



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

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Provider Association Meeting Notes – November 14, 2016

1. Impact of Presidential Election on OPWDD Plans. OPWDD hopes to expedite several pending issues with CMS including health home proposal for care coordination (part of the ACA) and the pending HCBS waiver amendment before the change in administration.
2. Care Coordination Workgroup. (Kerry Delaney) Several internal workgroups have been formed to develop plans to implement change from MSC to care coordination. Stakeholders wishing to participate should contact Maryann Riviello
3. OPWDD Leadership Changes. Tamika Black has been appointed Deputy Commissioner for DQI. Jill Pettinger was appointed Deputy Commissioner for Statewide Services.
4. Nurse Practice Act. No substantial increase in applications from providers to implement nurse practice act supervision requirements in uncertified settings. Significant issues are availability of nursing staff to expand the program and reimbursement issues for training time. Additionally SED's ruling that people living in IRAs would not qualify to receive medication administration in non-certified settings has greatly limited the numbers of people who would benefit.
5. PPA Approval Process. OPWDD is putting an internal work group together led by Pat Sarli and Scott Sandwick to evaluate the PPA process and address issues of delays, fair market, feasibility. The providers expressed the need to get involved in the discussion ASAP. Providers should express their willingness to participate to Megan and Abibba.
6. Bernard Fineson Closure Plan. Closure target date for the 72 individuals residing there remains March 31, 2017, and OPWDD is working with 13 providers on the relocation., which will include relocation to temporary locations.
7. RRR for ICFs: John Kemmer asked if OPWDD could re-open the issue of using RRR for ICFs instead of the current PPA process.
8. OPWDD Day Hab ADM. Concern was expressed that Day Hab ADM does not address Day Hab Without Walls specifically and the need for a separate ADM for DHWW.. Major issue is to/from transportation for day hab without walls where there is no site or even a hub. The argument was made that in DHWW to/from transportation should count as program time. OPWDD expressed concern regarding losing flexibility. However, providers' concerns centered around lack of specificity and variability of application by OPWDD's fiscal auditors. Suggestion was made to develop clearer documentation standards.
9. Status of High Needs Individuals Funding and Template Funding. OPWDD continuing to work on proposal and waiver amendment that includes replacement of template funding with the new high needs individuals funding plan. Target date was January 1, 2017, but timeline will likely slide due to complex implementation process. Template

funding will continue under costs of template funding individuals are included in a full base year for rate setting purposes – 2017 or 2019 for example. However, once new high needs methodology is implemented, new individuals (who would previously have been eligible for template funding) would then receive a rate under the high need methodology – not template funding. However, the entire issue needs to be resolved with CMS and before the inauguration.

10. HCBS Settings Rule and Heightened Scrutiny Update. OPWDD has submitted its work plan to DOH for review. Concern was expressed about consistency of review among residential programs.
11. Regional Stakeholder Advisory Group. Focus of advisory groups has been individuals living at home who need residential supports. Request for New Services (RFNS) will be issued this week for proposals for new services to spend the \$10 million budget allocation. The due date for proposals will be mid-December; Regional Offices will review. Selections will be made by January. OPWDD will then conduct a survey to see what people thought of the process.
12. SEMP Provider Meetings Update. Concerns were expressed about new SEMP rates and failure of new rates to generate sufficient funding. In October, OPWDD staff has met with ~~200~~ 20 SEMP providers that are receiving substantially less SEMP revenue under the new methodology even though they are continuing to provide the same level of services. The key issue is that under an hourly billing system providers are not able to bill for enough units to generate the revenue under the old monthly billing system. The result of the OPWDD survey includes findings that furnishing less than 10 hours of SEMP per month were losing revenue. However, issue appears to be failure to bill for billable services. Providers need clarification on what is a billable service. Key focus is to provide clarifications and guidance regarding billable services. Suggestions were made that hourly rates need to be adjusted to insure that adequacy funding is available and new methodology does not result in a reduction in funding below prior year levels. Additionally Ceylance noted that job coaches with mixed caseloads (i.e., OPWDD, OMH and Acces-VR) did not bill an adequate number of units.
13. Respite Fee Updates. OPWDD is continuing to assess impact of respite rate proposals. OPWDD has data on likely impact of new rates from providers that responded to the surveys. OPWDD will be developing an ADM with specific guidance for each type of respite and then adoption of regulations. Kate reported there was not much feedback on the proposed time limits on the various respite services.
14. Care Coordination Update.(Kate Marley) Waiver amendment currently pending includes implementation of conflict case management and elimination of current MSC service. OPWDD is working on an RFA for Regional Collaboratives. OPWDD is considering how to access dollars for IT development. Workgroup has been formed; Providers requested a list of what providers are currently participating. Regional rollout is planned with downstate first and upstate later. Question was asked about whether consideration would be given to permit new care coordination entities to lease current MSC staff from MSC providers. OPWDD does not see employee leasing as a permanent solution, but only as a strategy for transition for a time-limited period.

15. Transportation Medicaid Enrollment Requirements. Medicaid enrollment requirements are still being worked on. A memo was issued in August with the current understanding. An ADM will be issued consolidating all the transportation guidance. January 1, 2017 implementation has been delayed and there is no new hard date set.
16. Regulatory Issues. OPWDD is working on two regulatory proposals. First, proposal will modify language in all regulations referring to DDP to change language to "an approved assessment tool" to address phase-in of CAS. Second, OPWDD is reorganizing its certificate regulations to consolidate them in the OPWDD section of the Mental Hygiene regulations.
17. Rate Transformation. Any account balances due to Medicaid because of delayed implementation of rate revisions will have to be paid back over no more than one year.
18. Rate Updates. Property updates have been posted to the rates. The IRA, and Pre-Voc rates are ready to be released, but DOH is still awaiting attestations from the provider agencies. The associations have been following up with their members.
19. Minimum Wage Update. Draft impact report with projected increased funding by program for each provider was released by DOH and will be emailed out shortly. DOH used data from the surveys submitted by providers. The CFR data was used if a survey was not submitted. DOH did not use the data collected by the associations; the minimum wage amounts included in the first letter from DOH to providers are now invalid.
20. New Federal Overtime Rules. DOH will be holding internal meetings regarding issue of implementation. DOH reported that they have little or nothing from providers on this.
21. Article 16 Costs vs. Rates Analysis. DOH working on analysis of surplus/loss analysis of Article 16 clinics.
22. MRT 26 Caps on OT, PT and ST in Art. 16s. The caps were imposed by statute and there is no sunset. The cut for Art. 28s did sunset under the statute. The Art. 16 issue appears to require a legislative change, but DOH is reviewing.
23. ICF People First Funding. Funding was distributed for two years retroactive and third year was inserted into rates. Dollar amount was lower of actual loss or amount requested. The check was sent out without an offset for funds owed Medicaid. If provider owes money for a recoupment, DOH will take money back from future payments. DOH wants all balances due Medicaid paid off by December 31, 2017.
24. Phase II People First for Waiver Programs. DOH is reviewing cost report data to determine how to use surplus/loss data for 2013 and 13/14. Funds are available to pay at only about 37% of requests.
25. Retainer Days. IRA providers should be submitting claims for all retainer days even beyond the 14 days for which reimbursement will be received.