State-Federal claiming – special availability to individuals transitioning from Institutions beginning 4/1/2014 through 12/31/2016.
- Addendum A
- Page 316-317

High Cost Individuals

- Proposal to address new and existing service recipients who have a change in needs that drive new higher staffing costs.
- Addendum A
- Page 351-354

Rate Setting Proposals

Respite Fee Methodology

- Proposal implements transitional period to a new fee methodology to replace rate reform methodology.
- Addendum A
- Page 350-351

“Take Over” Funding

- Proposal for the State to pay the ‘higher of’ calculated rate when non-State associated programs are ‘taken over’ by another non-State provider.
- Addendum A
- Page 354



Introduction to Community First Choice Option (CFCO)

- Expansion and enhancement of State Plan Home and Community-Based attendant services and supports to individuals in need of long term care
- Focus on Person-centered, individually directed services to maximize independence and participation in the community
- Governed by the Department of Health – available to people with need for an institutional level of care (not just ICF level of care)
- More information available at:
https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm



What is a State Plan Option?

- There are two ways a State can operate their Medicaid Program
 1. State Plan Agreements (e.g. Physician Services)
 2. Waiver Agreements (e.g. OPWDD HCBS Comprehensive Waiver)
- Community First Choice Option is a newly approved State Plan option that brings in certain OPWDD Home and Community Based Services.

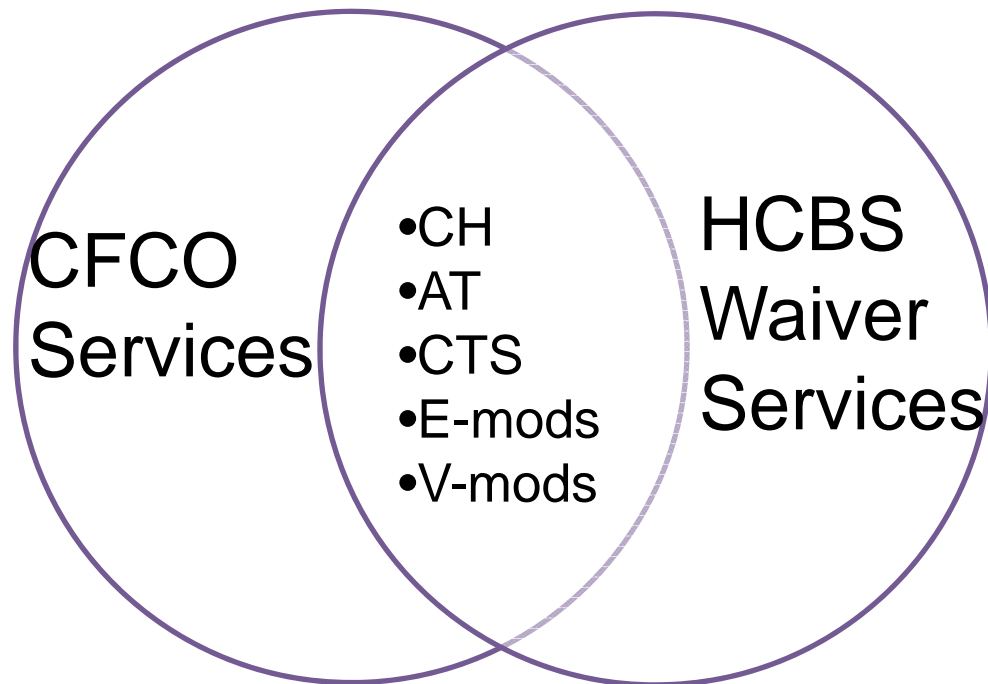


What Does Community First Choice Option (CFCO) Mean?

- If you are eligible for CFCO, you don't have to be enrolled in the HCBS Waiver to get services like Community Habilitation, E-Mods, Assistive Technology or Community Transition Services and other.
- For people who are already in the HCBS Waiver – no change to your Community Habilitation services...you will also have new State Plan service Options (e.g., Home Delivered Meals)



CFCO Waiver Impact



- **Changes to OPWDD Waiver Effective January 1, 2017**
 - Vehicle Modifications (V-mods) will be separate from Assistive Tech
 - Service limits will align with CFCO limits:
 - Assistive Technology (AT)
 - Community Transition Services (CTS)
 - Environmental Modifications (E-mods)
 - “Soft limits” which may be exceeded due to medical necessity
- Appendix C, page 73-76, 84-87, 90-92, 104-106
- Addendum A, page 362-364

Conflict-Free Case Management Transition Plan

- Effective March 17, 2014 - Federal Home and Community-Based Settings rule, as described in 42 CFR 441.301(c)(1)(vi), require States separate case management from service delivery functions
- CMS required that OPWDD submit a transition plan to comply with conflict free standards for service coordination by October 1, 2016.



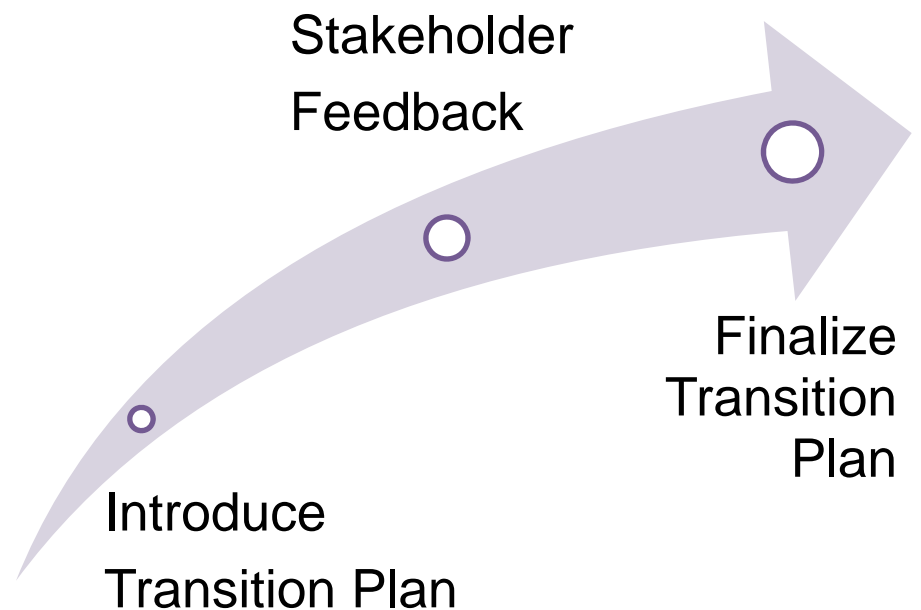
What does the Rule require?

- The same organization shouldn't deliver both **case management** (person-centered service plan development) and **HCBS services** to the same person.
- This rule aims to ensure that case management is person-centered and promotes the person's interest - not that of the agency providing case management and HCBS services



Creation Of Conflict-Free Transition Plan

- Multi-phased approach, spanning over several years
- Plan integrates some of the Transformation Panel's recommendations related to managed care and value based payment models
- Transition plan includes an exception request process
- OPWDD will be seeking feedback from stakeholders in the next several months and throughout the process
- Appendix D, page 133-135



Nurse Practice Act (NPA)

- Delivery of delegated nursing services by approved direct care staff in the community
 - e.g. during Community Habilitation delivery
- In addition to OPWDD's long standing policy of allowing such delegation of nursing services in certified sites.
- Appendix G, page 192-196



Nurse Practice Act (NPA)

- OPWDD Division of Quality Improvement (DQI) required agencies to submit written policies and procedures that will ensure safe delivery of services, training, and monitoring by a Registered Nurse.
- As of June 2016:
 - 33 agencies expressed interest
 - 11 agencies submitted policies and procedures for DQI review
 - 6 agencies have been authorized at this time.



Questions/Discussion

- PowerPoint Presentation will be distributed to all who registered for this WebEx.
- PowerPoint and Q&A will be posted to the OPWDD website.
- Contact Us: People First Waiver Mailbox
peoplefirstwaiver@opwdd.ny.gov

