COPA
Coalition Of Provider Associations
Representing More Than 250 Provider Agencies in New York State

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Provider Association Meeting Notes – September 19, 2016

1. **Commissioner's Opening Remarks.** Dr. Tamika Black has been appointed Deputy Commissioner for Quality Improvement. By October 1, OPWDD will issue a report mandated by the Legislature to report on Residential Waitlist, supported employment, implementation of Transformation Panel recommendations, and self-direction. Updated 507 Plan is to be released by November 1.

2. **Conflict Free Case Management Update**. Key addition to current MSC scope of services is the management of health care as well as program services. New care coordination regional entities will be providing this service. In the downstate area, OPWDD has approached ACA, PHP and NYIN to become the regional care coordination entities. OPWDD wants a tiered approach (and tiered reimbursement) to care coordination to reduce level of services and reimbursement for those individuals who require less support. OPWDD is developing a transition plan that will include maintenance of existing MSC relationships with program recipients. The Commissioner made clear that this transition to conflict free case management is the first step to managed care. OPWDD is also preparing a new timeline for managed care in conjunction with care coordination proposal.

3. **ISS Rent Subsidies**. OPWDD is considering in its '17-'18 budgets lease escalators in lieu of using HUD rental data. Also, OPWDD is considering incentivizing multi-bedroom apartments by enhancing reimbursing for multi-bedroom apartments.

4. **Integrated Supported Housing**. Application for low income housing tax-credit support has been being revised to reflect HSBS settings requirements and will be released today. Agencies that have already contacted OPWDD about support will receive the new form directly.

5. **Medical Marijuana**. This issue of access to medical marijuana for individuals in OPWDD licensed programs remains very complicated and OPWDD is working on all the issues with DOH. Currently, certified settings can't secure the medical marijuana, can't dispense it, and can't store it without a special safe. At the next meeting, OPWDD hopes to have some more definitive information.

6. **Delays in Local Processing of PPAs**. OPWDD will be setting up a conference call regarding delays and problems. Agencies that have encountered delays should contact their provider associations immediately.

7. **Two-Year Surplus/Loss Analysis of Article 16 Clinics**. OPWDD is gathering data to assess financial status of Article 16 clinics and the implications for viability of these programs.

8. **Update on Regional Stakeholder Advisory Groups**. Focus of these regional groups is a plan for the $10 million in funding included in '16-'17 budget for housing needs for individuals in old priority 2 and 3 categories. Advisory Groups in each of the five regions should be making recommendations next month.

9. **Supported Employment Update**. Problems have been encountered with SEMP providers that have incurred significant losses due to the inability to generate sufficient revenue under the new rate methodology. OPWDD is offering technical assistance to provider agencies with large SEMP losses. OPWDD is exploring identification of additional billable services, but this requires regulatory action. OPWDD will be pursuing discussions with DOH regarding methodology. Key issue appears to be that the new methodology for hourly billing (instead of a monthly fee) was predicated on providers rendering on average 16 hours per month of SEMP. However, billable hours have turned out to be much less and thus, SEMP expenditures have dropped below prior levels. Thus, the new rate methodology for SEMP has not been revenue neutral, but has resulted in the state spending less money on SEMP.

10. **DQI Update**. OPWDD had conducted provider trainings and additional training will be scheduled on change in survey process. Heightened Scrutiny surveys are being completed. Right now, OPWDD has identified 176 sites that require heightened scrutiny including IRAs and day hab programs. Providers of these programs will be notified. OPWDD is awaiting results of providers' self-surveys on heightened scrutiny to compare to OPWDD's assessment.

11. **Medicaid Transportation Enrollment Requirement**. All HCBS providers will be auto-enrolled and DOH will start that process next month to be effective January 1, 2017. Agencies operating only ICFs will have to submit an application. Issue of vehicle age remains unresolved and OPWDD will be preparing a survey to be sent out in October. An ADM will be issued with the documentation requirements for transportation services. Transportation subcontractors will also have to enroll as Medicaid transportation providers when their current contract expires after January 1, 2017.

12. **General Rate Update**. All .2% COLA adjustments will be updated by end of September. July 1, 2016 rate updates will be issued by end of October reflecting occupancy adjustments, non-billable days and clinical services removal. Property and transportation will also be adjusted. Next full rate rebasing will be July 1, 2017, using FY 14-15 CFR for NYC and CY 15 for rest of the state.

13. **Respite Rate**. DOH is still working on revisions to respite rates and should be released shortly. Issue of cost of respite transportation (to/from respite transportation for free standing respite, transportation for site-based after school/recreation respite and transportation for in-home respite) respite will be addressed as well. Another issue is that the calculation of billable respite time should commence when staff picks up individual for respite.

14. **High Needs Individuals**. OPWDD is still working on plan for implementation. However, see below on 2017 rates and confusion regarding rates for high needs individuals, ICF conversion rates and the future of template rates.

15. **ICF Conversions**. Current conversion rules require revenue/cost neutrality. OPWDD is considering a different approach for a conversion rate. OPWDD is considering replacing cost neutrality with direct care hours and clinical hours neutrality. This approach will reset an individual ICFs rate on conversion to an IRA using the IRA rate methodology, but with the ICF reported direct care and clinical hours. This special rate would continue until a rate rebasing (every two years) after a full fiscal base year of this rate. For example, a conversion in 2016 would keep its special rate until rebasing for 2019 based on 2017 CFR.

16. **2017 Rate Rebasing and 2015 CFR**. All agencies are urged to consider whether their 2015 CFR data is accurate since there will be only a small window to request changes before this data is used for 7/1/15 rate rebasing. DOH will be sending out a letter giving agencies 60 days to review CFRs and then request the change. If you don't request the change from DOH and just make the change, the correction will be not be used for rate-setting. Also, DDP data will be pulled for use in IRA rate setting and therefore, corrections need to be made before it is pulled by DOH for acuity calculation. Also, instead of ending template when CAS is used for rate-setting, the new waiver renewal provides that for individuals with template rates before the 2015 base year, their template rate will end because the cost will be in the rebase.

17. **Rate Setting Confusion**. There is confusion regarding the intersection of new "high needs" individuals rate process and the current template rate and the implementation of the CAS for rate setting. OPWDD and DOH will have to consider and clarify. The waiver draft seemed to indicate that high needs funding would replace template funding, but there is lack of clarity. The Commissioner said that OPWDD would regroup and provide clarification at the next provider association meeting.

18. **People First Community Funding**. Phase I payments were made except for three providers. OPWDD has prepared surplus/loss calculation for Phase II in the full amount of only $10 million. For ICFs, funds will be added to the ICF rates shortly when ICF rates are adjusted for days of care likely by the end of October.

19. **DOL Overtime Exemption Impact**. DOH is unable to determine how to assess the financial impact of the new overtime rules. There is significant variability in use of overtime in CFRs and how new rules will impact providers.