

ICF Conversion Webinar

February 5, 2016

Agenda

- I. Introduction & ICF Conversion Update
- II. Overviews of Key Conversion Processes
- III. Update on Fiscal Policies
- IV. Provider Experience Communicating with Individuals and Families
- V. HCBS Settings Rule Update
- VI. Questions and Answers

ICF Transition Plan Update

Housing Options	8/1/13 Census	12/31/14 Goal	12/31/15 Goal	2/1/16 Census	12/31/16 Goal	12/31/17 Goal	10/1/18 Goal
SO ICF- Campus	994	731	493	347	268	181	150
SO ICF- Community	659	593	504	455	428	257	0
VO ICF	5669	5102	4337	4963	3722	2247	492*
Total	7322	6426	5334	5765	6121	2685	642

In 2016 we must achieve:

- 79 transitions out of SO Campuses
- 27 transitions out of SO Community ICFs
- 1241 transitions out of VOICFs

* 492 VOICF opportunities that remain reflect Children's Residential Project opportunities (adjusted from 2014 ICF Transition Plan).

Increasing IRA Capacity

Housing Options	8/1/13 Census	12/31/14 Goal	12/31/15 Goal	2/1/16 Census	12/31/16 Goal	12/31/17 Goal	10/1/18 Goal
IRA Supportive	2227	2326	2475	2099	2624	2823	3221
IRA Supervised	26685	27088	27693	27836	28298	29104	30721
Total	28912	29414	30168	29935	30922	31927	33924

2016 Increases Needed:

- 525 Supervised IRA opportunities
- 462 Supportive IRA opportunities
- 987 total new IRA opportunities

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2015 Progress

- 81 proposals for conversions of ICFs were received in 2015.
- 67 ICFs completed conversion in 2015.
- 585 individuals transitioned to waiver services through ICF conversions.
- 18 conversion proposals are under review currently, affecting the transition of 149 more individuals.
- Many ICF conversions that have occurred involved transitioning individuals with significant needs to waiver settings.

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2015 Progress

- None of the completed conversions involved ICFs of more than 14 people.
- Some ICFs were downsized to smaller IRAs.
- There are 390 ICFs remaining which support 14 or fewer people.
- There are 51 ICFs that support more than 14 individuals.

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Expectations for ICF Conversions/Transitions

- OPWDD is committed to achieving these reductions in the ICF footprint.
- Providers are expected to:
 - Convert ICFs to IRAs (by downsizing first as needed/appropriate); or
 - Close ICFs by working with individuals and their advocates to secure HCBS waiver residential supports and services.
- All converted ICFs will be subject to HCBS Settings Heightened Scrutiny review.
- The momentum begun in 2015 is growing a body of experience and best practice for person-centered planning and ICF conversions.
- OPWDD will be working to share these best practices to all ICF providers.

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Key Conversion Processes Covered Today

- Notification of Individuals and Advocates
- Site Selection
- Selection of MSC Agency
- Person Centered Planning and Waiver Enrollment
- Day Services/Billing Codes/Provider Codes
- MFP Processes

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Key Process: Notification of Individuals/Advocates

When no one is relocating:

- Notification is required, NOT due process.
- No consent form is needed. Do **not** request one.
- Use the notification letter contained in the ICF Conversion Guidance document as Appendix A.
- Format the letter prior to sending.
- Copies go to:
 - Individual
 - Correspondent/Advocate/Family
 - Service Coordinator
 - MHLS
 - Residential Staff contact person
 - Day Staff contact person

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Key Process: Notification of Individuals/Advocates

- For **Willowbrook Class members**, send the notice also to:
 - Antonia Ferguson, Exec. Director, Willowbrook CAB
 - Roberta Mueller, Plaintiff's Counsel, NYLPI
 - Beth Haroules, Plaintiff's Counsel, NYCLU
 - Lori Lehmkuhl, Statewide Willowbrook Liaison, OPWDD
 - DDRO Willowbrook Liaison

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Key Process: Notification of Individuals/Advocates

- Send notice at least 30 days prior to the date of conversion.
- Notice must be in the preferred language of the individual.
- Providers should document in the individuals' records all notifications sent and received with dates.

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Key Process: Notification of Individuals/Advocates

When a person is moving from the ICF and the provider is offering placement in a new location:

Providers must provide notice **AND** follow due process requirements per:

- 14 NYCRR 633.12
- Community Placement Policy (The Green Book)
- Notice of Rights of Willowbrook Class Members

Do the following:

- Send notification/due process letter in the ICF Conversion guidance document as Appendix B and
- Send Placement Response Form in the ICF Conversion Guidance document as Appendix C.

Key Process: Site Selection

- New York State Mental Hygiene Law Section 41.34 outlines the site selection process required for the establishment of new community residential facilities for people with disabilities.
- In general, ICFs of 14 or fewer people that convert to IRAs with no change in capacity and location are not required to undergo a new site selection process.
- Site selection is required for all newly developed IRAs; may be needed when re-configuring existing sites during a conversion.
- ICFs of over 14 people that downsize and convert in place will be subject to site selection (for the existing site).
- Providers are advised to consult with their DDRO with any questions regarding site selection requirements.

Key Process: Planning for Community-Based Supports & Services

When the individual chooses the MSC from a list of available providers, the MSC will:

- Communicate with the individual to obtain information on his/her interests.
- Share information on services and supports with families and individuals.
- Coordinate initial planning development, including community-based services, should include detail on what the individual wants to do and how services will be designed to support the individual.

Key Process: Planning for Community-Based Supports & Services

What the MSC can do before the person leaves/transitions to waiver:



Key Process: Planning for Community-Based Supports & Services

PISP Review for Willowbrook Class Members

- The Front Door staff creates a Preliminary ISP for all individuals, and the MSC reviews it with the individual and his/her advocates prior to requesting services.
- For WB class – the Front Door staff also creates a PISP Attachment that identifies all the services an individual will receive, not just the OPWDD waiver services, and their frequency.
- The DDRO Front Door sends the PISP, the PISP Attachment and a modified cover letter to the individual, the MSC, the individual's advocates **and** to:
 - Beth Haroules, Plaintiff Counsel, NYCLU
 - Roberta Mueller, Plaintiff Counsel, NYLPI
 - Antonia Ferguson, Executive Director, Consumer Advisory Board
 - Lori Lehmkuhl, OPWDD Willowbrook Liaison
 - Sally Berry, OPWDD Deputy Director, Regional Offices

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Key Process: Planning for Community-Based Supports & Services

When the individual is ready to move

- The MSC sets up a meeting with all of the providers and the individual and his/her circle of support.
- Meeting is to ensure that there is coordination among the providers for safeguards, schedules, and service delivery.

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Key Process: Planning for Community-Based Supports & Services

After the Individual Moves

- Enrollment into MSC and Waiver
- Provider can bill for services

Additional information can be found in the Front Door Manual and MSC Vendor Manual.

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Key Process: Planning for Community-Based Supports & Services

Transition Payments

The transition payment is triple the regular MSC monthly payment.

The vendor may bill the transition payment level for one month upon meeting **one** of the following requirements:

- The individual with developmental disabilities is new to service coordination, that is, the person has never received any type of service coordination/case management service through OPWDD's system.
- The person moves from an OPWDD certified supervised or supportive IRA or supervised or supportive Community Residence to his or her own home or apartment and is responsible for his or her own expenses.
- The individual is transitioning from an Intermediate Care Facility (ICF), Developmental Center, Residential School or Nursing Home as of October 1, 2014 and has resided in such a setting for at least two consecutive years.

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Key Process: Review of Person-Centered Planning

Basic Fundamental of PCP

- Person-Centered Planning is the first step towards ensuring the delivery of a person-centered supports.
- The individual is ALWAYS at the center of the person-centered process.
- The individual should be as involved as he or she wants to be or is able to be.
- The person supporting the planning role is "conflict free" meaning that there is no bias toward particular service providers.

AREAS for PCP REVIEW CRITERIA Based on Hallmarks of PCP

- A. The individual and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences and make informed decisions.
- B. The individual's routines, supports and services are based upon his or her interests, preferences, strengths, capacities and service needs.
- C. Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.
- D. The individual uses, when possible, natural and community supports.
- E. The person has meaningful choices, with decisions based on his or her experiences.

PCP Feedback; Clarifying areas of Challenge

- It must be clear from the documentation submitted that the person receiving services was actively engaged in the planning process. This includes notification and discussion about the impending conversion of the ICF to an IRA.
- Evidence that people residing in the ICF have been provided information regarding various residential options and understand their right to choose where they want to live without bias.
- A description must be included of how it was determined that each person in the residence, regardless of their level of communication or participation, is in the home setting they prefer or that is most appropriate for them.

PCP Feedback; Clarifying areas of Challenge

- Documentation must clearly indicate that individuals have participated in a person centered planning process.
- It must be clear from the documentation that the person's specific interest areas were explored, as part of the person centered planning process, and are part of their proposed activities:
 - Increased autonomy
 - Community integration
- Documentation must identify how a person engages with a natural support system or that assistance will be provided to pursue natural and community based supports as desired by the person.
- A clear **outcome** of the person's choice or, when appropriate, the choice made by other people who know the person well must be included in the documentation.

PCP Examples

Demonstrates PCP

Each individual discussed in proposal has unique interests identified

We could determine that Robert is happy at the setting as he engages with peers, smiles at staff and cooperates with the supports in place

The process for education and communication is identified and the decision by the person or people supporting person documented

Not consistent with PCP

All individuals have same interests: i.e. John, Shanica, etc. want to go to Mario's Pizza in neighborhood

Dwayne is unable to participate in PCP. His mother wants him to stay at the setting.

There is discussion of process but no final determination of what person wants

PCP METHODOLOGIES

- There are a number of person centered planning methodologies.
- OPWDD is not prescribing any particular one.
- Some of the most recognized methodologies can be found on OPWDD's Person Centered Planning Website:
http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning/various-person-centered-planning-methodologies
- OPWDD recognizes the CQL POMs interview process as an effective measure of the PCP Process:
http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning/POMs_fact_Sheet_clean

Key Process: Choosing the MSC

When an individual transitioning from an ICF to HCBS waiver supports —

- is not able to make the choice for his/her MSC and
- does not have a person who actively can support him/her,

the clinical planning team or ICF provider designee may support the person when choosing the MSC.

Certain restrictions apply in this circumstance.

Key Process: Choosing the MSC

The following restrictions apply in these circumstances to control for potential conflict of interest:

- The chosen MSC vendor must not be the provider of res hab services for the individual unless there is a clear justification, and
- If the selected MSC provider also delivers res hab to the individual, there must be approval from the DDRO ensuring that the justification is valid.

Key Process: Choosing the MSC

A form must be completed and the DDRO will review the form to determine if the following allowable justifications are met:

- The individual receiving services has been identified as unable to make decisions on their own behalf.
- Within the last 12 months, there is no evidence of a person who could make decisions on behalf of the individual.

Key Process: Choosing the MSC

The DDRO will review the form for the additional allowable justifications:

- MSC program has a specialty in meeting this person's needs, such as special training to MSCs or specific staff that work in the MSC program have experience in the individual's particular needs.
- The service coordinator has skills in working with this person's particular needs.

Key Process: Choosing the MSC

The DDRO will review the form for the additional allowable justifications:

- There is a lack of available MSC providers in the area.
- A change in the identified service coordinator, who has a history of working with the individual, is potentially harmful to the individual's ability to successfully live in the IRA.
- This form can be obtained from your DDRO liaison, and must be returned to the DDRO in which the individual will live.

Key Process: Choosing the MSC

- Finally, any MSC chosen must be knowledgeable about the services available in the community to which the person wants to live, and should assist the individual in obtaining the most appropriate services upon transitioning to community-based services.

Key Process: Medicaid Billing

- ICF to convert to a Supervised IRA or a Supportive IRA
- Currently OPWDD utilizes a unique Provider ID Number for Supervised IRA and a unique Provider ID Number for Supportive IRA.
- Individuals will be billed using either an agency's Supervised IRA Provider ID number or an agency's Supportive IRA Provider ID number.

Key Process: Medicaid Billing

Links to Administrative Memorandum for IRA Residential Habilitation

- OPWDD ADM #2014-01
http://www.opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda
 - Service Documentation for Daily Residential Habilitation Services Provided in Supervised Individualized Residential Alternatives and Community Residences
 - Supervised IRA/CR Residential Habilitation Daily Narrative Note
 - Supervised IRA/CR Residential Habilitation Daily Narrative Note – Word Doc
 - Directions for Completing the Supervised IRA or CR Residential Habilitation Daily Narrative Note
 - Supervised IRA or CR Residential Habilitation Service Documentation Daily Checklist and Monthly Summary Note
 - Supervised IRA or CR Residential Habilitation Service Documentation Daily Checklist and Monthly Summary Note – Excel Doc
 - Directions for Completing the Supervised IRA or CR Residential Habilitation Service Documentation Daily Checklist
 - Directions for Supervised IRA or CR Residential Habilitation Monthly Summary Note

Key Process: Medicaid Billing

Day and Residential Habilitation Changes

- **Day and Residential Habilitation Changes**
- http://www.opwdd.ny.gov/regulations_guidance/opwdd_regulations/DayandResidentialHabilitationChanges
- [Day and Residential Habilitation Changes - Memo](#)
- [Day and Residential Habilitation Changes - Text](#)

Key Process: Medicaid Billing

Supervised IRA

- Just as ICFs are per diem (daily), Supervised IRA Res Hab is a per diem (daily) unit.
- Unlike ICFs where total days billed for a claim can be totaled and entered on one service line, each date of service must be listed separately in the service line area of your billing software or EPACES. Each day billed is one unit of service.
- **Provider ID, Rate Code and Location Code will change.**

Key Process: Medicaid Billing

Medicaid coding required for IRA Res Hab

- Restriction/Exception (R/E) codes on individuals' Medicaid records determine if a claim will be paid.
- Supervised IRA - individuals must have a R/E code "49"
- Supportive IRA - individuals must have a R/E code "48"
- **Medicaid coverage must be a type of coverage which allows HCBS Waiver services.**
- A Medicaid coverage chart is available specifying which OPWDD services are covered by each coverage type at <http://www.opwdd.ny.gov/node/1749>.

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OPWDD REVENUE SUPPORT FIELD OPERATIONS MEDICAID COVERAGE DESCRIPTION CHART							
*PAGES/POK MESSAGE ELIGIBILITY INFORMATION	REF CODE I WMS	MEDICAID COVERAGE CODE DESCRIPTION	COVERAGE	PROOF OF RESOURCES (B = Document or A = Affidavit)	ELIGIBLE FOR HCBS WAIVER and ICF/DD SERVICES?	ELIGIBLE FOR MSC SERVICES?	
Limitations (Community Coverage w/ CBLTC)	1	19	COMMUNITY COVERAGE WITH COMMUNITY BASED LONG TERM CARE	Coverage for all Medicaid covered services/excludes except nursing home services in a skilled nursing facility (SNF) or inpatient setting, managed long-term care in a SNF, hospice in a SNF. Client is eligible for one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF. New ARJ and ME/S eligibility response message. Community Coverage with CBLTC. Can enroll in Managed Care.	D (Current at Initial) A (at Renewal)	Y	Y
Limitations (Community Coverage no LTC)	2	20	COMMUNITY COVERAGE WITHOUT LONG TERM CARE	Recipient is eligible for ambulatory care, including prosthetics, and short-term rehabilitation services. Short-term rehabilitation services include one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF, and one commencement of services in a 12-month period of up to 29 consecutive days of certified home health agency (CHHA) services. Can enroll in Managed Care. Excluded: Recipient is ineligible for adult day health care, Assisted Living Program, certified home health agency services other than short-term rehabilitation, hospice, managed long-term care, personal care, long-term home health care, consumer directed personal care assistance program, limited licensed home care, personal emergency response system, private duty nursing, nursing home services in a SNF other than short-term rehabilitation, nursing home services in an inpatient setting, and	A (Current)	N	Y

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Key Process: Medicaid Billing

HCBS Waiver Enrollment

- All individuals residing in the residence will need to apply for HCBS Waiver authorization. Medicaid claims will not be paid unless there is a Restriction Exception code "46" on an individual's Medicaid record identifying the individual as HCBS Waiver enrolled.
- Link to OPWDD Waiver Coordinators
<http://www.opwdd.ny.gov/node/2113>

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Key Process: Medicaid Billing

Billing Delays when converting Residential Sites

- When converting residential sites there may be a delay in the ability to bill.
- There is specific coding for ICF residents (R/E 38) that must be removed from Clients' Medicaid ID Numbers.
- R/E code 46 noting enrollment in the HCBS Waiver must be in place before any IRA R/E coding can be entered.
- There is specific coding for IRA residents (R/E 48 or 49) that must be added to Clients Medicaid ID Numbers.
- The above changes can only occur after the amended Operating Certificate is issued, noting the change from ICF to IRA.

 Office for People With Developmental Disabilities

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Key Process: Medicaid Billing

One of the three available Rate Codes will be used for billing Supervised IRA services

- 4437** – To be used for "**Service Days**" - A day when services have been provided and documented for the individual
- 4438** – To be used for "**Retainer Days**" - A day when the individual was absent from the residence due to a Temporary stay (expected to return) in a Hospital, Skilled Nursing Facility, or any other institutional, in-patient or residential facility reimbursed by Medicaid. 14 day maximum on retainer days.
- After 14 day limit has been reached, each day will be paid at \$0.
- 4439** – To be used for "**Therapeutic Leave Days**" - A day when the individual is away from residence and is not receiving service from residential habilitation staff, and the absence is for the purpose of visiting with family or friends.

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One of four available locator codes will be utilized

- **005** – Use when an individual who has NOT been identified by the OPWDD DDRO as “Template” nor is the individual a resident in a home which changed Auspice (operator) from OPWDD to the provider agency on or after 11/1/2011
- **006** – Use when an individual who has been identified by the OPWDD DDRO as “Template” at the “Specialized” level on or after 11/1/2011
- **007**- Use when an individual who has been identified by the OPWDD DDRO as “Template” and approved for the “highly Complex” level on or after 11/1/2011
- **008** - Use when an individual who is a “Resident” of a residence which changed Auspice (operator) from OPWDD to the provider agency on or after 11/1/2011

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Key Process: Medicaid Billing Supportive IRA

- **Provider ID, Rate Code and Location Code will change.**
- Unlike ICFs where total days billed for a claim can be totaled and entered on one service line, Supportive IRA is a Monthly Unit of service. Supported IRA Claims utilize either the 1st or 2nd day of the month following the month service is provided as the date of service (DOS).

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Key Process: Medicaid Billing Rate Codes and Locator Code for Supervised IRA

Rate Codes:

- **4709** – Utilized when billing for a **Full Month of service**
- **4710** – Utilized when billing for the **First Half of Month**
- **4711** - Utilized when billing for the **Second Half of Month**

Locator Code:

- **003** – utilized for **all Supportive IRA claims**

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Key Process: Medicaid Billing Full Month billing guidelines

- Individual must have been enrolled in the program for 22 or more days
- Individual has received 4 countable service days during the month
- There may be no more than 2 countable services days in any week.
- Countable service days are days that IRA staff provided at least one residential habilitation service or action at the IRA site, includes actions initiated or concluded at the IRA site.

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Key Process: Medicaid Billing

SEMI Monthly billing guidelines

- Individual must have been enrolled in the program for 11 days or more.
- Individual has received at least 2 countable service days during the month. **AND**
- Countable service days are days that IRA staff provided at least one residential habilitation service or action at the IRA site, includes actions initiated or concluded at the IRA site.

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Key Process: Medicaid Billing

Examples

- To bill a full month when services are provided in July, August 1st would be used as the date of service.
- To bill the first half of the month when services are provided in July, August 1st would be used as the date of service.
- To bill the **second half** of the month when services are provided in July, **August 2nd** would be used as the date of service.

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Key Process: Medicaid Billing

Billing Full month of service

- DOS is the 1st of the month after month service provided.
- Individual meets criteria for billing a Full month of service.

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Key Process: Medicaid Billing

Billing 1st half of the month

- DOS is the 1st of the month after month service provided.
- Individual meets criteria for billing a half month of service.
- **AND**
- After the last day you provided service there were 11 or more days left in the month.

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Key Process: Medicaid Billing

Billing 2nd half of the month

- DOS is the 2nd of the month after month service provided.
- Individual meets criteria for billing a half month of service.
- **AND**
- After the last day you provided service there was less than 11 days left in the month.

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Key Process: Medicaid Billing

- Please note - the "from" and "to" date on the claims should reflect the Date of service being billed – e.g. July 2015 (full or 1st half of month) services would be from 8/1/15 to 8/1/15 with service line DOS 8/1/15.
- If billing for the second half of month all dates would reflect the 2nd.

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Key Process: Medicaid Billing

Changes to Day Habilitation /Pre Vocational billing

- There will also be a change to the way Day Hab/Pre Voc Services are billed to Medicaid. Agencies will cease to use the rate code for individuals living in ICFs who receive Day Hab/Pre Voc services.
- If Day Hab/Pre Voc is provided by another agency they must change their billing codes as well.
- Provider ID remains the same.
- **Rate Code and Locator Code will change.**

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Key Process: Medicaid Billing

Rate Codes For Day Habilitation

- **4453** -Full day
- **4454** -Half day

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Key Process: Medicaid Billing

Locator Codes for Day Habilitation Services

- **003** Standard
- **019** Specialized Downstate
- **020** Specialized Upstate
- **021** Highly Complex Downstate
- **022** Highly Complex Upstate

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Key Process: Medicaid Billing

Rate Codes for Site based Pre Vocational Services

- **4464** Full Day Site Based
- **4465** Half Day Site Based

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Key Process: Medicaid Billing

Locator Codes for Site based Pre Vocational Services

- **004** Standard
- **023** Specialized Downstate
- **024** Specialized Upstate
- **025** Highly Complex Downstate
- **026** Highly Complex Upstate

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Key Process: Medicaid Billing

Rate Codes for Community Based Pre Vocational Services

- 4781 - 1:1
- 4782 - 1:2
- 4783 - 1:group

Key Process: Medicaid Billing

Locator Codes for Community Based Pre Vocational Services

- 066 to be used by providers in NYC
- 067 to be used by providers in Nassau, Suffolk, Rockland, Westchester and Putnam counties
- 068 to be used by all other areas of the State

Key Process: MFP Reporting

The Money Follows the Person Demonstration

- A federal demonstration providing enhanced funding to states as they assist individuals to transition out of certain institutional settings into qualifying home and community-based settings. The demonstration assists states to rebalance their long-term supports services in favor of community-based support.
- The demonstration requires extensive data collection and reporting, including the completion of three Quality of Life surveys (pre and post transition).
- The New York Association of Independent Living (NYAIL) has a statewide contract to assist individuals with transition planning, provide peer support as needed, and conduct the Quality of Life surveys.

Key Process: MFP Reporting

Eligibility for MFP Participation

- Individuals must have resided in a qualified institution for at least 90 days. ICFs qualify.
- The individual must have received at least one day of Medicaid in-patient service prior to leaving the institution.
- The individuals must be enrolled in the HCBS Waiver.
- Individuals must transition to a qualified residence.

Key Process: MFP Reporting

Qualified Residences

- A home owned or leased by the individual or his/her family member
- An apartment with an individual lease
- A community-based residence in which no more than four unrelated individuals reside.
- Family Care homes and IRAs are qualified residences.

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Key Process: MFP Reporting Quality of Life Surveys

- Baseline Survey – done within 30 days of leaving the institutional setting
- 11-month, 24-month follow-up surveys
- Surveys are completed by ILC staff (statewide contract).
- Data is sent to DOH each month, reported to CMS.
- OPWDD is also analyzing the data to determine needed transition process improvements.

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Key Process: MFP Reporting ICF Provider Responsibilities - Pre-Transition

ICF Providers who are planning conversions of ICFs to IRAs should do the following:

- Notify Community.Transitions@opwdd.ny.gov when an individual qualifies for MFP and will be moving into a qualifying setting. NOTE: Willowbrook class members are not participating in MFP.
- When the local Independent Living Center (ILC) or the DDRO contacts the ICF to set up an MFP visit with an individual, the ICF provider must invite the individual's family/advocates to participate in the visit.
- If the individual agrees to participate in MFP, provider should support the ILC's Transition Specialist to participate in transition planning for the individual, conducting the baseline QOL survey.

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Key Process: MFP Reporting

Provider Responsibilities - Post Transition

- Designate an MFP Contact Person within your agency. Inform community.transitions@opwdd.ny.gov who that person is.
- Each month, receive and respond to OPWDD's request for MFP data on the individuals enrolled in MFP and served by your agency.

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Key Process - MFP Reporting

MFP Information

- Described on pages 14-15 in ICF Conversion guidance.
- Resources are available at: <http://www.opwdd.ny.gov/transformation-agreement/mfp/home>
- Questions about MFP: community.transitions@opwdd.ny.gov

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Fiscal Policies Update

Clarification on Policy for Straight Conversions:

When calculating revenue neutrality and the need for a supplemental payment, OPWDD will compare a provider's 7/1/14 ICF rate with its 7/1/14 IRA rate, with enacted workforce adjustments...

Meaning – OPWDD will compare the 4/1/15 ICF and IRA rates.

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Fiscal Policies Update

For ICFs larger than 14 people - OPWDD is still working on identifying funding support for:

- Property development and
- Sustaining downsizing ICFs until closure/conversion is possible.
- Services for people who are new to residential and day hab services and who have higher needs.

Provider Experience: Communicating About ICF Conversions

AIM Services

It's all about the individuals and the details, don't forget the details.

How do get we started?

- Start now by meeting with key stakeholders, including the DDRO, and establishing a work plan.
- **Communicate** early and often: internally, with families, and with the DDRO.
- Meet frequently with individuals, staff, and families to discuss conversion and ease concerns.
- Begin the **Person-Centered Planning** process: What is person centered Planning?

Family, Guardians, and Advocates

- Meet early and often: Set up meetings with Family, Guardians, and Advocates as soon as possible to discuss conversion.
- In addition to meeting with each individual and the circle of support one on one, hold group meetings so they can see they are not alone in this process.
- Update Family, Guardians, and Advocates at each juncture in the process.



Concerns raised by Families, Guardians, Advocates, and Individuals...

- The number one question was: **Will they lose services?** Where an individual receives services and how they are funded may change, but individuals will not lose services such as OT, PT, Psych, Nutrition, etc...
- **Will they have to move?** In our case none of the individuals "had to move," though we are transitioning one of the former ICFs to a new one story home that better supports the individuals who reside there. If there are any "moves," discuss open and honestly.
- **What is an MSC and what do they do?** Families are used to having a QIDP or "Active Treatment Coordinator." When you meet with individuals and their family, bring an MSC and have them discuss how, if selected, they would support the individual.
- **This is all being done to save money, right?** We responded to this question with a discussion on individuals rights, becoming a part of their community rather than just existing in it, and working towards greater independence.



Lessons Learned

- Don't assume that you have all necessary documentation for intake packets and conversion...you likely do not.
- There is no such thing as too much Person-Centered Planning.
- Make sure diagnoses on physicals and psych evaluation match.
- Schedule the 30 Day Meetings ahead of time.
- If you "send something in," check on the progress. It may expire before it is reviewed.
- Don't forget the goals: Res Hab goals can no longer match Day Hab goals. Individuals and their teams will need to meet to establish new goals.
- Document everything.



ICFs and the HCBS Settings Rule

All Converted ICFs are Subject to "Heightened Scrutiny"

- Requires submittal of evidence to the CMS Secretary for settings that CMS "presumes not to be HCBS" where the state finds that the settings can meet HCBS under a "heightened scrutiny" threshold.
- State must overcome the presumption/prove that such settings are **not institutional in nature and do not isolate people with disabilities from the broader community.**



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Criteria (i.e., Triggers) for Heightened Scrutiny

- Located in a building on grounds of public institution;
- Located in a building that is also publically or privately operated facility providing inpatient institutional treatment;
- Immediately adjacent to public institution;
- **Converted from an ICF on or after March 17, 2014;**
- **Multiple settings co-located and operationally related** (e.g., private campus; co-locations such as Day Hab and residences and/or administration buildings);
- **Institutional or isolates people with disabilities from the broader community** (e.g., clusters; multiple services in same setting; limited interaction with community)
- Setting/site appears more isolating than other settings e.g., gated community; farmstead; fencing, gates or structures; signage; undesirable location).

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Why are converted ICFs designated for Heightened Scrutiny?

The basis for this determination resides in the federal register:

"We recognize that repurposing existing building structures is a tool used to control costs. However, we believe that such structures should not be a state's first option when looking to increase the pool of community-based residential settings.

Such structures were often built and operated in such a way that they inherently hinder individuals from participating in the broader community, and reduce individuals' control of how and where they receive services. However, there may be circumstances where such a setting could be repurposed in a way that it would meet the requirements for HCB settings and would no longer have the characteristics of an institution.

The final rule allows a state to submit evidence for CMS's consideration in this circumstance.

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CMS Q&A published on June 26, 2015 (9 out of 11 pages devoted to heightened scrutiny)

- Identification by **name of setting, location and number of people served** for public input and CMS submission
- Several types of info and documentation expected
- Public must have **opportunity to support or rebut state's position on each setting.**
- CMS approval only pertains to the individual setting subject to the request.
- Material changes to approved H.S. sites require updating CMS.

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What does a Heightened Scrutiny Designation Mean for the Setting and its Provider?

- **It does not mean** that the setting has to **close** and/or that it can no longer be **funded** in the waiver!!
- **It means** the setting is subject to a **higher burden of proof** that it meets or can meet community standards **and is not isolating/institutional.**
i.e., Public Input and CMS Submission of Evidence and ultimately approval by CMS

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Preliminary Timeline for Heightened Scrutiny

- **October 2015:** Provider Communication Memo
- **10/2015-9/2016:** Inventory heightened scrutiny settings; review baseline HCBS standards for **residential settings only**
- **10/2016-2/2017:** Front load all heightened scrutiny settings for review of HCBS standards and collect/verify evidence
- **Summer 2017:** First Public Input Period

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ICF Conversions

- Providers must complete and submit a signed HCBS Settings Checklist as part of their ICF Conversion proposal template.
- As of 1/1/16, if any elements of the checklist are marked "unmet," the provider must submit a HCBS Settings Compliance Action Plan with their proposal. All unmet elements must be addressed in the Action Plan.
- A sample Compliance Action Plan is posted on OPWDD's website. http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions
- OPWDD must review and approve the Compliance Action Plan prior to approval of the conversion.
- Providers must seek full compliance for the converting site as soon as possible, but no later than 10/1/18.

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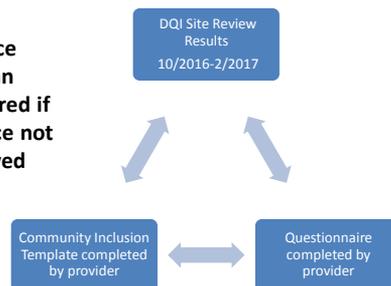
Early HS Review for ICF Conversions

- ICF providers who are converting ICFs to IRAs may elect to undergo an early HS review (prior to the regular DQI HS review schedule).
- Early HS review is NOT required for ICF conversions.
- If a provider chooses early HS review, OPWDD will:
 - Conduct a post conversion site visit & survey
 - Collect an evidence package for the site from the provider,
 - Solicit public comment on the evidence and
 - Submit the evidence and public comment to CMS for review
- To request early HS review of a converting ICF, send a request to Heightened.Scrutiny@opwdd.ny.gov.

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Evidence If Setting is Heightened Scrutiny (Preliminary Proposal):

Compliance Action Plan also required if compliance not yet achieved



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Documentation that Setting Supports Full Access to the Broader Community i.e., Community Inclusion

- Community Inclusion Activities expressed by each person as meaningful priorities
- Documentation showing when these activities have occurred for each person
- Evidence of review at least twice annually of person's interests, priorities and supports needed to pursue desired activities
- Evidence of efforts to support and promote new experiences and experiential learning

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HCBS Settings Compliance Action Plan

- Action items including timelines and milestones
- Parties responsible for implementation
- Method for tracking/monitoring progress
- Other indicators needed to show that the setting is moving forward with compliance and will comply no later than October 2018

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Where to Get More Information?

OPWDD Public Announcement and Transition Plan:
http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/announcement-for-public-content

OPWDD HCBS Settings Toolkit:
http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit

www.hcbsadvocacy.org

CMS Toolkit: www.medicaid.gov/hcbs

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Questions and Answers

For information on ICF Transitions:

http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions