



*Coalition Of Provider Associations*

**Members:**

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## Provider Association Meeting Notes – January 23, 2017

1. **Commissioner's Updates.** Elizabeth Callihan has joined OPWDD as its Special Counsel for Ethics, Risk, and Compliance.
2. **Care Coordination Organizations.** OPWDD plans on implementation of CCOs in late 2017 or early 2018. Managed care to begin with voluntary enrollment in 2019 with a five-year phase-in. DOH will fund the startup costs of transition to Managed Care from its Global Cap resources. Under the current state budget proposal, all savings will be re-invested in the OPWDD system. OPWDD intended to establish CCOs as health homes in order to access increased FFP (90%). However, now there is great uncertainty whether health homes will continue to be available since it is part of the ACA. Given this uncertainty, OPWDD has decided to move forward with CCOs but delay inclusion of health care. Questions remain how to fund startup to bring in health care and enhanced IT required. There will be a State Plan Amendment to move from MSCs to CCOs. JoAnn Lamphere also confirmed that the targeted case management (i.e., CFCM) will be implemented via the CCOs and not through individual providers.
3. **Housing Strategy in Budget Proposal.** The Commissioner provided a more detailed explanation of OPWDD's housing strategy. Based on the residential request list (RRL) survey, OPWDD expects that over the next three years approximately 4,900 individuals living at home may require a certified residential opportunity and an additional 1,400 individuals living at home may require a supportive housing opportunity. Currently, there are over 37,000 certified housing opportunities and 4,200 rental subsidies for non-certified (ISS) homes. OPWDD believes that of the 4,900 individuals who will need a certified residence in the next three years, 3,700 will be accommodated through natural turnover in the existing system and that 1,200 new certified beds will be needed over next three years. The 2017-2018 budget includes funding for developing 2,100 certified and non-certified opportunities. OPWDD will be able to access development dollars from the \$20 billion affordable and supportive housing plan for NYS announced last year, but details of how these dollars will be made available for housing for persons with DD are not yet available. Finally, the budget includes another allocation of \$15 million for support of development of low-income housing projects that include opportunities for persons with developmental disabilities. Kevin Valenchis was asked if there was any progress with increasing the ISS subsidies. He responded by stating that they are looking into policies and

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issues regarding multi-bedroom dwellings and the subsidies associated with size. It was suggested that the associations conduct a survey of ISS issues.

4. **Direct Care Compensation.** The budget did not include any funding for the bFair2DirectCare campaign. OPWDD is looking for creative opportunities to be helpful; the Commissioner stated that there is more flexibility in the budget which has not been available in the past.
5. **SEMP.** Ceylane Meyers-Ruff reported that OPWDD reviewed SEMP programs to identify those providers that were incurring financial difficulties in providing SEMP services. OPWDD has put together a work group to look at outcome-based reimbursement. OPWDD and DOH are re-examining two factors in the rate methodology – the productivity factor and staff hours. Adjustment of these factors could provide some short-term funding relief. OPWDD is also considering regulatory changes regarding supervisory time and 15 minute increments. Ceylane also acknowledged receiving an alternate proposal from John Kemmer and Jim Moran.
6. **CAS Statistics.** Project Director Diane Woodward presented that 4,123 assessments have been performed since March 2016. OPWDD is reviewing a request from Seth Stein for release of the CAS validation study that was completed last spring. Analysis is ongoing. Additionally, providers requested that the primary care providers, MSCs, and families be notified when a person is evaluated under CAS. Currently, OPWDD relies on the MSC to communicate this activity to the family and the MSC's supervisor or CEO.
7. **Preliminary Report on BIP Projects.** OPWDD staff are updating and compiling BIP grantee accomplishments as reported. OPWDD will be developing a list of best practices from BIP grants and may conduct a conference in the Fall to share the results.
8. **Overtime Exemption Update.** Although federal law has been the subject of a court stay, the state law overtime mandate and salary threshold are presently in effect. OPWDD will be working with DOH on a survey instrument in an attempt to determine the fiscal impact on providers.
9. **Respite Update.** After the December webinar, a FAQ will be issued shortly on the new respite fees. OPWDD is seeking input on whether the new fee proposals will jeopardize delivery of respite services. A survey of respite providers on the impact of the new fees yielded the following results: 42% of current respite providers have reported that new fees will have a negative impact and may jeopardize continued delivery of services; 31% report neutral impact; and 25% reported an increase in funding, and that they are working very closely with seven providers with unique circumstances. However, OPWDD needs to perform an analysis based upon the number of individuals served by these agencies to accurately assess the impact on the new respite rates on access to respite service and assess regional variation of any negative impact.
10. **Serving Individuals with High Needs (Medical/Behavioral) in an IRA Setting.** OPWDD has reviewed DDP scores to identify individuals with high needs currently living in IRAs. OPWDD plans on reaching out to the 173 providers operating these IRAs to assess

how these providers are addressing the needs of these high-needs individuals. Those providers that serve high-needs individuals in IRAs are urged to contact OPWDD with information on the issues involved in support of these individuals. Associations were asked to identify providers who have people with high needs; Maryann should be contacted with the names of these providers. OPWDD would also like to hear from residential programs that lost clinical services via the recent actions to remove most clinical services from residential programs.

11. **Medicaid Transportation Update.** All Medicaid transporters for Day Hab and residential programs must be enrolled including contractors. An ADM will be issued soon. OPWDD and DOH will confirm that all OPWDD providers were to be automatically enrolled as transportation providers. OPWDD is still collecting vehicle age surveys. The associations were asked to remind their members to submit the surveys as soon as possible.
12. **Mobility Management Study Update.** Two years ago, the Legislature directed that a study be conducted of transportation access issues for individuals with disabilities including Medicaid funded transportation and non-Medicaid funded transportation resources. The report required by the Legislature will be released soon, first to the Most Integrated Setting Council, then the public.
13. **Rate Update.** The following rates have been issued: 7/1/16 ICF rates have been sent to eMedNY; Supervised IRAs 7/1/16. All minimum wage adjustments effective 1/1/17 will be posted by next week. Property updates are not included. Pre-Voc rate memo will be issued this week. Group Day Hab, Supported IRA and ICF rates, that will include minimum wage, will be available next week. Three State Plan Amendments are still pending with CMS for preventative services; base year changes; and Coordinating Care Organization. Donna Cater mentioned that OPWDD providers seem to be very focused on following the regulations, but State Plans are just as important because that's what CMS looks at. HCBS Waiver Amendment 01 is also still pending. OPWDD eliminated the budget neutrality factor for Respite, Pre-Voc and the State Supplement. A timeframe for this elimination was not provided.
14. **Upper Payment Limits.** Donna reported that there is some contradictory data regarding the clinics' (16, 28 and 31) cost reports versus eMedNY. A webinar is planned sometime in the spring.
15. **Respite Fees.** Donna was asked to add the minimum wage funds to the draft respite fees. She agreed to do this.
16. **People First Community Fund Phase I.** Providers have received funding for 2 years but will not receive the year 3 funding for IRAs and Day Hab until they have advised DDROs regarding completion of benchmarks identified in the Phase I contract. If providers are unable to achieve benchmarks on time, providers can request an extension but not beyond 6/30/17. Regarding Phase II, OPWDD is developing contracts for these awards.

Attached are PowerPoints from the meeting; and a link to the DOB Executive Budget for OPWDD is below.

<https://www.budget.ny.gov/pubs/executive/eBudget1718/fy1718littlebook/MentalHygiene.pdf>