

## Article 16 Clinics WebEx Q&A August 10, 2015

### REIMBURSEMENT/RATE QUESTIONS

1. Do you have any information about what the rates will look like for the Preventive Services, when they will be available and if administrative relief will be included?

OPWDD continues to work with the Centers for Medicare and Medicaid Services (CMS) and our partners at the Department of Health (DOH) to develop rates that will be sufficient to fund off-site service provision of therapy services.

2. Do clinics have to pay back any money related to the off-site clinic services provided since July 1, 2014?

No, clinics do not have to pay back any funds. OPWDD is taking responsibility for the fiscal impact of these changes. The expectation is that Article 16 clinics will assist the state by completing survey reports and any necessary follow-up on a timely basis.

3. Is it correct that once this project moves forward money included in the Day Habilitation and Residential Habilitation rates for clinical service delivery will be removed and reimbursement will be by direct billing either from the Article 16 Clinic and/or Preventive Services?

CMS has required OPWDD to change the way it funds the delivery of direct clinical services effective 1/1/16. Certain Day Habilitation and/or Residential Habilitation rates will need to be revised to remove funding of direct service Full Time Equivalents (FTEs) from the rates. A meeting with Day Habilitation providers will be scheduled soon. As a separate action, after October 1, 2015, Residential Habilitation providers must pay for certain clinical services essential for the quality of an individual's nutritional and behavioral services. OPWDD will be studying the utilization service data and sharing reports with providers and regional offices and then working with DOH to integrate those dollars into the IRA rate as appropriate. (See the Q&A document on 10/1/15 changes here: <http://www.opwdd.ny.gov/node/6097> )

4. Currently, Article 16 clinics are not being reimbursed for our property expenses. If we move all services onsite, will our capital rate be updated?

Capital rates are set as a fee; there is a property fee add-on. This may not be comparable to a provider's property costs. This aspect of clinical rate setting will not change. Any affected Day Habilitation Prior Property Approval (PPA) must be revised to reflect the new allocation authorization including Article 16 clinic and administration space. The Day Habilitation PPA can only be issued for Day Habilitation only space and Day Habilitation property reimbursement must be consistent with that revised PPA. The Consolidated Fiscal Report (CFR) must report actual space usage by program, usually by actual square footage.

5. Can a full time employee be divided between the Article 16 Clinic and the Preventive Services group practice?

Yes, however agencies must be prepared to document that staff time is accurately reported between the different services categories of the CFR and that service times are accurately reported to Medicaid for payment purposes.

### **BILLING QUESTIONS**

6. Preventive Service will be billed to Medicaid as an independent practitioner claim. What does this mean?

After 1/1/16, if an off-site clinic service converts to a preventive service, it will be billed to Medicaid. A preventive service claim is an "independent practitioner claim" this means the claim is submitted under the therapists' NPI (National Provider Identifier) or under the NPI of the supervising clinician (for certain dependent clinicians such as a Licensed Master Social Worker (LMSW) or a Applied Behavioral Sciences Specialist (ABSS)). The claim is submitted to Medicaid as an 837-P claim transaction.

7. How will the reimbursement for dual eligible (Medicare and Medicaid) beneficiaries be handled with these changes?

The off-site Preventive Service option includes Medicare billing. For dually eligible individuals, Medicare and any other 3<sup>rd</sup> party health insurance will be billed first. Medicaid will be the payor of last resort. There is no change in Medicare billing.

8. Will the Medicare functional reporting still be required on claims for all outpatient therapy services?

Yes, the functional reporting of non-payable G-Codes and related modifiers are used to convey information about the person's functional status at specified points during therapy. This reporting is a Medicare requirement.

### **CON QUESTIONS**

9. As part of this CON process, will an increase in our annual service unit limit be allowed?

This depends on where the service was provided and how it was provided. If the therapy service was provided as a Day Habilitation service and will convert to a clinic service, then an increase in clinic service authorization units would be needed. If the clinic service was provided off-site, then no increase would occur in providing the service in a main or satellite clinic location. Preventive Services are not associated with a service authorization level. A decrease in a service authorization level may possibly occur if services provided under an Article 16 clinic are provided as Preventive Services.

10. When services are rendered off-site by a clinic in a residence not owned and operated by the agency operating the clinic, who will do the CON? Example: Agency A with clinic in the IRA of agency B. How will the CON work for the IRA of agency B to be a satellite?

As of 1/1/16, off-site services will no longer be allowed in residences. The Article 16 clinic now providing these services will now need to explore how to best deliver these services. Since an Article 16 clinic satellite site must be accessible to people living in other community locations, it is not appropriate for a satellite to be located at an OPWDD Supportive IRA, Supervised IRA or a Community Residence.

11. Would all satellite services need to be delivered in a specified space within a Habilitation site?

If services after 1/1/16 will be co-located with a Day Habilitation program, then specific space must be carved out of the Day Habilitation site for the new satellite clinic location operations. Satellites may be established at other locations, but not in a certified residence.

12. Can space identified as clinic satellite space be used by the Day Habilitation program for Day Habilitation activities once it has been approved for clinic satellite purpose?

No, the Day Habilitation program may not use designated clinic satellite space. The space that is carved out as an Article 16 satellite site will be designated for Article 16 space only.

13. Can an Article 16 clinic open a satellite in another agency's Day Habilitation program?

Yes, but there would need to be an agreement (i.e. MOU or business agreement) between the Article 16 clinic and the agency operating the Day Habilitation program.

14. Are there any considerations for an Article 16 clinic to be co-located with another clinic (i.e. Article 28 or 31)? Can two agencies providing off-site Article 16 clinic services in the same building/location receive satellite sites for that location?

Yes, Article 16 satellite sites may be co-located with another clinic such as a Department of Health Article 28 clinic or an Office of Mental Health Article 31 clinic. However, the clinic spaces must be separate and distinct. This includes separate waiting areas and entrances/exits to accommodate the public.

15. A not-for-profit Article 16 clinic provides psychiatry services at the same address as a State Operated Article 16 clinic. Provided a CON is approved, would it be possible for them to establish a satellite site at this same address?

Yes, it would be possible but it would need to be leased space. Each clinic must have separate and distinct spaces, but they may share waiting rooms and entrances/exits to the public.

16. Do we need to enroll the satellite location as a practice location with Medicare?

Most likely, the location would need to be enrolled as a practice location with Medicare. Please contact Medicare for specific rules/policies concerning Medicare.

17. Is there a designated number of disciplines that have to be available at each clinic satellite location in order for a location (Day Habilitation) to be designated as a clinic satellite?

According to 14 NYCRR 679.3 Principles of Compliance: The Facility's staffing plan shall include the representation of professional staff members qualified in at least four of the following disciplines: dentistry (and dental hygiene services); medicine (including any appropriate specialty); nursing; occupational therapy; psychology; Habilitation counseling; social work; and speech therapy. The requirement for coverage of at least four disciplines relates to the clinic as a whole, not individual satellite locations. As permitted by New York State law pertaining to the practice of disciplines, facilities may utilize assistants, physician assistants; nurse practitioners, and applied behavioral sciences specialists to deliver services.

#### **PROGRAMMATIC/GENERAL QUESTIONS**

18. What are the dates of service included for the survey that will be distributed on 7/31?

The initial survey will be covering the period 7/01/14 – 3/31/15. A WebEx was held on July 31<sup>st</sup> to go over a sample spreadsheet and how the clinic should fill out the survey. Surveys/spreadsheets were distributed during the week of 8/3/15.

19. How will oversight and coordination of care of services for individuals receiving Preventive Services work? How will this work for those individuals who live in their own home and do not have Medicaid Service Coordination (MSC)?

OPWDD is in discussion regarding enrollment and oversight of qualified providers. Certain disciplines now requiring an M.D. order today (i.e. PT, OT), will continue to require an M.D. order. OPWDD is looking at how oversight and clinician enrollment will be overseen for services provided to individuals with developmental disabilities.

20. Can we continue to provide off-site services until the satellite services locations are created?

Yes, this can continue until 1/1/16.

21. For services provided at home, which direction should be taken?

If the service is delivered at home, the service must transition to Preventive Services. The individual has the option of receiving the therapy service at a clinic site (satellite or main) or receiving the therapy service through the preventive services option in their home.

**CLINICAL SERVICES QUESTIONS:**

22. How can an agency continue to provide clinical services?

In regard to agencies that presently operate an Article 16 clinic, Article 16 services that were provided as off-site services now will need to be provided in an Article 16 main clinic site, a satellite site, through the preventive services group service model or by preventive services independent practitioners.

23. If psychological services are provided by an Article 16 clinician in an IRA after hours, can the clinician bill thru clinic or will residential have to pick up the cost?

Effective 10/1/15, the residence will be responsible for psychotherapy services that relate to behavioral assessment and intervention planning, delivery and review or monitoring of behavioral interventions, and behavioral support services that are directly related to an individual's Residential Habilitation plan. These services will be required to be reimbursed by the IRA provider/residence and the provider cannot bill Medicaid separately. Additionally, these services must be delivered by a licensed psychologist, licensed clinical social worker, or behavioral intervention specialist. Beginning on 10/1/15, in order to bill for an Article 16 clinic service, it must be provided as a face-to-face service with the individual and not relate to Residential Habilitation. As of 1/1/16, Article 16 services will no longer be provided in certified settings such as IRAs or CRs and the continued provision of psychological/behavioral services not related to Residential Habilitation must be billed as a preventive service or delivered at the main Article 16 clinic site or satellite site.

24. Will Psychological and Psychosocial Evaluations still be allowed to be conducted offsite? If so, will this fall under the preventative service model?

After 1/1/16, such evaluations can only be conducted offsite under the preventive services auspice or can also be provided by an Article 16 main or satellite clinic.

25. Could you please clarify if the new conditions proposed for off-site services effective 1/1/16 relate only to the core clinic services paid through the APG rate, or will it also include non-core medical services? Specifically our clinic provides primary medical services in an IRA facility for the medically frail and psychiatry services at two off-site locations. What are the implications for these services?

As of 1/1/16, only certain therapies will be available under the preventive services framework (OT/OTA, PT/PTA, SLP, MSW, LCSW, Licensed Psychologist, or ABSS). Core or non-core medical services may not be provided in an IRA facility, only in an Article 16 main or satellite clinic.