

## **OPWDD Guidance Documents with Payment Standards**

This guidance document contains payment standards, with all payment standards shaded in grey. Any requirement in this guidance document which is not shaded in grey is a program standard or an explanation, illumination or illustration to aid auditors in interpreting the documents. Please note that there may be instances where materials may be partially shaded in a sentence, paragraph or beneath a header. It is OPWDD's intent that only those words that are shaded shall be considered part of a payment standard and any other words within a sentence or paragraph or below a header that are not shaded should be construed to be a program standard or an explanation, illumination or illustration to aid auditors in interpreting the document.



STATE OF NEW YORK  
**OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

44 HOLLAND AVENUE  
ALBANY, NEW YORK 12229-0001  
(518) 473-1997 • TDD (518) 474-3694  
www.omr.state.ny.us

June 19, 2007

Dear Agency Executive Director:

Beginning January 1, 2008, each OMRDD certified ICF/DD, Supervised IRA and Supervised Community Residence (CR) will be fiscally responsible for the medical gloves, underpads/diapers and over-the-counter drugs (except insulin) needed by its residents. From this date, the aforementioned medical supplies may not be "purchased" with the resident's Medicaid card; rather, the residential provider must supply the items.

Responsibility to Meet Resident Needs

ICF/DD, Supervised IRA and Supervised CR providers must meet all resident needs for medical gloves, underpads/diapers and over-the-counter drugs, except insulin. A revised ICF/DD Schedule of Services specifying this financial responsibility is included as Attachment A to this letter.

In addition to making the needed items available at the residence, the residential provider is fiscally responsible for the medical supplies the resident requires at his/her day program. For example, if a resident uses adult diapers, the residential provider, using its residential funds, must purchase the diapers and send a daily supply with the person to his/her day program.

Review of Resident Needs

To assist you in planning for the January 1, 2008 changes, we have included, as Attachment B to this letter, utilization data for residents of your residential programs, by program type. This data shows Medicaid payments for medical gloves, underpads/diapers and over the-counter-drugs (except insulin) for the period January 1 to December 31, 2006. Please use this data as you determine residents' current needs for these supplies. Also, please ensure that the needs identified in each person's Individual Program Plan or Individualized Service Plan are reviewed. All resident needs must be met!

Requests for Additional Funding

If additional funding is required to meet resident needs for the above specified medical supplies and over-the-counter drugs, providers may utilize OMRDD's rate appeal process for ICF/DDs, the price adjustment process for IRAs and the contingency fund process for CRs. Prospective requests for additional funding for the January 1, 2008 implementation must be filed by August 31, 2007. Providers also have the option of filing retroactive requests for additional funding. In accordance with regulations, retroactive ICF/DD rate appeals and IRA

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price adjustment requests must be filed within one year of the close of the rate period. All current policies and procedures will be followed in reviewing requests for rate appeals, price adjustments and contingency funds.

If you have questions regarding these adjustment processes, please contact the following Rate Setting staff by phone at (518) 486-4289, or by e-mail at the address indicated below:

ICF/DD Rate Appeals	-	Susan Ivie Mahar	Susan.IvieMahar@omr.state.ny.us
IRA Price Adjustments	-	Janice Dagner	Janice.Dagner@omr.state.ny.us
CR Contingency funds	-	Diane Hogan	Diane.Hogan@omr.state.ny.us

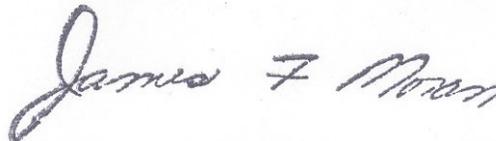
OMRDD Monitoring of Medicaid Claims for Medical Supplies

For claim dates on and after January 1, 2008, OMRDD will routinely monitor separate Medicaid billing for medical gloves, underpads/diapers and over-the-counter drugs other than insulin. For inappropriate claims, the residence will be given the opportunity to respond regarding OMRDD's findings. If OMRDD determines that the billing was indeed inappropriate, the residential provider will be required to make a payment to the Medicaid system.

If you have any general questions, please contact Jack Anderton of my staff. He can be reached by phone at (518) 402-4339 or by e-mail at John.Anderton@omr.state.ny.us.

Thank you for your cooperation in planning for the January 1, 2008 change. With your assistance, we can appropriately meet all resident needs.

Sincerely,



James F. Moran  
Deputy Commissioner  
Division of Administration and  
Revenue Support

Attachments

cc: Commissioner Ritter  
M. Chmura  
P. Martinelli  
K. Broderick

M. Gatens  
H. DeSanto  
G. Lind  
L. Kagan  
D. Pensky  
J. Howard  
S. Mahar  
J. Dagner  
D. Hogan  
J. Anderton  
R. Nussbaum  
L. Kelly  
DDSO Directors  
Provider Associations  
Multi-Cultural Network

**NEW YORK STATE**

**CONSOLIDATED FISCAL REPORT**

For the Period: January 1, 2008 to December 31, 2008 = Upstate

**SCHEDULE OMRDD-1  
SCHEDULE OF SERVICES -  
ICF/DDs Only**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
AGENCY CODE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

OPERATING CERTIFICATE NUMBER: \_\_\_\_\_

Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. If Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4.

Line No.	SERVICE TYPE	Col. 1 Exclusively Purchased w/ Medicaid Card	Col. 2 Exclusively Purchased by ICF	Col. 3 ICF Purchases Made Only Where MA Card Did Not Cover Items	Col. 4 ICF Purchase Amount Associated w/ Col. 2 or 3
<b>Pharmacy Services</b>					
1	Prescription Drugs + Insulin				
2	Non-Prescription Drugs				
3	Medical Gloves				
4	Enteral Formulae				
5	Diapers/Underpads				
6	Other Medical Supplies*				
<b>Equipment</b>					
7	Durable Medical				
8	Prosthetic & Orthotic				
<b>Service Coordination</b>					
9	Service Coordination				
<b>Transportation Services</b>					
10	To Medical Office/Clinic				
<b>Therapy Services (See definition)</b>					
11	Long Term - Occupational Therapy				
12	Long Term - Physical Therapy				
13	Long Term - Psychologist Services				
14	Long Term - Speech and Language Pathology				
15	Long Term - Dietetics and Nutrition				
16	Long Term - Rehabilitation Counseling				
17	Long Term - Social Work				
18	Long Term - Nursing				
19	Acute Care - Occupational Therapy ***				
20	Acute Care - Physical Therapy ***				
21	Acute Care - Psychologist Services ***				
22	Acute Care - Speech and Language Pathology ***				
23	Acute Care - Dietetics and Nutrition ***				
24	Acute Care - Nursing ***				
25	Other (Specify)				

Attachment A-1

**Definitions and Notes:**

**Consultation** - Practitioner provides training, oversight and direction to direct care staff.

**Direct Service** - Practitioner directly treats the consumers.

**Nursing** - Excludes medical services provided by a nurse practitioner.

\* Medical Supplies: If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well.

\*\* If Day Programming is completed, attach a list of consumers whose day service costs are included in the ICF/DD rate. Include each consumer's Medicaid identification number. The list of consumers should only be sent to OMRDD.

\*\*\*Service must be directly related to an acute illness, accident or post-hospitalization health need. If purchased with a Medicaid card, this acute care/rehabilitation service is limited to 3 consecutive months in a calendar year.

OMRDD-1

Rev. 7-Jun-2007

OPERATING CERTIFICATE: \_\_\_\_\_  
 AGENCY NAME: \_\_\_\_\_  
 MEDICAID PROVIDER AGREEMENT NUMBER: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 PROGRAM TYPE & CODE NUMBER: \_\_\_\_\_  
 COUNTY CODE: \_\_\_\_\_

IF Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, complete this schedule if "YES" was checked on line 3 (Medical Supplies) in either column 2 or 3 of schedule OMRDD-1. This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedules CFR-1 and OMRDD-1.

Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED
1	ADHESIVE TAPE			17 GAUZE PADS - STERILE		
2	ADHESIVE BANDAGES			18 GAUZE PADS - NON-STERILE		
3	ADHESIVE PLASTERS			19 IRRIGATION SUPPLIES		
4	ANTISEPTICS			20 OSTOMY CARE PRODUCTS		
5	CANES			21 LAMBS WOOL		
6	CATHETERS			22 SYNTHETIC SHEEP SKIN*		
7	CLOTH/CLOTH-LIKE PRODUCTS			23 LUBRICATING JELLY		
8	COMMODE ACCESSORIES			24 MASTECTOMY PRODUCTS		
9	CONSTIPATION AIDS			25 RESPIRAT./TRACH. CARE PRODUCT		
10	COTTON/COTTON-LIKE PRODUCTS			26 RUBBER FLAT GOODS		
11	CRUTCHES			27 RUBBER MOLDED GOODS		
12	DIABETIC DIAGNOSTICS			28 SUPPORTED GOODS		
13	DIABETIC DAILY CARE			29 SYRINGES		
14	ELECTRIC COOL/HEAT PADS			30 THERMOMETERS		
15	EYE CARE SUPPLIES			31 OTHER		
16	GAUZE ROLLS					

\* Include all Decubitus supplies here.