The following document is the Home and Community Based Services (HCBS) waiver application for the OPWDD Comprehensive Waiver. The desired effective date is 10/1/14. This material is under negotiation with the Federal centers for Medicare and Medicaid Services (CMS), and therefore subject to updates and revision resulting from these discussions.

The HCBS Settings Transition Plan is contained in the waiver beginning on Page 9 of this PDF document, with additional description on Page 91 and 92.

Please note: OPWDD is requesting a two-year effective period for this renewal (10/1/14 – 9/30/16). The on-line template which generates this document does not provide for a two-year option and therefore the required "check box" on page 1 incorrectly refers to a five-year period.

Published for Comment 8/1/14

# Application for a §1915(c) Home and Community-Based Services Waiver

## PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

## Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

### 1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:
The Office for People With Developmental Disabilities (OPWDD) waiver renewal for 2014-16 continues the implementation of the fiscal reforms approved in prior amendments to the waiver. This application also lays out the State's plan for implementing an HCBS setting transition plan. There are significant reforms included in this amendment that will streamline self direction and will promote our ability to grow self direction services. These self direction reforms include:

•
* Consolidated Supports and Services (CSS) -- Previously in this waiver, CSS services were the option that OPWDD offered individuals to self direct services with budget authority. This service sunset on 9/30/14 and therefore is no longer included in this renewal application.

* Revisions to Fiscal Intermediary Services -- a new monthly fee scheduled is developed that will offer the person who is self directing their services the opportunity to select the level of support he/she wants to purchase from the Fiscal Intermediary (FI). The payment levels reflect the different levels of intensity of FI service provision. (Note: the FI service in previous versions of the waiver was known as Agency with Choice/Financial Management Services (AWC/FMS.)

* Addition of Individual Directed Goods and Services (IDGS) -- This service option is available to the individual who is self directing his or her services with budget authority.

Other changes are included in the waiver that support the redesign of self direction include:

* Changes to Community Habilitation: Community Habilitation is a flexible service that allows truly person centered services in a variety of non-certified settings. In this waiver we extend this service opportunity to people living in certified residences. People living in certified residences can opt to participate in Community Habilitation services in place of day habilitation services. Protections are put in place to ensure services do not duplicate the services that are the responsibility of the certified residential provider. This change also facilitates the new self-direction design.

* Changes to Supported Employment: The move to an hourly unit of service for Supported Employment is particularly important for people who self-direct their services. This change from a monthly unit of service allows the person to pay his or her self-hired worker for exactly the hours worked.

The service modifications and new services proposed for this waiver renewal are a result of the public input that OPWDD received through extensive outreach with stakeholders. These changes will enable OPWDD to expand options for cost-effective, flexible, customized, and person-centered supports as well as opportunities for participants to self-direct supports and services to the extent desired.

## Application for a §1915(c) Home and Community-Based Services Waiver

### 1. Request Information (1 of 3)

**A.** The **State** of **New York** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

**B. Program Title** (*optional - this title will be used to locate this waiver in the finder*):
**NYS OPWDD Comprehensive Renewal Waiver**

**C. Type of Request: renewal**

**Requested Approval Period:***(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

**Original Base Waiver Number: NY.0238**
**Waiver Number:NY.0238.R05.00**

**Draft ID:** **NY.21.05.00**

**D. Type of Waiver** *(select only one):*

Regular Waiver

**E. Proposed Effective Date:** *(mm/dd/yy)*

10/01/14

## 1. Request Information (2 of 3)

**F. Level(s) of Care**. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

- [ ] **Hospital**

  Select applicable level of care

  - ( ) **Hospital as defined in 42 CFR §440.10**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

  - ( ) **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

- [ ] **Nursing Facility**

  Select applicable level of care

  - ( ) **Nursing Facility as defined in 42 CFR 440.40 and 42 CFR 440.155**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

  - ( ) **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

- [x] **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

  If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

  NA

## 1. Request Information (3 of 3)

**G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

- (•) **Not applicable**
- ( ) **Applicable**

  Check the applicable authority or authorities:

  - [ ] **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**
  - [ ] **Waiver(s) authorized under §1915(b) of the Act.**

    Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

    **Specify the §1915(b) authorities under which this program operates** *(check each that applies):*

    - [ ] **§1915(b)(1) (mandated enrollment to managed care)**
    - [ ] **§1915(b)(2) (central broker)**
    - [ ] **§1915(b)(3) (employ cost savings to furnish additional services)**
    - [ ] **§1915(b)(4) (selective contracting/limit number of providers)**
  - [ ] **A program operated under §1932(a) of the Act.**

    Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

  - [ ] **A program authorized under §1915(i) of the Act.**
  - [ ] **A program authorized under §1915(j) of the Act.**
  - [ ] **A program authorized under §1115 of the Act.**

    Specify the program:

**H. Dual Eligiblity for Medicaid and Medicare.**

Check if applicable:

- [x] **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

## 2. Brief Waiver Description

**Brief Waiver Description.** *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
Purpose, Goals, and Objectives:

The New York State Office for People with Developmental Disabilities (NYS-OPWDD) HCBS Waiver was initiated in 1991 creating a new service provision model that encouraged increased use of community resources to meet the needs and enrich the lives of persons with developmental disabilities. The initial goal of the waiver was to serve more people with a wider range of community-based services that were more individualized and less expensive than institutional care. This goal continues in the 2014 renewal, and is reflected in this agreement and the OPWDD transformational agreement with CMS.

Waiver participants, their families, the non-profit provider community and state authorities continue to collaborate to create a person-centered service environment that is innovative and focused on community resources and self-direction principles.

OPWDD's customers have made it clear that they want a -life, not a program- and a real life is based on four primary person centered outcomes that support OPWDD's mission of helping people lead richer lives. An important goal of OPWDD's HCBS waiver is to facilitate these outcomes for participants:

a) to live in the home of their choice;
b) to work or engage in activities that contribute to the community;
c) to have meaningful relationships; and
d) to have good health.

OPWDD's 2014 renewal continues the implementation of fiscal reforms begun in previous waiver amendments.

Waiver Organizational Structure:

OPWDD is the waiver's operating agency and works with the New York State Department of Health (DOH), the single state Medicaid agency. As the single state Medicaid agency, DOH maintains oversight responsibility as expressly identified in a memorandum of understanding (MOU) between OPWDD and DOH described in Appendix A, Waiver Administration and Operation. OPWDD has a central office in Albany, and Regional Offices (formerly known as Developmental Disability Services Offices-DDSOs) which are geographically dispersed throughout New York State. OPWDD Regional Offices play a central role in the HCBS waiver by continuing to provide direct waiver residential and day services where needed and to oversee and provide assistance to non-profit organizations that serve waiver enrollees in their geographic catchment areas.

OPWDD is supported by more than 600 non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, and organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities. Providers range from relatively small organizations that provide one or two services to large agencies that are authorized to provide every waiver service and support hundreds of people.

Services are delivered in various ways in accordance with the needs of the waiver participants. Approximately 50 percent of waiver enrollees live in their own home or family home where they receive services that enable them to live as independently as possible and work or engage in meaningful activities in their communities. Many of the participants have intermittent waiver supports such as staff that come to their residence a few days or hours per week. Other participants have greater needs. They may have 24/7 staffing in a certified residence and use an intensive day service such as day habilitation five days per week.

Wherever a person lives, works or interacts with the community, OPWDD uses the waiver with natural supports and community-based resources to allow the participant to be as independent, and when possible as self-directing, as he or she can possibly be.

## 3. Components of the Waiver Request

**The waiver application consists of the following components.** *Note: Item 3-E must be completed.*

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (●) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

**F. Participant Rights. Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

**G. Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

**H. Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

**I. Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

**J. Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

## 4. Waiver(s) Requested

**A. Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

**B. Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ○ **Not Applicable**
- ○ **No**
- ◉ **Yes**

**C. Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- ◉ **No**
- ○ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
*Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:*

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
*Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:*

## 5. Assurances

**In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:**

**A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

**B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

**C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

**D.** Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,
2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

**E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

**F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

**G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

**H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

**I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

**J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

## 6. Additional Requirements

***Note: Item 6-I must be completed.***

**A. Service Plan**. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

**B. Inpatients**. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

**C. Room and Board**. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

**D. Access to Services**. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

**E. Free Choice of Provider**. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

**F. FFP Limitation**. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

**G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

**H. Quality Improvement**. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

**I. Public Input.** Describe how the State secures public input into the development of the waiver:
Beginning in 2011 as part of the process of developing the People First Waiver, OPWDD has been actively engaged with the public in the development and transformation of Home and Community Based Services for Individuals with IDD. On a quarterly basis the Commissioner of OPWDD holds statewide video conferences to inform Discussion Board members of the latest developments related to the HCBS waiver and to hear concerns and address questions. These regional Discussion Boards were established in 2012 in each district of the State and are made up of individuals with IDD, their families and advocates and professionals in the IDD field. Discussion board members are active in the IDD community, and many have leadership roles in statewide and regional advocacy organizations, and therefore they can help inform the community at large. The materials from Discussion Board meetings are available on the OPWDD website (http://www.opwdd.ny.gov/people_first_waiver/waiver_discussion_boards and http://www.opwdd.ny.gov/people_first_waiver/joint_discussion_board_provider_vcon_updates ) and include power points, agendas and follow-up Q&A documents.

In advance of the submission of this 2014 renewal application, there we numerous opportunities for public outreach and engagement related to the waiver. A letter to Tribal Stakeholders was sent on February 19, 2014 and May 1, 2014. The March 10,2014 Discussion Board video conference included a discussion of waiver reforms and new services that support the OPWDD transformation agenda that are included in the renewal. The waiver renewal will include major reforms to the OPWDD self direction model and therefore OPWDD has engaged in many levels with stakeholders who are involved in self direction. A web page on the OPWDD site addresses the redesign of self direction (http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/consolidated_supports_and_services). On this site, stakeholders can access the powerpoints from three separate video conferences that were held in April 2014 with individuals and families and a separate conference for provider agencies. Based on the discussion at these conferences, OPWDD published a 17-page questions and answer document that is also available on the self direction web page. As OPWDD continues the self direction reform efforts in advance of the October 1, 2014 renewal, two stakeholder committees routinely meet, one involving individuals and parents and the other involving professionals in the field.

Finally, in keeping with recent federal regulatory guidance, OPWDD informed the public of a 30 day opportunity to comment on both the HCBS waiver renewal and the development of the OPWDD transition plan for the Home and Community Based standards. On May 2, 2014 OPWDD posted on its website a public notice that advised the public that we would receive comments until June 3, 2014. The solicitation and other materials related to the HCBS settings standards can be viewed at: http://www.opwdd.ny.gov/transformation-agreement/home. OPWDD received many pages of responses and will shortly publish an assessment of public comment on the same web page.

**J. Notice to Tribal Governments**. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

**K. Limited English Proficient Persons**. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

## 7. Contact Person(s)

**A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:**
Smith

**First Name:**
Priscilla

**Title:**
Director, StatePlan/Waiver Management Unit, Office of Health Insurance Programs

**Agency:**
NYS Department of Health

**Address:**
1 Commerce Plaza

**Address 2:**
Room 1208

**City:**

Albany

**State:** **New York**

**Zip:** 12210

**Phone:** (518) 408-4807 **Ext:** ☐ **TTY**

**Fax:** (518) 473-5884

**E-mail:** pxs07@health.state.ny.us

**B.** If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:** Marlay

**First Name:** Kate

**Title:** Deputy Director- Division of Person Centered Supports

**Agency:** Office for People with Developmental Disabilities (OPWDD)

**Address:** 44 Holland Ave.

**Address 2:**

**City:** Albany

**State:** **New York**

**Zip:** 12229

**Phone:** (518) 486-6466 **Ext:** ☐ **TTY**

**Fax:** (518) 473-0054

**E-mail:** katherine.marlay@opwdd.ny.gov

## 8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.
Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

**Signature:** Jason A. Helgerson

State Medicaid Director or Designee

**Submission Date:** Jul 1, 2014

**Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.**

**Last Name:** Helgerson

**First Name:** Jason

**Title:** NYS Medicaid Director

**Agency:** NYS Department of Health

**Address:** 1 Commerce Plaza -- Suite 1211

**Address 2:**

**City:** Albany

**State:** **New York**

**Zip:** 12210

**Phone:** (518) 474-3018 **Ext:** **TTY**

**Fax:** (518) 486-6852

**E-mail:** jah23@health.state.ny.us

## Attachments

**Attachment #1: Transition Plan**

Specify the transition plan for the waiver:

**Attachment #2: Home and Community-Based Settings Waiver Transition Plan**

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*

*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*

*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*

*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

As a component of the renewal of OPWDD's HCBS Waiver, and in accordance with 42 CFR 441.310 c(6), the following outlines background information as well as the specific actions New York State OPWDD will take to assure full compliance with 42 CFR 441.301 c (4)-(5), "Home and Community-Based Settings" that became effective on March 17, 2014. OPWDD is also working with the New York State Department of Health and other New York State agencies on the State's overall Transition Plan.

The following information applies specifically to OPWDD's 1915 (c) Comprehensive HCBS Waiver. This information was posted to OPWDD's website on May 2, 2014 with a thirty day public comment period through June 3, 2014 (http://www.opwdd.ny.gov/transformation-agreement/announcement-public-comment). In addition, OPWDD's Commissioner held a number of public information sessions on the Waiver Renewal and the HCBS Settings Transition Plan.

Overview and Background on OPWDD's HCBC Settings Transition Plan

Recognizing that there are specific nuances in the additional CMS guidance issued on March 20, 2014 that may not have been fully integrated/considered in existing OPWDD regulations, certification standards and survey protocols, including the new CMS exploratory questions that target the nature and experience of individuals in HCBS settings, OPWDD plans to conduct a thorough review of all providers and a sample of the settings that they operate through on-site surveys and direct interviews of a sample of individuals served in these settings.

These efforts were coordinated with the development of New York State's Olmstead Plan developed through the Olmstead Development and Implementation Cabinet created by Governor Cuomo's Executive Order number 84. The Report and Recommendations of the Olmstead Cabinet published in October 2013 incorporated the work of OPWDD's transformation stakeholder teams as well as the HCBS Settings stakeholder work group. The Olmstead report is available on OPWDD's website via the following link: http://www.governor.ny.gov/assets/documents/olmstead-cabinet-report101013.pdf

In January 2014, CMS adopted the HCBS settings rule. This rule was effective March 17, 2014 and allows for a transition plan of up to five years for full compliance. As a result, OPWDD is updating its November 2013 work plan submission to reflect the following Transition Plan specifically for the OPWDD HCBS waiver which builds upon the comprehensive stakeholder dialogue that began last spring 2013.

Summary of OPWDD Transition Plan Activities and Anticipated Timeline

Timeline with Transition Plan Activity*
Began Feb. 2014 and ongoing: Convene information sessions with various OPWDD stakeholder groups on the final HCBS Settings regulations for public education purposes.

March 2014 -May 2014: Conduct preliminary assessment of the types of HCBS residential settings that OPWDD can assume complies with CMS HCBS settings requirements and guidance based upon a cross-walk of OPWDD's existing certification standards and regulatory requirements vs. CMS regulations and guidance and the Division of Quality Improvement's certification data.

April –August 2014: Evaluate OPWDD's program policies, standards, and requirements to identify any needed changes for full alignment with HCBS settings requirements and identify target dates for necessary revisions. Also evaluate OPWDD's DISCO design for alignment with HCBS settings requirements.

May - August 2014: Revise November 2013 Draft HCBS Settings ADM to reflect final regulations and obtain public input on changes. Finalize ADM and formally issue it to OPWDD providers.

May-August 2014: Develop an OPWDD on-site survey assessment tool to compile baseline information on HCBS settings compliance and an information management solution to collect necessary performance data.

October 2014 – September 2015: Implement OPWDD's on-site HCBS Settings Assessment (note: this period aligns with DQI's annual survey cycle).

October 2015- February 2016: Analyze the results of OPWDD's on-site HCBS Settings Assessment to identify specific issues and challenges that will need to be addressed through the five year transition period.

February 2016-April 2016: Develop and submit to CMS any necessary revisions to the OPWDD and/or NYS Transition Plan based upon the OPWDD HCBS Settings Assessment.

October 1, 2016: Formalize the full incorporation of all HCBS settings requirements into OPWDD's certification requirements and processes including survey tools, protocols, processes, and accountability initiatives for October 1, 2016 implementation. This includes adverse actions for non-compliance for any components of the CMS HCBS settings requirements that weren't already required by OPWDD prior to the CMS regulations being finalized.

*The OPWDD Transition Plan Activity outlined above does not include non-residential settings as OPWDD is awaiting CMS guidance on the implications of the CMS final regulations on day settings. Once CMS issues guidance on day settings, we will reevaluate our transition plan and incorporate day settings wherever possible into the structure and activities of this Transition Plan.

The following information is more detail on Transition Plan Activities that Have Been Completed to Date and/or are in Process:

Preliminary Assessment Process for Types of Residential Settings and Compliance with HCBS Settings Requirements:

OPWDD has conducted analysis of the HCBS Setting requirements outlined in the Notice of Proposed Rulemaking (NPRM) from May 2012 and the final HCBS regulations effective March 17, 2014 and has cross walked the proposed and final regulations with OPWDD's existing regulations, certification standards, and survey processes/protocols.

Through this analysis, there appears to be substantial alignment between OPWDD regulations and the HCBS final regulations including in intent, principles, and the major key elements (e.g., person centered planning requirements in 14 NYCRR Part 635.99 and OPWDD Administrative Memorandum # 2010-04 on the ISP; and Part 635.10.2 and 686.16; individual rights including privacy and freedom from abuse and unnecessary use of medications/restrictions etc., community inclusion, and control of personal resource in 14 NYCRR Parts 633.4 (b), 633.12, ). In addition, OPWDD's existing survey tools for OPWDD's twenty-four hour certified residential settings (i.e., supervised individualized residential alternatives

(IRAs) and supervised Community Residences (CRs) incorporate a review of these regulatory principles and requirements. OPWDD's analysis of the final CMS regulations vs. OPWDD regulations and requirements is available upon request.

Types of Residential Settings and Compliance:

As indicated above, based upon a cross walk of the OPWDD regulations vs. the HCBS final regulations, all OPWDD residential settings would comply with the requirements (see Appendix C-5 for more information). However, we recognize that CMS's intent with the final rules is to equate "compliance" with the experience and outcomes of individuals receiving services. Therefore, OPWDD has taken this initial analysis a step further by analyzing OPWDD's Division of Quality Improvement (DQI) Statements of Deficiency (SODs) for the past two years (from 4/1/12-3/31/13 and 4/1/13-3/31/14) for OPWDD's twenty-four (24) hour certified residential settings (IRAs and CRs) to determine the percentage of these settings that have experienced serious and/or systemic challenges in past DQI surveys in the areas (i.e., tag numbers) that most closely align with the components of the final HCBS regulations (e.g., individual rights). Based on this analysis of the SODs, between 7% (2012-13 SFY SODs) and 9% (2013-14 SFY SODs) of the 24 hour OPWDD certified IRAs and CRs would require transition to fully comply with the HCBS setting requirements. Of these SODs, only approximately 3% represent repeat deficiencies which would likely decrease overall the number of settings requiring transition as OPWDD requires POCA implementation to be systemic in accordance with OPWDD requirements.

OPWDD Comprehensive On-Site Residential Assessment:

Recognizing that there are specific nuances in the additional CMS guidance issued on March 20, 2014 that may not have been fully integrated/considered in existing OPWDD regulations, certification standards and survey protocols, including the new CMS exploratory questions that target the nature and experience of individuals in HCBS settings, OPWDD plans to conduct a thorough review of all providers and the settings that they operate through on-site surveys and direct interviews of a representative sample of individuals served by each provider across all waiver programs.

It is anticipated that this assessment will include certified IRAs and CRs and will begin 10/1/2014 through 9/30/2015. As OPWDD is awaiting the guidance from CMS on implications of the final rules for day settings and CMS is granting states additional time for transition planning relative to day settings, at this time OPWDD is unable to include an assessment of day settings for compliance in this initial transition plan. However, when OPWDD issues the day settings guidance, OPWDD will review its transition plan and incorporate day settings wherever the timing is possible after developing applicable assessment tools.

For the residential settings, OPWDD will develop its assessment tool using the information contained in the CMS HCBS Tool Kit and Exploratory Questions as well as the stakeholder input provided to OPWDD while crafting its draft HCBS ADM. In addition, OPWDD will incorporate a review of the person centered planning and process requirements in the final regulations and service delivery outcome related principles from the Council on Quality and Leadership (CQL) work and the Agency Quality Performance stakeholder work group where alignment is possible in the assessment tool.

In line with OPWDD's quality initiatives, DQI will assess the degree to which all provider agencies are embracing these principles to the fullest extent possible and from a continuous quality improvement perspective. Many of our provider agencies are already engaged with the Council on Quality and Leadership (CQL) and/or other similar person centered planning approaches in order to integrate the concepts and philosophy of personal outcome measures within the fabric of the organizational culture and within the day to day service delivery interactions.

The results from the HCBS settings assessment will be used as baseline information from which to determine system compliance, particular challenges that may need to be addressed, the time frame needed for full compliance across the developmental disability service system, and continuous quality improvement efforts needed.

OPWDD will have information available to more accurately determine the compliance transition timeframe needed and will submit a revised compliance plan by the second quarter of 2016 that will incorporate the results of the year long on-site DQI assessment process taking place between October 1, 2014 and September 30, 2015. OPWDD will report on the progress of this assessment for the March 2015 372 Report.

Quality Improvement Activity Related to HCBS Settings Final Regulations

OPWDD Transformation initiatives that relate most directly to implementing HCBS setting regulations and that will continue to be integral to OPWDD's continuous quality improvement strategy related to HCBS settings. Further information on these initiatives can be found on OPWDD's website under "Ongoing Transformation" via the following link:
http://www.opwdd.ny.gov/opwdd_about/commissioners_page/commissioners_message/OPWDDs_Ongoing_Transformation. The following are key components of this quality improvement activity:

Increase competitive employment opportunities/options:

• Increase competitive employment opportunities and options: See NYS Draft Plan to Increase Competitive Employment Opportunities for People with Developmental Disabilities (http://www.opwdd.ny.gov/node/4791);

Increase Self-Direction Options:

• Increase Self-Direction Opportunities and Options: See NYS Self-Direction Policy and Work Plan (http://www.opwdd.ny.gov/transformation-agreement/quarterly-report/OPWDDSelf-DirectionPolicy);

Enhance Person Centered Planning and Quality Outcomes:

• Enhance Person Centered Planning, Service Delivery and Outcomes: OPWDD is promoting the adoption of the Council on Quality and Leadership Personal Outcome Measures across the intellectual/developmental disability service system. CQL POMs align with the principles outlined in the HCBS regulations and are based upon the unique perspective of each individual. OPWDD has also updated its Person Centered Planning Curriculum to focus on the following: a. consistent practices and clear expectations defined for outcome focus and planning expectations; b. reinforcement of person centered outcome expectations from the plan of support; c. reinforce opportunities for self-direction in support models and principles of self-determination; d. incorporation of the 21 POM domain areas for consideration in the planning process; e. incorporation of pertinent portions of the recommended safeguard areas for consideration from the OPWDD stakeholder group known as the Person Centered Quality Committee.

• Enhance Provider Performance Expectations: OPWDD is continuing to enforce provider accountability to ensure a focus on what is most meaningful to each individual in planning and service delivery. OPWDD is operating a stakeholder group that will make recommendations that will lead to clear system wide expectations for agency quality practices that can be measured consistently across various quality domains that are most connected to quality of life and personal outcomes. Recommendations will emphasize practices that promote agency culture and process that strive for delivery of high quality supports in person centered ways. Once the workgroup completes its recommendations, OPWDD anticipates the integration of the enhanced quality expectations and criteria into its DQI protocols for a comprehensive redesign that also takes into account the final HCBS regulatory principles.

Develop Guidance and Tool box for Providers:

OPWDD will revise its Administrative Memorandum on HCBS Settings submitted to CMS in November 2013 to incorporate the final regulations and CMS guidance information to assist providers across the State with complying with the regulations and quality improvement approaches. This guidance and toolbox will build upon OPWDD's transformation initiatives including those identified above. The revised ADM based upon the final rules will be shared again publically for further input and this input will include OPWDD's draft Video Camera and Recording Devices Use Policy.

Performance Measures:

OPWDD will include key performance indicators in planned, future Waiver amendments to review operations of this waiver as well as the overall system for adherence to these requirements. These measures will include the following:

• Number/percent of individuals sampled who were provided information in order to make an informed choice on whether to self-direct some or all of their services.

In addition, OPWDD will utilize the National Core Indicators that align with HCBS settings regulations to review systemic progress against the national average of all NCI states including the following:

• Choice or input into where living if not in the family home
• Choice or input into roommate if not in the family home
• Can be alone with friends or visitors
• Proportion of people who reported that they choose or help to decide daily schedule
• Proportion of people who reported that they choose how to spend free time
• Proportion of people who reported that they can date if they want to

Integration of HCBS Settings Regulations in Managed Care Requirements:

The standards and principles for person centered planning and HCBS settings outlined in the final rulemaking will also be integrated into managed care contract requirements for provision of care coordination and HCBS waiver services for all HCBS waiver participants. DISCOs will be expected to include key performance indicators in their Quality Improvement Plan data and OPWDD will also be using key NCI indicators to benchmark and compare DISCOs in actionable areas.

## Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Not applicable.

## Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

   ○ **The waiver is operated by the State Medicaid agency.**

   Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

   ○ **The Medical Assistance Unit.**

Specify the unit name:

*(Do not complete item A-2)*

○ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

*(Complete item A-2-a).*

◉ **The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:
**New York State Office for People with Developmental Disabilities (OPWDD)**

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

## Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
**As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.**

b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:
The New York State Department of Health (DOH) is the Single State Medicaid Agency (SMA) and as such has oversight responsibility for the supervision of the Medicaid Assistance Program under Title XIX of the Social Security Act. Appointed by Governor A. Cuomo, Jason Helgerson is the Director of the Office of Health Insurance Programs (OHIP) and the State Medicaid Director. In this capacity he is the signatory for all 1915(c) Home and Community Based Services (HCBS) Waiver programs for New York State (NYS), including the Office For People With Developmental Disabilities (OPWDD) HCBS Waiver. The State Medicaid Director has final authority for the oversight of all aspects of the Medicaid (MA) program in NYS. Administration and operation of the OPWDD HCBS Waiver is delegated to OPWDD through a Memorandum of Understanding (MOU) that states the respective roles and responsibilities of each agency. This interagency MOU is reviewed/revised as needed and available to CMS upon request. The current MOU was signed on 8/6/2013.
DOH responsibilities include:
-Submit all reports including the CMS 372 Annual Report and technical amendments to CMS;
-Provide information and directives regarding MA policies and procedures concerning the waiver to the local departments of social services (LDSS);
-Review applications of voluntary waiver service providers recommended by OPWDD. If qualified, issue Medicaid Provider numbers and enroll providers in Medicaid/eMedNY;
-Maintain, upgrade, and monitor systems/processes for qualified providers to bill MA for authorized waiver services and design system edits to assure and accommodate appropriate coding/ billing practices;
-Pay qualified providers of waiver services for those services authorized by OPWDD;
-Assure financial accountability for funds expended for waiver services, provide for an independent fiscal audit of the waiver program, maintain and make available to CMS, the Office of the State Comptroller or other designees, the appropriate financial records documenting the cost of services provided under the waiver, including independent audits;
-Oversee OPWDD's annual review of Individual Service Plans (ISP) in accordance with the assurances set forth by CMS; perform annual fiscal review of a statistically valid sample of ISPs according to established procedure;
-Perform an ISP Inter-rater Reliability Review by selecting a subset of ISPs to validate that the OPWDD review process was performed as required and that the CMS assurances have been met.
OPWDD responsibilities include:
-Timely determinations regarding applicant HCBS Waiver enrollment requests in accordance with its procedures;
-Issuance of Notice of Decisions (NODs), on a form approved by DOH, to individuals whose enrollment has been approved, denied, suspended or terminated; and include notices of the right to a local conference with OPWDD and/or a fair hearing as required by State and Federal regulations;

-Establish standards for providers of waiver services, approve these providers for participation in the waiver, and forward to DOH agency specific recommendations for MA provider agreements;
-Submit to DOH data and reports on a statistically valid sample of ISPs for individuals enrolled in the HCBS Waiver;
-Provide reports and updates to DOH as requested, i.e. established Critical Incident Management Notification Process.
OPWDD maintains the successful day-to-day operation of the HCBS Waiver, while DOH, as the oversight agency, is responsible for evaluating OPWDD's performance in accomplishing its operational and administrative functions.
Multiple divisions within DOH, especially within the Office of Health Insurance Programs (OHIP), work together to maintain and to monitor the complex intra-agency operating systems that support operation of the OPWDD HCBS Waiver, as described in Table A.7. These include:
-Waiver Expenditures Managed Against Approved Levels/Waiver Enrollment Managed Against Approved Limits: DOH's Division of Administration, Fiscal Management Group (FMG) is primarily responsible for the fiscal accountability and integrity of payments for waiver services (See Appendix I). FMG monitors OPWDD's expenditures by querying data stored in systems maintained by the OHIP Division of Systems. eMedNY provides detailed breakouts of waiver expenditures by category of service, based on a claims date of payment and as such, payments are calculated and made on an ongoing basis through this system. FMG is responsible for the submission of quarterly expenditure projection reports to CMS, along with the submission of actual expenditure reports following the end of each fiscal quarter. In addition, FMG performs monthly tracking of OPWDD HCBS Waiver expenditures. Monthly and quarterly reports are a part of the public record and are accessible to OPWDD, Division of Budget and the local department of social services (LDSS). Specific MA inquiries which are beyond the scope of prefabricated MARS reports are addressed via ad-hoc queries run against OHIP Data Mart and/or eMedNY Medicaid Data Warehouse. In the event fiscal inconsistencies or concerns are identified, FMG contacts OPWDD to clarify and resolve issues. Ultimately, the DOH's aggregate reporting infrastructure is reviewed and audited by State, federal and independent auditors for accuracy and fiscal integrity.
-Participant Waiver Enrollment: OHIP Division of Eligibility and Marketplace Integration (formerly the Division of Coverage and Enrollment) serves as a liaison to the LDSS with respect to MA eligibility policies. The Division of Eligibility and Marketplace Integration responds to questions raised by OPWDD/LDSS in relation to MA applicants/recipients who are either seeking MA enrollment or are currently enrolled in the OPWDD HCBS Waiver. This division also monitors the specific coverage codes on file for MA enrolled Waiver participants that permit MA payment of Waiver services. For example, in cases where waiver services are not being paid due to lack of proper coding, this division communicates the need for corrective actions to the OPWDD/ LDSS so that coding errors may be corrected.
-Prior Authorization of Waiver Services/Utilization Management/Establishment of a Statewide Methodology: OHIP Division of Systems (DOS)-DOH has a long-established and well-defined process of review and oversight of changes to HCBS waiver services by OPWDD that includes the evolution process. Requests for evolution projects originate in OPWDD and any requested changes are made using Evolution Project Request, or EPR. The EPRs are carefully reviewed by DOH policy and other appropriate DOH staff (i.e., relevant program and fiscal areas) first, and additional issues or concerns are subsequently discussed with OPWDD staff. OHIP's DOS created an Evolution Control Board (ECB) chaired by the State's Medicaid Director whose members include all OHIP division directors and staff from outside agencies involved with EPRs, including OPWDD. After the preliminary review and approval by the appropriate OHIP divisions, the EPR is forwarded to the Division of OHIP Systems' Bureau of eMedNY for development through the Systems Development Life Cycle, which includes requirements gathering, design, construction and testing until it is demonstrated that the requested change achieves the desired functionality prior to implementation. The OHIP DOS includes the eMedNY system and the Welfare Management System (WMS) system which coordinate the continued system support to effect the necessary system changes to insure that eligible individuals are receiving the correct services and that the appropriate Medicaid providers bill correctly for the correct Medicaid services. eMedNY handles the claims processing for the Medicaid billing aspects of the Waiver and WMS maintains the MA member eligibility system. One component of the system is the WMS Restriction/Exception (R/E) subsystem which restricts member abusers and supports system exceptions. One of its main functions is to develop, test, and implement the necessary system programming via specifications or edit restrictions to ensure that eligible OPWDD HCBS Waiver members receive appropriate services from a qualified Medicaid provider.
-Qualified Provider Enrollment/Execution of Medicaid Provider Agreements: Division of OHIP Operations uploads qualified providers into eMedNY, the Medicaid Management Information System. OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues waiver provider agreements that allow participation in the waiver program and provide the application for eMedNY. The Division of OHIP Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and System For Award Management (SAM) on the providers' board members and managing employees. If found to be appropriate, the Division of OHIP Operations then issues a provider number to enroll the voluntary provider in the NYS Medicaid program. In addition to provider enrollment, this division updates and performs maintenance on all qualified waiver provider files; adds approved Division of Budget billing rates to provider files; activates or terminates provider agreements and provider numbers based on provider specific review findings; and interacts with the waiver provider community concerning file discrepancies, billing problems and reimbursement issues. Additional information regarding Qualified Provider Enrollment/Execution of Medicaid Provider Agreements are included in Attachment B, submitted 5/2013.
-Rules, Policies, Procedures, and Information Development Governing the Waiver Program: The DOH Division of Legal Affairs reviews MA regulatory and operational functions for the waiver.
-Quality Monitoring and Quality Improvement Activities/Review of Participant Service Plans/Level of Care Evaluations: OHIP Division of Program Development and Management (DPDM), Waiver Management Unit (WMU) serves as the clearinghouse for many of OPWDD HCBS Waiver activities involving Medicaid (MA). The WMU coordinates all Waiver quality oversight functions, including the development and update of MA policies that impact the Waiver; oversight of the annual ISP Review of a statistically valid sample generated by DOH and conducted by OPWDD; completion of the ISP Inter Rater Reliability Review, limited ISP fiscal review, and targeted ISP reviews as required; submission of the annual CMS 372 reports; monitoring of potential computer system changes through the Evolution Project Process. In cooperation with CMS and OPWDD, the WMU collects relevant quality monitoring data and conducts comprehensive trend analyses. When needed,the WMU uses the Medicaid Update to communicate critical MA policy and coverage information to all MA providers. This document is published monthly on the DOH website. Finally, the WMU shares pertinent HCBS Waiver oversight activity information and quality improvement strategies with OHIP senior staff and the State Medicaid Director.

## Appendix A: Waiver Administration and Operation

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

   ○ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
   Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

   ◉ **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

## Appendix A: Waiver Administration and Operation

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

   ◉ **Not applicable**

   ○ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.
   Check each that applies:

   ☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

   *Specify the nature of these agencies and complete items A-5 and A-6:*

   ☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

   *Specify the nature of these entities and complete items A-5 and A-6:*

## Appendix A: Waiver Administration and Operation

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

## Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

## Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
   In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

| Function | Medicaid Agency | Other State Operating Agency |
|---|---|---|
| **Participant waiver enrollment** | ☑ | ☑ |

| Function | Medicaid Agency | Other State Operating Agency |
|---|---|---|
| Waiver enrollment managed against approved limits | ☑ | ☑ |
| Waiver expenditures managed against approved levels | ☑ | ☑ |
| Level of care evaluation | ☑ | ☑ |
| Review of Participant service plans | ☑ | ☑ |
| Prior authorization of waiver services | ☑ | ☑ |
| Utilization management | ☑ | ☑ |
| Qualified provider enrollment | ☑ | ☑ |
| Execution of Medicaid provider agreements | ☑ | ☑ |
| Establishment of a statewide rate methodology | ☑ | ☑ |
| Rules, policies, procedures and information development governing the waiver program | ☑ | ☑ |
| Quality assurance and quality improvement activities | ☑ | ☑ |

## Appendix A: Waiver Administration and Operation

### Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. **Methods for Discovery: Administrative Authority**
***The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.***

i. **Performance Measures**

***For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application.*** *As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

***Where possible, include numerator/denominator.***

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**A.i.1: Number and percent of required OPWDD Individualized Service Plans (ISPs) reviewed for the annual DOH ISP Review sample that was completed annually by OPWDD.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = 5% |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** |

| | | |
|---|---|---|
| | | Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.6: Number and percent of potential waiver providers who were recommended by OPWDD for enrollment in NYS Medicaid that are subsequently enrolled in the Medicaid Program.**

**Data Source** (Select one):
**Provider performance monitoring**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.3: Number and percent of ISPs reviewed by OPWDD DQI that were validated by the DOH Inter-rater reliability review (IRR) ISP review.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☑ **Other**<br>Specify:<br>Specify: Annually, DOH selects & reviews a subset of ISPs from the corresponding larger, annual DOH ISP sample. The IRR sample is representative of the entire population. |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.2: The percentage of reportable abuse/neglect incidents where appropriate corrective actions/safeguards were taken by the provider as verified by OPWDD.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**IRMA**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.7: Number and percent of OPWDD waiver service providers on Early Alert where the decision to sanction, terminate, and/or take other appropriate corrective action was implemented appropriately and timely by OPWDD.**

**Data Source** (Select one):
**On-site observations, interviews, monitoring**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.4: Number and percent of deficiencies identified in the DOH ISP review conducted by OPWDD DQI that were remediated by OPWDD.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = 5% |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.i.5: Number and percent of deficiencies identified in the DOH ISP Fiscal Review that were remediated by OPWDD.**

**Data Source** (Select one):
**Record reviews, off-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☐ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |

| | | |
|---|---|---|
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
As part of its oversight responsibility, DOH validates to CMS, as outlined in the HCBS Waiver agreement, that the six waiver assurances are continuously met. Current Administrative Authority functions strengthen and broaden the scope of DOH oversight of the OPWDD HCBS Waiver, especially in the areas of health/welfare, qualified providers, and service plans to assure that SMA oversight is current, timely, and reflects OPWDD's ongoing reform initiatives.
At a minimum, the monitoring responsibilities and activities include verifying that: Necessary safeguards have been taken to assure the health and welfare of waiver participants; Evaluations and periodic reevaluations of individual waiver service plans are provided as needed and required; Choice of HCBS Waiver or institutional care is offered to all waiver participants; A formal quality assurance system is provided that is accurate & timely; Average per capita expenditures have been appropriately recorded and billed as waiver services and do not exceed the amount that would have been incurred without the waiver; Annual waiver reports and technical amendment(s), when applicable, are submitted to CMS with information about program costs and services.
Oversight discovery activities include the following:
1.DOH oversight of OPWDD's annual review of a statistically valid sample of ISPs: The review of a statistically valid, representative sample of ISPs is conducted annually by OPWDD Division of Quality Improvement (DQI). The ISP review time frame is aligned with the current waiver year. DOH oversight activities ensure that OPWDD uses the agreed upon review tool and that OPWDD DQI surveyor ISP reviews are executed as per the agreed upon process. OPWDD tracks individual deficiencies identified in the ISP review, monitors both individual and systemic remediation activities to correct deficiencies, and reports these finding to DOH semiannually and more frequently when requested by DOH. DOH selects a statistically valid representative sample annually of individuals enrolled in the HCBS waiver using Raosoft™ formula. DOH forwards the sample to OPWDD's DQI at the beginning of each waiver year. DQI subsequently completes the review, using the established review tool and timeline. OPWDD DQI compiles a semiannual report for DOH that summarizes: The ISP Review results; OPWDD Performance metrics data related to the ISP review; Trends identified in five of the six assurance categories.(See Appendix D1.g). Findings are reported annually in the CMS 372 report.
2.Annual DOH ISP Medicaid Claims Fiscal review: DOH conducts the fiscal review for a subset of the DOH statistically valid sample. DOH compares claims recorded in the Claim Detail Report (CDR) to the corresponding ISP. This review validates that services documented in the ISP match Medicaid claims. Any discrepancies are shared and discussed with OPWDD throughout the discovery portion of the fiscal review. DOH tracks and trends identified deficiencies and monitors to assure that appropriate individual

remediation is completed by OPWDD. Remediation that requires claims reconciliation is to be completed by June 30th following the close of the waiver year as per CMS. DOH collaborates with OPWDD to determine when systemic remediation is warranted. (Reference performance measure FAa1 in Appendix I.)
3.Annual DOH ISP Inter Rater Reliability Review (IRR):DOH selects a percentage of ISPs from the larger DOH statistically valid sample to conduct an annual IRR review. ISPs in the IRR are reviewed independently by both DOH and OPWDD DQI. DOH uses the applicable portions of the DQI MSC Review Tool, so that the OPWDD DQI results can be compared and validated by DOH. Any deficiencies identified by DQI and/or DOH are monitored to assure that appropriate remediation is completed.
4.Annual CMS 372 Report submission: The fiscal portion of the CMS 372 report, which includes data regarding waiver services and cost neutrality, is prepared, reviewed, and approved for fiscal accountability by various units within the DOH, including the Bureau of Budget Management (Fiscal Management Group or FMG). Results from both the ISP quality and fiscal review are combined to complete the CMS 372 report. DOH executive staff review, approve and submit the 372 report to CMS.
5.Critical Significant Event (CSE) Notification process: The OPWDD Director of the Incident Management Unit (IMU), or designee, provides CSE notifications to DOH. This should take place within 24 hours of receipt of the CSE or on the next business day for waiver- enrolled individuals. DOH logs and tracks all reported incidents in the CSE Tracking Log. DOH monitors OPWDD adherence to the interagency CSE Notification Policy and works closely with OPWDD to clarify policy and procedural issues with the goal of improved reporting. DOH also holds internal monthly meetings to discuss/analyze the trends of the reported incidents. Semi-annually, DOH trends, analyzes and aggregates all reported CSEs and shares this report with OPWDD for review and additional discussion;twice yearly, DOH selects a 10% sample of reported CSEs review that each selected CSE investigation is completed and the incident is closed in the Incident Reporting Management Application (IRMA). DOH and OPWDD confer frequently about CSE reporting practices and identified trends. At each interagency quarterly meeting, DOH and OPWDD discuss pertinent CSE regulatory and policy issues; DOH conferences with OPWDD IMU more often as needed.
6.Oversight of OPWDD’s surveillance of waiver service providers:DOH reviews the OPWDD DQI monthly report/Monthly Surveys with Deficiencies Report and when required, confers with OPWDD for clarification and updates; DOH participates in the monthly OPWDD DQI Early Alert meeting and monitors OPWDD’s Early Alert process; DOH tracks the status of waiver service providers on the Early Alert list and updates DOH leadership as warranted.
Continued in A.b.i below.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Performance Metric (PM) A.i.1: Quality Assurance & Improvement Administrative Integrity: DOH monitors timelines to assure the integrity of the joint OPWDD/DOH quality management process by monitoring that ISPs are reviewed for accuracy and timeliness and the annual CMS 372 report is complete, contains all required elements, and is submitted as required. DOH works with OPWDD in the event that critical elements of the ISP review and/or completion/submission of the CMS 372 report requires revision.
PM A.i.2: The DOH WMU has an established Policy & Process in place for OPWDD Notification to DOH of Critical Significant Events. The Policy assures that DOH remains vigilant of emerging issues that pertain to the safety, health and welfare of persons enrolled in the HCBS waiver.
DOH is responsible for: review and monitor of all incident reports received from OPWDD; evaluation/analysis/trending of all identified incident investigations; fostering effective communication between OPWDD and DOH.
The DOH WMU review and track all reports received and as needed, monitor investigations through outcome. The DOH WMU team meets monthly (or as needed) to review, analyze and trend reports received and if necessary request supporting information from OPWDD. WMU provides incident related feed-back to OPWDD during the quarterly inter-agency meeting (or as needed).
PM A.i.3 - A.i.4: Service Planning and Level of Care:Oversight of ISP Review: DOH's Strategy for Remediation for the annual ISP reviews: OPWDD's DQI is required to report performance measure outcomes to DOH semi- annually. The report findings and individual remediation activities are discussed at the quarterly meetings. Additionally, all deficiencies identified in the DOH IRR review are shared with OPWDD along with recommendations for improvements to the review process or protocols. DOH may also periodically request additional operational and Quality Improvement Strategy reports to augment the review process. DOH reviews reports compiled by OPWDD DQI regarding health and welfare performance measure outcomes. DOH analyzes these reports and requires that OPWDD verify that remediation and follow-up activities have been completed. OPWDD's response to these reports will occur within the timeframe agreed upon by both agencies.
PM A.i.5: Financial Integrity: Following each DOH annual fiscal review, identified deficiencies, trends, and recommendation for improvements are provided to OPWDD in a Statement of Discovery (SOD) report. OPWDD responds to the SOD report and provides evidence of remediation of identified deficiencies in the timeframe specified in above in A.a.i. DOH provides CMS with both the SOD report and OPWDD's response. DOH may also periodically request additional operational and Quality Improvement Strategy reports as a result of the review process. Additional fiscal oversight is performed by outside agencies, such as the Office of the Medicaid Inspector General (OMIG), the Office of the State Comptroller (OSC), and by the State's Single Independent Auditors, KPMG LLP.
PM A.i.6 - A.i.7: Qualified Provider Integrity: DOH requires OPWDD to verify that individual remediation of provider-specific deficiencies that emerge from DOH tracking activities described in the previous section, have been addressed and completed within an appropriate timeframe. In addition, DOH reviews aggregate reports of provider specific performance measure outcomes compiled semi-annually by OPWDD DQI. DOH analyzes these reports, obtains additional information from OPWDD DQI as needed, and verifies that remediation has been addressed by OPWDD.
If a situation arises that DOH is not satisfied with OPWDD remediation activity or timeliness of corrective actions regarding a specific incident, DOH will advise OPWDD in writing that documentation of completion of corrective action is required within 2 weeks (10 business days), inform OPWDD that they are granted one additional week (5 business days)if OPWDD fails to respond or meet the designated (2 week completion date) deadline, and apprise key OHIP management for further recommendation if OPWDD fails to meet the final deadline.
***Continued from a.1.ii:**********
7. Committee Membership: DOH is a standing member of the monthly Central Mortality Review Committee (CMRC) and the OPWDD Early Alert Committee. DOH participates in the OPWDD Joint Advisory Council Meeting that meets every other month. 8. Qualified Provider Monitoring: OPWDD informs DOH when the OPPWDD recommended voluntary waiver provider is enrolled in

NYS Medicaid, NYS Medicaid enrolled voluntary waiver provider is approved to add waiver services, and when OPWDD terminates a voluntary waiver service provider. The Division of OHIP Operations Bureau of Provider Enrollment notifies the DOH WMU in writing when providers are denied MA enrollment or are disenrolled from MA. 9.Standing Interagency Quarterly Meeting: DOH and OPWDD meet quarterly to review the overall waiver quality assurance program and use a standing quality assurance agenda to ensure consistency. Agenda items include: a) Status of ongoing quality assurance systemic remediation activities; b) Regulatory changes; c) Policy clarifications; d) Proposed activities; e) New quality assurance initiatives. The goal of the standing interagency meeting is to enhance interagency communication, collaboration and evaluation of waiver quality monitoring and quality improvement activities. The Quarterly Inter-agency meeting is used as a forum to continually review and refine quality improvement policies and processes. 10. Medicaid Systems Policy Liaison: WMU is the policy liaison between DOH, OPWDD and MA systems to assure that MA EP and other systems activities that pertain to the OPWDD waiver are appropriate, and if germane, that they are completed and running properly.DOH tracks EPs that are relevant to the efficient and cost saving management of the OPWDD Waiver Program.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☑ **Continuously and Ongoing** |
| | ☑ **Other**<br>Specify:<br>Semi-annually |

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix B: Participant Access and Eligibility

### B-1: Specification of the Waiver Target Group(s)

**a. Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

| Target Group | Included | Target SubGroup | Minimum Age | Maximum Age | |
|---|---|---|---|---|---|
| | | | | Maximum Age Limit | No Maximum Age Limit |
| ☐ **Aged or Disabled, or Both - General** | | | | | |
| | ☐ | **Aged** | | | ☐ |
| | ☐ | **Disabled (Physical)** | | | |
| | ☐ | **Disabled (Other)** | | | |
| ☐ **Aged or Disabled, or Both - Specific Recognized Subgroups** | | | | | |
| | ☐ | **Brain Injury** | | | ☐ |
| | ☐ | **HIV/AIDS** | | | ☐ |
| | ☐ | **Medically Fragile** | | | ☐ |
| | ☐ | **Technology Dependent** | | | ☐ |
| ☑ **Intellectual Disability or Developmental Disability, or Both** | | | | | |
| | ☑ | **Autism** | 0 | | ☑ |
| | ☑ | **Developmental Disability** | 0 | | ☑ |

| Target Group | Included | Target SubGroup | Minimum Age | Maximum Age | |
|---|---|---|---|---|---|
| | | | | Maximum Age Limit | No Maximum Age Limit |
| | ☑ | Intellectual Disability | 0 | | ☑ |
| ☐ Mental Illness | | | | | |
| | ☐ | Mental Illness | | | |
| | ☐ | Serious Emotional Disturbance | | | |

**b. Additional Criteria.** The State further specifies its target group(s) as follows:

Not applicable. Note: There is no mimimum age requirement for participation in OPWDD's comprehensive waiver.

**c. Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

- (●) **Not applicable. There is no maximum age limit**
- ( ) **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (1 of 2)

**a. Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)*. Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

- (●) **No Cost Limit.** The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*
- ( ) **Cost Limit in Excess of Institutional Costs.** The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

  **The limit specified by the State is** *(select one)*

  - ( ) **A level higher than 100% of the institutional average.**

    Specify the percentage:

  - ( ) **Other**

    *Specify:*

- ( ) **Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*
- ( ) **Cost Limit Lower Than Institutional Costs.** The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

  *Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.*

  **The cost limit specified by the State is** *(select one)*:

  - ( ) **The following dollar amount:**

    Specify dollar amount:

**The dollar amount** *(select one)*

- **Is adjusted each year that the waiver is in effect by applying the following formula:**

  Specify the formula:

- **May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**

- **The following percentage that is less than 100% of the institutional average:**

  Specify percent:

- **Other:**

  *Specify:*

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (2 of 2)

**Answers provided in Appendix B-2-a indicate that you do not need to complete this section.**

**b. Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

**c. Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

- ☐ **The participant is referred to another waiver that can accommodate the individual's needs.**
- ☐ **Additional services in excess of the individual cost limit may be authorized.**

  Specify the procedures for authorizing additional services, including the amount that may be authorized:

- ☐ **Other safeguard(s)**

  Specify:

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (1 of 4)

**a. Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

**Table: B-3-a**

| Waiver Year | Unduplicated Number of Participants |
|---|---|
| Year 1 | 75465 |
| Year 2 | 77371 |
| Year 3 | 1 |
| Year 4 | 1 |

| Waiver Year | Unduplicated Number of Participants |
|---|---|
| Year 5 | 1 |

**b. Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:

- (●) **The State does not limit the number of participants that it serves at any point in time during a waiver year.**
- ( ) **The State limits the number of participants that it serves at any point in time during a waiver year.**

The limit that applies to each year of the waiver period is specified in the following table:

**Table: B-3-b**

| Waiver Year | Maximum Number of Participants Served At Any Point During the Year |
|---|---|
| Year 1 | |
| Year 2 | |
| Year 3 | |
| Year 4 | |
| Year 5 | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

**c. Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:

- ( ) **Not applicable. The state does not reserve capacity.**
- (●) **The State reserves capacity for the following purpose(s).**

Purpose(s) the State reserves capacity for:

| Purposes | |
|---|---|
| Individuals moving from Developmental Centers and ICFs into waiver settings | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

**Purpose** *(provide a title or short description to use for lookup):*

Individuals moving from Developmental Centers and ICFs into waiver settings

**Purpose** *(describe):*

NYS is reserving capacity for individuals who are transitioning from Developmental Centers and ICFs to waiver settings in the community.

**Describe how the amount of reserved capacity was determined:**

The reserved capacity is consistent with OPWDD's transformation agenda estimates which were determined by estimating the rate at which DCs could be closed and alternative settings could be identified for individuals in ICFs.

**The capacity that the State reserves in each waiver year is specified in the following table:**

| Waiver Year | Capacity Reserved |
|---|---|
| Year 1 | 691 |
| Year 2 | 915 |
| Year 3 | |
| Year 4 (renewal only) | |
| Year 5 (renewal only) | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (3 of 4)

**d. Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

- (●) **The waiver is not subject to a phase-in or a phase-out schedule.**
- ( ) **The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.**

**e. Allocation of Waiver Capacity.**

*Select one*:

- (●) **Waiver capacity is allocated/managed on a statewide basis.**
- ( ) **Waiver capacity is allocated to local/regional non-state entities.**

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

**f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

OPWDD's new "front door process" is a new methodology for educating, enrolling people, to ensure that everyone who comes to OPWDD understands the opportunities available to self-direct their services and to explore employment options. OPWDD's HCBS waiver is constructed to ensure a sufficient number of HCBS opportunities to maximize the number of individuals served through available state appropriation during each funding cycle. HCBS enrollment levels are calculated to approximate the number of new HCBS enrollments that could be afforded by anticipated legislative appropriation.

Individuals seeking supports and services from OPWDD may request entry in OPWDD's system from many points including approaching the local Regional Office directly or a provider agency. The Regional Offices assists individuals who indicate a need for services by utilizing OPWDD's tools for assessing individual needs and service planning. This process includes the determination of developmental disability and Level of Care evaluation process outlined in Appendix B-6 (f) as well as the development of a Preliminary Individualized Service Plan (see Appendix D for more information). Once eligibility for OPWDD services is established, individuals are provided with opportunities for supports and services that meet the individual''s needs and valued outcomes (as a first step) and then resources (including HCBS waiver services) are identified and offered thereafter to meet those needs.

This individualized planning and delivery process maintains each person''s access to local, state, and federal programs, while subordinating eligibility and funding decisions to choices determined through the person-centered planning process. These efforts ensure the provision of sustainable supports and services for individuals across the full continuum of needs and challenges.

If, through this person-centered planning process, an individual chooses to apply for HCBS waiver services, the individual must first meet the following criteria for enrollment:

1. Have mental retardation or a developmental disability in accordance with the definition found at New York State Mental Hygiene Law Section 1.03 (22),

2. Be Medicaid eligible,

3. Be eligible for ICF/DD level of care. Please see the section describing the Level of Care evaluation process.

4. Reside in an appropriate living arrangement (and/or be residing in an appropriate living arragnement once enrolled in the HCBS waiver) as per OPWDD's waiver regulations.

The process for waiver enrollment is then coordinated and facilitated through the individual's local regional office.

In accordance with OPWDD's CMS approved waiver (2009-2014), OPWDD continues to prioritize participant needs on a statewide basis as follows:

Priority 1: Any of the following (i.e., emergencies):

--Abusive or neglectful situation constituting imminent risk of harm

--Imminent danger to self

--Imminent danger to others

--Homeless or in imminent danger of becoming homeless

Priority II: Any of the following (i.e., urgency/emergency prevention)

--Aging or failing health of caregiver/no alternate caregiver available
--Living situation presents a significant risk of neglect or abuse
--Medical/physical condition requires care not available in present situation
--Presents an increasing risk to self or others
--Affected by court or legislative mandate requiring residential placement

Priority III: This priority group includes all who present a need but there is no danger to the health and safety of the individual or his/her caregiver (i.e. considered not urgent). Factors to consider include:

--Compatibility of the individual with available services
--Compatibility with the other individuals in a shared living arrangement
--Relative need for supports for daily living

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served - Attachment #1 (4 of 4)

**Answers provided in Appendix B-3-d indicate that you do not need to complete this section.**

## Appendix B: Participant Access and Eligibility

### B-4: Eligibility Groups Served in the Waiver

**a.**

1. **State Classification.** The State is a *(select one)*:
   - (●) **§1634 State**
   - ( ) **SSI Criteria State**
   - ( ) **209(b) State**

2. **Miller Trust State.**
   Indicate whether the State is a Miller Trust State *(select one)*:
   - (●) **No**
   - ( ) **Yes**

**b. Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

***Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)***

- [x] **Low income families with children as provided in §1931 of the Act**
- [x] **SSI recipients**
- [ ] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- [x] **Optional State supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

  *Select one*:

  - ( ) **100% of the Federal poverty level (FPL)**
  - ( ) **% of FPL, which is lower than 100% of FPL.**

  Specify percentage: [ ]

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- [ ] **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- [ ] **Medically needy in 209(b) States (42 CFR §435.330)**
- [x] **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- [x] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

*Specify:*

Children who qualify under 1902(a)(10)(A)(i)(IV) (infants under one year of age);

Children who qualify under 1902(a)(10)(A)(i)(VI) (children who have attained one year of age but have not attained six years of age);

Children who qualify under 1902(a)(10)(A)(i)(VII)(children who have attained six years of age but have not attained nineteen years of age);

Children who are eligible for continuous coverage, 1902(e)(12);

Children who qualify under 1902(a)(10)(A)(i)(II)(aa) (Deemed SSI eligible);

Children who qualify under 1902(a)(10)(A)(ii)(VIII)(State adoption assistance);

Children for whom an adoption agreement is in effect or foster care maintenance payments are being made under Title IV-E, 1902(a)(10)(A)(i)(I);

Individuals who qualify under 1902(a)(10)(A)(i)(II)(bb)(Qualified Severely Impaired); and

Disabled Adult Children (DAC) beneficiaries who are eligible under 1634(c) of the Social Security Act.

***Special home and community-based waiver group under 42 CFR §435.217)*** *Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed*

- (●) **No. The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.** *Appendix B-5 is not submitted.*
- ( ) **Yes. The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

*Select one and complete Appendix B-5.*

- ( ) **All individuals in the special home and community-based waiver group under 42 CFR §435.217**
- ( ) **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217**

*Check each that applies*:

- [ ] **A special income level equal to:**

*Select one*:

- ( ) **300% of the SSI Federal Benefit Rate (FBR)**
- ( ) **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage: [ ]

- ( ) **A dollar amount which is lower than 300%.**

Specify dollar amount: [ ]

- [ ] **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**
- [ ] **Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**
- [ ] **Medically needy without spend down in 209(b) States (42 CFR §435.330)**
- [ ] **Aged and disabled individuals who have income at:**

*Select one*:

- ( ) **100% of FPL**
- ( ) **% of FPL, which is lower than 100%.**

Specify percentage amount: [ ]

- [ ] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

*Specify:*

[ ]

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (1 of 4)

*In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group. A State that uses spousal impoverishment rules under §1924 of the Act to determine the eligibility of individuals with a community spouse may elect to use spousal post-eligibility rules under §1924 of the Act to protect a personal needs allowance for a participant with a community spouse.*

a. **Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217 *(select one):*

**Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (2 of 4)

b. **Regular Post-Eligibility Treatment of Income: SSI State.**

**Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (3 of 4)

c. **Regular Post-Eligibility Treatment of Income: 209(B) State.**

**Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (4 of 4)

d. **Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

**Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-6: Evaluation/Reevaluation of Level of Care

*As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.*

a. **Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

   i. **Minimum number of services.**

   The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

   ii. **Frequency of services.** The State requires (select one):

   - ○ **The provision of waiver services at least monthly**
   - ◉ **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

   *If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:*

   Not applicable.

b. **Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

- ○ **Directly by the Medicaid agency**

- ○ **By the operating agency specified in Appendix A**
- ○ **By an entity under contract with the Medicaid agency.**

  *Specify the entity:*

- ◉ **Other**
  *Specify:*

  The Initial LOC is the responsibility of the Operating Agency's regional offices, although a family or individual may be assisted by a voluntary agency to gather the necessary information (see C below for qualifications of individuals performing initial evaluations).

  Re-evaluations are typically completed by the Medicaid Service Coordinator (MSC-targeted case management) or Plan of Care Support Services (PCSS) provider (the service coordinator is responsible to ensure the timely completion of the LOC redetermination). The MSC or PCSS provider agency may be the Regional Office or a non-profit provider.

**c. Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

The initial LOC must be completed by a professional with at least one year of experience in conducting assessments or developing plans of care for people with developmental disabilities. Initial LOCs are reviewed by a physician and include the assessments conducted by "qualified practitioners" who may administer and interpret standardized measures of intelligence and adaptive behavior. A qualified professional is a person with a directly relevant masters degree or doctoral level education in psychology, who has training and supervised experience in the use and interpretation of such measures consistent with the recommendations contained in the respective test manuals for measures and with the requirements of ERA /APA/NCME (1999) standards for test administration and use and interpretation of individual test results.

**d. Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

The OPWDD level of care instrument for the HCBS Waiver is identical to the level of care instrument used for ICF/DD. The same instrument is used for both initial evaluations and re-evaluations. A paper copy of the level of care instrument has been submitted in previous renewals and is available from OPWDD for CMS' review upon request. The level of care instrument does not limit participation by individuals with certain conditions or diagnoses.

The criteria appearing in the level of care instrument are:

1. Evidence of a developmental disability,
2. Disability manifested before age 22,
3. Evidence of a severe behavior problem (not required),
4. Health care need (not required),
5. Adaptive behavior deficit in one or more of the following areas: communication, learning, mobility, independent living or self-direction.

The applicant must have functional limitations that demonstrate a substantial handicap. For most applicants over the age of eight, the substantial handicap must be determined using a nationally normed and validated, comprehensive measure of adaptive behavior, administered by a qualified professional. For applicants over the age of eight who have an IQ of 60 or lower, the presence of a substantial handicap may be assessed and confirmed through clinical observation or interview rather than standardized testing.

For children (birth through eight) with a developmental delay, but no specific diagnosis, provisional eligibility may be confirmed based on clinical judgement by use of criteria based on 20 CFR, Appendix 1 to Subpart P of Part 404 regarding SSI eligibility, and determination of functional limitations in motor development, cognition and communication or social function. Consistent with Section 200.1 (mm)(1) of NYS Education Department regulations, substantial handicap associated with delay can be documented by the results of an evaluation that indicates:
- A 12-month delay in one or more functional areas, or
- A 33% delay in one functional area, or a 25% delay in each of two functional areas; or
- If appropriate, standardized instruments are administered yielding a score of 2.0 deviations below mean in one functional area or a score of 1.5 standard deviations below the mean in each of two functional areas.

Additional information on this process is contained within OPWDD policy guidance. Any future changes to this process/requirements will be contained within OPWDD policy guidance.

**e. Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

- ◉ **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
- ○ **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

  Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

**f. Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The initial stage of the Level of Care process begins when a person and/or family contact one of the state-operated Regional Offices to request services. In 2001, the OPWDD Eligibility Advisory "DETERMINING ELIGIBILITY FOR SERVICES: SUBSTANTIAL HANDICAP AND DEVELOPMENTAL DISABILITY" was issued to the field. The primary purpose of this policy advisory was to establish fair and consistent criteria by which the presence of developmental disability or substantial handicap could be confirmed by a Regional Office. This advisory provides detailed information regarding establishment of qualifying conditions, demonstration of substantial handicap via use of standardized adaptive behavior scales, age of onset of qualifying diagnoses and accompanying substantial handicaps, and expectations regarding indefinite continuation of the developmental disability (DD). A three-step eligibility review process has since been established by OPWDD to ensure careful and consistent review of all applications received. The general process for the first stage of the LOC process is as follows:

Step One Determinations: Requests for a DD determination are submitted to the local Regional Office that contains the county in which the applicant resides. In Step One, an intake worker and intake coordinator are involved as well as a masters-level or licensed psychologist and other clinical staff, if needed. The person or party who is requesting the eligibility determination is expected to provide the clinical information needed to make a determination. Once a complete documentation packet is received including all necessary psychological testing/evaluations as indicated in the eligibility advisory guidelines, the local Regional Office Eligibility Determination coordinator(s) makes a decision on eligibility for OPWDD services. If the individual is found eligible based on the criteria contained within the eligibility guidelines, the Regional Office notifies the party that requested the determination so that appropriate services and/or referrals for services may begin. If not found eligible at Step One, the individual's eligibility must be reviewed at Step Two.

Step Two Determinations: In Step Two DD Determinations the local Regional Office Director or their designee, and a second, licensed psychologist are involved in the determination at a minimum. Many Regional Offices now use a committee review process for Step Two determinations. They review the same information that was received and reviewed in Step One, as well as the decision rendered and reasons for said decision. If needed, those involved in the Step Two review can ask for additional clinical and/or historical information. The criteria for determinations of OPWDD eligibility at Step One and Step Two of the process are exactly the same, and are clearly delineated in the advisory guidelines. The final eligibility determination at Step Two is made by the Regional Office Director or their Designee, in conjunction with input from clinical/psychology staff and/or eligibility committee members. If the individual is found eligible, the Regional Office notifies the party that requested the determination so that appropriate services and/or referrals for services may begin. If the individual is found ineligible, the Regional Office provides the requesting party with a list of the materials or reports that were reviewed and a statement of the reasons for denial. In addition, if the individual is found ineligible, the opportunity to have eligibility reviewed by a third step review process is made known to the requesting party, in addition to other options (i.e., face to face meeting, fair hearing if applicable).

Step Three Determinations: Step Three DD Determinations can be requested by the individual and/or their advocate through the local Regional Office that made the original negative determination of eligibility (i.e., at the first and second levels of review). Upon the receipt of the complete documentation packet from the local Regional Offices, Third Step Review committees review the information to determine eligibility and then notify the local Regional Office of its recommendations. The purpose of the Third Step Review Committee is to review the clinical information submitted from the Regional Office and to make an independent eligibility determination on the basis of this paperwork in accordance with the criteria that was set forth in the OPWDD Eligibility Advisory issued on August 10, 2001, which parallels the language contained in Mental Hygiene Law (14 NYCRR 1.03 (22)). The Regional Office Director considers the recommendations from the Third Step Review committees and makes a final decision regarding eligibility or ineligibility.

In order to ensure consistent decision-making when it comes to determining eligibility for OPWDD services, the types and quality of information used must adhere to specific and standardized criteria (i.e., such as those established by many professional associations and health-care organizations). These practices are consistent with those established by a number of other state and federally funded programs (i.e., Social Security Administration, State Education) to ensure that determinations of eligibility for services follow clearly defined parameters so as to avoid inconsistent decision-making and to promote equity and fairness in those determinations rendered. The Eligibility guidelines and processes were established to ensure the definition set forth in MHL 1.03 (22) was met so as to avoid labeling any individual who truly did not meet the definition for Developmental Disability.

The DD Eligibility Determination process is the first step in completing the Initial Level of Care (LOC) evaluation for an individual seeking waiver services through OPWDD. In those cases where the individual is determined eligible for OPWDD services and has indicated they need some type of HCBS Waiver service, the clinical information gathered for the DD Eligibility Determination process is conveyed to the regional office staff responsible for completing initial LOC determinations. This professional uses the clinical information supporting the DD determination to complete the LOC form (i.e. psychological evaluation(s), medical or specialty report(s), psychosocial history), and also verifies NYS residency of the applicant and need for waiver services. After all preliminary screening is completed the Regional Office staff works with the person and family to identify specific types of services needed, and the frequency and scope of those services.

It is the responsibility of the participant's Medicaid Service Coordinator (MSC-targeted case management) or Plan of Care Support Services (PCSS) coordinator to ensure that the annual Level of Care redetermination process is completed. It must also be reviewed and approved by a Qualified Intellectual Disability Professional (QIDP) who is familiar with the participant's functional level. During this process the most recent psychological evaluation, psychosocial history and medical history is reviewed to determine if the information is still accurate. By definition, a developmental disability is expected to continue indefinitely and pose a lifelong handicap to the individual and as such the psychological evaluation and psychosocial history profiles of individuals served through the waiver generally show little change.

The process and information outlined in Appendix B-6 reflects the current OPWDD policy and practices articulated in OPWDD's guidance documents. These policies may undergo revisions in the future and any such changes will be appropriately reflected in OPWDD's guidance documents.

**g. Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

○ **Every three months**

- ○ **Every six months**
- ○ **Every twelve months**
- ◉ **Other schedule**
  *Specify the other schedule:*

  OPWDD requires an annual level of care redetermination (i.e., every 12 months) for all waiver participants to ensure that the person continues to meet the ICF/DD level of care. However, from an OPWDD audit perspective, OPWDD allows an additional one month time period to obtain the reviewers (i.e., Qualified Mental Retardation Professional or physician or physician's assistant or nurse practitioner if so authorized by a physician) approval signature on the redetermination form.

**h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ○ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ◉ **The qualifications are different.**
  *Specify the qualifications:*

  The initial LOC must be completed by a professional with at least one year of experience in conducting assessments or developing plans of care for people with developmental disabilities. Initial LOCs are reviewed by a physician and include the assessments conducted by "qualified practitioners" who may administer and interpret standardized measures of intelligence and adaptive behavior. A qualified professional is a person with a directly relevant masters degree or doctoral level education in psychology, who has training and supervised experience in the use and interpretation of such measures consistent with the recommendations contained in the respective test manuals for measures and with the requirements of ERA /APA/NCME (1999) standards for test administration and use and interpretation of individual test results.

  It is the responsibility of the service coordinator to ensure the timely completion of the LOC redetermination process. The annual LOC redetermination must be reviewed and approved by a Qualified Intellectual Disability Professional (QIDP) who is familiar with the participant's functional level or a physician (or physician's asistant or nurse practitioner if so authorized by a physician).

**i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care *(specify):*

It is a function of the MSC or PCSS service coordinator to ensure the timely completion of the LOC redetermination. OPWDD's Division of Quality Improvement (DQI) conducts annual MSC surveys and this survey includes a review of the timeliness of the LOC redetermination for a sample of participant records. The timely LOC reevaluation is also reviewed for a sample of participants during the annual DOH-ISP review.

**j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

The OPWDD record retention standard for all major written and/or electronic records/documents related to service provision, including the level of care, exceeds the federal minimum of 3 years. The level of care documentation is kept in the participant's clinical record in a paper or electronic format maintained by the service coordination agency, and must be retrievable upon request by the state or other appropriate authority.

## Appendix B: Evaluation/Reevaluation of Level of Care

### Quality Improvement: Level of Care

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Level of Care Assurance/Sub-assurances**

***The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.***

**i. Sub-Assurances:**

**a.** ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of initial ICF/DD Level of Care (LOC) determination forms present in sampled MSC records where the initial LOC was completed prior to the receipt of waiver services**

**(Percentage=number of initial LOC forms present in the MSC record where the initial LOC was completed prior to the receipt of waiver services/total MSC records sampled).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DOH ISP Review Sample**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/-5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**b.** ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of LOC redetermination forms present in the sampled MSC records that were re-evaluated within the previous 365 days.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DOH ISP Review Sample**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = +/-5% |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of LOC redeterminations in sampled MSC records that meet waiver requirements for appropriate forms and processes (Percentage=number of LOC redeterminations that met requirements/total LOC redeterminations reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DOH ISP Review Sample**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/-5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
The operating agency (OPWDD) conducts discovery activities for LOC determinations during the annual joint DOH/OPWDD ISP review. The operating agency also conducts discovery activities for LOC determinations through Division of Quality Improvement (DQI) review activities, which involve the annual statewide sampling of MSC records to review initial and reevalutions of LOC determinations.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Individual problems found for each of the three sub-assurances result in a letter from OPWDD describing the error that was found and requiring a response indicating the specific problem has been corrected. Error rates of greater than 10% result in a memo and/or e mail notices to the field citing the error trends found in the recent sample and advising all agencies to use their internal quality assurance process to determine if they have made similar errors.

**ii. Remediation Data Aggregation**
**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

◉ **No**
○ **Yes**
Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix B: Participant Access and Eligibility

### B-7: Freedom of Choice

***Freedom of Choice.*** *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

*i. informed of any feasible alternatives under the waiver; and*
*ii. given the choice of either institutional or home and community-based services.*

**a. Procedures.** Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

All applicants for services who the Regional Office has determined to have a developmental disability and may qualify for either ICF/DD or HCB services must be verbally informed of the choice they may make between the two types of Medicaid funded programs. After this discussion has occurred, but before enrollment, the person or his/her legal representative must sign form "HCBS Form 02.03.97 (3/97)" that indicates the person has been informed of the two options of either ICF/DD or HCBS and has chosen HCBS. The form also states the person's choice of service coordinator and the right to choose waiver service providers they prefer. The form must be signed by the applicant, family/advocate, service coordinator and a Regional Office representative.

**b. Maintenance of Forms.** Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

HCBS Form 02.03.97 (3/97) must permanently be kept in the enrollment section of the person's Service Coordination Record. It must be retrievable within 24 hours upon demand from an authorized state or federal agency.

## Appendix B: Participant Access and Eligibility

### B-8: Access to Services by Limited English Proficiency Persons

**Access to Services by Limited English Proficient Persons.** Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):
It is the policy of OPWDD to provide effective communication to any person, family member, or designee in receipt of or seeking services. OPWDD Language Access Policy and Procedures has a mechanism for providing interpretation/translation, filing complaints, staff training, and monitoring.

At the point of contact staff is trained to assess language access needs and provide interpretation via telephone or in-person. OPWDD materials are translated into Spanish, Russian, Chinese, Haitian (Creole), Urdu, Yiddish, Italian, and Korean. Additional translation requests follow the process identified in the OPWDD Language Access Policy and Procedures. OPWDD staff is trained annually for effective communication. People are informed of their rights for effective communication by the translated Website, at the point of admission and through Rights and Responsibilities 14 NYCRR 633.4. OPWDD assessment tools have been updated to require communication needs for individuals, family members ,or designees.

• Title VI of the Civil Rights Act of 1964
• N.Y.S. Mental Hygiene Law §13.09(e)
• 14 NYCRR 633.4(a)(15) Meeting the communication needs of non-English speaking persons seeking or receiving services

Voluntary provider agencies under the auspices of OPWDD are required to adhere to the above laws and statues as they relate to effective communication. OPWDD allows agencies to access its telephonic interpretation service and its translated documents to benefit individuals and families who speak a language other than English. OPWDD modification to current assessment tools is also applicable to provider agencies. Providers will be required to capture language spoken by individuals, family members, or designees. To ensure compliance with said laws and regulations, OPWDD will be requiring that voluntary provider agencies in the receipt of Waiver funding have an Effective Communication Policy and Procedure. The Effective Communication Policy and Procedure should identify a process for the following:
1. Training staff about Cultural and Linguistic Competence;
2. Service provision that includes interpretation/translation; and,
3. Mechanisms for determining the communication needs of the service area and individuals accessing services.

## Appendix C: Participant Services

### C-1: Summary of Services Covered (1 of 2)

**a. Waiver Services Summary.** *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

| Service Type | Service | | |
|---|---|---|---|
| **Statutory Service** | **Day Habilitation** | | |
| **Statutory Service** | **Live-in Caregiver (42 CFR §441.303(f)(8))** | | |
| **Statutory Service** | **Prevocational Services** | | |
| **Statutory Service** | **Residential Habilitation** | | |
| **Statutory Service** | **Respite** | | |
| **Statutory Service** | **Supported Employment (SEMP)** | | |
| **Supports for Participant Direction** | **Fiscal Intermediary** | | |
| **Supports for Participant Direction** | **Individual Directed Goods and Services** | | |
| **Supports for Participant Direction** | **Support Brokerage** | | |
| **Other Service** | **Assistive Technology - Adaptive Devices** | | |
| **Other Service** | **Community Habilitation** | | |
| **Other Service** | **Community Transition Services** | | |
| **Other Service** | **Environmental Modifications (Home Accessibility)** | | |
| **Other Service** | **Family Education and Training** | | |
| **Other Service** | **Intensive Behavioral Services** | | |
| **Other Service** | **Pathway to Employment** | | |
| **Other Service** | **Plan of Care Support Services** | | |

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
**Service Type:**
Statutory Service
**Service:**
Day Habilitation
**Alternate Service Title (if any):**

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 04 Day Services | 04020 day habilitation |
| **Category 2:** | **Sub-Category 2:** |
| 15 Non-Medical Transportation | 15010 non-medical transportation |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, travel and adult education that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community inclusion, relationship building, career exploration, self-advocacy and informed choice. Services are furnished 4 or more hours per day on a regularly scheduled basis for 1 or more days per week or less frequently as specified in the participant's service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational or speech therapies in the service plan. In addition, Day Habilitation services may serve to reinforce skills, behaviors or lessons taught in other settings.

Day Habilitation services may also be used to provide support retirement activities. As some people get older they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities. This might involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs and/or other senior related activities in their communities..

Day Habilitation services are generally not vocational in nature. However, Day Habilitation services do support individuals in their attainment of life goals, including career goals. Therefore, Day Habilitation may include habilitation activities such as volunteering, learning about different types of jobs, visiting job sites and other experiences that are not long-term vocational commitments; yet the person is exposed to the world of work and the experience broadens his or her understanding of the types of employment they may wish to actively pursue in the future.

There are two main categories of Day Habilitation Services: Individual Day Habilitation (a one-to-one, individual-to-worker provided service with an hourly unit of service) and Group Day Habilitation (delivered in a group setting). Group Day Habilitation services are furnished 4 or more hours per day on a regularly scheduled basis for 1 or more days per week or less frequently as specified in the participant's service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).
A supplemental version of both Individual and Group Day Habilitation is available for individuals who do not reside in a certified 24/7 location. This supplemental Day Habilitation is provided outside the 9-3 weekday time period, and includes late afternoon, evenings, and weekends. None of the services can be delivered at the same time.

All Day Habilitation services (Individual, Group and Supplemental services) have the same service description and focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational or speech therapies in the service plan. In addition, Day Habilitation services may serve to reinforce skills, behaviors or lessons taught in other settings.

Any reimbursable transportation cost is included in the provider's day habilitation rate. The day habilitation program is responsible for "to and from" transportation and transportation involved in delivering day habilitation services. There is no separate Medicaid billing for transportation to and from a Day Habilitation service.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Group DH, Individual DH, and Supplemental GDH/IDH cannot be billed as overlapping services. Supplemental services are not available to individuals residing in Supervised residential settings, because the residence is paid for staffing on weekday evenings and anytime on weekends.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**
**Service Name: Day Habilitation**

**Provider Category:**
Agency

**Provider Type:**
non-profit organization or state

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.

**Frequency of Verification:**
Annual reviews of all providers are performed by OPWDD’s Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Live-in Caregiver (42 CFR §441.303(f)(8))

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

| Category | Sub-Category |
|---|---|
| **Category 1:** 07 Rent and Food Expenses for Live-In Caregiver | **Sub-Category 1:** 07010 rent and food expenses for live-in caregiver |
| **Category 2:** | **Sub-Category 2:** |
| **Category 3:** | **Sub-Category 3:** |
| **Category 4:** | **Sub-Category 4:** |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Live-in Caregiver is an unrelated care provider who resides in the same household as the waiver participant and provides as needed supports to address the participant's physical, social, or emotional needs in order for the participant to live safely and successfully in his or her own home. The Live-in Caregiver must be unrelated to the participant by blood or marriage to any degree.

Payment for this service will cover the additional costs of room and board incurred by the waiver participant that can be reasonably attributed to the live-in caregiver. Room and board includes rent, utilities and food. The method for determining the amount paid is specified in Appendix I-6.

Payment will not be made directly to the live-in caregiver. Payment will be made to a provider agency that will in turn transfer the appropriate amount of funds to the participant.

The participant must reside in their own home or leased residence. Payment will not be made when the participant lives in the caregiver''s home, in a residence that is owned or leased by the provider of Medicaid services, in a Family Care home, or any other residential arrangement where the participant is not directly responsible for the residence.

The need for Live-in Caregiver will be documented in the participant''s plan of care.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
No limits will be applied to the service rendered by the live-in caregiver to the enrollee.

**Service Delivery Method** *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization, state, or self-directed with fiscal employer agent |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**
**Service Name: Live-in Caregiver (42 CFR §441.303(f)(8))**

**Provider Category:**
Agency

**Provider Type:**
non-profit organization, state, or self-directed with fiscal employer agent

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

Live-in Caregiver is a self-directed service that is reimbursed by a Fiscal Intermediary. All FIs in NYS are non-profit agencies (this service is not provided by OPWDD). Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.

**Frequency of Verification:**
Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**
Statutory Service

**Service:**
Prevocational Services
**Alternate Service Title (if any):**

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 04 Day Services | 04010 prevocational services |
| **Category 2:** | **Sub-Category 2:** |
| 15 Non-Medical Transportation | 15010 non-medical transportation |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Prevocational Services are those services that provide learning and work experiences, including volunteering, where participant can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and their service and supports planning team through an ongoing person-centered planning process.

Individuals receiving prevocational services must have employment-related goals in their person centered services and supports plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in the community for which an individual is compensated at or above minimum wage is considered to be the optimal outcome of prevocational services.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor. Services are intended to develop and teach general skills. Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to and complete tasks; punctuality and attendance; appropriate behaviors in and outside the workplace; workplace problem solving skills and strategies; mobility training; career planning; proper use of job- related facilities and general workplace safety.

Services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform work and optimally to perform competitive, integrated employment.

Prevocational services do not include vocational services provided in facility based work settings that are not integrated settings in the general community workforce.

Documentation must be maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.)

The service may be provided in the community or a worksite (where the person makes less than 50% of the minimum or prevailing wage) to introduce the participant to the world of work, use of transportation options and adult education resources that will contribute to learning about employment. Transportation costs may be part of an agency rate depending upon the needs of the individual(s) and the availability of public transportation.

Each provider of Prevocational services is surveyed annually by the OPWDD Division of Quality Improvement. Part of the survey is an assessment of the prevocational nature of the service. DQI and the OPWDD Bureau of Waiver Management work collaboratively to make the determination of the prevocational, or vocational, intent of the service.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Not applicable.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**
**Service Name: Prevocational Services**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.
**Frequency of Verification:**
Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement(DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Residential Habilitation

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

| Category | Sub-Category |
|---|---|
| **Category 1:** 02 Round-the-Clock Services | **Sub-Category 1:** 02011 group living, residential habilitation |
| **Category 2:** 15 Non-Medical Transportation | **Sub-Category 2:** 15010 non-medical transportation |
| **Category 3:** | **Sub-Category 3:** |
| **Category 4:** | **Sub-Category 4:** |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living (hands-on), community inclusion and relationship building, training and support for independence in travel, transportation, adult educational supports, social skills, leisure skills, self-advocacy and informed choice skills, and appropriate behavior development that assists the participant to reside in the most integrated setting appropriate to his/her needs. The providers' Residential Habilitation rates fund any reimburseable costs related to program related transportation, personal care, health care, and protective oversight and supervision and there shall be no outside payments for these items outside the provider's Residential Habilitation rate.

Residential Habilitation services include activities that are described in the habilitation plan to be implemented and support the waiver participant. The habilitation plans include activities or supports that are designed to help the person pursue or maintain the outcomes in his or her life that have value to the participant. Residential Habilitation services are available to individuals who live at home, in their own home or residence, a family care home, provider managed residential setting, or OPWDD certified residence. The service may be implemented by para-professional and/or professional staff in accordance with the needs of the participant.

Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for Residential Habilitation is specified in Appendix I-5. Payment is not made, directly or indirectly, to members of the individual's immediate family, except as provided in Appendix C-2.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**
**Service Name: Residential Habilitation**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable requirements, including physical plant and fire safety.
**Frequency of Verification:**
Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
**Service Type:**

Statutory Service

**Service:**

Respite

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 09 Caregiver Support | 09011 respite, out-of-home |
| **Category 2:** | **Sub-Category 2:** |
| 09 Caregiver Support | 09012 respite, in-home |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite care is not furnished or provided for the purpose of compensating relief or substitute staff in certified community residences.

Respite services are provided in the following locations: individual's home or place of residence; Family Care home; Medicaid certified ICF/DD; Individualized Residential Alternative (IRA) or Community Residence (CR); and free-standing Respite facility under the auspices of OPWDD.

Federal financial participation will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.
**Frequency of Verification:**
Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
**Service Type:**
Statutory Service
**Service:**
Supported Employment
**Alternate Service Title (if any):**
Supported Employment (SEMP)

**HCBS Taxonomy:**

**Category 1:**
03 Supported Employment

**Sub-Category 1:**
03010 job development

**Category 2:**

**Sub-Category 2:**

| | |
|---|---|
| 03 Supported Employment | 03021 ongoing supported employment, individual |
| **Category 3:** | **Sub-Category 3:** |
| 03 Supported Employment | 03022 ongoing supported employment, group |
| **Category 4:** | **Sub-Category 4:** |
| 03 Supported Employment | 03030 career planning |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Supported Employment (SEMP) services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain a job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage. The outcome of this service is paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. Supported employment services can be provided through many different service models. Some of these models can include evidence-based supported employment or customized employment for individuals with significant disabilities.

Supported employment services may be provided individually or in groups of two (2) to eight (8) workers with disabilities. Group employment may include training activities and employment services provided in regular business, industry and community settings. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Supports provided to a group must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

Supported employment services may also include services and support to assist a participant in achieving self-employment, including home-based self-employment; however, Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. Assistance for self-employment may include: (a) aid to the individual in identifying potential business opportunities; (b) assistance in the development of a business plan, including potential sources of business financing and other assistance in including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the individual to operate the business; and (d) ongoing assistance, counseling and guidance once the business has been launched.

Supported employment services may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, transportation, asset development and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

Documentation must be maintained indicating that Supported Employment services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Supported employment supports do not include vocational services provided in facility based work settings or other similar types of vocational services furnished in specialized facilities that are not a part of general community workplaces.

Supported employment supports do not include volunteering. Such volunteer learning and un-paid training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational and pre-employment services.

Supported employment supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business

Personal care/assistance may be a component part of the supported employment services, but may not comprise the entirety of the service.

Individuals receiving supported employment services may also receive prevocational, day habilitation and/or career planning services. A participant's service plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation are not billed during the same period of time.

For the period 10/1/14 to 1/1/15, agency provided SEMP will maintain its current monthly unit of service. After 1/1/15, the following service design will be implemented.

Supported Employment Services will be delivered in two phases. Phase one will consist of job development and intensive job coaching. The outcome of this phase is assisting an individual in obtaining a job, learning specific job tasks, developing natural supports on the job and developing soft skills that will improve job performance. This phase will cap the number of service hours provided each month and providers will be reimbursed in quarter hour units. Providers will receive an outcome bonus payment when an individual is hired. The bonus payment will be limited to once within a twelve-month period. Phase two will consist of extended follow along supports for as long as needed to ensure that the individual retains employment. A minimum number of service hours will be required each month. Instead of an hourly fee, providers will receive a retention payment for each month that an individual is employed.

All supported employment services shall be authorized by OPWDD and pursuant to a Medicaid provider agreement with NYS DOH. Authorization by OPWDD will be based, in part, upon demonstrated experience or training of individuals providing service. Each individual providing job development and/or coaching services must meet the following qualifications: (1) have at least a high school equivalency or one year of experience in vocational and/or pre-vocational work with individuals with disabilities, and (2) vocational rehabilitative or supported employment training recognized as appropriate by OPWDD or the State Education Department's Adult Career and Continuing Education Services (ACCES-VR).

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**
**Service Name: Supported Employment (SEMP)**

**Provider Category:**
Agency

**Provider Type:**
non-profit organization or state

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14

NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable requirements.

**Frequency of Verification:**

Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement(DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

**Support for Participant Direction:**

Other Supports for Participant Direction

**Alternate Service Title (if any):**

Fiscal Intermediary

**HCBS Taxonomy:**

| Category | Sub-Category |
|---|---|
| **Category 1:** 12 Services Supporting Self-Direction | **Sub-Category 1:** 12010 financial management services in support of self-direction |
| **Category 2:** 12 Services Supporting Self-Direction | **Sub-Category 2:** 12020 information and assistance in support of self-direction |
| **Category 3:** | **Sub-Category 3:** |
| **Category 4:** | **Sub-Category 4:** |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

The Fiscal Intermediary (FI) service is evolved from the Financial Management Services (FMS) from the previous waiver.

Any individual eligible for HCBS waiver services may self-direct some or all of their services. The person self-directing receives an individualized portable budget that is directed by the individual pursuant to an approved plan.

If an individual chooses to self-hire their own staff, the employer of record must be either the individual or family or the Fiscal Intermediary. An individual must choose an FI agency if the following services are included in their budget in order to provide for appropriate billing and claiming: Individual Directed Goods and Services, Live-in Caregiver, Support Brokerage, Community Transition Services, or any type of 100% State-paid items.

The most typical set of tasks that the FI supports the individual self-directing is with billing and payment of approved goods and services, fiscal accounting and reporting, ensuring Medicaid and corporate compliance, and general administrative supports.

For individuals that choose to self-direct some or all of their services, the individual has the option of choosing the level of FI supports that fall under three levels of service:

• Level 1 – There are no self-hired staff in the individual's budget; FI supports the individual with billing and payment of approved goods and services.
• Level 2 – The Individual/family is the employer of record; FI supports the individual with services including but not limited to training related to his/her employer responsibilities, staff management, and other related tasks.
• Level 3 - FI is the employer of record; the FI assists the individual with self-hiring staff which includes but is not limited to providing and supporting hiring and discharge practices for self-direct staff, verifying staff citizenship status, completing required background checks, arranging for back-up staffing, and other related tasks.

If the individual chooses to be the employer of record, the FI supports includes the provision of training to the individual on his/her employer responsibilities by providing the participant with orientation and support in areas of staff hiring (including assistance with job descriptions), staff management, performance evaluations, staff conflict resolution, and reviewing federal Department of Labor information and agency employment policies with the individual.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Not applicable.

**Service Delivery Method** *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [ ] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Supports for Participant Direction**
**Service Name: Fiscal Intermediary**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization
**Provider Qualifications**
**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.

**Frequency of Verification:**

Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

**Support for Participant Direction:**

Other Supports for Participant Direction

**Alternate Service Title (if any):**

Individual Directed Goods and Services

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 17 Other Services | 17010 goods and services |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Individual Directed Goods and Services (IDGS) are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that addresses an identified need in an individual's service plan, which includes improving and maintaining the individual's opportunities for full membership in the community. Individuals who choose to self-direct their services may receive IDGS as a waiver service. Individuals may manage their IDGS budget, as described in their individualized service plan, to fully purchase or put funds towards their personal fiscal resources to purchase items or services which meet the following criteria:

• Are related to a need or goal identified in the State-approved person-centered care plan;

• Are for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance;

• Promote opportunities for community living and inclusion;
• Are able to be accommodated without compromising the participant's health or safety; and,
• Are provided to, or directed exclusively toward, the benefit participant.

Service Eligibility Criteria:
• Available for individuals who are self-directing services

Additional information regarding the service can be found in Addendum C of this waiver, this Addendum describes the types of purchases/services that can be paid for within the IDGS budget, the specifications of these goods/services and the pricing parameters for each purchased item/service.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
The billing for this service is limited to $32,000 per year per person not to exceed a person's PRA.

**Service Delivery Method** *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [ ] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | Fiscal Intermediary |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Supports for Participant Direction**
**Service Name: Individual Directed Goods and Services**

**Provider Category:**
Agency
**Provider Type:**
Fiscal Intermediary
**Provider Qualifications**
**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.
**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.
**Frequency of Verification:**
Annual reviews of providers and/or a sample of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI). In addition, all agencies must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
**Service Type:**
Supports for Participant Direction
The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.
**Support for Participant Direction:**
Information and Assistance in Support of Participant Direction
**Alternate Service Title (if any):**
Support Brokerage

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 12 Services Supporting Self-Direction | 12020 information and assistance in support of self-direction |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Support Brokerage is a service available for participants who may self-direct some or all of their services. Start-up Support Brokerage services may be provided to:
(a) individuals who wish to self-direct some services and request assistance in identifying the supports and services they choose to receive, or
(b) individuals who wish to learn about alternatives for residing in and receiving services in the most integrated settings. Support Brokers assist waiver participants (or the participant's family or representative as appropriate) to self-direct and manage some or all of their waiver services and/or to experience the greatest degree of community integration possible.

Support Brokerage does not duplicate or replace the State Plan targeted case management service of Medicaid Service Coordination (MSC; see Appendix C) and differs from MSC in terms of intensity, frequency, and scope. The MSC identifies services, helps the participant make an informed choice of service providers, refers the person/family to the service chosen, and maintains and updates the plan of care. The Support Broker then takes the person beyond just the referral by assisting them with the day-to-day management of those services and providing support and training to participants and their families regarding the ongoing decisions and tasks associated with participant direction and working with the participant, family and freely chosen planning team to maintain the individual's service plan. The Support Broker also assists with community inclusion and community living in the most integrated setting.

The Support Broker provides assistance and practical skills training to the participant in the areas of: understanding and managing the responsibilities involved with self-direction, community inclusion and independent living; developing daily implementation of and managing the self-directed service plan and/or personal finances; monitoring expenditures; negotiating terms and service arrangements with providers; employer responsibilities such as recruiting, supervising, and training of participant-hired staff; service documentation requirements to ensure agreement with program and Medicaid standards; risk assessment, planning and ensuring safeguards are identified and met. Support Brokers may also be specialists on a time-limited basis to help the person achieve a specified goal so long as the service does not overlap or duplicate with other waiver services or MSC.

The extent of the assistance provided is determined by the participant and may be specified in a written agreement between the participant and Support Broker or documented in the person's service plan or related records. The participant has the authority to choose among qualified support brokers.

A participant may receive Support Brokerage and MSC concurrently as long as those services do not duplicate each other. In those instances where nominal overlapping is likely to occur the participant's service plan will clearly delineate service responsibilities.

An agency providing Support Brokerage may provide other services; however an individual Support Broker is not permitted to provide other waiver services to a participant they serve.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization, state or self-directed with the AWC/FMS |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Supports for Participant Direction**
**Service Name: Support Brokerage**

**Provider Category:**
Agency

**Provider Type:**
non-profit organization, state or self-directed with the AWC/FMS

**Provider Qualifications**

**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
All potential Support Brokers participate in a specialized one-day Broker training developed by OPWDD and complete specific courses. These additional courses are: Person Centered Planning for Brokers (Introduction to Person Centered Planning and Advanced Person Centered Planning), CSS Plan/Budget, Self-advocacy/Self-determination and Circle of Support. These trainings are standardized statewide. All brokers are expected to remain actively involved with a local Support Brokerage Learning Network. Active participation includes attendance in 12 hours of annual training.

OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements. and all other applicable requirements.

**Frequency of Verification:**

Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Assistive Technology - Adaptive Devices

**HCBS Taxonomy:**

| Category | Sub-Category |
|---|---|
| **Category 1:** 14 Equipment, Technology, and Modifications | **Sub-Category 1:** 14031 equipment and technology |
| **Category 2:** 14 Equipment, Technology, and Modifications | **Sub-Category 2:** 14020 home and/or vehicle accessibility adaptations |
| **Category 3:** | **Sub-Category 3:** |
| **Category 4:** | **Sub-Category 4:** |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Assistive Technology - Adaptive Devices means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive Technology - Adaptive Device service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. The devices and services must be documented in the participant's individualized service plan (ISP) as being essential to the person's habilitation, ability to function, or safety and essential to avoid or delay institutionalization.

Assistive Technology - Adaptive Device Services include:
A. the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
B. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participants;
C. services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
D. coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan;
E. training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates or authorized representatives of the participant; and
F. training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive Technology - Adaptive Devices include:
a. Personal emergency response systems (PERS) necessary for the participant's health, safety and welfare that are not equally clinically appropriate and available under the State Medicaid Plan.
b. Direct selection communicators.
c. Alphanumeric communicators.
d. Scanning communicators. e. Encoding communicators. f. Speech amplifiers.
g. Electronic speech aids/devices.
h. Voice activated, light activated, motion activated and electronic devices.
i. Standing boards/frames and therapeutic equipment for the purpose of maintaining or improving the participant's strength, mobility or flexibility to perform activities of daily living.
j. Adaptive switches/devices.
k. Meal preparation and eating aids/devices/appliances. l. Specially adapted locks.
m. Motorized wheelchairs.
n. Guide dogs, hearing dogs, service dogs (as defined in New York Civil Rights Law Article 47-b(4)and simian aids (capuchin monkeys or other trained simians that perform tasks for persons with limited mobility).
o. Portable Electric/hydraulic and manual lifts, ramps and ancillary equipment or modifications (not permanent structures and therefore not environmental modifications), that are necessary to guarantee full access to, and safety in, a motor vehicle.
p. Electronic, wireless, solar-powered or other energy powered devices that demonstrate to the satisfaction of the commissioner, or designee, that the device(s) will significantly enable the participant to live, work or
meaningfully participate in the community with less reliance on paid staff supervision or assistance. Such devices may include computers, observation cameras, sensors, telecommunication screens and/or telephones
and/or other telecare support services/systems that enable the participant to interact with remote staff to ensure health and safety.
q. Devices to assist with medication administration, including tele-care devices that prompt, teach or otherwise assist the participant.
r. Repairs to such adaptive devices that will be cost-effective and approved by the regional office.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Assistive Technology - Adaptive Devices are expected to be a one-time only purchase. Replacements, repairs, upgrades, or enhancements made to existing equipment will be paid if documented as a necessity and approved
by the regional office. Ongoing monitoring associated with telecare support services or other approved systems authorized under this definition may be provided if necessary for health and safety and documented to the
satisfaction of the regional office Director or designee. The regional office will ensure, that where appropriate, justification from physicians, or other specialists or clinicians has been obtained.

NYS is the provider of record for Assistive Technology for billing purposes. Services/devices are selected through a standardized bid process following the rules established by the Office of the State Comptroller. The Assistive Technology is only billed to Medicaid once the device is delivered or the work is verified as complete; the amount billed is equal to the contract or vendor value.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Modifications to motor vehicles used by the participant will be limited to once in a five (5) year period unless the state regional office determines an equipment repair or replacement is needed sooner to ensure the person's health, safety or welfare. In instances when the vehicle's adaptive equipment must be replaced or repaired, a depreciation schedule will be used to determine the limit of the amount to be applied to the cost.

Only those devices/services not reimbursable under the State Medicaid Plan will be reimbursable under the HCBS Waiver.

Effective with claims submitted to eMedNY on or after 4/1/13 maximum expenditure for adaptive technology services for the benefit of an individual Medicaid beneficiary may not exceed $35,000 in any consecutive two years period. If an individual requires an expenditure which exceeds the maximum expenditure amount, the Single State Medicaid Agency may submit and seek approval of an amendment to the waiver; the Single State Medicaid Agency shall provide supporting documentation as deemed necessary by CMS to support approval of the amendment. Any exceptions will be noted in Addendum A which will be included as part of the Comprehensive HCBS Waiver agreement.

**Service Delivery Method** *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Assistive Technology - Adaptive Devices**

**Provider Category:**
Agency

**Provider Type:**
state

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD, the state operating agency, is the service provider. The state, as service provider, must meet all of the same requirements as other provider agencies outlined in this application including adherence to all applicable rules and regulations.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD, the state operating agency, is the service provider.

**Frequency of Verification:**
All OPWDD regional offices are approved by the Department of Health (DOH) to provide any of the services included in the waiver.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**
Community Habilitation

**HCBS Taxonomy:**

**Category 1:** 04 Day Services
**Sub-Category 1:** 04070 community integration

**Category 2:** 02 Round-the-Clock Services
**Sub-Category 2:** 02031 in-home residential habilitation

**Category 3:** 15 Non-Medical Transportation
**Sub-Category 3:** 15010 non-medical transportation

**Category 4:** **Sub-Category 4:**

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Community Habilitation is similar in scope to residential habilitation supports and day habilitation supports, however, the focus of this service is directed towards service delivery occurring in the community (non-certified) settings to facilitate and promote independence and community integration. Community Habilitation is defined as a face to face service in the waiver and in all guidance issued by OPWDD. Therefore, in order for a service to be billed, the staff must be with the individual.

Community Habilitation will offer skill training and supports as follows: adaptive skill development, assistance with activities of daily living, travel, health, adult educational supports, communication, social skills, leisure skills, money management, socially appropriate behaviors, life safety, hands-on-assistance provided by staff as necessary, professional services as necessary, self-advocacy, informed choice, community inclusion, and relationship building. Community Habilitation may also include personal care, health care, protective oversight and supervision, and program-related transportation but these components do not constitute the entirety of the service.

Community Habilitation participants will be offered the opportunity to participant-direct the service as outlined in Appendix E or participants may use a provider managed service delivery model.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Individuals living in their own home/leased residence or family home may receive Community Habilitation services at any time. People living in the following types of certified residences: Family Care homes and IRAs or Community Residences with less than 24/7 staffing, may receive Community Habilitation Services at any time, but not in the certified location. People living in certified residences with 24/7 staffing can only receive Community Habilitation services in lieu of certified Day Habilitation services and not on weekday evenings and weekends as these service times are the responsibility of the residential provider.

OPWDD strongly supports enhanced flexiblity and choice for all individuals receiving services in the OPWDD system.

**Service Delivery Method** *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Community Habilitation**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations

made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable requirements.

**Frequency of Verification:**

Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Community Transition Services

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 16 Community Transition Services | 16010 community transition services |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or other provider-operated living arrangement to a living arrangement in a private residence in the community where the person is directly responsible for his or her own living expenses. Allowable expenses are those reasonable and necessary to enable a person to establish a basic household. Items purchased are the property of the individual receiving the service. The service must be identified in the plan of care.

Allowable items include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses.

Items NOT allowable include monthly rental or mortgage expenses, food, regular utility charges, and/or items that are intended for purely diversion or recreational purposes such as televisions, cable television access, video games, stereos and/or DVD players.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
This service is a one-time opportunity which allows claims to be submitted as expenses are accrued during a window surrounding the person's move. The maximum amount which can be claims is 3,000 per person. This service may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Community Transition Services**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14

NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable requirements.

**Frequency of Verification:**

OPWDD is responsible to verify the provider qualifications. Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Environmental Modifications (Home Accessibility)

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 14 Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Those physical adaptations to the participant's home, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home and without which the person would require institutionalization and/or more restrictive and expensive living arrangement. Adaptations include: installation of ramps, hand rails and grab-bars, widening of doorways, modifications of bathroom facilities, installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies needed for the welfare of the recipient, lifts and related equipment, elevators when no feasible alternative is available, automatic or manual door openers/bells, modifications of the kitchen necessary for the participant to function more independently in his home, medically necessary air conditioning, braille identification systems, tactile orientation systems, bed shaker alarm devices, strobe light smoke detection and alarm devices, small area drive-way paving for wheel-chair entrance/egress from van to home, safe environment modifications for behaviorally challenged participants including window protections, reinforcement of walls, durable wall finishes, open-door signal devices, fencing, video monitoring systems and shatter-proof shower doors; and future technology devices that allow the participant to live more safely and independently to avoid possible institutional placement or placement in a more restrictive living environment, which are available at a

reasonable cost in comparison to living in a more restrictive residential setting. The scope of environmental modifications will also include necessary assessments to determine the types of modifications needed.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home's footprint are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). If Environmental Modifications are needed in order for the person to move into his/her new home, FFP may be claimed for work completed prior to the person's HCBS Waiver enrollment date as long as the service appears in the preliminary service plan (ISP) and work is completed within 30 days prior to the person moving into the home.

NYS is the provider of record for Environmental Modifications for billing purposes. The work is done by a contractor who is selected through a standard bid process, following the rules established by the Office of the State Comptroller. The e-mod is only billed to Medicaid once the contract work is verified as complete and the amount billed is equal to the contract value. Environmental Modifidations are limited to individual or family owned or controlled homes.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

In most instances a specific type of Environmental Modification is a one-time benefit. However, in reasonable circumstances determined and approved by the State, a second modification may be considered for funding as follows: if a person moves to another home; if the current modifications are in need of repair, worn-out or unsafe; or if a participant wishes to spend considerable time with a non-cohabitating parent in their home and such modifications are required to ensure health and safety during these periods. An OPWDD memorandum dated February 21, 2012 limited to e-mods to Individual or Family Owned residences.

Effective with claims submitted to eMedNY on or after 4/1/13 maximum expenditure for Environmental Modifications for the benefit of an individual Medicaid beneficiary may not exceed $60,000 in any consecutive five year period. If an individual requires an expenditure which exceeds the maximum expenditure amount, the Single State Medicaid Agency may submit and seek approval of an amendment to the waiver; the Single State Medicaid Agency shall provide supporting documentation as deemed necessary by CMS to support approval of the amendment. Any reimbursements in excess ofthe $60,000 limit will be identified in Addendum A which will be included as part of the Comprehensive HCBS Waiver agreement.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Environmental Modifications (Home Accessibility)**

**Provider Category:**
Agency

**Provider Type:**
state

**Provider Qualifications**

**License** *(specify)*:

**Certificate** *(specify)*:

**Other Standard** *(specify)*:
OPWDD, the state operating agency, is the service provider. The state, as service provider, must meet all of the same requirements as other provider agencies outlined in this application including adherence to all applicable rules and regulations.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD, the state operating agency, is the service provider.

**Frequency of Verification:**

All OPWDD regional offices are approved by the Department of Health (DOH) to provide any of the services included in the waiver.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Family Education and Training

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 09 Caregiver Support | 09020 caregiver counseling and/or training |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Family Education and Training (FET), is training given to families of participants enrolled in the HCBS waiver who are under 18 years of age. The purpose of FET is to enhance the decision making capacity of the family unit, provide orientation regarding the nature and impact of a developmental disability on the person and his or her family, including behavioral management practices, and teach the family about service alternatives. FET is distinct from service coordination in that the purpose is to support the family unit in understanding and coping with the developmental disability. The information and knowledge imparted in FET increases the chances of creating a supportive environment at home and decreases the chances of a premature residential placement outside the home.

FET sessions may be private or in groups of families covering subject matter that enhances the ability of a family to handle the demands of nurturing a family member with a developmental disability. Personnel knowledgeable in the topics covered may conduct the sessions. Most frequently, this will be a service coordinator or behavioral specialist, but it may also include other clinicians and experts in such fields as law and finances pertaining to disabilities.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

FET has a unit of service of up to two hours in length. Two units of service will be provided per year. The regional office may authorize additional units of service for participants demonstrating extreme behavioral management needs if there is sufficient clinical dat

**Service Delivery Method** *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**

☐ **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Family Education and Training**

**Provider Category:**
Agency

**Provider Type:**
non-profit organization or state

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable requirements.

**Frequency of Verification:**
Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Intensive Behavioral Services

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 10 Other Mental Health and Behavioral Services | 10040 behavior support |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
Intensive Behavioral Services is a new waiver service, which will be available under the following circumstances:

(1) For individuals who reside in a non-certified residential location, their own home or family home, or a family care home; and

(2) The individual or a party acting on behalf of the individual certifies through written documentation that the individual is at risk of imminent placement in a more restrictive living environment due to challenging behavioral episodes.

Intensive Behavioral Services are short-term, outcome-oriented, and of higher intensity than other behavioral interventions and are focused on developing effective behavioral management strategies to ensure health and safety and/or improve quality of life. Intensive Behavioral Services differ from services available through the State Plan as follows: the service will be available in the person's home; the service is short-term designed to achieve community stabilization; the service is of high intensity; the intent is to develop effective behavioral strategies that will be maintained, if necessary, through transitioning to other appropriate services to help the person to sustain the behavioral strategies long-term.

The components of Intensive Behavioral Services may include:

-completing the functional behavioral assessment,

-gathering information from other sources such as family, community supports or other affected service providers,

-developing an Intensive Behavioral Plan,

-implementation and monitoring of behavioral interventions and strategies with the individual,

-collateral contacts that are for the direct benefit of the individual and enhance the effectiveness of the service,

-training of the primary caregivers and/or staff in the utilization of the behavioral interventions, and

-transitional planning with family, collateral and other agencies to refer the individual to appropriate services to maintain the behavioral strategies long-term.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
OPWDD's regional offices will authorize services if there is written documentation that substantiates that the individual is at risk of imminent placement in a more restrictive living environment due to behavioral episodes. The regional office's review for service authorization may also include a review of the individual's ISP, an intake or application form, a clinical inventory, current receipt of services, and additional supporting documentation.

Intensive Behavioral Services are authorized by the regional office and consists of the development of a functional behavioral assessment and behavior support plan, and service hours to assist in implementing the behavior plan, Service hours may be authorized for up to a twelve month period and a maximum of 75 hours. Payment for the development of the person's functional behavioral assessment and behavior support plan is limited to once every three years.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Intensive Behavioral Services**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
Provider agencies must demonstrate a capacity to deliver effective Intensive Behavioral Services. This demonstration of capacity must include the employment of and/or access to professional staff to deliver Intensive Behavioral services and to supervise the delivery of these services as outlined in this section.

Individuals who provide Intensive Behavioral Services, including development of the Functional Behavioral Assessment (FBA) and Behavior Support Plan (BSP) must meet required credentials and experiential requirements as follows:

-- Required Credentials: NYS Licensed Clinical Social Workers LCSW; or NYS licensed psychologists; or NYS Licensed Master Social Workers; or master's degree in psychology; or master's degree in a related human services field subject to the approval of OPWDD on a case-by-case basis.

-- Required Experience: At least one year in the assessment and development of behavioral interventions and strategies for individuals with developmental disabilities; or two years of experience in treating or working with individuals with developmental disabilities and maladaptive or inappropriate behavior; or one year of related specialized training.

LCSWs or NYS licensed psychologists must supervise individuals who are authorized to provide Intensive Behavioral Services as outlined above (i.e., LMSW or individuals with masters degrees). LCSWs or NYS licensed psychologists serving in a supervisory role must have at least two years of post-licensure experience in clinical supervision, and at least two years of post-licensure experience in treating or working with individuals with developmental disabilities and maladaptive or inappropriate behavior (the clinical supervision and post-licensure experience may occur concurrently). All clinical supervision must be provided in accordance with New York State requirements. If LCSWs or NYS licensed psychologists are delivering Intensive behavioral services, clinical supervision by other LCSWs or NYS licensed psychologists is not required.

All professional clinical staff persons must have the appropriate credentials stipulated by the NYS Department of Education. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

Agencies providing Intensive Behavioral Services must demonstrate that they have systems in place to monitor the progress of individuals receiving Intensive Behavioral Services; to evaluate the outcome of the services; and to transition the individuals served to appropriate services to maintain their behavioral strategies. Provider outcome evaluation systems must focus on quantitative and qualitative measures of outcomes achieved.

Provider agencies must further demonstrate that they have effective clinical supervision systems and oversight controls in

place that address the following:

- the number of supervisees assigned to each licensed/credentialed supervisor
- the type of supervision (in-person individual or group)
- the required frequency of supervision
- the provision of a contingent emergency supervisor if the assigned supervisor is not immediately available
- requirements for the supervisor's record or log of supervision including: the name and title of the supervisee; the date, length and location of supervision; the type of supervision; the nature of supervision (i.e., review of treatment/interventions, observations, in-service training); the signature and title of the supervisor;
- the effectiveness of supervision

OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and all other applicable policies and regulations. DQI will review to ensure that staff providing Intensive Behavioral Services meet the educational and experiential criteria in accordance with OPWDD policies.

**Frequency of Verification:**

Annual reviews of all provider agencies are performed by OPWDD's Division of Quality Improvement (DQI). In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Pathway to Employment

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 03 Supported Employment | 03030 career planning |
| **Category 2:** | **Sub-Category 2:** |
| 03 Supported Employment | 03010 job development |
| **Category 3:** | **Sub-Category 3:** |

**Category 4:** **Sub-Category 4:**

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*
The Pathway to Employment is a person-centered, comprehensive career planning and support service that provides assistance for participants to obtain, maintain or advance in competitive employment or self-employment.

The Pathway to Employment service will be available to individuals expressing an interest in competitive employment or self-employment including (but not limited to) individuals who receive Day Habilitation, Pre-Vocational and Supported Employment services, as well as students leaving high school.

It is a focused, time limited service that engages a participant in identifying a career direction, provides instruction and training in pre-employment skills, and develops a plan for achieving competitive, integrated employment at or above the state minimum wage. Within 12 months, or sooner, the outcome of this service is documentation of the participant's stated career objective; a detailed career plan used to guide individual employment supports; and preparation for supported employment services that assist a participant in obtaining, maintaining or advancing in competitive employment or self-employment.

Pathway to Employment participants must have competitive employment or self-employment as a stated goal in their service plans. The Pathway to Employment service will combine an individualized career planning process that identifies the person's support needs with the provision of services that will strengthen the skills needed to obtain, maintain or advance in competitive employment. Services provided under the Pathway to Employment service will be person-centered and may include; but not be limited to: vocational assessment; situational assessment; job readiness training including individualized and appropriate work-related behaviors; community experiences; pre-employment skills including tasks necessary to obtain employment based on the individualized needs of the participant; job related discovery; experiential learning in career exploration and vocational discovery; experiential learning to achieve a specific vocational outcome; assessment for use of assistive technology to increase independence in the workplace; community experiences through paid or unpaid internships, mentorships, apprenticeships, job clubs, work site visits, job placement, and other job exploration modalities; education and counseling around benefits management and employment; person-centered vocational planning; customized job development; individualized, ongoing job coaching; travel training; transportation; and behavioral interventions and supports.

The Pathway to Employment service may also provide planning for self-employment. Specific services include: identifying skills that could be used to start a business, and identifying business training and technical assistance that could be utilized in achieving self-employment goals.

Employment Related Goals: All Pathway to Employment participants will develop a specific individualized career plan with the Pathway to Employment provider for services that will focus on the individual's unique employment needs, talents, employment goals, and natural supports. At the end of Pathway to Employment, the provider in cooperation with the individual will create a formal vocational plan that will allow the individual to have a map of their career path. This Pathway to Employment career plan will outline the responsibilities of the participant and the responsibilities of the provider towards achievement of the employment goals. The Pathway to Employment Plan will be reviewed and updated at six month intervals in accordance with OPWDD policy guidelines.

It is anticipated that the majority of the Pathway to Employment service will be provided in community settings or at particular work sites. The cost of any reimbursable transportation associated with Pathways to Employment is included in the Pathways to Employment fee.

Documentation must be maintained indicating that the services provided under Pathway to Employment are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
A detailed vocational career plan and preparation for supported employment services that assist an individual in obtaining competitive, integrated employment at or above the state minimum wage is the expected outcome from this service.

Pathway to Employment services such as vocational assessment, situational assessment and career planning furnished under the waiver may not include services available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17).

There is a lifetime limit of 556 hours for the service.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Pathway to Employment**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
Only providers that currently offer both Day Habilitation and Supported Employment services (or have an equivalent agreement approved by OPWDD) will be authorized to provide Pathway to Employment services.

A Medicaid Provider Agreement is issued by DOH to the HCBS Waiver Provider based on an OPWDD recommendation (based on applicable OPWDD regulations) and in accordance with regulations found at Part 504 of 18 NYCRR. The Medicaid Provider Agreement is issued based on the determination that the agency will have, or continues to have, satisfactory character, competence, education, and experience to deliver waiver services, and that the agency is fiscally responsible and viable.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must
comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and
Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.
**Frequency of Verification:**
Annual reviews of all providers are performed by OPWDD's DQI. In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Plan of Care Support Services

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 01 Case Management | 01010 case management |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one* **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

Plan of Care Support Services (PCSS) will be provided only to consumers who do not receive Medicaid Service Coordination (MSC) (i.e., targeted case management under the State Plan). PCSS are services needed to review and maintain a curent Individualized Service Plan (ISP) for the person and to maintain documentation of the person's level of care eligibility. The PCSS staff are qualified MSCs and are available to assist the person with access issues, typically on a less frequent basis than the MSC service under the State Plan.

A person qualified to provide MSC may provide PCSS and will:
a. in consultation with the participant, maintain a current ISP and initiate a review of the plan twice per year. This must include a face-to-face contact with the person at the participant's residence or another agreed upon location;
b. make whatever contacts with the advocate and major service providers that are necessary to accurately review and update the plan if needed;
c. assure that the necessary safeguards have been taken to ensure the health and welfare of the person;
d. assure the level of care eligibility determination is completed annually;
e. notify the regional office if the person is no longer eligible for waiver services;
f. maintain a record that includes all required waiver enrollment documentation, clinical assessments, the ISP with attachments and the plan of care support service notes; and
g. initiate re-enrollment in MSC if circumstances warrant and/or the person chooses to receive MSC full time.

The PCSS service coordinator has the responsibility to determine if the person's health and safety needs or quality of services would be better served by the MSC service under the State Plan. If the regional office agrees with the MSC that the person's health, safety and/or best interests are potentially compromised, the participant may be asked to return to MSC until such time when the enrollee can safely use PCSS.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Claims are limited to four times per year.

**Service Delivery Method** *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

**Specify whether the service may be provided by** *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | non-profit organization or the state |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**
**Service Name: Plan of Care Support Services**

**Provider Category:**
Agency
**Provider Type:**
non-profit organization or the state
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
PCSS staff must be qualified MSCs (i.e., service coordinators). Service coordinators must: (a) either (1) have experience providing OPWDD Comprehensive Medicaid Case Management (CMCM) or OPWDD Home and Community Based (HCBS) Waiver service coordination or (2)(i) be a registered nurse or have at least an associate's degree (or equivalent accredited college credit hours) in a health or human services field, and (ii) have at least one year's experience working with persons with developmental disabilities or at least one year's experience providing service coordination to any population, and (b) attend professional development courses required by OPWDD.

The hiring criteria for PCSS are the same as for MSC and may be found in Chapter 2 of the MSC Vendor Manual. The specific duties of PCSS are described in Administrative Memorandum #2012-06 (pages 4-6).

OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program and provides the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.

OPWDD directly provides HCBS waiver services through its regional offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the NYS Department of Education. Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDDÃ‚Â’s Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations and also reviews MSC qualifications.
**Frequency of Verification:**
OPWDD DQI reviews providers annually. In addition, each agency must renew their waiver provider agreement every 5 years.

## Appendix C: Participant Services

### C-1: Summary of Services Covered (2 of 2)

**b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.
  *Check each that applies:*
  - ☑ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
  - ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
  - ☑ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
  - ☐ **As an administrative activity.** *Complete item C-1-c.*

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Case management services are provided by the operating agency (OPWDD) or by provider agencies. Provider agencies are non-profit organizations which include: non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.

Case management services are provided through Medicaid Service Coordination (MSC)(targeted case management under the State Plan) or through Plan of Care Support Services (PCSS) (see Appendix C). Also see Appendix D for more information.

## Appendix C: Participant Services

### C-2: General Service Specifications (1 of 3)

**a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ○ **No. Criminal history and/or background investigations are not required.**
- ◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Fingerprinting of staff is required of waiver service providers as described in Mental Hygiene Law 16.34, Exec. L. 845-b and 14 NYCRR Sections 633.22 and 701 which states:

1) all potential employees and volunteers of non-state provider agencies providing waiver services who will have regular and substantial unsupervised or unrestricted physical contact with an individual receiving services; and
2) family care providers and every person over the age of 18 years who will reside in a family care home.
3) employees of contractors of waiver providers which provide transportation services (e.g. bus companies) or staff.

These positions include direct care staff and their supervisors, job coaches, clinicians providing clinical services, individuals working at certified sites or providing transportation services, service coordinators, and other positions deemed to have regular and substantial unsupervised contact with individuals.

Additionally, Civil Service Law 50(4) and Labor Law 201-a require fingerprinting for all potential employees of OPWDD providing waiver services.

Criminal History Check Process:
An applicant for employment who meets the criteria for a criminal history record check must complete the required consent forms. Fingerprints are submitted via the Justice Center to the New York State Division of Criminal Justice Services (DCJS), which conducts a search of state records and records maintained by the Federal Bureau of Investigation. Results are sent to the Justice Center's criminal background check (CBC) unit electronically through the DCJS's E-Justice website, generally within three days of fingerprinting.

The CBC unit notifies the prospective employer (OPWDD or the non-state provider) of the determination indicating denial, pending denial, abeyance (meaning that a determination cannot be made at that time) or non-denial for each applicant. At the time of notification, the CBC unit will also inform the prospective employer what actions shall or may be taken regarding the applicant.

While the results of the CBC check are pending, applicants may be temporarily approved for supervised contact with individuals receiving services subject to the restrictions specified in 14 NYCRR 633.22(f). Applicants may not have unsupervised contact until the results of the check are received.

After the initial CBC determination has been made, the Justice Center CBC unit will send notice to the authorized person if the subject party is arrested after the original determination. In accordance with OPWDD regulations, the authorized person is responsible for conducting a safety assessment of the service environment and taking all appropriate steps to protect the health and safety of the persons receiving services. In addition, the provider is responsible for monitoring the outcome of any pending charge and this assessment must be documented and available for review by OPWDD.

Oversight:
Criminal Background Checks:
All waiver provider agencies undergo an annual OPWDD Division of Quality Improvement (DQI) quality survey or a periodic Limited Fiscal Review. Surveyors and auditors review provider records to ensure that criminal history record checks have been conducted for appropriate employees. Any problems uncovered are reported to the agency which is given an opportunity to develop a plan of correction for systemic issues and must also ensure that any individuals who are found to have not been screened must be appropriately supervised until their clearance is granted. The implementation of the plan is later verified by the DQI unit.

Excluded Providers:
OPWDD and the Department of Health have notified non-state providers about rules concerning persons excluded from providing services under the Medicaid or Medicare program. The State list is maintained by the NYS Department of Health and the Federal list is maintained by the United States HHS Office of Inspector General.

Lists of all employees and vendors involved with services provided by OPWDD (the operating agency) are submitted to the Office of the Medicaid Inspector General on a quarterly basis for screening against the database of excluded providers. All potential OPWDD employees and vendors are screened against the two excluded provider lists.

**b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ○ **No. The State does not conduct abuse registry screening.**
- ◉ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Abuse/neglect history checks:

1) Staff Exclusion List (SEL) check: As per Social Services Law 495 and 14 NYCRR 633.24, all state and non-state providers of waiver services (and specified contractors) are required to request a check of the SEL list from the Justice Center for employees, volunteers, and family care providers. The SEL contains the names of current or former custodians (employees, volunteers, family care providers, contractors, consultants, etc.) who have a substantiated “Category One” report of abuse or neglect, or more than one substantiated “Category Two” reports within a specified period of time. The reports concern abuse or neglect that occurred on or after June 30, 2013 in programs certified or operated by OPWDD (as well as specified programs overseen by other State Agencies). A description of “Category One” conduct and “Category Two” conduct can be found in Social Services Law 493.

SEL Process: The waiver provider (or certain contractors of the waiver provider) are required to submit SEL check requests to the Justice Center for potential employees, volunteers, family care providers, adults in the family care home, and contractors, consultants and interns who will have regular and substantial contact with individuals receiving services. If the applicant is on the SEL the provider may not hire or otherwise allow the applicant to have regular and substantial contact with individuals receiving services. The applicant is not permitted to have regular and substantial contact with individuals receiving services until the results of the check are received.

2) MHL 16.34 check: As per Mental Hygiene Law 16.34 and 14 NYCRR 633.24, all state and non-state providers or waiver services (and specified contractors) are required to request an “MHL 16.34 check” from OPWDD. The MHL 16.34 check is requested for all applicants receiving a CBC check, except family care providers and adults in the family care home. The check concerns physical abuse, sexual abuse, psychological abuse and serious neglect that occurred prior to June 30, 2014 in programs certified or operated by OPWDD.

MHL 16.34 Process: The waiver provider (or certain contractors of the waiver provider) submits a request to OPWDD. After a reasonably diligent search of records, if a substantiated report of abuse or neglect is found that is disclosable, OPWDD sends a summary report to the provider (or contractor). The provider or contractor is required to review the information provided and to make a decision about whether to hire or otherwise allow the party to have regular and substantial contact with an individual receiving services. The applicant is not permitted to have unsupervised contact with individuals receiving services until the results of the check are received.

3) As per Executive Law 562 check: Executive Law 562 and 14 NYCRR 633.24, when a criminal history record check is requested (except for a family care provider or adult living in a family care home) , the Justice Center will also search its records to see if there is a finding of “Category Two” conduct concerning the applicant. This means that the person has been substantiated for “Category Two” abuse and neglect which occurred on or after June 30, 2013 (see the discussion of SEL check for a description).

Executive Law 562 Process: The check is automatically done by the Justice Center when it receives a CBC request. If there is a finding of Category Two conduct the Justice Center will send a summary report to the waiver provider or contractor. The provider or contractor is required to review the information provided and to make a decision about whether to hire or otherwise allow the party to have regular and substantial contact with an individual receiving services.

4) Check of the Statewide Central Register of Child Abuse and Maltreatment (SCR): As per Social Services Law 424-a and 14 NYCRR 633.24, waiver programs which are certified or operated by OPWDD are required to conduct this check (this excludes non-certified waiver programs such as Community Habilitation and Supported Employment unless the program is operated by OPWDD). The NYS Office of Children and Family Services maintains this register of indicated reports of child abuse and maltreatment, generally consisting of reports of familial abuse but including some reports of institutional abuse that occurred prior to June 30, 2013. The check is required for employees, volunteers, contractors, family care providers and adults who live in the family care home, who have the potential for regular and substantial contact with individuals receiving services.

SCR Check Process: The waiver provider submits a request to the SCR. Specified contractors submit a request to OPWDD which then submits the request to the SCR. The provider or contractor is notified whether an indicated report exists concerning the applicant; if a report exists, the provider or contractor is required to obtain pertinent information about the indicated report and review the information to make a decision about whether to hire or otherwise allow the party to have regular and substantial contact with an individual receiving services. The applicant is not permitted to have unsupervised contact with individuals receiving services until the results of the check are received.

Oversight:

OPWDD provides oversight by reviewing the abuse and mistreatment requirements during the DQI survey process. OPWDD's DQI surveyors review agency documentation and review personnel files of new employees to confirm compliance with the required SCR check. If an SCR check cannot be validated for a staff person, a deficiency statement will be issued and the staff person will not be allowed to work unsupervised until an SCR check request is submitted to OCFS and a response is received identifying no indicated abuse. If there is an indication of abuse, the process outlined above must be followed. DQI follows up to ensure that individual remediation action has been taken and that there is subsequent compliance with this requirement; DQI also confirms that the provider has established systems to prevent the recurrence of these findings.

## Appendix C: Participant Services

### C-2: General Service Specifications (2 of 3)

**c. Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

○ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**

◉ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

**i. Types of Facilities Subject to §1616(e).** Complete the following table for each type of facility subject to §1616(e) of the Act:

| Facility Type | |
|---|---|
| **Individualized Residential Alternative** | |
| **Community Residence** | |
| **Family Care** | |

**ii. Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

To be in compliance with regulation (14 NYCRR 686.3), a community residence must provide an environment that ensures participant rights, promotes freedom of movement, and increases opportunities for participants to make decisions and to participate in regular community activities consistent with their needs and capability. The residence must maximize the level of independence consistent with the participant's disability and functional level. Compliance with this regulation is the driving consideration in designing certified residences for waiver participants and every effort is made to ensure that participants have ample opportunities to become contributing members of their community.

Residential habilitation services are provided in community-based certified homes to allow the residents to feel part of a community and a neighborhood (NYCRR 635-10). For example, training in meal preparation, routine shopping, laundry and cleaning are encouraged to be included in a participant's habilitation plan when appropriate to the needs of the individual. Training in appropriate social behaviors for the community (e.g. behavior in restaurants, and use of money for purchases) is also provided under Individualized Residential Habilitation plans.

Training to maximize independence in travel to and from community destinations (including the use of public transportation) may also be included in habilitation plans to encourage the individual's interaction with their community and to allow for participation in activities of choice. Larger facilities generally have transportation and sufficient staff available to take participants to activities or appointments in the community.

Using the established Universal Protocol for on-site surveys, OPWDD's DQI verifies the integration of individuals living in community-based certified homes into the community. The Universal Protocol looks explicitly for evidence that residents of Individualized Residential Alternatives, Community Residences, and Family Care homes participate in community activities. The following examples from the Universal Protocol demonstrate the types of evidence which surveyors examine to document

integration.
*(#2) Participants are engaged in activities which are meaningful to the participant and which contribute to their home, work and social environment(s);

*(#4) The community activities are consistent with participant's needs and interests;

*(#8) Habilitation plans are directed toward acquiring, maintaining and improving the life skills a participant needs to be a member of the community;

*(#10) The habilitation plans are actively implemented (i.e. there is on-site documentation demonstrating that habilitation services outlined in the habilitation plan are provided);

In reviewing documentation, the surveyor will also check for the presence of a written individualized plan of services, based on an assessment of the participant's functional capacity which has as its goal maximizing that person's abilities to cope with his/her environment, fostering social competency and enabling him/her to live as independently as possible which is reviewed periodically relative to the participant's response to services (#6).

Every effort is made to make the residence itself as non-institutional as possible. As per 14 NYCRR Part 635, larger facilities are required to provide participants residing there with full access to habitable common rooms such as a living room or lounge (which is not used for programmatic purposes) and dining rooms (which can be used as program space if it does not interfere with the primary purpose of dining). Each participant must have a minimum square footage of bedroom space as well as use of toilet rooms and bathrooms which are designed to provide personal privacy. All habitable spaces should have natural light and screens when windows are used for ventilation.

These rules result in group homes where participants have access to cooking facilities, traditional dining rooms, and comfortable living rooms. There are no more than two individuals per bedroom, and the houses have private bathroom facilities. The presence of this access is confirmed by DQI prior to issuance of certification, and is monitored during annual site reviews.

## Appendix C: Participant Services

### C-2: Facility Specifications

**Facility Type:**

Individualized Residential Alternative

**Waiver Service(s) Provided in Facility:**

| Waiver Service | Provided in Facility |
|---|---|
| Family Education and Training | ☐ |
| Intensive Behavioral Services | ☐ |
| Pathway to Employment | ☐ |
| Supported Employment (SEMP) | ☐ |
| Fiscal Intermediary | ☐ |
| Day Habilitation | ☑ |
| Respite | ☑ |
| Environmental Modifications (Home Accessibility) | ☐ |
| Prevocational Services | ☐ |
| Individual Directed Goods and Services | ☐ |
| Residential Habilitation | ☑ |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | ☐ |
| Support Brokerage | ☐ |
| Plan of Care Support Services | ☐ |
| Community Transition Services | ☐ |
| Community Habilitation | ☐ |
| Assistive Technology - Adaptive Devices | ☑ |

**Facility Capacity Limit:**

14 participants

**Scope of Facility Sandards.** For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

**Scope of State Facility Standards**

| Standard | Topic Addressed |
|---|---|
| Admission policies | ☑ |
| Physical environment | ☑ |
| Sanitation | ☑ |
| Safety | ☑ |
| Staff : resident ratios | ☑ |
| Staff training and qualifications | ☑ |
| Staff supervision | ☑ |
| Resident rights | ☑ |
| Medication administration | ☑ |
| Use of restrictive interventions | ☑ |
| Incident reporting | ☑ |
| Provision of or arrangement for necessary health services | ☑ |

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:**

## Appendix C: Participant Services

### C-2: Facility Specifications

**Facility Type:**

Community Residence

**Waiver Service(s) Provided in Facility:**

| Waiver Service | Provided in Facility |
|---|---|
| **Family Education and Training** | ☐ |
| **Intensive Behavioral Services** | ☐ |
| **Pathway to Employment** | ☐ |
| **Supported Employment (SEMP)** | ☐ |
| **Fiscal Intermediary** | ☐ |
| **Day Habilitation** | ☑ |
| **Respite** | ☑ |
| **Environmental Modifications (Home Accessibility)** | ☐ |
| **Prevocational Services** | ☐ |
| **Individual Directed Goods and Services** | ☐ |
| **Residential Habilitation** | ☑ |
| **Live-in Caregiver (42 CFR §441.303(f)(8))** | ☐ |
| **Support Brokerage** | ☐ |
| **Plan of Care Support Services** | ☐ |
| **Community Transition Services** | ☐ |
| **Community Habilitation** | ☐ |
| **Assistive Technology - Adaptive Devices** | ☑ |

**Facility Capacity Limit:**

14 participants

**Scope of Facility Sandards.** For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

**Scope of State Facility Standards**

| Standard | Topic Addressed |
|---|---|
| Admission policies | ☑ |
| Physical environment | ☑ |
| Sanitation | ☑ |
| Safety | ☑ |
| Staff : resident ratios | ☑ |
| Staff training and qualifications | ☑ |
| Staff supervision | ☑ |
| Resident rights | ☑ |
| Medication administration | ☑ |
| Use of restrictive interventions | ☑ |
| Incident reporting | ☑ |
| Provision of or arrangement for necessary health services | ☑ |

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:**

## Appendix C: Participant Services

### C-2: Facility Specifications

**Facility Type:**

Family Care

**Waiver Service(s) Provided in Facility:**

| Waiver Service | Provided in Facility |
|---|---|
| **Family Education and Training** | ☐ |
| **Intensive Behavioral Services** | ☐ |
| **Pathway to Employment** | ☐ |
| **Supported Employment (SEMP)** | ☐ |
| **Fiscal Intermediary** | ☐ |
| **Day Habilitation** | ☑ |
| **Respite** | ☐ |
| **Environmental Modifications (Home Accessibility)** | ☐ |
| **Prevocational Services** | ☐ |
| **Individual Directed Goods and Services** | ☐ |
| **Residential Habilitation** | ☑ |
| **Live-in Caregiver (42 CFR §441.303(f)(8))** | ☐ |
| **Support Brokerage** | ☐ |
| **Plan of Care Support Services** | ☐ |
| **Community Transition Services** | ☐ |
| **Community Habilitation** | ☐ |
| **Assistive Technology - Adaptive Devices** | ☐ |

**Facility Capacity Limit:**

4 participants (as per current Family Care program policy)

**Scope of Facility Sandards.** For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

**Scope of State Facility Standards**

| Standard | Topic Addressed |
|---|---|
| Admission policies | ☑ |
| Physical environment | ☑ |
| Sanitation | ☑ |
| Safety | ☑ |
| Staff : resident ratios | ☑ |
| Staff training and qualifications | ☑ |
| Staff supervision | ☑ |
| Resident rights | ☑ |
| Medication administration | ☑ |
| Use of restrictive interventions | ☑ |
| Incident reporting | ☑ |
| Provision of or arrangement for necessary health services | ☑ |

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:**

## Appendix C: Participant Services

### C-2: General Service Specifications (3 of 3)

**d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

- ○ **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ◉ **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

OPWDD recognizes that there are certain circumstances where paying a relative to provide essential services is both justifiable and beneficial to participants. These circumstances may include: a lack of available non-related staff persons in remote geographic regions who can furnish services at necessary times and places; extraordinary and specialized skills or knowledge by relatives in the provision of services and supports in the approved ISP; and efficiency and cost effectiveness. However, it is important to ensure that there are systems to guard against conflicts of interest, inadvertent limits on participant choice, and potential fraud. Therefore, OPWDD has adopted the following policy: OPWDD will allow relatives to be paid as service providers as long as (a) they are at least 18 years of age and not the parents, legal guardians, spouses, or adult children (including sons and daughters-in-law) of the participant, and (b) the service is a function not ordinarily performed by a family member, and (c) the service is necessary and authorized and would otherwise be provided by another qualified provider of waiver services, and (d) the relative does not reside in the same residence as the participant. In extraordinary circumstances, the following are exceptions to this policy:

-The Commissioner or designee may authorize a parent or legal guardian of an adult child (over the age of 18) to be paid to provide waiver services, when it can be clearly documented that the arrangement is in the best interests of the participant.

-The Commissioner or designee may authorize an otherwise qualified relative who resides in the same residence as the participant to be paid to provide waiver services when it can be clearly demonstrated that the arrangement is pursuant to the participant's choice, is in the best interests of the participant, and does not potentially jeopardize the health, safety, rights and informed choice of the participant.

Additional safeguards will be required by the Commissioner or designee including frequent monitoring of this arrangement if either exception is authorized.

OPWDD providers have discretion to determine if relatives may be paid to be service providers under this policy. When the provider authorizes relatives to be paid under this policy, the OPWDD provider must document the review and approval including that the arrangement is necessary, beneficial, and does not pose any significant risk factors to the participant and is in the participant's best interests. OPWDD's regional office must receive written notification of these arrangements and are responsible for oversight. The services under this waiver for which relatives may be paid include the following: residential habilitation in family care homes and non-certified settings; community habilitation; habilitative supports under consolidated supports and services; and respite.

Relatives that are paid to provide services as outlined above must meet the same requirements and qualifications as other providers/staff and are subject to the same oversight levels as outlined in this application and applicable OPWDD regulations and policies. When providing services, relatives act as an employee of a non-for-profit agency or as a self-hired staff person under the administration of the FI Agency. For agency provided services, the Medicaid payment is made to the agency and the rate methodology does not differ if the staff person is a family member or is unrelated to the person served. For self-directed services under the administration of an FI, the Medcaid payment is made to the FI agency and the wage limit for the self-hired worker does not differ between self-hired staff who are related to the individual and those self-hired staff persons who are not related to the person,

**e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- ○ **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- ◉ **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

OPWDD recognizes that there are certain circumstances where paying a relative to provide essential services is both justifiable and beneficial to participants. These circumstances may include: a lack of available non-related staff persons in remote geographic regions who can furnish services at necessary times and places; extraordinary and specialized skills or knowledge by relatives in the provision of services and supports in the approved ISP; and efficiency and cost effectiveness. However, it is important to ensure that there are systems to guard against conflicts of interest, inadvertent limits on participant choice, and potential fraud.

Therefore, OPWDD has adopted the following policy: OPWDD will allow relatives to be paid as service providers as long as (a) they are at least 18 years of age and not the parents, legal guardians, spouses, or adult children (including sons and daughters-in-law) of the participant, and (b) the service is a function not ordinarily performed by a family member, and (c) the service is necessary and authorized and would otherwise be provided by another qualified provider of waiver services, and (d) the relative does not reside in the same residence as the participant.

In extraordinary circumstances, the following are exceptions to this policy:
-The Commissioner or designee may authorize a parent or legal guardian of an adult child (over the age of 18) to be paid to provide waiver services, when it can be clearly documented that the arrangement is in the best interests of the participant.
-The Commissioner or designee may authorize an otherwise qualified relative who resides in the same residence as the participant to be paid to provide waiver services when it can be clearly demonstrated that the arrangement is pursuant to the participant's choice, is in the best interests of the participant, and does not potentially jeopardize the health, safety, rights and informed choice of the participant.

Additional safeguards will be required by the Commissioner or designee including frequent monitoring of this arrangement if either exception is authorized.

OPWDD providers have discretion to determine if relatives may be paid to be service providers under this policy. When the provider authorizes relatives to be paid under this policy, the OPWDD provider must document the review and approval including that the arrangement is necessary, beneficial, and does not pose any significant risk factors to the participant and is in the participant's best interests. OPWDD's regional office must receive written notification of these arrangements and are responsible for oversight.

The services under this waiver for which relatives may be paid include the following: residential habilitation in family care homes and non-certified settings; community habilitation; habilitative supports under consolidated supports and services; and respite.

Relatives that are paid to provide services as outlined above must meet the same requirements and qualifications as other providers/staff and are subject to the same oversight levels as outlined in this application and applicable OPWDD regulations and policies. When providing services, relatives act as an employee of a non-for-profit agency or as a CSS self-hired staff person under the administration of the FMS Agency For agency provided services, the Medicaid payment is made to the agency and the rate methodology does not differ if the staff person is a family member or is unrelated to the person served. For self-directed services under CSS, the Medcaid payment is made to the FMS agency and the wage limit for the self-hired worker does not differ between self-hired staff who are related to the individual and those self-hired staff persons who are not related to the person,

- ○ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

**Other policy.**

Specify:

**f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

OPWDD makes information readily available to potential waiver providers through its Regional Offices located throughout New York State which provide support and oversight to the agencies in their geographic catchment areas. OPWDD's comprehensive public website, e-mail address, and toll free hotline also provides information to potential providers on the provider enrollment process.

In November 2011, OPWDD enhanced its new provider application process to ensure consistency and transparency in the application process for individuals/organizations seeking approval to become OPWDD funded non-profit providers. These enhancements include the completion of statewide standardized application on the new provider's program, governance, and fiscal capabilities. The application is reviewed and scored based on established criteria. Only those providers that receive a passing score based on these criteria will be considered to provide OPWDD services.
The new process will help ensure that a non-profit agency that is approved to provide services under OPWDD auspices will have:
a) a well thought out plan for providing quality services to unserved or underserved individuals,
b) an understanding of regulatory and program requirements,
c) solid governance practices as demonstrated by a diverse Board of Directors that actively provides agency oversight, and
d) a sound fiscal plan that includes a well thought out budget, an understanding of good business practices and a staff/board member with fiscal expertise.
A PDF copy of the New Agency Interest Application, the scoring criteria, and related information can be found on the OPWDD website at "Become a Service Provider".

Additional reforms completed in April 2012, ensure that key staff of new provider agencies are qualified for positions they are or will be holding as the new provider application requires new providers to submit written job descriptions that include required credentials for each key position as well as resumes of those hired to ensure that they have appropriate credentials. The new provider applicant must also attest that the experience and credentials have been verified.

OPWDD accepts provider enrollment applications on a continuous and ongoing basis. Any non-profit organization may apply to be a provider. Non-profit organizations include: non-profit corporations under New York State Law, local government units, or organizations created by an act of the New York State Legislature for charitable purposes including providing services to persons with developmental disabilities.

Steps to become a provider include the following:

1. An entity interested in becoming funded by OPWDD contacts the local regional office to get information on how to become an OPWDD provider.
2. The regional office sends out a new form letter with an information packet that provides information the interested entity will need to know in order to become an OPWDD funded provider. The letter also includes a New Agency Interest Application and an application for the type of service the agency is interested in providing (e.g., Home and Community Based Services, Medicaid Service Coordination). In the letter, the interested entity will be advised to read the information packet and to complete the New Agency Interest Application and the application for the type of service the agency wishes to provide. The New Agency Interest Application is similar to an abbreviated CON and will require an agency to demonstrate that it has it has an organization and financial plan, that it has an understanding of the services it wishes to provide, that it can identify a population or individuals in need of these services and that it has the business capacity to operate an agency.
3. The interested entity submits a completed New Agency Interest Application and a completed application for the type of service it wishes to provide to the local regional office.
4. Regional office staff ensure that the potential new agency answers all applicable questions on the New Agency Interest Application and the service specific application and submits all the documents requested (recent 990s, recent financial statements, outline of policy and procedure manual for service agency intends to provide, resumes of board members and staff already hired, attestations).
5. Regional office staff make the submitted New Agency Interest Application and the application for the service the agency wishes to provide available electronically through sharepoint to staff of the Division of Quality Assurance.
6. Regional office staff review the potential new agency's background and program qualifications to ensure the agency has the requisite knowledge and skills to provide the service(s) it proposes to provide and to ensure that the service(s) is needed in the district. Included in this review is a check of the Medicaid excluded lists to ensure that none of the agency's staff or board members are on any of these lists. Regional office staff use the scoring sheet to score the background and program sections of the New Agency Interest Application. The potential new agency must receive a 20 or above out of a potential 30 points to pass the program section of the New Agency Interest Application. If the potential new agency scores below a 20 on the program section, regional office staff will use the Program and Fiscal Requirements Checklist to indicate which areas the interested agency must strengthen in order to show that it has good program practices in place. If the agency scores a 20 or above but regional office staff feel that there are some areas that can be strengthened, regional office staff will complete the Program and Fiscal Improvement Checklist in order to help the agency achieve long term success.
7. Bureau of Compliance Management (BCM) staff review the potential new agency's governance and fiscal qualifications to determine whether the interested agency has a good board that will
be able to provide fiscal and program oversight and whether the interested agency is prepared fiscally to provide OPWDD services. BCM staff use the scoring sheet to score the governance and fiscal sections of the New Agency Interest Application. The potential new agency must

receive a 16 or above out of a potential 25 points to pass the governance section and a 20 out of 33 points to pass the fiscal section of the New Agency Interest Application. If the potential new agency receives below a 16 in the governance section and/or receives below a 20 on the fiscal section, BCM staff will use the Program and Fiscal Requirements Checklist to indicate which areas the interested agency must strengthen in order to show that it has good governance and good fiscal practices in place. If the interested agency receives passing scores on both the governance (16 or above) and fiscal sections (20 or above), but BCM staff feel that there are some areas that can be strengthened, BCM staff will complete the Program and Fiscal Improvement Checklist.
8. After both regional office and BCM staff have completed their review, regional office staff will tally up the total score. The potential agency must pass the program, governance and fiscal sections but also must have a total score of 70 to be recommended to become an OPWDD provider.
a. If the potential agency doesn't receive a passing score, regional office staff will send the potential agency a letter explaining that the agency must strengthen certain areas as indicated in the Program and Fiscal Requirements Checklist in order to become an approved OPWDD provider. If the agency is strong programmatically but poor fiscally, the regional office may recommend that the potential agency contract with an established agency to provide the service.
b. If the potential agency receives a passing score, regional office staff will advise Division of Quality Improvement (DQI) staff to review the agency's service specific application. If DQI staff approve the service specific application, DQI staff will advise the regional office. Regional office staff will then alert the regional Associate Commissioner to go to the sharepoint site to review the agency's New Agency Interest Application, the Application Scores, the Program and Fiscal Improvement Checklist and the service specific application. The regional Associate Commissioner will have the final authority about whether to approve the agency to become an OPWDD funded provider.
9. For qualified providers, OPWDD issues Waiver provider agreements that allow participation in the waiver program and provide the application for eMedNY. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR.
10. If after one year, the new provider has not provided services to OPWDD participants, the agency will be required to submit updated information to ensure OPWDD has the most current information on the agency.
11. All new agencies will be responsible for ensuring that their board members attend an OPWDD approved board training within six months of becoming an OPWDD provider.

## Appendix C: Participant Services

### Quality Improvement: Qualified Providers

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Qualified Providers**

***The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.***

**i. Sub-Assurances:**

**a.** ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of new waiver provider applicants that meet OPWDD standards for issuance of HCBS Provider Agreements. (Percentage=the number of waiver provider applicants that meet the standards/total waiver provider applicants).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI New Provider Review**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |

| | | |
|---|---|---|
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of waiver service providers that meet OPWDD certification/HCBS standards during the annual HCBS waiver reviews i.e, ongoing basis.(Percentage=the number of providers that meet certification standards/total providers reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | | |

| | | |
|---|---|---|
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of certified sites that are compliant with fire safety requirements including that fire alarms are operational. (Percentage = number of certified sites which are compliant with fires safety/total number of certified sites).**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:
**DQI Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**b.** ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**c.** ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of front line staff who demonstrate competencies to effectively perform their job functions.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | | |

| | | |
|---|---|---|
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
OPWDD's Division of Quality Improvement (DQI) QI Functions:
DQI is the administrative division within OPWDD primarily responsible for monitoring regulatory compliance, overseeing all programs and providers including HCBS providers, and certification/licensing functions. DQI is specifically responsible for coordinating the following related to discovery and remediation:

1. DQI conducts HCBS waiver survey reviews annually. These reviews include observation of program implementation, interviews, documentation reviews, outcomes of service delivery, and a review of individual health and safety. DQI also conducts "unannounced" visits to all certified sites where HCBS services are provided at least annually. These unannounced visits focus on physical plant safety and the safety of individuals served.

2. Site surveys include a review of the environmental/physical plant; medication administration; infection control; personal allowance; rights; informed consent; incident reporting; and individualized planning.

3. OPWDD's Early Alert (EA) Committee: EA is a process to proactively identify providers that may show signs of decreased quality, enabling OPWDD to take timely and definitive action. The committee is chaired by the Deputy Commissioner of Quality Improvement, and comprised of agency leadership. At each meeting there is a focus on specific agencies who have repeated certification deficiencies impacting the quality of care or have significant fiscal concerns that threatens its fiscal viability. Remedial actions may be required by the EA committee based on a variety of factors, including the size of the agency, the extent of the problems identified and the agency's past history as an OPWDD provider. Remedial actions would include meeting with the agency Executive staff and/or the BOD to discuss the circumstances in which the agency finds itself. At this juncture OPWDD may require the agency to develop and implement a management plan that has been reviewed and approved by OPWDD staff, to address governance, fiscal or programmatic issues. An agency that has been placed on the Early Alert list can be removed from the list if it complies in full, with OPWDD's recommendations and provides evidence to show that issues that were of concern, have been corrected and a system has been put in place to prevent recurrence. The other occasion when an agency will be removed from the list is when OPWDD takes action to transition service(s) to another agency. Enhancements to the Early Alert process were implemented in 2012 including the public disclosure of providers with Early Alert status on OPWDD's website and revisions to the Early Alert process to include state operated providers of service and fines/sanctions.
4. OPWDD's Centralized Incident Management, Statewide Committee on Incident Reporting, and Mortality Review (See Appendix G):
5. Provider Performance Transparency Reporting: Effective in 2012, OPWDD has developed a performance page in order to help keep people informed of the performance of service providers, and aware of any concerns that may exist. As a first step, OPWDD is sharing the results of Medicaid Service Coordination (MSC) reviews. These reports provide information about how well an agency meets OPWDD's regulations/requirements and also how an agency meets quality standards for service coordination in the following

categories: vendor performance, qualified provider, choice, rights, service planning, responsiveness of service coordinator, advocacy and monitoring, satisfaction with service coordination. Each category has an overall grade in the form of a star and under each star rating is a listing of the items measured and the percentage at which the service met the regulatory or quality requirement. The provider performance webpage is kept updated through OPWDD DQI''s surveys and performance data is continually added to the web page. By the end of 2012, additional information on all providers, including state operations, is expected to be available online.
In 2011-12, OPWDD is focusing efforts on enhancing fire safety and prevention in state and voluntary operated programs and facilities (see below).

The Bureau of Audit Services conducts financial accountability and corporate governance audits for all provider agencies that operate under OPWDD's auspices. In addition to overall fiscal accountability, these reviews focus on board governance, oversight of executive directors, internal controls, use of agency resources, and fiscal viability.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The methods used by DQI to remediate individual problems as they are discovered include the following:
-Through annual and recertification survey visits/activity, notification is provided to all providers of all regulatory deficiencies.
--When warranted, generation of Statements of Deficiency (SODs) which require a Plan of Corrective Action (POCA).
--Review and analysis by DQI of all POCAs submitted by providers. If the POCA is deemed unacceptable by DQI, the provider will be required to amend and submit an updated/acceptable POCA. DQI conducts follow up visits when warranted to ensure that corrective actions have been implemented by provider agencies. Corrective actions are also reviewed by DQI upon recertification of operating certificates and during HCBS reviews.
--When significant issues are found in provider agency operations providers are referred for mandatory board training conducted by OPWDD or an approved trainer/training entity.
--DQI conducts statewide provider training to update the provider community on changes in policy, clarify expectations, and to share best practices and remediation strategies. Providers experiencing difficulty receive technical assistance from the OPWDD Regional Office which works collaboratively with DQI and the Early Alert Committee to assist the agency to resolve difficulties that create obstacles to quality of care, regulatory compliance, and overall quality management.
--Referral to Early Alert described above. Through the discovery activities described throughout this application and other internal OPWDD activities and processes, provider agencies that experience fiscal or programmatic issues are referred to the Early Alert Committee. The Committee works with these providers to develop strategic and systemic remediation actions. For example, the Committee may meet with an agency's board of directors to review audit findings and to discuss how the agency can develop and implement a fiscal recovery plan which is then monitored by the Early Alert Committee. The Early Alert Committee is the entity that ultimately recommends whether an HCBS Medicaid Provider Agreement should be renewed or terminated based on provider performance. As a quality management and improvement function, the Early Alert Committee will develop and implement statewide fiscal, management, and programmatic policy improvements based on their remediation activities to prevent and deter similar situations from occurring in other provider agencies.

In 2011-12, OPWDD is focusing efforts on enhancing fire safety and prevention in state and voluntary operated programs and facilities. Fire safety practices have been standardized across the system including uniform fire drill and evacuation processes and formats (May 2012) and standardizing requirements for reporting fire events in OPWDD certified residences (April 2012). A new fire safety curriculum was developed and implemented in conjunction with the NYS Office of Fire Prevention and Control (OFPC). OFPC now receives all reports of fire events in OPWDD certified residences and reviews for cause and origin. OFPC in partnership with OPWDD convened national and state experts in fire safety construction to review progress made to date in the gap analysis study of existing homes in order to prioritize fire safety upgrades in homes. In addition, processes to analyze and trend information on the cause and origin of fires will be used in system improvements for fire prevention efforts.
Strengthening the Workforce : OPWDD has focused considerable efforts on system improvements related to enhancing the OPWDD workforce and the workforce of voluntary providers. The bar has been raised on the minimum qualifications and criteria for hiring new direct support professionals in OPWDD state operated programs and facilities including high school diploma or equivalent, psychological and fitness testing, and mandatory drug testing in addition to requirements that were already in existence such as criminal background checks. OPWDD has also restructured and streamlined the disciplinary review process to create a statewide disciplinary review panel to increase consistency and improve the management of OPWDD's Employee Performance Management Program. Consistent policies related to the issuance of Notices of Discipline and suspension without pay for substantiated disciplinary cases for serious abuse and neglect were also implemented for OPWDD staff. Statewide training to prevent abuse and neglect in state and voluntary operated programs and facilities was initiated. These initiatives include: implementation of PROMOTE which is designed to emphasize the importance of positive relationships and proactive measures to prevent challenging behavior; statewide training to reinforce principles of respect, dignity and professional ethics for people served; the promulgation of regulations that require annual training on promoting positive relationships, incidents/abuse reporting, and abuse prevention. In 2013-14, OPWDD began implementation of Direct Support Professional Core Competencies and the Code of Ethics developed by the National Association of Direct Support Professionals (NADSP). These initiatives address t he culture in which supports and services for individuals with developmental disabilities are provided. The object is to continue to enhance the evolution of toward more person-centered services with a strong emphasis on personal choice. In addition, a greater emphasis has been placed on ethical practice and a high level of competence when providing supports and services. The core competencies are grounded in the nationally validated fifteen Community Support Skill Standards, the NADSP Code of Ethics and the United States Department of Labor 2010 standards for direct support professionals (DSPs). Information is available at:
http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies

**ii. Remediation Data Aggregation**
**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

◉ **No**
○ **Yes**
Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix C: Participant Services

### C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

## Appendix C: Participant Services

### C-4: Additional Limits on Amount of Waiver Services

**a. Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

◉ **Not applicable**- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
○ **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
*Furnish the information specified above.*

☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
*Furnish the information specified above.*

☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
*Furnish the information specified above.*

☐ **Other Type of Limit.** The State employs another type of limit.
*Describe the limit and furnish the information specified above.*

## Appendix C: Participant Services

### C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

*Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.*

As indicated in OPWDD's Transition Plan Section of this Waiver, OPWDD has conducted analysis of the HCBS Setting requirements outlined in the Notice of Proposed Rulemaking (NPRM) from May 2012 and the final HCBS regulations effective March 17, 2014 and has cross walked the proposed and final regulations with OPWDD's existing regulations, certification standards, and survey processes/protocols. Through this analysis, there appears to be substantial alignment between OPWDD regulations and the HCBS final regulations including in intent, principles, and the major key elements. The following is based on OPWDD's preliminary analysis of the types of residential settings that would comply with the final rules at the time of this submission.

Family Care Homes:

Family Care Providers are certified/licensed and monitored by OPWDD and operate in accordance with OPWDD Regulations, Part 687, "Family Care Homes for the Developmentally Disabled" and the requirements outlined in the Family Care Manual available on OPWDD's website. These requirements cover the certification and recertification requirements including health and safety requirements and background checks, duties and expectations of Family Care providers, as well as individual rights that are expected to be safeguarded. In addition, the Family Care Manual includes the survey tools used by OPWDD to ensure that the Family Care Home is operated and maintained in accordance with OPWDD's requirements.

OPWDD's Family Care Program provides people with intellectual/developmental disabilities the opportunity for community-based residential housing in certified private homes. The Family Care Program enables individuals with intellectual/developmental disabilities to have the support, guidance and companionship inherent in a family unit. Family Care homes provide an extended supportive family for participants, helping them become productive and active members of their community and to develop meaningful relationships.

As the Family Care Home is a private home, it is considered a community integrated residential setting option for individuals with developmental disabilities who prefer (or need) a shared living arrangement without the level of responsibility that typically comes with owning a home or renting an apartment. The intent of the Family Care Program as outlined in Part 687.2 is that the participant experiences a "family oriented, home life environment" and in all cases, the Family Care Home provides a residential environment that approximates, as closely as possible, a family setting which enables and encourages individuals to participate in the family and community life on an equal status with other members of the household. Part 687.2 also states that one of the primary goals of Family Care is the acceptance of the individual as a full member of the household so as to share in that household's pleasures and responsibilities. These principles are exactly what the new HCBS regulations are designed to promote—that is community integrated, community inclusion outcomes, and quality of life experiences that are similar to that enjoyed by non-disabled individuals.

Community Residences (CRs)

OPWDD's Community Residences (CRs) are OPWDD certified residential settings providing housing, supplies and services for people with intellectual and/or developmental disabilities who need supportive interpersonal relationships, supervision, and training assistance in the activities of daily living. CRs are designed to accomplish two major goals (1) provide a home environment; (2) provide a setting where persons can acquire the skills necessary to live as independently as possible.

As required under OPWDDD regulations, Part 686.3, CRs provide an environment that ensures rights, promotes freedom of movement, and increases opportunities for individuals to make decisions and to participate in regular community activities to the maximum level of independence of each individual. In accordance with Part 686.3 (a)(3) a Community Residence, through both staff and individual activities, shall endeavor to become an integral part of the neighborhood and community. Furthermore, residents of community residences "shall be encouraged to become participating members of the community in which they live"; 'accordingly, CR staff are responsible for facilitating individual access to appropriate community resources that is sufficiently variable to meet the needs and interests of individuals and wherever possible utilize the same community resources as used by persons who are non-disabled.'

There are two types of certified CRs:

A. Supportive Individualized Residential Alternatives (IRAs): a community residence that is certified by OPWDD that has a maximum capacity of 4

individuals or fewer. Supportive IRAs enable individuals with intellectual and/or developmental disabilities to enjoy the benefits of community residential life with habilitation support staffing tailored to the times and circumstances that is most needed by residents to remain living independently. And;

B. Supervised Individualized Residential Alternatives (IRAs): a community residence that is certified by OPWDD that has a maximum capacity of 14 individuals or fewer and is staffed at all times when person's are present at the home.

Both types of CRs are subject to OPWDD Regulations under Part 686, "Operation of Community Residences"; Part 633, Protection of Individuals Receiving Services in Facilities Operated and/or Certified by OPWDD'; Part 624, Reportable Incidents and Notable Occurrences; and other applicable OPWDD requirements for person centered planning and service delivery. As indicated in OPWDD's Transition Plan in the Main section of this waiver application, based upon a cross walk of the OPWDD certified residential regulations vs. the HCBS final regulations, all OPWDD residential settings would comply with the requirements. However, we recognize that CMS's intent with the final rules is to equate "compliance" with the experience and outcomes of individuals receiving services. Therefore, based upon OPWDD's initial analysis of Statements of Deficiency (SODs) for the past two years (from 4/1/12-3/31/13 and 4/1/13-3/31/14) for OPWDD's twenty-four (24) hour certified residential settings (IRAs and CRs) to determine the percentage of these settings that have experienced serious and/or systemic challenges in past DQI surveys in the areas (i.e., tag numbers) that most closely align with the components of the final HCBS regulations (e.g., individual rights). Based on this initial analysis, between 93% and 95% of the 24 hour OPWDD certified IRAs and CRs would fully comply with the HCBS setting requirements and this percentage is likely actually higher, more like 97%, if you also factor in Plans of Corrective Action (POCAs) that have been put in place systemically.

However, OPWDD still plans to conduct a comprehensive assessment of all providers of HCBS as well as a representative sample of individuals served by each provider including a review of the 24 hour HCBS residential settings where these individuals reside to establish a current baseline of compliance across the DD system upon which to base OPWDD's transition plan. Please see Attachment 2 HCBS Transition Plan for further information on this assessment.

Day Habilitation Settings:

OPWDD's regulations at Part 635-10.2 specify that the intent of Home and Community Based Services (HCBS) is to create an individualized service environment consistent with meeting the needs, preferences, and personal goals of individuals through the supports and services necessary to enable a person with a developmental disability to live, work, socialize and participate in the community. Each support or service is expected to contribute to the person's current or future capacity for self-determination, integration with the community, independence and productivity. Furthermore, waiver services are designed to facilitate the flexible arrangement of preferred and needed services, individually tailored to the unique needs and personal goals of each person approved for participation.

OPWDD reviews Day Habilitation providers at least annually to ensure compliance with OPWDD regulatory requirements including Part 633, Protection of Individuals Receiving Services in Facilities Operated and/or Certified by OPWDD'; and Part 624, Reportable Incidents and Notable Occurrences; and other applicable OPWDD requirements for person centered planning and service delivery.

As CMS has not yet issued interpretative guidelines for day settings in relation to the final HCBS requirements, OPWDD cannot at this time definitively ascertain full compliance for day settings.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (1 of 8)

**State Participant-Centered Service Plan Title:**
The Individualized Service Plan (ISP)

a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(select each that applies):*
   - ☐ **Registered nurse, licensed to practice in the State**
   - ☐ **Licensed practical or vocational nurse, acting within the scope of practice under State law**
   - ☐ **Licensed physician (M.D. or D.O)**
   - ☐ **Case Manager** (qualifications specified in Appendix C-1/C-3)
   - ☑ **Case Manager** (qualifications not specified in Appendix C-1/C-3).

     *Specify qualifications:*

     The case manager (Medicaid Service Coordinator- MSC) is responsible for the development of the service plan. MSCs must meet all required qualifications outlined in the MSC TCM State Plan and OPWDD MSC regulations and policies. The following are the minimum requirements:

     Service coordinators must: (a) either;
     (1) have experience providing OPWDD Comprehensive Medicaid Case Management (CMCM) or OPWDD HCBS Waiver Service Coordination or
     (2)(i) be a registered nurse or have at least an associate's degree (or equivalent accredited college credit hours) in a health or human services field, and
     (ii) have at least one year's experience working with persons with developmental disabilities or at least one year's experience providing service coordination to any population, and
     (b) attend professional development as required by OPWDD.

     CORE Training remains a required training element for providers of both PCSS and MSC who must complete the CORE training within

six (6) months of assuming coordination duties. Staff providing Plan of Care Support Services must meet all eligibility criteria and training requirements as an MSC service coordinator, including CORE Training. The MSC Vendor Manual addresses training requirements and the PCSS service (Chapters 2 and 8, respectively) and the CORE Training Manual describes the content and requirements of CORE Training.

☐ **Social Worker**

*Specify qualifications:*

☐ **Other**

*Specify the individuals and their qualifications:*

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (2 of 8)

**b. Service Plan Development Safeguards.** *Select one:*

○ **Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**

◉ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

The agency providing Medicaid Service Coordination may provide other waiver services, however an individual Medicaid Service Coordinator (MSC) is not permitted to provide waiver services to a participant that they serve. This practice avoids a potential conflict of interest and promotes the independence of the MSC.
The following safeguards ensure that the service plan development is conducted in the best interests of the waiver participant:
1. The participant requesting HCBS Waiver services meets with a representative of the local OPWDD Regional Office to receive information about the services and service providers. The Regional Office explains that the participant has a choice of service providers and provides information regarding service providers in order to allow the participant to make an informed choice;
2. The participant completes a Documentation of Choices form indicating that they have chosen to receive HCBS Waiver services, they have selected an agency to provide Service Coordination, and they have been informed of all the available options with regard to service providers, including service coordination services. The participant is also informed that they have the right to exercise changes in choice of service providers at any time.
3. The MSC is responsible for providing the participant with information regarding their choice of all waiver service providers;
4. Throughout the Individualized Service Plan (ISP) process, the MSC is responsible to provide the participant with information about the full range of waiver services available from all service providers;
5. Using a person-centered planning process, the MSC is required to ensure that the content of the ISP reflects the participant's, the advocate's, and the service provider's input;
6. Each ISP contains a list of the services provided, the provider of each service, and the duration and frequency of each service;
7. Upon completion of the development and implementation of the ISP, the document is signed by the participant, their advocate, the MSC and the MSC Supervisor. The participant, their advocate and the waiver habilitation service providers receive a copy of the signed ISP;
8. An agency that provides both Medicaid Service Coordination and HCBS Waiver services must adhere to a "chain of command" policy that is independent of one another. Medicaid Service Coordinators and their supervisors report to administrators that act independently from the waiver service providers staff, supervisors and administrative entities, thus separating the plan development function from the direct service provision function;
9. OPWDDs Division of Quality Improvement surveys Medicaid Service Coordination provider agencies annually in order to assure the quality of the service. Surveyors inquire if Medicaid Service Coordination is the only direct service provided to a participant by his/her MSC;
10. OPWDDs Division of Quality Improvement also surveys providers of HCBS waiver services annually and includes a review of the participant's ISP in order to assure that it protects the participant's health and welfare, and reflects participant choice;
11. The redesigned DOH/OPWDD Individual Service Plan (ISP) review includes: 1. An annual review by OPWDD of a DOH generated, statistically valid sample of ISPs. DOH SP/WMU oversees this OPWDD review to assure that service plan development meets the assurances set forth by CMS; 2. Annually, DOH SP/WMU performs the fiscal component of the ISP review for a statistically valid sub-sample from the larger DOH generated sample. This DOH SP/WMU fiscal review verifies that only the waiver services documented in the ISP are billed to Medicaid (as evidenced in the Data Mart Claim Detail Report) for the concurrent time period;
3. DOH also conducts an annual ISP Inter-rater Reliability Review. DOH selects a subset of ISPs from the larger, DOH generated sample of ISPs to validate that the OPWDD ISP review process, using components of the agreed upon review tool, is performed as required.

Together, DOH and OPWDD engage in the continuous quality improvement process. Individual deficiencies identified in the reviews are remediated by OPWDD and reported to DOH.

DOH has also revised performance metrics in Administrative Authority in order to broaden and enhance oversight of waiver participants' health and welfare, access to choice, and service plan development.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (3 of 8)

**c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

At OPWDD's front door, the individual and family begin the HCBS waiver application process. This process starts with Regional Office staff engaging with the individual and his or her family and advocates with information and education regarding the range of service options that are offered within the HCBS waiver and the service providers that are available in the community, to ensure that the individual and those that are involved in service planning can make informed choices.

OPWDD has devoted significant staff resources in 2013 and 2014 to ensure there is a consistent approach to educating and informing individuals and families as they first approach OPWDD or not-for-profit agencies in the IDD system for services. This is a multimedia approach that includes written materials, interactive videos and one-on-one sessions that are the start of a person centered planning process. The materials and information gathering templates that are used at the front door focus on promoting opportunities for self-direction and for employment or the development of vocational skills.

Additionally, OPWDD recommends courses that are targeted to participants and their families in order to inform them of available service options. These include the following courses: "Information for Parents and Professionals on OPWDD," "Our Community," "Our Experience is the Best Teacher," "We've Got Choices," "Circle of Support," "Guide to Families: Understanding Supports & Services Administered by OPWDD," "Medicaid Service Coordination for Families: Getting the Most from your Child's Program."

During the conversations at the front door, the individual selects a service coordinator (known as an MSC) who continues the person centered planning process with the individual and the people who support the person during the planning process. It is the responsibility of the MSC to invite representatives of the participants choice to be involved in the service plan development. The MSC is required to include the participant, their advocate, and any other family members or friends whom the individual would like to include in the conversation. Additionally, the MSC is required to include a representative from each of the HCBS waiver providers that deliver services to the individual. It is ultimately the decision of the individual and advocate who attends the planning sessions.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (4 of 8)

**d. Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The development of the participant's ISP is a person-centered process. This process includes participation from the participant, family, friends, clinicians, support brokers, advocates, caregivers and waiver service providers. The development of the ISP occurs through the collaboration of these participants.

At the point when the individual first approaches the Regional Office for services, a person-centered process is initiated, at this time an nitial assessment is conducted to assist in the identification of service interests that are ultimately documented in a Preliminary ndividualized Service Plan (PISP). This is the interim plan used during the application for HCBS Waiver services. The PISP is initiated at the Front Door by Regional Office staff with the individual and his or her advocate and then is written by the Medicaid Service Coordination agency that is assisting the participant in HCBS Waiver enrollment. The PISP focuses on the identification of the participant's personal goals or desires. It identifies safeguards or protections that are related to the participant and provides a preliminary description of the services that will be needed. It is a brief "first cut" description of the person and what he or she wants. The MSC, participant and their advocate will use the PISP as a starting point to develop a more comprehensive ISP. The PISP remains in place for the first 60 days of enrollment in Medicaid Service Coordination, after which a more comprehensive ISP is required. The participant and their advocate are afforded the opportunity to make informed decisions in the development of the preliminary plan. The MSC will build on this process for the development of the ISP.

The participant's ISP is designed by using the person centered approach to planning and by focusing on OPWDDs mission to help people with developmental disabilities live richer lives. It includes the vision of ensuring that people with developmental disabilities enjoy meaningful relationships with friends, family and others in their lives, experience personal health and growth, live in the home of their choice and fully participate in their communities. Focus is also placed on OPWDDs guiding principles that frame how OPWDD conducts its business. These include "putting the person first", and maximizing opportunities for people with developmental disabilities to lead productive and fulfilling lives.

Planning from a person centered perspective seeks to listen, discover and understand the participant. It is a process of learning how the participant wants to live and describes what needs to be done to help the participant move toward that life. The planning process capitalizes and builds on a participant's abilities and skills to form a quality lifestyle for the participant. Though other factors that impact the participant's

life are considered, knowing abilities and skills sets a direction, gives guidance, provides positive motivation and increases the likelihood of success. Though planning may start with some general ideas of what the participant wants and needs, it evolves into a clear vision of a positive and desirable future. Through a collaborative planning process the participant is always the central focus. The wider the representation of people involved in planning, the richer and more meaningful the planning will be.

OPWDD trains MSCs to use the five sequential steps to planning. These include: gathering information as the basis for planning (a listening and learning step that increases the understanding of the participant); identifying themes in the participant's life (summary statements that are used as cues or indicators to what the person needs and wants for successful living and the keys that impact the participant's day-to-day life); choosing personal valued outcomes; identifying safeguards that are needed to keep a participant safe from harm including any risk factors; and developing the action steps, strategies, resources and funding sources needed. Information is shared regarding self directing of services and supports and discussions take place to determine the participant's desire to self direct one or all of their services. Once these steps are completed, the information learned is included in the service plan development and implementation.

During this development process, the MSC ensures that the ISP contains the type of waiver services, Medicaid State plan and other services to be furnished, the amount, frequency and duration of each service, and the provider who will furnish each service. The ISP specifies the supports and services to be provided to the waiver participant including: natural supports and community resources, Medicaid State Plan services, federal, state, and county services, waiver services and other services that may be funded by other entities. The MSC assists the participant in obtaining and coordinating the services that are outlined in the ISP. The ISP reflects coordination between major service providers involved with the participant. As waiver services are developed and responsibilities are assigned to waiver service providers, further assessment of specific skills are included as a component of the activities associated with waiver services.

The process of developing the ISP also includes assessment of the participant's health care needs. The MSC must identify information regarding health and safety needs that will be reflected in the ISP safeguarding section. Safeguards are supports needed to keep the participant safe from risk and harm, and actions to be taken when the health or welfare of the participant is at risk. Safeguards are significant issues discovered during the planning process that are individualized and specific to the participant. The safeguarding section of the ISP includes a description of the supervision and oversight that may be required in such areas as fire safety, medication management, allergies, community inclusion activities, diet, behavioral concerns, financial transactions, and vulnerabilities at home and in the community. Safeguards are not meant to be so wide-ranging that routine supports are always identified.

The service plan development process is ongoing, recurring and not stagnant. It is an evolving series of discussions or interactions that occur initially, and as the participant or situation changes and discoveries are made. This development is not a single event or a meeting nor does it naturally occur in six month intervals. The MSC ensures that the ISP is kept current, adapted to the changing outcomes and priorities of the person, as growth, temporary setbacks, and accomplishments occur. However, OPWDD requires that the service plan be reviewed at least twice per year by the MSC, the participant, their advocate (if applicable) and, as needed the waiver habilitation service providers. As changes are identified the MSC updates the ISP to reflect the changes. Additionally, the ISP should be updated any time changes to HCBS Waiver services occur to reflect a change in a service.

The MSC is responsible to oversee and monitor the implementation of the ISP. When reviewing the ISP, the MSC ensures that its contents are kept current, and that services provided continue to address the participant's needs, preferences and desired outcomes as they develop and change.

The primary difference between Comprehensive Medicaid Case Management (MSC) and OPWDD Home and Community Based Waiver Service Coordination (PCSS) is the intensity of the service coordination provided. Medicaid Service Coordination (MSC) offers ongoing and comprehensive case management support on a monthly basis. Those who do not require such an intensive level of case management support may be enrolled in Plan of Care Support Services (PCSS) which offers a maximum of four months of case management service per year (a minimum of two services per year with an optional two additional services if needed by the individual). The primary functions of each service are similar: including the development and ensuring implementation of the ISP, and ensuring continued waiver and other service eligibility; yet the frequency of support is less intense with PCSS. This option is available to anyone who is eligible for OPWDD case management services" except for Willowbrook Class members who by decree must receive monthly case management. The service coordination needs of the individual are used to determine which model is provided. The majority of individuals receiving OPWDD case management receive MSC (97%) as opposed to PCSS (3%).

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (5 of 8)

e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

An assessment of the participant's level of skills, and dignity of risk are identified during the service plan development process through person-centered planning. In order to assure the health and safety of each waiver participant, the plan of care includes a safeguarding section. This safeguarding section identifies the supports needed to keep the participant safe from harm and actions to be taken when the health or welfare of the person is at risk. Safeguards are significant issues discovered during the planning process that are individualized and specific to the participant; these include relevant medical and behavioral information.

Additionally, participants residing in OPWDD certified residential settings known as Individualized Residential Alternatives (IRA) are required to have a plan for protective oversight, based on an analysis of the participant's safeguarding needs. This plan is reviewed at least annually and revised as needed and integrated with other services received as appropriate. The plan for protective oversight is attached to the ISP. The OPWDD DQI survey process verifies that participants are receiving appropriate protective oversight, that staff have received training appropriate to the oversight needs of participants, and that the participant's plan is implemented as specified in their ISP. In addition,

OPWDD certified residential settings are required to implement a facility evacuation plan. The DQI survey process verifies that staff and participants are trained and evaluated regarding their performance to execute per the facility evacuation plan. Each participant's ISP safeguarding section contains a current evaluation of the fire evacuation capacity of the participant based on actual performance.

For individuals who choose to self direct some or all of their services through self hired staff using both employer and budget authority there is a specific requirement to consider a prescribed listing of safeguard areas, which includes the availability of back up staffing, in the development of the ISP.

When risks to a participant's health and safety are identified, every effort is made to assist the participant to understand his or her risks and to address them. The identification of risks for participants includes addressing these risks through specific habilitative plans and services. It is the responsibility of all staff working with a participant to include strategies that address health and safety.

OPWDD regulations, Part 633 Protection of Individuals Receiving Services, sets forth requirements for ensuring and/or promoting the protection of individuals served which are applicable to facilities operated and/or certified by OPWDD. Provider agencies assure the rights of individuals by developing and implementing policies and procedures which ensure ongoing compliance with Part 633. Providers must ensure that participants and/or their parents, guardians or correspondents receive information regarding rights and responsibilities, the process for resolving objections, problems, or grievances relative to the person's rights, and information on where to go to report/resolve these issues. OPWDD DQI surveyors verify provider compliance with the Part 633 requirements during the survey process.

Certified residential settings are required to develop plans for back up by having a communication system which ensures the prompt contacting of on-duty personnel and the prompt notification of responsible personnel in the event of an emergency.
During the person centered planning process, the participant, their family and involved provider agencies develop back up arrangements for those participants residing in their own homes.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (6 of 8)

**f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Upon application to the Regional Office for participation in the HCBS Waiver, the Regional Office provides the participant and their family or advocate with information about the range of services and supports that are offered through the waiver and information regarding all service providers that are available in their geographic location, to ensure that informed choice of services and providers of services can be made.

The participant requesting HCBS Waiver services meets with a representative of the local OPWDD Regional Office to receive information about the services and service providers. The Regional Office explains that the participant has a choice of service providers and provides information regarding service providers in order to allow the participant to make an informed choice.

The participant completes a Documentation of Choices form indicating that they have chosen to receive HCBS Waiver services, they have selected an agency to provide Service Coordination, and they have been informed of all the available options with regard to service providers, including service coordination services. The participant is also informed that they have the right to exercise changes in choice of service providers at any time.

The MSC is responsible for providing the participant with information regarding their choice of all waiver service providers. All service providers are listed in the participant's plan of care.. Semi-annually (i.e., twice per year) , the plan of care and all service providers listed are reviewed with the participant. The participant's satisfaction with service providers is assesed at this time and if the participant is dissatisfied with services, the MSC will help the participant to obtain information regarding other service providers and will assist the participant in the selection of service providers.

Additionally, OPWDDs website provides a public e-mail address to request information. OPWDDs website includes comprehensive information on available services. OPWDDs toll-free hotline is another source of information. The information line is designed to help people get answers to questions regarding supports and services. It is equipped with InterpreTALK, a telephonic interpreting service. Callers, regardless of what language they speak, are able to communicate their questions or concerns without delay. Linkages are made to the appropriate Regional Office for follow-up and assistance.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (7 of 8)

**g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

In August 2010, the State realized that there was a great deal of overlap and duplication between the service plan reviews conducted by OPWDD's Division of Quality Improvement (DQI) and the annual ISP review conducted jointly between DOH Waiver Management Unit (WMU) and OPWDD's Division of Person Centered Supports. As a result, the two agencies worked together, with the assistance of the National Quality Enterprise (NQE), to establish a comprehensive quality monitoring strategy to verify the following:
- Participant Eligibility;
- Participant Level of Care completed initially and re-evaluated annually;
- Services delivered as outlined in the ISP;
- Participants have access to waiver services as identified in the ISP;

- Participants have been given choice of quality providers;
- ISP description of services meets the needs of participants;
- Participant health and welfare safeguards are clearly identified in the ISP and reflect the participants' current needs;
- All required waiver/ non-waiver services are listed in the service plan.

The purpose of Administrative Authority is to strengthen and broaden the scope of the SMA oversight of the OPWDD Comprehensive HCBS Waiver, especially in the areas of health and welfare, qualified providers, and service plans. SMA oversight is current, timely, and a reflection of OPWDD's ongoing reform initiative.

1. Administrative Authority Performance Measures and QIS:
- DOH conducts administrative oversight by evaluating the results of the ISP review using the performance measures and QIS established by DOH and OPWDD with assistance from NQE. (Appendix A and Appendix H)

2. Sampling Methodology: DOH assures that the annual DOH- OPWDD DQI ISP sample is both statistically valid and representative of all waiver participants, including individuals who receive state and voluntary operated waiver services. The sampling methodology was developed with the guidance of NQE.
- Sample Size: The sample size for the annual ISP Review is calculated using the Raosoft™ Inc.'s calculator (5% margin of error, 95% confidence interval, and a 50% response distribution). The current response distribution is set to 50%, as part of the transition from the DOH ISP review process prior to 2012 to the current ISP review process described in this section. This sample size will be periodically recalculated in the future using a Raosoft™ adjusted response distribution rate that corresponds to the inter-rater reliability score of the ISP score at that time. Sample Selection Process: DOH runs a query through the NYS Medicaid Data Warehouse to identify all OPWDD HCBS Waiver participants during the sample time period. DOH selects a random statewide sample, using a random number generated table, based on the number of approved waiver slots at the beginning of the review year. The DOH sampling methodology generates a list that includes all waiver services and all authorized residential options including private homes and certified residential settings.

3. DOH Waiver Management Unit (WMU) oversight of OPWDD DQI Service Plan Review: DOH selects the statistically valid representative sample annually and provides the sample to OPWDD DQI each October. DQI then completes the ISP review, using the established review tool and timeline agreed upon by both agencies. DOH performs oversight of a review of a statistically valid sample of ISPs completed annually by OPWDD DQI to ensure that the following happens: OPWDD uses the agreed upon review tool and the defined performance measures; OPWDD DQI surveyor ISP reviews are accurate, complete, and performed per the agreed upon process; DOH tracks and trends individual deficiencies identified in the ISP review and monitors both individual and subsequent systemic remediation activities related to these deficiencies.
Semi-annually, OPWDD DQI provides a report for DOH that summarizes the ISP Review results and identifies trends observed by each assurance category. This report includes OPWDD's performance measure data as it relates to the MSC review.

4. DOH ISP Validation Review Process referred to as Inter-Rater Reliability Review (IRR): DOH reviews a select subset of ISPs to validate that OPWDD's review process was performed as required and that CMS assurances are met.
- DOH randomly selects a subset of ISPs from the annual DOH larger statistically valid sample. Those ISPs and related documents are electronically scanned by DQI and submitted to DOH for the IRR review.
-DOH uses applicable parts of the OPWDD DQI MSC Review Tool concurrently used by DQI so that the results can be compared and validated. DOH reviews these selected ISPs for the following:
•Eligibility; •Required dates and signatures that ensure appropriate persons are involved in authorizing, planning and providing services; •Documentation specifying that an individual enrolled in the waiver, and his/her circle of supports are part of the planning, implementation, and evaluation process;
•Accurate, complete, and timely Level of Care and Medicaid Service Coordinator (MSC) Agreement forms; •Accurate, complete, and timely Document of Choice/Freedom of Choice forms that verify that the individual and his/her advocate have been informed of the choice between institutionalization or community-based waiver support services and that the participant's choice has been acknowledged; •Inclusion of valued outcomes; •Habilitative, health and safety, medical, dental, behavioral health, community inclusion and support needs of the waiver participant are addressed and re-evaluated as needed. Ultimately, the goal is to assure that the review process is working effectively. All deficiencies identified by either DOH or OPWDD during the IRR review process are remediated in the agreed upon timeframes.
CONTINUED IN D.2.a.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (8 of 8)

**h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ○ **Every three months or more frequently when necessary**
- ○ **Every six months or more frequently when necessary**
- ○ **Every twelve months or more frequently when necessary**
- ◉ **Other schedule**

*Specify the other schedule:*

OPWDD requires that the service plan be reviewed at least twice annually on a twelve month basis (i.e. semi-annually) and we suggest that providers seek to do this review/update every six months, however, we allow flexibility in the six month schedule to incorporate changes to the ISP that may occur before or after the six month point based on the unique events and circumstances happening in each individual's life. To ensure that these decisions are made in the best interests of the individual served and not for the convenience of the MSC, OPWDD instructs MSCs to document in the service coordination record the reason why the ISP review occurs at a time other than the recommended six month interval. In addition, OPWDD requires the Service Coordinator to keep the ISP up to date in accordance with all OPWDD policy guidance.

i. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies):*

- [ ] **Medicaid agency**
- [ ] **Operating agency**
- [x] **Case manager**
- [ ] **Other**

*Specify:*

## Appendix D: Participant-Centered Planning and Service Delivery

### D-2: Service Plan Implementation and Monitoring

a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

Continued from D.1.g.

5. DOH Fiscal Reviews: Annually, WMU performs the Medicaid billing validation review for a statistically valid sample derived from the larger DOH statistically valid sample of ISPs that DOH provides annually to OPWDD DQI for review. WMU conducts this review by comparing the Data Mart Claims Detail Report (CDR) billing to ISP documentation for the specified waiver year. WMU tracks and trends identified deficiencies and monitors to assure that appropriate remediation is completed by OPWDD and reported to DOH in the agreed upon timeframe. Remediation and claims reconciliation, if warranted, are completed by June 30th following the close of the waiver year.

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Several layers of monitoring of the implementation of the plan of care occur within the NYS OPWDD Waiver.

Upon completion of the initial plan of care, the MSC must submit the plan to the MSC Supervisor for review, signature and approval of the plan. Any time a significant change is made to the plan of care and portions are revised and rewritten, the MSC Supervisor must review, sign and approve the changes to the plan.

Once the plan of care has been approved, the MSC is responsible for monitoring the implementation of the plan of care and the participant's continued health and welfare. The MSC will have contact and face to face meetings with the participant based on the individualized needs and circumstances of each individual and the professional judgment of the Service Coordinator and the Supervisor in consultation with the individual based on assessment to assure that the services are meeting the participant's needs and that the participant is satisfied with the services being provided. This activity is documented in the MSC notes.

Additionally, the OPWDD Division of Quality Improvement (DQI) performs a series of oversight and monitoring activities to ensure that the service plan implementation is adequate. When a provider is authorized to provide HCBS Waiver services in a residential or day certified setting, they will receive an operating certificate. Prior to the renewal of a provider's operating certificate, DQI staff complete a survey visit. During this visit, DQI staff will review a sample of 5% of waiver participants' plans of care. The focus of this review includes a review of the participant's valued outcomes, habilitation services, health and welfare, staffing, rights, health services and medications, incident management, and physical plant surroundings. DQI staff will conduct observations, interviews with provider staff and participants and will review records. When serious or systemic deficiencies are identified, the DQI issues a Statement of Deficiencies (SOD) and requires that the provider respond in writing with a Plan of Corrective Action (POCA). Upon approval of the POCA, DQI will issue a renewal of the provider's operating certificate.

When a provider is authorized to provide HCBS Waiver services to participants in non-certified settings, the DQI staff annually review a 10% sample of waiver participants' plans of care. The focus of this review is similar in scope to the previously mentioned survey visit, but is completed via a desk review.

DQI staff complete annual survey visits to all certified programs. Annual visits are limited in scope and focus primarily on participant health and safety issues and a review of the provider's implementation of previous POCAs.

Service plan implementation and monitoring is also achieved through the DQI Medicaid Service Coordination Audit. DQI annually reviews a 5% sample of participants receiving services from an MSC provider to assess the quality of services provided. The sample is representative of the variety of participants' residential living arrangements within the provider agency and will include a cross-section of the agency's service coordinators. The audit components include a review of the development, implementation and maintenance of the participant's plan of care and other required documentation. The DQI staff will review relevant sections of the participant's record, conduct interviews and make observations, as appropriate, to determine whether or not the service coordinator has completed the required documentation in a timely manner and the outcomes, as written, accurately reflect the participant's life goals, aspirations, valued outcomes and required supports. Through their review the DQI staff ensure that the participant and their advocate meaningfully participated in the development, implementation and review of the plan of care and after interviewing the participant and making observations where and when appropriate, the participant's actual activities and services correspond to what is written and to the particpant's valued outcomes. They ensure that the participant's choices are incorporated into the plan of care. Statements of Deficiency (SOD) are issued and Plans of Corrective Action are received to address any systemic, pervasive or egregious deficiencies.

**b. Monitoring Safeguards.** *Select one:*

○ **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**

◉ **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

The agency providing Medicaid Service Coordination may provide other waiver services, however an individual Medicaid Service Coordinator (MSC) is not permitted to provide waiver services to a participant that they serve. This practice avoids a potential conflict of interest and promotes the independence of the MSC.
The following safeguards ensure that the service plan development is conducted in the best interests of the waiver participant:
1. The participant requesting HCBS Waiver services meets with a representative of the local OPWDD Regional Office to receive information about the services and service providers. The Regional Office explains that the participant has a choice of service providers and provides information regarding service providers in order to allow the participant to make an informed choice;
2. The participant completes a Documentation of Choices form indicating that they have chosen to receive HCBS Waiver services, they have selected an agency to provide Service Coordination, and they have been informed of all the available options with regard to service providers, including service coordination services. The participant is also informed that they have the right to exercise changes in choice of service providers at any time.
3. The MSC is responsible for providing the participant with information regarding their choice of all waiver service providers;
4. The MSC is responsible for completing a Medicaid Service Coordination Agreement with the participant within 60 days of the participant's enrollment in the MSC program. It describes the responsibilities of the MSC, including the need for the MSC to provide the participant with information about other service coordinators within the same provider agency or other service coordination providers when the participant requests a change in service coordination or becomes dissatisfied with the current service coordinator.
5. Throughout the Individualized Service Plan (ISP) process, the MSC is responsible to provide the participant with information about the full range of waiver services available from all service providers;
6. Using a person-centered planning process, the MSC is required to ensure that the content of the ISP reflects the participant, the advocate, and the service providers input;
7. Each ISP contains a list of the services provided, the provider of each service, and the duration and frequency of each waiver service;
8. Upon completion of the development and implementation of the initial or rewritten ISP, the document is signed by the participant, their advocate, the MSC and the MSC Supervisor. The participant, their advocate and the waiver habilitation service providers receive a copy of the signed ISP;
9. An agency that provides both Medicaid Service Coordination and HCBS Waiver services must adhere to a "chain of command" policy that is independent of one another. Medicaid Service Coordinators and their supervisors report to administrators that act independently from the waiver service providers staff, supervisors and administrative entities, thus separating the plan development function from the direct service provision function;
10. OPWDDs Division of Quality Improvement surveys Medicaid Service Coordination provider agencies annually in order to assure the quality of the service. Surveyors inquire if Medicaid Service Coordination is the only direct service provided to a participant by his/her MSC;
11. OPWDDs Division of Quality Improvement also surveys providers of HCBS waiver services annually and includes a review of the participant's ISP in order to assure that it protects the participant's health and welfare, and reflects participant choice;
12. The DOH oversight function includes the annual review the of a statistically valid sample of ISPs. The review is conducted on an annual basis. The review assures that each sample participant's health and welfare are protected, and reflects participant choice. Please refer to Appendix G: QIS: Performance Measures G.i.10 through G.i.12, and Appendix D: D.1.g.

## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Service Plan Assurance/Sub-assurances**

***The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.***

**i. Sub-Assurances:**

**a.** ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of service plans that include an assessment of the health and safety risks of the individual (percentage = number of ISPs/consumer records that include an assessment of the health and safety risks of the individual/total ISPs reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI MSC Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The proportion of individuals who have an integrated job in the community (numerator = Number of NCI respondents who have an integrated job in the community and the denominator = Total number of NCI respondents of working age who were surveyed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**NCI Consumer Survey**

| | | **Sampling Approach***(check each that applies):* |
|---|---|---|

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The proportion of individuals who do not have an integrated job in the community but would like one (Numerator = Number of NCI respondents who do not have an integrated job in the community and the denominator = Total number of NCI respondents of working age who were surveyed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**NCI consumer survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** | ☑ **Annually** | ☐ **Stratified** |

| | | |
|---|---|---|
| Specify: | | Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The proportion of National Core Indicator (NCI) respondents who reported on the Adult Consumer Survey that the services and supports offered meet their needs (Numerator = The number of NCI respondents who reported on the Adult Consumer Survey that the services and supports offered meet their needs and the denominator = The total number of NCI respondents).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**NCI Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☑ **Stratified** Describe Group: OPWDD Regional Office |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

| | | |
|---|---|---|
| | | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of service plans in which the waiver service plans support the individual's valued outcomes and include preferred activities (percentage = number of ISPs where waiver service plans support the individual's valued outcomes/total ISPs reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**ISP Sample/DQI**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**b.** ***Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The proportion of NCI respondents who responded that they were able to pick who comes to their planning meeting. (Numerator = Number of NCI survey respondents who responded that they were able to pick who comes to their planning meeting and the denominator = Total number of NCI survey respondents).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**NCI Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of service plans that comply with OPWDD ISP development requirements (percentage = number of ISPs/consumer records that met requirements/total ISPs reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI/MSC Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☑ **Stratified** Describe Group: MR/DD functional level and service coordinator |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

c. ***Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of ISPs which reflect that the ISP was reviewed at least semi-annually on a twelve month basis. (percentage = number of ISPs/consumer records that met requirements/total ISPs reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**ISP Sample/DQI**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = +/-5% |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☑ **Stratified**<br>Describe Group: OPWDD Regional Office |
| | ☐ **Continuously and Ongoing** | ☑ **Other**<br>Specify: Proportional representation of three core services: residential, day, and individualized services. |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of ISPs that demonstrate that changes were made to the plan in response to a change in the individual's needs (Number and Percent of plan changes/ISPs in which the individual's needs changed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**ISP Sample/DQI**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**d.** ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of ISPs reviewed in which the services in the approved plan were provided in the scope, type, amount, frequency and duration specified in the plan. (Percentage = total number of case records sampled that met the requirements/total reviewed).**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = +/- 5% |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** | ☑ **Annually** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| Specify: | |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

e. ***Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The proportion of National Core Indicator (NCI) self-directing respondents who reported that they receive information about the services and supports that are available to their family. (Numerator = Number of self-directing NCI respondents who reported the receipt of information and the denominator= Total number of self-directing NCI respondents).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**NCI Adult Consumer Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = +/-5% |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of ISPs reviewed where the Documentation of Choices form was completed to identify a choice of community services rather than institutional care. (Percentage = ISPs/ Choice Forms completed correctly from review/total ISP Choice Forms reviewed).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**ISP Sample/DQI**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = +/- 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**The number and percent of individuals sampled where the individual responded that he/she was given a choice of providers. (Percentage = Individuals who responded positively / total number of individuals in sample).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DQI MSC Survey**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample**<br>Confidence Interval = +/- 5% |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
See Appendix C-Quality Improvement ii for details.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The methods used by DQI to remediate individual problems as they are discovered include the following:

-Through annual and recertification survey visits/activity, notification is provided to all providers of all regulatory deficiencies.

--When warranted, generation of Statements of Deficiency (SODs) which require a Plan of Corrective Action (POCA).

--Review and analysis by DQI of all POCAs submitted by providers. If the POCA is deemed unacceptable by DQI, the provider will be required to amend and submit an updated/acceptable POCA. DQI conducts follow up visits when warranted to ensure that corrective actions have been implemented by provider agencies. Corrective actions are also reviewed by DQI upon recertification of operating certificates and during HCBS reviews.

Remediation activities completed by OPWDD in response to the DOH ISP review include: ongoing training on identified issues and trends; "e-visory alerts" sent to providers addressing issues and trends; ongoing technical assistance to providers; DQI provider training of "hot topics"; and revisions to training curriculums of courses offered on plan of care topics.

**ii. Remediation Data Aggregation**
**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

◉ **No**
○ **Yes**
Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix E: Participant Direction of Services

**Applicability** *(from Application Section 3, Components of the Waiver Request)*:

◉ **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
○ **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** *(select one):*

○ **Yes. The State requests that this waiver be considered for Independence Plus designation.**

◉ **No. Independence Plus designation is not requested.**

## Appendix E: Participant Direction of Services

### E-1: Overview (1 of 13)

a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

Self Direction is a central tenant of the OPWDD transformation agenda and is a core element of the education and outreach that is provided at the front door. Once a person enters the front door and selects a Service Coordinator, he or she assists the person in accessing all HCBS services and assists in accessing self direction. Every individual who receives services through the HCBS waiver must have access to service coordination. Service coordination services are designed to assist individuals to gain access to needed waiver services, state plan, and other appropriate supports regardless of the funding source. Service coordinators provide information on the supports and services available through OPWDD so participants can make informed choices on the service options that best meet their needs and that will enable them to live as independently as possible in the community. For individuals seeking more control and authority over their supports and services or individuals seeking an alternative to traditional provider managed services, the service coordinator informs them about OPWDD participant-directed service options. The OPWDD HCBS waiver offers participant-direction options with varying degrees of employer authority and/or budget authority. Individuals may choose to participant-direct some or all of their waiver services.

Effective 10/1/14 the waiver-funded program called Consolidated Supports and Services (CSS) sunsets and in its place a new approach to self direction will be implemented that offers employer and/or budget authority. This approach offers options for the individual allowing choice and flexibility in the range of support the individual and his or her advocate want with the exercise of employer authority and budget authority. The options include:

Agency Supported Self Direction: In this option the individual selects an agency with which he or she wants to work. The individual and the agency enter into a Memorandum of Understanding (MOU)governing the responsibilities of the agency and the individual and his or her advocate(s). A template version of the MOU is available on the OPWDD web site at the following link: http://www.opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda/documents/self-family-directed_option_microsoft_word_fillable. In this option, the MOU specifies that the participant will work cooperatively with the provider to hire, train, and oversee staff selected by the participant. The participant oversees the staff's schedule and chooses the level and type of support to be provided by the staff in accordance with their ISP and habilitation plans. The staff person is hired by the agency and paid at the agency's rate of pay. Under this option, the person can exercise employer but not budget authority. This co-management option is offered for community habilitation and respite services.

Self-Direction with Budget Authority and Self-Hired Staffing: Under this option, the individual and his or her family can exercise budget authority with the assistance of a fiscal intermediary that provides varying levels of support based on the complexity of the person's service plan and the level of support the individual elects to receive from the FI. In this option the person can hire a staff person, and the FI provides payroll, mandatory training and fingerprinting/background check services for the employee and bills Medicaid for services rendered. If the self-directing individual chooses, the FI may provide additional supports such as non-mandatory training assisting with arranging back-up staffing.

To facilitate participant direction, self direction participants are assisted by freely chosen planning team. These teams consist of paid and unpaid members chosen by the participant to help with the person-centered planning necessary to develop a Self Direction Plan and manage a Self Direction budget.

Self direction participants access support brokerage services under this waiver to provide information and assistance in support of participant direction. Support Brokers may be hired by the participant to assist them to direct and manage self-directed service options. The Support Broker assists the participant in developing a person-centered plan and budget that address his/her immediate and long-term needs while also addressing health and safety. Each OPWDD Regional Office has at least one "self-determination liaison" who works with the person, the planning team, the Support Broker and the service coordinator to develop and monitor both the Plan and the budget. The self direction participant's annualized budgets (Personal Resource Account-PRAs) are developed for each participant and are portable. The budget covers the cost of recruitment, selection and supervision of staff hired by the participant, staff salaries, as well as for other supports and services in the self-directed service plan.

Self Direction participants access financial management services through a Fiscal Intermediary (FI) (formerly known as an Agency with Choice/Financial Management Services agencies (AWC/FMS). The FI is a non-profit provider agency authorized by OPWDD to provide HCB waiver services, including FI services. Under this model, the FI provides a range of employment supports to the self direction participant. The FI may serve as an employer of record while the person served is the managing employer. Alternately, the self-direction participant may elect to take on a majority of employer responsibility, and the FI's role is then reduced as is the FI's level of reimbursement for the provision of FI services.

The FI agency manages and directs the disbursement of funds in the PRA budget, facilitate the employment of staff chosen by the participant by completing criminal background checks and other employment related processes, processing timesheets and payroll, withholding and paying taxes, fiscal accounting and expenditure reporting for the person, representatives, and state authorities.

Beginning with the 10/1/14 waiver renewal, the FI model provides a continuum of administrative assistance for the self-directing participant, which at the extreme end represents either (a) basic fiscal management services (e.g., screening potential self-hired employees, acting as employer of record, and conducting documentation and accounting functions only), or (b) active co-management of all staff supports,

purchases, and documentation required by the participant, including the provision of direct services. Participants in conjunction with their Circles of Support, natural support systems, and support brokers determine the degree of administrative assistance they desire from their FI.

Through the tools described above, OPWDD is committed to continuing to promote participant direction in the waiver-funded services.

## Appendix E: Participant Direction of Services

### E-1: Overview (2 of 13)

**b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one*:

- ○ **Participant: Employer Authority.** As specified in ***Appendix E-2, Item a***, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- ○ **Participant: Budget Authority.** As specified in ***Appendix E-2, Item b***, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- ◉ **Both Authorities.** The waiver provides for both participant direction opportunities as specified in ***Appendix E-2***. Supports and protections are available for participants who exercise these authorities.

**c. Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies*:

- ☑ **Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.**
- ☑ **Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.**
- ☑ **The participant direction opportunities are available to persons in the following other living arrangements**

Specify these living arrangements:

Individual Residential Alternatives (IRAs) serving more than four individuals for participants who elect to self-direct the Community Habilitation service. In these cases the person's PRA is reduced to reflect that he or she lives in a certified residence and is opting to self-direct his or her day services.

## Appendix E: Participant Direction of Services

### E-1: Overview (3 of 13)

**d. Election of Participant Direction.** Election of participant direction is subject to the following policy *(select one):*

- ○ **Waiver is designed to support only individuals who want to direct their services.**
- ◉ **The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.**
- ○ **The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.**

*Specify the criteria*

## Appendix E: Participant Direction of Services

### E-1: Overview (4 of 13)

**e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

Every individual who approaches OPWDD for services is informed of the opportunity to self-direct their services and is encouraged to explore these opportunities through the new standardized OPWDD entry point to services, called the "front door." In addition, all individuals who receive services through the OPWDD Home and Community Based Services (HCBS) waiver must have access to service coordination services. Service Coordination services are designed to assist individuals in gaining access to needed waiver service, State plan and other appropriate supports; regardless of the funding source for the services. Using a person-centered approach, service coordinators work with participants or, when appropriate, their representatives to develop a plan of care, known as an Individualized Service Plan or ISP and encourage participants to take the lead in identifying their personal goals, valued outcomes, and the supports and services that they need to live successfully and safely in the community. Additionally, the service coordinator assures that participants have the information necessary

to make informed choices regarding the supports available to them and helps make sure the participant's personal choices are incorporated into the waiver supports and services chosen to meet their needs. This includes the use of natural and generic community supports as well as paid supports.

For individuals seeking more control and authority over their supports and services or individuals seeking an alternative to traditional provider-managed services, the service coordinator will continue the education that begins at the front door about OPWDD participant-directed service options. The OPWDD HCBS waiver offers participant-direction options, with varying degrees of participant employer authority and/or participant budget authority. Individuals may choose to participant-direct some or all of their waiver services.

Multiple written resources are available to assist individuals to understand participant-directed options; such as "Making it Happen", a compilation of stories by people with disabilities who self-direct their services. The service coordinator assists in connecting participants to the local regional office Self-Determination Liaison for further information. The service coordinator may also connect the participant with a local Self-Advocacy Coordinator.

Regional Office Self Determination Liaisons and Regional Self Advocacy Coordinators often provide potential participants with beneficial information related to participant-directed services. It is through one of these resources that individuals begin to understand the many responsibilities of full participant-direction (e.g., staff recruitment, hiring, scheduling, supervising, and discharging workers; plan development, budget management, and documentation requirements). If a participant continues to be interested in pursuing self-directed service options, it is the role of the Regional Office Liaison to help them determine the degree to which they want to direct their services and help them identify the most appropriate supports and services to self-direct.

OPWDD's website and the Self-Advocacy Association of New York State (SANYS) website have a plethora of resources to inform current participants self-directing services and persons who may be interested in self-directing services in the future.

## Appendix E: Participant Direction of Services

### E-1: Overview (5 of 13)

**f. Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative *(select one):*

- ○ **The State does not provide for the direction of waiver services by a representative.**
- ◉ **The State provides for the direction of waiver services by representatives.**

Specify the representatives who may direct waiver services: *(check each that applies)*:

- ☑ **Waiver services may be directed by a legal representative of the participant.**
- ☑ **Waiver services may be directed by a non-legal representative freely chosen by an adult participant.**

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

Waiver services may be participant-directed by a legal representative. Some service options distinguish between participant-direction and family-direction. In these cases the distinction is as follows:

A) Services are self-directed when the individual receiving the services is:

a. an adult who is capable and willing to make informed choices and manage the self-directed options

b. is an adult who

i. is capable and willing to make informed choices;
ii. has selected an identified adult who is a family member or other adult;
iii. and the identified adult is willing to assist in making informed choices and co-managing the self-directed services; or

c. is a minor and there is
i. an identified adult who is either a parent or legal guardian who is available and willing to make informed choices and co-manage the self-directed services; or
ii. a family member or other adult (designated by the parent or legal guardian of the minor) who is available and willing to make informed choices and co-manage the self-directed services.

B) Services are family-directed when agreement occurs that the adult receiving the services does not qualify for self-direction and there is an identified adult who is willing and able to make informed choices and co-manage the family-directed services for the benefit of the person.

Some of the responsibilities of the legal guardian and/or the identified adult, on behalf of the participant include:
(a) recruiting staff;
(b) making recommendations for staff selection and discharge of staff;
(c) managing the staff schedule; and
(d) identifying when and on what schedule the habilitation activities identified in the individual's Plan will be addressed.

An additional safeguard was developed for participants using the family-directed service design. If the participant receives any services outside the home which are also certified, authorized, operated or funded by OPWDD, the participation of a representative from at least one such service is required to attend a review of the Individualized Service Plan (ISP) on at least an annual basis.

## Appendix E: Participant Direction of Services

### E-1: Overview (6 of 13)

**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

| Participant-Directed Waiver Service | Employer Authority | Budget Authority |
|---|---|---|
| **Supported Employment (SEMP)** | ☑ | ☑ |
| **Fiscal Intermediary** | ☐ | ☑ |
| **Respite** | ☑ | ☑ |
| **Individual Directed Goods and Services** | ☐ | ☑ |
| **Live-in Caregiver (42 CFR §441.303(f)(8))** | ☑ | ☑ |
| **Support Brokerage** | ☑ | ☑ |
| **Community Habilitation** | ☑ | ☑ |

## Appendix E: Participant Direction of Services

### E-1: Overview (7 of 13)

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one*:

◉ **Yes. Financial Management Services are furnished through a third party entity.** *(Complete item E-1-i).*

Specify whether governmental and/or private entities furnish these services. *Check each that applies*:

☐ **Governmental entities**
☑ **Private entities**

○ **No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.** *Do not complete Item E-1-i.*

## Appendix E: Participant Direction of Services

### E-1: Overview (8 of 13)

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one*:

◉ **FMS are covered as the waiver service specified in Appendix C-1/C-3**

**The waiver service entitled:**
**Fiscal Intermediary**

○ **FMS are provided as an administrative activity.**

**Provide the following information**

**i. Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

Non-profit organizations that are HCBS waiver authorized as an Fiscal Intermediary (FI) agency may furnish FI services. Approved agencies must adhere to all applicable tax, labor and other law related to employment.

When a person makes an application for self-directed services, the Regional Office provides information about approved FIs in his or her region among which the person may choose.

**ii. Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

FIs are compensated through a monthly fee for service.

**iii. Scope of FMS.** Specify the scope of the supports that FMS entities provide *(check each that applies)*:

Supports furnished when the participant is the employer of direct support workers:

- [x] **Assist participant in verifying support worker citizenship status**
- [x] **Collect and process timesheets of support workers**
- [x] **Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**
- [x] **Other**

*Specify:*

The FI is the employer of record on behalf of the self direction participant. The FI ensures that criminal background checks are performed for each person the participant is interested in hiring.

Supports furnished when the participant exercises budget authority:

- [x] **Maintain a separate account for each participant's participant-directed budget**
- [x] **Track and report participant funds, disbursements and the balance of participant funds**
- [x] **Process and pay invoices for goods and services approved in the service plan**
- [x] **Provide participant with periodic reports of expenditures and the status of the participant-directed budget**
- [ ] **Other services and supports**

*Specify:*

Additional functions/activities:

- [ ] **Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency**
- [x] **Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency**
- [x] **Provide other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget**
- [x] **Other**

*Specify:*

**iv. Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

FIs are closely monitored by the Regional Office, the participant, their family and the service coordinator. At a minimum, the participant, family and service coordinator will assess the FI's performance at each semi-annual review of the plan of care (ISP).

In addition, OPWDD uses the NCI survey (self-directed supports section) to assess satisfaction with self-directed services. This section of the NCI survey reviews whether a person can make changes to their budget and services when needed; whether there is someone to assist the person in how to use their budget and services; whether the person receives information on how much money is left in their budget; and other related questions.

The Division of Quality Improvement (DQI) reviews all service providers for regulatory compliance and quality of care.

Certified cost reports are reviewed annually.

OPWDD has required self direction providers to perform a calendar year reconciliation of expenditures to revenues, and if excess revenue has been received, a recovery is made by OPWDD as described below. Additionally, each self direction budget is reviewed annually, with adjustments as needed based on past services or anticipated service change of the recipient.

The FI agency performs fiscal accounting and makes regular expenditure reports to the participant, family, other identified representatives, and OPWDD: maintaining a separate account for each participant's participant-directed budget, tracking and reporting participant funds, disbursements and the balance of participant funds, and providing participant, broker and OPWDD Regional Office with periodic reports of expenditures and the detailed status of the participant-directed budget. FI agencies are closely monitored by the OPWDD Regional Office staff, the participant, their family and the service coordinator. At a minimum, the participant, family and service coordinator will assess the FI performance at the time of the 6 month review of the self direction Plan and the plan of care (ISP). The status of the participant directed budget is regularly monitored by the OPWDD Regional Office. The participant has the opportunity to express satisfaction with the fiscal performance of the FI on the participant's Monthly Summary Note.

In addition, the FI is responsible for completing an annual reconciliation of each individual account. A reconciliation report is prepared which compares the amount budgeted and the amount spent for each participant directed budget each year. An FI provider must submit an annual reconciliation to OPWDD no later than 150 days following the end of the rate year or rate period. Once the

annual reconciliation is received OPWDD will return any federal financial participation (FFP) that is not supported on the next quarterly expenditure report - CMS 64. If a provider fails to submit the annual reconciliation by the required time, OPWDD will return all FFP associated with the rate period on the next quarterly expenditure report CMS 64.

As of October, 2010, the NYS Office of the Medicaid Inspector General (OMIG) is responsible for billing and claiming review for all Medicaid services. As of January 22, 2013, the OMIG had not conducted any CSS reviews (former self-direction option) and the OMIG's proposed annual audit plan for 2013 ;2014 does not address this topic. As of 4/1/2013, OPWDD and the OMIG implemented a new joint audit plan which ensures coverage of all waiver services, including services that are self directed (as described in Appendix I-1).

## Appendix E: Participant Direction of Services

### E-1: Overview (9 of 13)

**j. Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested *(check each that applies)*:

☑ **Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

*Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:*

Service coordination (case management) is the vehicle that drives all HCBS services including self-directed service options. Every individual who receives services through the HCBS waiver must have access to service coordination. Service coordination services are designed to assist individuals to gain access to needed waiver services, state plan, and other appropriate supports regardless of the funding source. Service coordinators provide information on the supports and services available through OPWDD so participants can make informed choices on the service options that best meet their needs and that will enable them to live as independently as possible in the community.

A primary responsibility of the service coordinator is to maintain and update the ISP and ensure that approved supports and services are delivered, regardless of participant-direction or traditional provider-managed services, and to help determine whether the participant is satisfied with their participant-directed services. Through these processes, the service coordinator provides information and assistance in support of the services the person receives. The service coordinator acts as a link between the Regional Office and the participant and their Circle of Support. The service coordinator must notify the Regional Office Self-Determination Liaison of issues involving the participant''s dissatisfaction as well as issues that may compromise health and safety and obstacles that prevent the participant's plan from being fully implemented.

☑ **Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

| Participant-Directed Waiver Service | Information and Assistance Provided through this Waiver Service Coverage |
|---|---|
| Family Education and Training | ☐ |
| Intensive Behavioral Services | ☐ |
| Pathway to Employment | ☐ |
| Supported Employment (SEMP) | ☐ |
| Fiscal Intermediary | ☑ |
| Day Habilitation | ☐ |
| Respite | ☑ |
| Environmental Modifications (Home Accessibility) | ☐ |
| Prevocational Services | ☐ |
| Individual Directed Goods and Services | ☐ |
| Residential Habilitation | ☐ |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | ☑ |
| Support Brokerage | ☑ |
| Plan of Care Support Services | ☑ |
| Community Transition Services | ☐ |
| Community Habilitation | ☑ |
| Assistive Technology - Adaptive Devices | ☐ |

☐ **Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

*Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:*

## Appendix E: Participant Direction of Services

### E-1: Overview (10 of 13)

**k. Independent Advocacy** *(select one).*

- ○ **No. Arrangements have not been made for independent advocacy.**
- ◉ **Yes. Independent advocacy is available to participants who direct their services.**

*Describe the nature of this independent advocacy and how participants may access this advocacy:*

The first level of independent advocacy available in participant-directed services stems from the participant's freely chosen planning team (or Circle of Support) whose members are natural supports to the participant and assist in ensuring that approved supports and services are delivered. Planning Team members often provide temporary, short-term back up supports if needed. The Planning Team meets, minimally, each quarter.

Individuals utilizing participant-directed services continue to receive service coordination (MSC). The MSC is a required member of the Planning Team. A primary responsibility of the service coordinator is to ensure that approved supports and services are delivered, regardless of participant-direction or traditional provider-managed services, and to help determine whether the participant is satisfied with their participant-directed services. The service coordinator acts as a link between the Regional Office and the participant and their Planning Team. The service coordinator must notify the Regional Office Self-Determination Liaison of issues involving the participant's dissatisfaction as well as issues compromising health & safety and obstacles preventing the participant's plan from being fully implemented.

## Appendix E: Participant Direction of Services

### E-1: Overview (11 of 13)

**l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Individuals may choose at any time to terminate their self directed service options. This process is facilitated through the service coordinator or the support broker. A period of at least 30 days is requested to allow the FI to appropriately discharge staff and notify any contracted service providers. The service coordinator will work with the participant to ensure continuity of service provision and health and safety.

## Appendix E: Participant Direction of Services

### E-1: Overview (12 of 13)

**m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

In situations where participant-direction is through employer authority or a co-management model with a provider agency, the Co-Management Memorandum of Understanding contains a section for discontinuation of the self-directed services. This can be prompted by either the participant or the provider agency. In the event that it is the provider agency who is requesting the discontinuation of self-direction, the provider agency will continue to provide traditional (non-self-directed) supports to the participant. If appropriate, the participant will work with their service coordinator to secure alternative services.

In situations where participant-direction is supported by an FI, the FI may choose to involuntarily terminate a participant who has demonstrated a history of non-compliance with service delivery, budget authority, and/or documentation compliance. The FI must demonstrate efforts undertaken to assist the participant in addressing these issues. These efforts include written notification of pending termination if the issues are not addressed within a minimum 30 day timeframe. This notification must also be sent to the participant's service coordinator who will work with the participant to secure alternative participant-directed or traditional services.

## Appendix E: Participant Direction of Services

### E-1: Overview (13 of 13)

**n. Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

**Table E-1-n**

| | Employer Authority Only | Budget Authority Only or Budget Authority in Combination with Employer Authority |
|---|---|---|
| **Waiver Year** | **Number of Participants** | **Number of Participants** |
| **Year 1** | | 2850 |
| **Year 2** | | 4150 |
| **Year 3** | | 1 |
| **Year 4** | | 1 |
| **Year 5** | | 1 |

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant Direction (1 of 6)

**a. Participant - Employer Authority** *Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:*

**i. Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both*:

☑ **Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

Non-profit entities may serve as co-employers.

☐ **Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

**ii. Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise*:

☑ **Recruit staff**
☑ **Refer staff to agency for hiring (co-employer)**
☑ **Select staff from worker registry**
☐ **Hire staff common law employer**
☑ **Verify staff qualifications**
☐ **Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

☑ **Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**
☑ **Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
☑ **Determine staff wages and benefits subject to State limits**
☑ **Schedule staff**
☑ **Orient and instruct staff in duties**
☑ **Supervise staff**
☑ **Evaluate staff performance**
☑ **Verify time worked by staff and approve time sheets**
☐ **Discharge staff (common law employer)**
☑ **Discharge staff from providing services (co-employer)**
☑ **Other**

Specify:

Provide or arrange for any necessary training/assistance as requested by the participant and Circle of Support members.

Ensure that all staff have received Incident Reporting training prior to the start of employment. This training may be available through the FI.

Share responsibility for the development of the least restrictive safeguards considering risk assessment processes to protect the participant's health and safety.

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (2 of 6)

**b. Participant - Budget Authority** *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

**i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more*:

- [x] **Reallocate funds among services included in the budget**
- [x] **Determine the amount paid for services within the State's established limits**
- [x] **Substitute service providers**
- [x] **Schedule the provision of services**
- [x] **Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- [x] **Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- [x] **Identify service providers and refer for provider enrollment**
- [x] **Authorize payment for waiver goods and services**
- [x] **Review and approve provider invoices for services rendered**
- [x] **Other**

Specify:

Identify providers he or she no longer wants to work with and refer for provider dis-enrollment.

Monitor monthly expenses to ensure that spending levels are consistent with the approved annual budget.

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (3 of 6)

**b. Participant - Budget Authority**

**ii. Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

A resource allocation, called a Personal Resource Account (PRA), is established for each participant. The PRA represents a target amount of resources available to the participant for the cost of the supports and services they need. The budget for CSS is limited to the maximum PRA based on ISPM score, which is outlined in the "Attachment 1 - PRA" to Addendum A of this amendment.

Personal Resource Account (PRA) values were developed by linking participant characteristics and need for services to the actual Medicaid billings for a reference group over one calendar year. The process evolved in several steps:

-The focus was mainly on persons receiving waiver services from voluntary providers. However, for comparison purposes, community ICF residents served by voluntary agencies were also included. In total, 20,595 consumers met the selection criteria.

-Medicaid expenditures were obtained for residential and day services billed in the specified calendar year. Miscellaneous services not clearly falling into either category were equally divided between residential and day services. For persons receiving HCBS, IRA Residential Habilitation or At Home Residential Habilitation, and State Plan Personal Care Service, billings for personal care services were obtained.

-For each person identified above, data were drawn from OPWDD's Developmental Disabilities Profile (DDP) Information System. Specifically, the DDP provides three summary measures of skills and needs: Adaptive (0-500), Health/medical (0-31) and Challenging Behavior (0-200), where low scores indicate low needs (high skills) and high scores indicate high needs (low skills). Based on extensive OPWDD research on personal resource consumption, the DDP Adaptive and Health scores were further combined into a Direct Support score (0-136), where low scores indicate low direct (hands-on) support needs and high scores indicate high direct support needs. (see chart below)

After preliminary analyses, the Direct Support Scores were cut into levels forming eight roughly equal-sized groups and the Challenging Behavior Scores were cut into four levels forming roughly equal-sized groups. These two variables were the basis of assigning persons to selected groupings for cost analysis purposes. (see chart below)

| Direct Support Levels | Scoring Range | Challenging Behavior Levels | Scoring Range |
|---|---|---|---|
| 1 | 0 to 17.61 | 1 | 0 to 3.99 |
| 2 | 17.62 to 23.53 | 2 | 4.00 to 25.66 |
| 3 | 23.54 to 29.30 | 3 | 25.67 to 69.32 |
| 4 | 29.31 to 35.62 | 4 | 69.33 to 200.00 |

5 35.63 to 43.06
6 43.07 to 52.84
7 52.85 to 68.54
8 68.55 to 136.00

-Personal resource allocation target amounts were then established by analyzing the variations in Medicaid residential and day billings by the DDP ability levels. However, before the analyses were undertaken, the lowest and highest 2.5 percent of the billings in each category were trimmed to reduce the influence of extremely low and high expenditure cases.

-The final Personal Resource Account target values are based upon persons receiving waiver residential services and day habilitation services in non-profit organizations. ICF and Clinic service recipients were included for comparison purposes only.

- PRAs are then further refined based on the age of the person and his or her certified residential status. Individuals who live in certified residential settings may choose to direct their day services (not their residential services),and therefore the PRA is reduced to reflect the budget will only address the person's day service needs. Also, children living at home may self-direct (or family-direct) their services, but the PRA is also reduced to reflect their status as a minor, dependent child and a recipient of services through the school.

This information is available to Support Brokers assisting individuals who choose participant-direction via the Regional Office Self-Determination Liaison and is available to the public upon request.

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (4 of 6)

**b. Participant - Budget Authority**

**iii. Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Participants who choose to direct their services can get information on their PRA target value from their Regional Office Self Determination Liaison or their Support Brokerage Services agent at the beginning of the planning process. Participants are given a target value based on historical costs of individuals with similar service needs. These are only meant to be, as stated, a targeted value. Through the person-centered planning process, the person defines their own specific needs and with the assistance of the support broker designs their own individualized plan and corresponding budget costs. If the budgeted costs are less than the targeted value, the plan and the budget are given the streamlined approval. If the budgeted costs exceed the targeted value, it will require further evaluation, review and approval from the New York State Division of Budget. Experience indicates that the individual budget is typically below the PRA target value.

Participants can also request to change any aspect of their self-directed service plan and budget during the implementation phase to achieve evolving personal goals and valued outcomes, and to prevent institutionalization. There are two set opportunities to make changes to the service plan and budget yearly which align with the semi-annual reviews of the ISP and Self Direction plan. Individuals are afforded an immediate opportunity to request a change to their Self Direction plan and budget if circumstances occur that imminently threaten the life, safety and/or welfare of the participant. Participants are assisted through these change processes by their support broker and/or their local Regional Office Self-Determination Liaison.

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (5 of 6)

**b. Participant - Budget Authority**

**iv. Participant Exercise of Budget Flexibility.** *Select one*:

- ○ **Modifications to the participant directed budget must be preceded by a change in the service plan.**
- ◉ **The participant has the authority to modify the services included in the participant directed budget without prior approval.**

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

NOTE THE SYSTEM DOES NOT ALLOW YOU TO PROVIDE FURTHER EXPLANATION WHEN YOU CHECK THE FIRST OPTION (MODIFICATIONS MUST BE PRECEED BY A CHANGE IN SP). IN FACT THE STATE DOES HAVE THIS REQUIREMENT BUT WE WOULD LIKE TO PROVIDE THE FOLLOWING EXPLANATION:

Changes in the participant's service plan are directed by the participant and broker in consultation with the individual's freely chosen planning team. Prior review of changes to the service plan by the Regional Office is required and are documented in the ISP.

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (6 of 6)

**b. Participant - Budget Authority**

**v. Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

There are a number of safeguards and other resources designed to prevent the premature depletion of the participant-directed individualized budget as well as to address potential problems related to service delivery.

The main function of Support Brokers is to assist the participant to manage their individual budget. Support brokers review monthly expenditure reports with the participant to ensure that monthly expenses are appropriate. Circles of Support (the Support Broker is a member) act as a primary safeguard as well. Circles are required to meet at least once every three months (quarterly) but will meet as often as the participant requires to assist with staffing, scheduling, risk management and other issues. Other areas of support include:

--continual identification of revised or emerging valued outcomes and the supports needed to address them;
--on-going planning and maintenance of the self-directed service plan;
--provision of emergency back-up support if needed;
--review of individualized budget expenditure reports to ensure that available resources remain adequate to meet approved services and supports;
--assistance in ensuring that risk, responsibilities, and consequences are understood and adhered to and that safeguards are revised, if needed, to adequately address needs, and;
--helping to ensure that health and safety concerns are immediately identified and addressed.

The participant also identifies a Circle member as their liaison or authorized designee to the Fiscal Intermediary (FI) agency for issues related to the co-management of his or her self-directed budget.

A core function of FI Services is to develop and implement an accounting and information system to track and report participant-directed support funds, labor expenses, and non-labor expenses. The FI makes payments based on a current, approved budget which outlines the annual costs the participant will incur and how these costs will be paid over the course of the year. The FI must ensure that there are sufficient funds available within the individual account to make the necessary payments.

The FI must develop a mechanism to identify those participants who incur expenses in excess of expected spending or those participants who are significantly under-utilizing their allotted funds. Either circumstance must immediately be reported to the participant (or authorized designee where appropriate) and to the local OPWDD office. The FI must also generate detailed support funds and expenditure reports to individuals, their Circles of Support, Service Coordinators, Support Brokers and OPWDD on a monthly basis. These reports must be customized, as appropriate to their intended audience, to ensure that participants and members of their Circle of Support can understand them.

FI agency submits the expenditure reports to the local Regional Office Self Determination Liaison who will address issues related to depleting fiscal resources and over/under-utilization of approved services with the participant. The participant will work with his or her Support Broker and Circle of Support to determine the need to revise the self-directed plan and budget.

An FI checklist, which highlights the general responsibilities of the FI, is shared with all individuals using FI to self-direct services. On-going training is also provided to all parties on their roles and responsibilities.

## Appendix F: Participant Rights

### Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

**Procedures for Offering Opportunity to Request a Fair Hearing.** Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

The Regional Office Director designee notifies the individual and his guardian or involved family member of the right to request a fair hearing. The Notice of Decision (NOD) explains the agency''s decision (e.g., denial or termination of HCBS enrollment) and offers the individual the opportunity to appeal the decision. It also includes the name and telephone number of a Regional Office staff person who can answer any questions the individual may have about the NOD and agency action. Instructions on how to request a fair hearing are included in the NOD. The instructions also explain how the individual can continue to receive current services during the pendency of the appeal.

Individuals request a fair hearing by contacting the Office of Administrative Hearings, New York Office of Temporary Disability and Assistance (NYS OTDA) within sixty days from the date of the NOD.

The NODs are sent to the individual, his guardian or involved family member, as well as his service coordinator. A copy of the notice is kept at the Regional HCBS office. NYS OTDA notifies OPWDD when a fair hearing has been requested by or on behalf of the individual.

## Appendix F: Participant-Rights

### Appendix F-2: Additional Dispute Resolution Process

a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- ○ **No. This Appendix does not apply**
- ◉ **Yes. The State operates an additional dispute resolution process**

b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

OPWDD regulations provide for an internal dispute resolution process (14 NYCRR Section 633.12). This process requires providers of service to offer informal dispute resolution for an individual's objection to the adequacy of his plan of care, and for provider initiated changes related to reduction, suspension or discontinuance of Home and Community Based waiver services. An individual is advised of the process to resolve objections to services upon enrollment in the HCBS waiver program and as changes occur. A provider must give the individual written notification when such provider proposes a reduction, suspension or withdrawal of waiver services.

If the provider and individual are unable to reach agreement, Regional Office staff will be asked to assist in resolving the issues. Ultimately, the OPWDD Commissioner may appoint a hearing officer to resolve outstanding issues. Individuals who use the process at 14 NYCRR Section 633.12 are told they may request a fair hearing at any time when the objection results from a determination made by OPWDD. The dispute resolution mechanism under Part 633.12 is not a pre-requisite or substitute for a Fair Hearing.

Objections to service plans may be raised at any time. The provider of service is required to inform the individual of the process and the timelines to be followed. When a 633.12 hearing is requested by an individual, OPWDD contacts the parties within 14 days to schedule a mutually convenient time to hold the hearing. The hearing officer's recommendation to the Commissioner is sent to the parties within 2 weeks of the conclusion of the hearing. The parties have 14 days to submit replies and the Commissioner issues a final decision within 14 days of receipt of the replies.

For individuals who are denied waiver services or whose waiver services are discontinued because they are determined not to have a qualifying developmental disability, individuals are notified in writing that they may request (1) a face to face meeting with staff involved in the determination; (2) request a Third Step Review of the determination by a Central Office committee of psychologists; and/or (3) request a fair hearing. A formal notice of decision with fair hearing rights is included with the notification. The individual may request one, two or all three of the options. Neither the meeting nor the Third Step Review is a prerequisite or substitute for the fair hearing.

## Appendix F: Participant-Rights

### Appendix F-3: State Grievance/Complaint System

a. **Operation of Grievance/Complaint System.** *Select one:*

- ◉ **No. This Appendix does not apply**
- ○ **Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

b. **Operational Responsibility.** Specify the State agency that is responsible for the operation of the grievance/complaint system:

c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

## Appendix G: Participant Safeguards

### Appendix G-1: Response to Critical Events or Incidents

a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program.*Select one:*

◉ **Yes. The State operates a Critical Event or Incident Reporting and Management Process** *(complete Items b through e)*

○ **No. This Appendix does not apply** *(do not complete Items b through e)*
If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

**b. State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

OPWDD has a rigorous and comprehensive system for identifying, reporting, and investigating incidents and allegations of abuse, and for assuring appropriate corrective actions to protect individuals receiving services from harm. OPWDD Regulations (14 NYCRR Part 624 and Part 625) provide the foundation for OPWDD's incident management system.

Part 624 specifies the standards for identifying, reporting, investigating, reviewing, and following-up on all reportable incidents, including allegations of abuse, significant incidents and notable occurrences under the auspices of an agency. Part 625 specifies standards for events and situations not under the auspices of an agency. These regulations apply to all OPWDD certified, funded, or authorized facilities, programs, and services. All providers of service must have a system that complies with Parts 624 and 625 including appropriate policies and procedures that address all regulatory components and one or more Incident Review Committees to review and monitor reportable incidents, including allegations of abuse, significant incidents and notable occurrences.

Part 624 outlines categories of events that must be recorded, reported and investigated: 1. Reportable Incidents that include abuse and neglect including physical, sexual and psychological abuse, deliberate inappropriate use of restraints, aversive conditioning, obstruction of reporting of reportable incidents, unlawful use or administration of a controlled substance and neglect, 2. Reportable Significant Incidents that include situations such as conduct between individuals receiving services, seclusion, unauthorized use of time out, medication errors with adverse effects, inappropriate use of restraints, missing persons, choking with a known risk and self-abusive behavior with injury, 3. Serious Notable Incidents that include injury, unauthorized absence, death choking with no known risk, theft or financial exploitation, ICF violations and sensitive situations. Part 625 events and situations not under the auspices of an agency require notification to OPWDD. Part 625 events and situation include physical, sexual and emotional abuse, active passive and self neglect, financial exploitation, death and other for events/situations that an agency may want to report to OPWDD.

Specific details on the types of incidents that fall into each of these categories are outlined in the Parts 624 and 625 Regulations. The OPWDD website can be referenced for further information at http://www.opwdd.ny.gov/opwdd_resources/incident_management/home

Reporting requirements for various types of incidents and events/situations are outlined in Parts 624 and 625. Reportable incidents, including all allegations of abuse and neglect, and serious notable incidents must be reported to OPWDD immediately and then subsequently entered into the Incident Report and Management Application (IRMA), OPWDD's web based data base. In addition, immediate protective measures must be put in place to protect the person(s) served. For facilities operated or certified by OPWDD, agencies must report all reportable incidents to the Vulnerable Persons Central Register (VPCR) operated by the New York State Justice Center for the Protection of People with Special Needs.

When services are provided by State Direct Support Professionals, are removed from all contact with participants in all instances of suspected abuse/neglect that would potentially result in seeking termination of an employee if substantiated. If evidence being collected leads OPWDD to reasonable belief that the allegation will be substantiated, the employee is suspended pending termination.

All reportable incidents and notable occurrences must be investigated. This is completed by the provider agency at which the incident occurred and must meet the OPWDD regulations to assure a thorough and independent investigation. For all abuse/neglect in state operations OPWDD's Office of Investigations and Internal Affairs will complete the investigation. Effective June 30 2013, with the implementation of the Protection of People with Special Needs Act (PPSNA), the Justice Center may assume responsibility for the investigation of certain incidents or occurrences.

In all cases, the investigator must prepare an investigative report using the Required Investigative Report format. All allegations of abuse must include a finding of substantiated or unsubstantiated. Current investigators in the OPWDD system must view the New York State Justice Center for the Protection of People with Special Needs OPWDD State Oversight Agency Investigator Training prior to completing an investigation of a Reportable Incident or Serious Notable Occurrence

The investigative report is submitted to the agency's Incident Review Committee The Incident Review Committee assures that the agency has taken necessary corrective and protective actions; determines whether additional measures are necessary; determines whether the agency reporting/review was adequate; identifies trends and makes recommendations to the director of the agency for improvements. The provider agency where the event occurred is further required to take appropriate action to minimize the potential for recurrence of the event and similar events.

OPWDD has developed criteria for when OPWDD certified investigators will assume responsibility for, or closely monitor the conduct of, investigations in the voluntary sector. For deaths that occur during the provision of services by State staff which may involve abuse/neglect, there is a clear "arms length" separation of the individuals involved in an incident and those investigating the incident. State Direct Support Professionals report to the Deputy Commissioner of the Division of Service Delivery. Deaths are reported by State staff through the IRMA system the Director of the OIIA reports directly to the Commissioner. This independent chain of command allows investigations to be

conducted independent of conflicting interests.

The reporting agency is always responsible for remediation. The review of incident reporting systems is a component of the OPWDD Division of Quality Improvement's annual routine survey activity for all service providers, including HCBS waiver providers. In addition to assessing the overall thoroughness and documentation of the provider's incident management system, DQI reviews the provider's investigations and follow up activities. DQI surveyors also review program communication logs, medical records, and interview staff and individuals served to ensure that all incidents were reported as required. Corrective actions are required of the provider agency if any deficiencies are identified.

The New York State Justice Center for the Protection of People with Special Needs provides an additional level of oversight and reports directly to the Office of the Governor.

Investigators assigned to the Justice Center will be responsible for conducting investigations or providing oversight and monitoring of serious allegations and deaths as defined in legislation. Justice Center legislation, effective 6/30/2013, requires that the director of every agency provide feedback regarding the agency's corrective action response to incidents falling under the purview of the Justice Center. IRMA includes a page on which the agency director indicates completion by checking specific actions and certifying the activities. This information will also be automatically forwarded to the Justice Center for their review once required updates for automation between the systems is complete.

c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

All staff that provide services in the OPWDD system must be trained annually by the provider agency in identifying an incident or allegation of abuse, their responsibility to report, and how to do so. In addition, OPWDD requires that all staff are trained annually in Promoting Positive Relationships.

Upon employment or initial volunteer, contract, or sponsorship arrangements, and annually thereafter, an agency will provide the agency's policies and procedures on incident management to agency employees, interns, volunteers, consultants, contractors, and family care providers.

Custodians with regular and direct contact in facilities and programs operated or certified by OPWDD, must read and sign annually he Code of Conduct adopted by the Justice Center.

Custodians are defined as a party that meets one of the following criteria: (1) a director, operator, employee, or volunteer of an agency; or (2) a consultant or an employee or volunteer of a corporation, partnership, organization, or governmental entity that provides goods or services to an agency pursuant to contract or other arrangement that permits such party to have regular and substantial contact with individuals receiving services; or (3) a family care provider; or (4) a family care respite/substitute provider.

OPWDD ensures participant training and education in a variety of ways. OPWDD has developed informational brochures and seminars for participants and families/advocates. This information is made available at provider agencies, OPWDD Regional Offices, family support and self-advocacy meetings, and through OPWDD's website. In addition, the Division of Quality Improvement has conducted numerous state-wide trainings on the requirements for incident management. These trainings are open to all providers of services. OPWDD has issued numerous guidance documents to providers of services throughout the past year.

OPWDD also operates a toll-free information line to provide information and referral services and to receive complaints. All complaints are immediately referred from the information line to OPWDD District Offices and to the Division of Quality Improvement for review and investigation.

In addition, the OPWDD Division of Quality Improvement reviews that staff of provider agencies have received the required training.

For all reportable incidents and notable occurrences OPWDD requires agencies to provide telephone notice to one of the following: a person's guardian, a parent, spouse or adult child within 24 hours. However, the agency shall not provide such notice to any party if the person receiving services is a capable adult who objects to such notification being made or if the guardian, parent, spouse or adult child is the alleged abuser. If the person does not have a guardian, parent, spouse or adult child, and the person is a capable adult, the agency provides notice to the person receiving services; otherwise, the agency provides notice to the person's advocate or correspondent.

d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

Each provider in the OPWDD system is responsible for the investigation of critical events/incidents. For all reportable incidents, including allegations of abuse, and notable occurrences the investigation must begin immediately. The investigator is assigned by the agency's CEO or designee.

OPWDD's centralized Office of Investigations and Internal Affairs (OIIA) ensures the independence of investigations and the standardization of processes and outcomes in state-operated programs.

The OIIA takes responsibility for the conduct of certain investigations of allegations and/or incidents reported to have occurred in voluntary agencies either at the request of the voluntary agency or at the direction of OPWDD administration. The OIIA utilizes specific criteria for when OPWDD certified investigators will assume responsibility for or closely monitor the conduct of investigations in the voluntary sector.

As noted previously, OPWDD must be notified immediately of reportable incidents and serious notable occurrences. The OPWDD Incident

Management Unit evaluates each incident and protections put in place to ensure they are adequate. All incidents which may constitute a crime are reported to law enforcement.

Final Investigative Reports must be completed in the format required by OPWDD, no later than 30 days after the incident occurred or was discovered, unless the agency has been granted an extension after review of the circumstances.

Once the investigator completes the investigation and a report is submitted, the incident review committee accepts the investigation as complete or identifies additional investigative tasks which need to be completed.

In the instance where the OPWDD OIIA or the Justice Center has completed the investigation, this is determined by the chain of command in that unit or agency, not the incident review committee. The agency reporting the incident is always responsible for notification to outside entities.

The Justice Center receives reports directly and also has access to IRMA and is able to view all incidents on a regular basis. The agency reporting the incident is also responsible for reporting to law enforcement.

As noted above, NYS has implemented a larger system of oversight to ensure the health and welfare of individuals receiving services through the implementation of the Protection of People with Special Needs Act (PPSNA), effective June 30, 2013 which has led to additional improvement in the oversight within the system. This legislation established the Justice Center, which is charged with the ultimate oversight of state agencies serving people with special needs. Implementation of the Justice Center will result in changes to the oversight structures described in this waiver application.

e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

OPWDD has centralized its oversight of critical incidents and events. All oversight activities are assigned to OPWDD's Division of Quality Improvement. OPWDD's Incident Management Unit (IMU) provides real time oversight of critical elements of incident management across the state. This unit reviews incidents that are reported to assure adequate measures are put in place to protect persons with disabilities, including required notifications to law enforcement where required. This is accomplished through the use of the Incident Report and Management Application (IRMA), which is a secure web-based statewide database. IRMA is used to ensure consistency in incident reporting and is used by State operations and nonprofit providers in the OPWDD system. The OPWDD Incident Management Unit includes off hours staff to received notifications and provides technical assistance to provider agencies. Both Voluntary Providers and State Operations Offices must notify the IMU of Reportable Incidents and Serious Notable Occurrences. Appropriate notifications to IMU are made by telephone for Reportable Incidents. Notification may be made by email for incidents that do not fall in the Reportable category.

All Reportable Incidents, including all abuse and neglect, and Serious Notable Occurrences must be reported to OPWDD immediately and then subsequently entered into the Incident Report and Management Application (IRMA), OPWDD's web based data base. In addition, immediate protective measures must be put in place to protect the person(s) served. OPWDD's Division of Quality Improvement (DQI) Incident Management Unit reviews each incident reported and protections put in place to ensure they are adequate. All incidents which may constitute a crime are reported to law enforcement. The OPWDD Incident Management Unit reviews every Reportable Incident including all abuse and neglect and Notable occurrences

As noted in section d. above, the OPWDD Office of Investigations and Internal Affairs has developed criteria for when OPWDD certified investigators will assume responsibility for or closely monitor the conduct of investigations in the voluntary sector. This criterion is available upon request from CMS.

The OPWDD Statewide Committee on Incident Review (SCIR) reviews data on incident reports and disseminates best practices and guidance based on this review to assist in the management and prevention of incidents. SCIR reviews regulations and develops policy documents that provide clear directions to service providers regarding regulatory requirements. SCIR designs and delivers training programs and other materials to promote safety awareness and incident prevention strategies. SCIR also publishes FAQs on the OPWDD website in response to stakeholder questions.

The review of incident reporting systems is a component of DQI's annual routine survey activity. In addition to assessing the overall quality and effectiveness of incident management systems, DQI reviews investigations and follow up activities. DQI surveyors also review program communication logs, medical records, and interview staff and individuals served to ensure that incidents were reported as required. Corrective actions are required if any deficiencies are identified.

In addition, for individuals enrolled in a managed care DISCO, Care coordinators are mandated reporters, and therefore DISCOs and OPWDD FIDAs have responsibility to ensure that an incident report is made and to review data on incidents involving their members and within their provider network and will be expected to include this review and actionable quality improvement strategies in the Quality Improvement/Performance Improvement Plan (QI/PI Plan).

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

a. **Use of Restraints.** *(Select one)*: *(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

○ **The State does not permit or prohibits the use of restraints**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

**The use of restraints is permitted during the course of the delivery of waiver services**. Complete Items G-2-a-i and G-2-a-ii.

i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

In some cases, persons with developmental disabilities may require the use of interventions aimed at developing new adaptive behaviors; maintaining, increasing, or maximizing existing adaptive behaviors; or ameliorating maladaptive behaviors. Such interventions should emphasize positive approaches in modifying behavior, focus on teaching new behaviors, and provide persons with the skills needed to enhance their everyday functions and quality of life.

OPWDD requires that the use of positive approaches which are consistent with standards of professional practice always be the preferred method for addressing maladaptive or inappropriate behavior. However, OPWDD recognizes that positive approaches alone may not always be effective and it may also be necessary to incorporate approaches that are considered restrictive and/or intrusive into a behavior management plan to address such behavior.

For situations where circumstances necessitate the use of restraints, OPWDD issued regulations, effective 4/1/2013 (14 NYCRR part 633.16 “Person-Centered Behavioral Intervention”), on their appropriate use. Through these regulations, OPWDD limits the use of interventions to medication, physical interventions, time-out, and mechanical restraining devices; the inappropriate use of any of these interventions requires submission of an incident report and investigation by the provider and/or by OPWDD. “Seclusion” and “aversive conditioning”, as defined in our state regulations, are prohibited by OPWDD.

OPWDD's “Person-Centered Behavioral Intervention” regulations require that any behavior support plans that incorporate the use of restrictive interventions require multiple levels of review (i.e. Behavior Plan/Human Rights Committee) and must include effective safeguards to ensure the safety of the program participants. These safeguards include:

* A program planning team assigned by the provider agency which assesses the needs of the participant and ensures that the participant’s behavioral support plan is primarily based on positive approaches to behavior support and management, and only includes restrictive interventions when these restraints are clinically necessary and appropriate. All plans are developed or written by staff (the Behavioral Intervention Specialist or BIS) who have specialized training or experience in assessment techniques and development of behavioral support plans. In addition, any plan which includes a restrictive/intrusive intervention must be developed under the supervision of an appropriately licensed professional (e.g. licensed psychologist). The BIS assesses the antecedent, behavior, and consequences as part of completing the functional behavioral assessment prior to developing the behavioral support plan. A review of the effectiveness of the interventions included in the behavior support plan is conducted on at least a semi-annual basis, or more frequently as needed.

* A committee created by the provider agency specifically to protect the rights of a person with DD, which reviews all participant behavior support plans that include restrictive interventions. The committee can approve clinically appropriate plans, or refuse to approve proposed behavior support plans if the included interventions are considered to be too restrictive or intrusive. If the committee approves the intervention, the committee establishes an approved time period (not to exceed one year) during which the intervention can be utilized and is considered “authorized”.

* Appropriate record keeping methods which maintain the participant specific behavior support plan. This plan must include a description of the behavior that justifies the need for the intervention along with what positive approaches have been utilized. The plan must have been developed by a program planning team, approved by the review committee, and have an effective time-frame. When applicable, informed consent documentation should be included in the records.

The guidance documents outline specific rules regarding general use and emergency use for each of the restraints. For example:
* Physical intervention can only be used by those who have been trained in, and show a mastery of, the Strategies for Crisis Intervention and Prevention-Revised (SCIP-R) physical intervention techniques. The use of SCIP-R physical intervention is limited to circumstances when a participant’s behavior creates an unacceptable risk of physical harm to self or others. Any injury must be reported under the incident reporting criterion outlined in 14 NYCRR Part 624. SCIP-R related activities are monitored by Master Trainers employed by OPWDD, and through the Restrictive Intervention Application (RIA) which collects data on utilization of all SCIP-R restrictive physical interventions used with participants who are served in OPWDD certified residential and day program settings.

The SCIP-R curriculum supports staff awareness of the needs of persons with developmental disabilities and methods of preventing crises. Because of this approach, direct care staff can only be certified when they have completed a minimum of 17 hours of SCIP-R training. If staff are trained in restrictive physical interventions (e.g. “take downs and floor holds”), they must also be trained in basic first aid and cardiopulmonary resuscitation in order to be certified in SCIP-R to use such techniques. Eventually PROMOTE will replace the SCIP-R curriculum (see state oversight responsibility below and the QI Timeline section for more information on PROMOTE).

* OPWDD guidance documents define time out as a separate item from seclusion; OPWDD guidance prohibits the use of seclusion. The OPWDD definition of time out clearly states that the participant would be free to leave the time out area except for the direct and continuous action of the staff monitoring the participant. Time out requires constant auditory and visual monitoring

of the participant, and the staff member must release the participant from the time out room once the participant is calm but no longer than one hour after the participant entered the time out room. Time out must be included in the behavior support plan of the participant prior to utilization by staff.

* Use of psychotropic drugs to manage or control behavior or to treat a diagnosed psychiatric condition requires a physician's order for the specific participant and it must be included in the participant's behavior support plan prior to utilization. In addition, informed consent for each psychotropic medication must be obtained in writing as per 14 NYCRR Part 681.13 prior to starting the medication and in accordance with 14 NYCRR part 633.16 effective 4/1/13. The only time this consent may be overridden is in circumstances where the participant's behavior constitutes an immediate, significant danger to the participant or others, , or when in a physician's judgment, an emergency exists creating an immediate need for the administration of such medication, and an attempt to secure informed consent would result in a delay which would increase the risk to the health or safety of the person or others. These medications may only be administered by individuals who meet the criteria established under 14NYCRR Part 633.17.

OPWDD proposed regulations that included a requirement for a Consultative Panel for the review of the use of psychiatric medications. In response to public commentary on these proposed regulations, OPWDD removed the language surrounding the requirement of a Consultative Panel for the review of the use of psychiatric medications. There will no longer be a separate review required.

The revised language, found on page 43 of the final regulations, Section 633.16(d), states "A semi-annual medication regimen review that includes any medications prescribed to treat a co-occurring diagnosed psychiatric disorder, or to prevent, control, modify or eliminate challenging behavior(s) must be conducted in accordance with section 633.17 of this Part. The results of these medication regimen reviews shall be shared with the person's program planning team and the prescriber, and documented in the person's record, in order to assist healthcare providers and the team to evaluate whether the benefits of continuing the medication(s) outweigh the risk inherent in potential side effects."

The regulations (14 NYCRR Section 633.16) were promulgated on 1/1/13 with an effective date of 4/1/13. This lag in implementation was due to the impact of Hurricane Sandy, along with issues in the field in preparing for the implementation of these requirements. The Person-Centered Behavioral Intervention regulations can be found on the OPWDD website.

* The use of Mechanical Restraining Devices also requires a physician's order for the specific device and it must be included in the participant's behavioral plan prior to utilization by staff unless in the physician's judgment an emergency exists creating an immediate need for use of the device to ensure health and safety of the participant. Additional monitoring and review criteria are required if mechanical devices are used to manage maladaptive behaviors, or are used for medical purposes. Emergency use is no longer permitted for waiver participants. Aversive conditioning is not allowed within the OPWDD service system.

Mechanical restraining devices which may be used without specific OPWDD approval are listed in 14 NYCRR Section 633.16 (j)(4). The items listed in the regulation are considered a type of restrictive/intrusive intervention if these items are being used for behavioral control purposes. As such, the use of these items would require informed consent as well as review and approval by the Behavior Plan/Human Rights Committee. The use of mechanical restraining devices must be spelled out in the person's behavioral support plan which is developed by the program planning team. As noted above, mechanical devices can only be incorporated into a behavior support plan if specifically ordered by a physician.

Additional protections pertaining to the use of restraint and seclusion are required under 14 NYCRR Part 624, which provides the standards for incident reporting when participants are injured or any circumstance where restraints are used to immobilize a participant. Under Part 624, events which must be reported as reportable or serious reportable incidents include any unauthorized, inappropriate or unnecessary use of personal/physical interventions (SCIP-R), time out, or mechanical restraint. Seclusion and aversive conditioning, which is prohibited by OPWDD, is considered a form of abuse and must always be reported as a serious incident.

The provider agency in which the incident occurred is responsible for recording, reporting, and conducting the initial investigation of incidents. In accordance with Part 624, every provider must have one or more standing committees to review and monitor reportable incidents, serious reportable incidents, and allegations of abuse. The standing committee must ascertain that incidents were reported, managed, investigated, and documented in accordance with regulations and that necessary and appropriate corrective actions were taken to protect individuals. The standing committees are also responsible to review and monitor investigation procedures; monitor trends in incidents and recommend appropriate corrective, preventive, and/or disciplinary action to safeguard against recurrences; and to monitor implementation of their recommendations for appropriate safeguards and improvements to the incident management system. OPWDD receives all incident reports and centrally monitors that appropriate safeguards have been addressed.

**ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

OPWDD is the State agency responsible for overseeing the use of restraints by service providers. OPWDD employs numerous levels of review and oversight to ensure the safety of participants.

OPWDD's Bureau of Behavior and Clinical Solutions (BBCS), provides oversight at the highest level by developing guidance documents on the acceptable and unacceptable use of restraints and promulgating any changes in regulation. This Bureau also ensures that agency practices are in keeping with national trends. The Bureau collaborates with other state agencies as needed to maintain consistency where appropriate with restraint practices, monitoring and oversight, documentation, and trending.

BBCS, in collaboration with OPWDD's division of Workforce and Talent Development , also develops and implements the SCIP-R curriculum and training. The group updates and revises the curriculum as warranted based on information gleaned from national trends in behavior management, review of statewide incidents and trends, and the solicitation of feedback from the field regarding participant needs and agency needs. BBCS also oversees utilization and implementation of the curriculum by regularly meeting with Master Trainers employed by OPWDD Regional Offices.

As part of its ongoing efforts to prevent incidents and abuse, in 2012, OPWDD promulgated regulations that require all employees, volunteers, and family care providers in the OPWDD system receive annual training on promoting positive relationships, incidents/abuse reporting, and abuse prevention. OPWDD has implemented statewide training (the PRAISE Curriculum – Promoting Relationships and Implementing Safe Environments) to reinforce the principles of respect, dignity, and professional ethics for all people served. In addition, OPWDD has designed/developed the Positive Relationships Offer More Opportunities for Everyone (PROMOTE) curriculum, which is designed to emphasize the importance of positive relationships and proactive measures to prevent challenging behaviors. OPWDD began rolling out the PROMOTE training as a required training for all direct support professionals and supervisors starting in 2013. The PROMOTE curriculum will eventually replace the existing SCIP-R curriculum.

Finally, BBCS reviews all part 624 reportable incidents regarding the use of restraints, to ensure that policy and training materials appropriately incorporate information and trends learned from this review, including appropriate safety.

BBCS utilizes a database and tracking systems to collect the use of restrictive interventions on a statewide basis known as the Restrictive Intervention Application (RIA).. Effective July 30, 2012, BBCS issued policy guidance to the field which outlined the appropriate safeguards, levels of administrative review and reporting requirements necessary for protecting the physical health and safety of individuals when SCIP-R restrictive personal/physical interventions are used as part of a behavior support plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others. This guidance also implemented the requirement of all providers to report the use of SCIP-R restrictive physical interventions into the new database and tracking system within five days of the occurrence. This database interfaces with the Incident Report and Management Application (IRMA) used for abuse allegations.

OPWDD Regional Offices provide technical support and guidance to provider agencies in their catchment areas. These offices employ Master SCIP Trainers to track utilization, provide technical assistance to agencies using the SCIP-R curriculum, mentor new SCIP-R Instructor Trainers, and provide curriculum updates to agencies as warranted. The Regional Offices also review the investigations and outcomes for all 624 serious reportable incidents and allegations of abuse; Regional Offices provide guidance regarding any additional corrective actions as needed.

OPWDD Division of Quality Improvement (DQI) provides statewide oversight through annual surveys of all certified programs and, HCBS waiver provider agencies that bill Medicaid directly either through the review of the provider and/or a sample of individuals in the waiver, and DISCOs with waiver providers in their networks. The DQI surveyors review the provider's investigations and follow up activities. The surveyors also review program communication logs, medical records, and interview staff and individuals served, among other things, to ensure that all incidents were reported as required and appropriate individual and/or systemic corrective actions were taken. If any survey deficiencies are identified, corrective action plans are required of the provider agency.

OPWDD has implemented a Statewide Incident Reporting Management System (IRMA) and has a centralized Incident Management Unit in DQI responsible to ensure that appropriate actions and safeguards have been taken for all incidents. This system is used by all Regional Offices and provider agencies to report incidents, specify follow up and investigation activity and other real time information that enables more efficient reporting and follow up activity and trend analysis by type of incident, locations, etc. and over time, results in the deployment of system-wide remediation strategies.

If an incident results in the death of a participant, OPWDD's Centralized Investigations Unit is notified and given the opportunity to review the situation. The NYS Commission on Quality of Care and Advocacy for Persons with Disabilities is also notified of all deaths.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

**b. Use of Restrictive Interventions.** *(Select one)*:

○ **The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

◉ **The use of restrictive interventions is permitted during the course of the delivery of waiver services** Complete Items G-2-b-i and G-2-b-ii.

**i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations,

and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

OPWDD regulations in 14 NYCRR 633.4 outline the rights that are intended to establish the living and/or program environment that protects individuals and contributes to providing an environment in keeping with the community at large, to the extent possible, given the degree of the disabilities of such individuals. The regulations clarify that certain rights may need to be adapted to meet the needs of certain persons with the most severe handicaps and/or persons whose need for protection, safety and health care will justify such adaption. These regulations also state that it is the responsibility of the agency/facility or the sponsoring agency to ensure that rights are not arbitrarily denied. Limitations of client rights must be on an individual basis, for a specific period of time, and for clinical purposes only. Freedom from physical and psychological abuse; freedom from corporal punishment; freedom from the unnecessary use of mechanical restraining devices; and freedom from unnecessary or excessive medication are rights specifically outlined in these regulations.

NYS regulations categorize the violation of a person's civil rights as a form of abuse and are considered to endanger the physical or emotional wellbeing of the participant; therefore, all abuse allegations must be reported in writing to the appropriate Regional Office. Additionally, any willful action on the part of a provider which violate a person's human rights is considered an incident of mistreatment (14 NYCRR
624.4(c)(8)) and must also be reported as a part 624 reportable incident.

OPWDD issued regulations, effective 4/1/2013 (14 NYCRR part 633.16 "Person-Centered Behavioral Intervention") that also address participant safeguards regarding the use of rights limitations as part of a behavior support plan.

OPWDD's "Person-Centered Behavioral Intervention" regulations require that any behavior support plans that incorporate the use of restrictive interventions (including rights limitations) require multiple levels of review (i.e. Behavior Plan/Human Rights Committee) and must include effective safeguards to ensure the safety of the program participants. These safeguards include:

* A program planning team assigned by the provider agency which assesses the needs of the participant and ensures that the participant's behavioral support plan is primarily based on positive approaches to behavior support and management, and only includes restrictive interventions (including rights limitations) when these interventions are clinically necessary and appropriate.

* A committee created by the provider agency specifically to protect the rights of a person with DD, which reviews all participant behavior support plans that include restrictive interventions (including rights limitations). The committee can approve clinically appropriate plans, or refuse to approve proposed behavior support plans if the included interventions are considered to be too restrictive or intrusive. If the committee approves the intervention, the committee establishes an approved time period (not to exceed one year) during which the intervention can be utilized and is considered "authorized".

In accordance with Part 624, every provider must have one or more standing committees to review and monitor allegations of abuse. The standing committee must ascertain that incidents were reported, managed, investigated, and documented in accordance with regulations and that necessary and appropriate corrective actions were taken to protect individuals. The standing committees are also responsible to review and monitor investigation procedures; monitor trends in incidents and recommend appropriate corrective, preventive, and/or disciplinary action to safeguard against recurrences; and to make and monitor implementation of their recommendations for appropriate safeguards and improvements to the incident management system.

As in the case of incidents of unauthorized restraints, the provider agency is responsible for recording, reporting, and conducting the initial investigation of incidents. The local OPWDD Regional Office receives initial reports of all incidents required in accordance with the Part 624 regulations. Each report is reviewed by an assigned staff member commonly referred to as an incident coordinator. The incident coordinator secures any required information and refers the incident to appropriate staff for comprehensive follow up. Incidents deemed to be critical by the District Office are referred to the Associate Commissioner and to the Deputy Commissioner of the Division of Quality Improvement for further review.

**ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

As in the case of physical restraints, OPWDD has a multi-level review process for the use of rights-limitations by provider agencies to control the behavior of participants in their programs.

OPWDD (DQI) provides statewide oversight through annual surveys of all certified programs and HCBS waiver provider agencies. The DQI surveyors specifically review records to determine if any limitations were imposed on any participant's rights and ensure that participants live free from abuse and neglect (14 NYCRR 633.2). If limitations were imposed, the surveyors verify that there is a clinical justification for the limitation and a specific time period for which it is to remain in effect. The DQI surveyors also review the provider's investigations and follow up activities regarding allegations of abuse.

In accordance with Part 624, every provider must have one or more standing committees to review and monitor allegations of abuse. The standing committee must ascertain that incidents were reported, managed, investigated, and documented in accordance with regulations and that necessary and appropriate corrective actions were taken to protect individuals. The standing committees are also responsible to monitor trends in incidents and recommend appropriate corrective, preventive, and/or disciplinary action to safeguard against recurrences; and to make and monitor implementation of recommendations for appropriate safeguards and improvements to the incident management system.

As in the case of incidents of unauthorized restraints, the provider agency is responsible for recording, reporting, and conducting the initial investigation of incidents. OPWDD receives initial reports of all incidents required in accordance with the Part 624 regulations and provides centralized oversight as appropriate.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

**c. Use of Seclusion.** *(Select one)*: *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

◉ **The State does not permit or prohibits the use of seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

Seclusion is prohibited by OPWDD and is considered a form of abuse and must always be reported as a serious incident under Part 624 of NYS regulations. OPWDD guidance regulations define time out as a separate item from seclusion. OPWDD guidance prohibits the use of seclusion (see section G-2-b above). OPWDD guidance does permit time out in certain limited circumstances, consistent with the behavioral plan of the individual. As discussed above in G-2 b, OPWDD regulations (14 NYCRR part 633.16 “Person-Centered Behavioral Intervention”) describe safeguards and require that any behavior support plans that incorporate the use of restrictive interventions (including rights limitations) require multiple levels of review (i.e. Behavior Plan/Human Rights Committee) and must include effective safeguards to ensure the safety of the program participants.

The OPWDD definition of time out clearly states that the participant would be free to leave the time out area except for the direct and continuous action of the staff monitoring the participant. Time out requires constant auditory and visual monitoring of the participant, and the staff member must release the participant from the time out room once the participant is calm but no longer than one hour after the participant entered the time out room. Time out must be included in the behavior support plan of the participant prior to utilization by staff.

The OPWDD definition of time out clearly states that the participant would be free to leave the time out area except for the direct and continuous action of the staff monitoring the participant. Time out requires constant auditory and visual monitoring of the participant, and the staff member must release the participant from the time out room once the participant is calm but no longer than one hour after the participant entered the time out room. Time out must be included in the behavior support plan of the participant prior to utilization by staff.

Seclusion is prohibited by OPWDD and is considered a form of abuse and must always be reported as a serious incident under Part 624 of NYS regulations.

OPWDD is the State agency responsible for overseeing the use of restraints by service providers. OPWDD employs numerous levels of review and oversight to ensure the safety of participants.

OPWDD's Bureau of Behavior and Clinical Solutions (BBCS), provides oversight at the highest level by developing guidance documents on the acceptable and unacceptable use of restraints and promulgating any changes in regulation. This Bureau also ensures that agency practices are in keeping with national trends. The Bureau collaborates with other state agencies as needed to maintain consistency where appropriate with restraint practices, monitoring and oversight, documentation, and trending.

As part of its ongoing efforts to prevent incidents and abuse, in 2012, OPWDD promulgated regulations that require all employees, volunteers, and family care providers in the OPWDD system receive annual training on promoting positive relationships, incidents/abuse reporting, and abuse prevention. OPWDD has implemented statewide training (the PRAISE Curriculum – Promoting Relationships and Implementing Safe Environments) to reinforce the principles of respect, dignity, and professional ethics for all people served. In addition, OPWDD has designed/developed the Positive Relationships Offer More Opportunities for Everyone (PROMOTE) curriculum, which is designed to emphasize the importance of positive relationships and proactive measures to prevent challenging behaviors. OPWDD began rolling out the PROMOTE training is a required training for all direct support professionals and supervisors starting in 2013. The PROMOTE curriculum will eventually replace the existing SCIP-R curriculum.

Finally, BBCS reviews all part 624 reportable incidents regarding the use of restraints, to ensure that policy and training materials appropriately incorporate information and trends learned from this review, including appropriate safety.

BBCS utilizes a database and tracking systems to collect the use of restrictive interventions on a statewide basis known as the Restrictive Intervention Application (RIA).. Effective July 30, 2012, BBCS issued policy guidance to the field which outlined the appropriate safeguards, levels of administrative review and reporting requirements necessary for protecting the physical health and safety of individuals when SCIP-R restrictive personal/physical interventions are used as part of a behavior support plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others. This guidance also implemented the requirement of all providers to report the use of SCIP-R restrictive physical interventions into the new database and tracking system within five days of the occurrence. Effective April 1, 2013, OPWDD's “Person-Centered Behavioral Intervention” regulations require that any use of a Time-out room in accordance with an individual’s behavior support plan be reported electronically to OPWDD in the form and format specified by OPWDD. This form and format is RIA. This database interfaces with the Incident Report and Management Application (IRMA) used for abuse allegations.

OPWDD Division of Quality Improvement (DQI) provides statewide oversight through annual surveys of all certified programs and, HCBS waiver provider agencies that bill Medicaid directly either through the review of the provider and/or a sample of individuals in the waiver, and DISCOs with waiver providers in their networks. The DQI surveyors review the provider's investigations and follow up activities. The surveyors also review program communication logs, medical records, and interview staff and individuals served, among other things, to ensure that all incidents were reported as required and appropriate individual and/or systemic corrective actions were

taken. If any survey deficiencies are identified, corrective action plans are required of the provider agency.

OPWDD has implemented a Statewide Incident Reporting Management System (IRMA) and has a centralized Incident Management Unit in DQI responsible to ensure that appropriate actions and safeguards have been taken for all incidents. This system is used by all Regional Offices and provider agencies to report incidents, specify follow up and investigation activity and other real time information that enables more efficient reporting and follow up activity and trend analysis by type of incident, locations, etc. and over time, results in the deployment of system-wide remediation strategies.

If an incident results in the death of a participant, OPWDD's Centralized Investigations Unit is notified and given the opportunity to review the situation. The NYS Commission on Quality of Care and Advocacy for Persons with Disabilities is also notified of all deaths.

In addition, for individuals enrolled in managed care, Care coordinators are mandated reporters, and therefore DISCOs have responsibility to ensure that an incident report is made and to review data on incidents involving their members and within their provider network and will be expected to include this review and actionable quality improvement strategies in the Quality Improvement/Performance Improvement Plan (QI/PI Plan).

○ **The use of seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-c-i and G-2-c-ii.

i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (1 of 2)

*This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.*

a. **Applicability.** Select one:

○ **No. This Appendix is not applicable** *(do not complete the remaining items)*
◉ **Yes. This Appendix applies** *(complete the remaining items)*

b. **Medication Management and Follow-Up**

i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

As per standard medical practice in New York State, the doctor administering a given medication has primary supervision over its use. Under the waiver program, Registered Professional Nurses (RNs) employed by the providers oversee the proper administration of medications to participants living in certified residential and non-residential settings.

Under OPWDD Regulations (Title 14 NYCRR Part 633.17), each provider is required to develop its own policies and procedures relative to prescribed and over-the-counter medications relevant to its needs provided they meet the requirements outlined in regulation. For example, the policies must require that the agency provide medical and nursing supervision of the staff responsible for administering medication. These policies must be established, submitted, and reviewed by OPWDD prior to the provider receiving OPWDD approval to operate the service.

In providing monitoring, the frequency of RN visits to certified community-based residences with two or more participants shall be at the discretion of the RN responsible for supervision but in no case shall visits occur less frequently than once a week (Administrative Memorandum #2003-01).

Additionally, a participant residing in a facility must have his/her medication regimen reviewed by a registered nurse, physician, physician's assistant, or pharmacist at least semi-annually. The review shall include at a minimum:
-A review of the person's medication record for potential adverse reactions, allergies, interactions, contraindications, or irregularities; related laboratory work shall be included in this review.
-An assessment of the person's response to the medication therapy to determine if the medication is achieving the stated objectives established by the prescribing practitioner.
-Recommendations to the primary and/or consulting practitioner of any indicated changes in the person's medication regimen.
-Determination of the need for a more frequent review depending upon the person's medical status.
-Documentation of the review, findings, and any recommendations made.

The provider's program planning team (with input from a registered nurse, physician, or physician's assistant) must evaluate participants within three months of their entrance into a residential facility regarding their ability to self-administer (with re-evaluation on an annual basis). The evaluation is based upon the following designations: independent self-administration, self-administration with supervision, self-administration with assistance, or incapable of self-administration.

Providers are required by regulation to review all medication administration regimes semi-annually; this includes medication administration regimes for participants receiving behavior modifying medications.

ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

Through an established DQI survey procedure, OPWDD verifies the accuracy of the medication administration regime and documentation of the semi-annual review of the medication administration regime for participants in all certified residential facilities; the providers are audited against their own reporting procedure. OPWDD also requires in regulation that in all providers which assume the responsibility to administer medications (residential or non-residential) that there is person-specific information available regarding the medications made available to staff / family care providers.

OPWDD's Division of Quality Improvement (DQI) reviews these requirements as part of a providerÃ‚'s annual review. 100% of providers are reviewed through this process annually. Providers found to have issues in their review of medication administration regimes, or in the accurate administration of medication will be issued a Statement of Deficiency (SOD) which the provider must address by creating a Plan of Corrective Action (POCA) which DQI reviews, approves, and later verifies its implementation.

Any trends identified through the DQI survey process are reviewed; if appropriate, advisory letters will be issued by DQI to all providers.

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (2 of 2)

c. **Medication Administration by Waiver Providers**

i. **Provider Administration of Medications.** *Select one:*

- ○ **Not applicable.** *(do not complete the remaining items)*
- ◉ **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Policies:

The State Regulations governing the administration of medications by waiver providers are outlined in Title 14 NYCRR Part 633.17. Administrative Memorandum #2003-01 summarizes the requirements for providers and gives guidance to providers regarding the implementation of regulations.

The RN is responsible for developing an individualized plan for nursing services for any participant who requires nursing care, including those who require medication administration for diagnosed medical conditions. Such plans must be updated at least annually or whenever there is a significant change in the participant's condition.

The provider's program planning team (with input from a registered nurse, physician, or physician's assistant) must evaluate participants within three months of their entrance into a residential facility regarding their ability to self-administer (with re-evaluation on an annual basis). The evaluation is based upon the following designations: independent self-administration, self-administration with supervision, self-administration with assistance, or incapable of self-administration.

If anyone besides the RN administers medication in a facility, the RN must document that Direct Support Professionals (DSPs) have been educated about the chronic conditions and related health care needs of each participant in their care.

The RN shall also ensure that there is a participant specific medication sheet for each medication that is administered. This sheet shall include all of the information required by 14 NYCRR section 633.17(a)(17)(iii). If there is any change in the medication regimen, or if a new medication is added to the regimen, the staff is required to notify the RN prior to administering the medication.

If a participant is prescribed medication for behavior modification or to control maladaptive or inappropriate behavior, or for a co-occurring psychiatric disorder, she/he must provide informed consent. The team should confirm his/her capacity to provide informed consent. In those cases when the program planning team unanimously agrees that the person does not have capacity to give informed consent, the team shall provide an evaluation that includes a detailed analysis as the basis of its opinion. The results of the evaluation must be in writing and documented in the participant's clinical record and, if not completed by a NYS licensed psychologist or

physician, must be confirmed by one of these licensed professionals. If the individual is found to lack capacity to consent, a capable person or a surrogate decision-maker must give informed consent to such medication after he or she is told the purposes, risks and benefits of the medication, and any alternatives to the administration of the medication, in addition to an instruction that the person is free to withdraw his or her consent at any time without prejudice.

It shall be the responsibility of the Registered Professional Nurse to determine which nursing procedures, including medication administration, unlicensed direct care staff will be allowed to perform, and which unlicensed DSPs will be allowed to perform them. The Registered Professional Nurse exercises professional judgment as to when delegation is unsafe and/or not in the participant's best interest.

When making a decision regarding a nursing task or activity, the RN assesses the following:
-complexity of the task;
-condition/stability of the participant; and
-training, skill and experience of the staff involved, including relevant factors related to the participants ability to safely provide nursing services.

Under the Nurse Practice Act, the State Education Department has allowed unlicensed staff to assist certain participants to administer their medications. This includes participants who are Self Directing (but may not be able to physically take their medication), those who are Self Administering but require supports, and individuals who are unable to administer their own medication.

Training:
RNs who do not have previous experience in the field of intellectual/developmental disabilities (ID/DD) nursing will be required to complete an orientation for registered nurses in ID/DD nursing within three months of being hired.

It is the responsibility of the RN to provide initial and on-going training to unlicensed DSP staff in all nursing tasks and/or functions that they will perform, including medication administration. The RN must periodically review that the performance of unlicensed staff is consistent with standards of care and training. An RN can de-certify a direct care staff at any time if, in the opinion of the RN, the DSP staff is unsafe in medication administration.

Medication administration is taught utilizing a standard curriculum approved by OPWDD.

Unlicensed DSP staff are separately certified for medication administration by the provider's RN. The training is standardized and the curriculum is provided by OPWDD. In order to be certified, the DSP must complete:
-4 workdays of training in medication administration;
-Two examinations of at least 50 questions each (a pool of questions provided by OPWDD for use by the provider) where the student must obtain a score of 80% or better; and
-A clinical practicum that includes pouring, administering, and recording medications with no errors on three separate occasions to all participants (defined as a medication pass) at the certified setting where the staff is permanently assigned. If a direct care staff is reassigned, they cannot administer medication until they complete an error-free medication pass supervised by an RN.

Each DSP must be recertified at least once a year by a registered nurse who reviews the DSP''s performance over the past year and observes one errorless medication pass. In addition, the RN will review the following with the unlicensed DSP:
-Updates on medications;
-Updates on policy;
-The "5 Rights" of medication administration which is ensuring that the right person receives the right medication, in the right dose, through the right route (e.g., by mouth, on the skin, etc.), at the right time
-One errorless medication pass

Certification to administer medication is not transferrable from one agency to another.

**iii. Medication Error Reporting.** *Select one of the following:*

○ **Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**
*Complete the following three items:*

(a) Specify State agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record:*

(c) Specify the types of medication errors that providers must *report* to the State:

◉ **Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

In order to be certified by OPWDD, a provider must have a policy in place to review medication administration and to record/report errors. All medication administration errors must be documented in a participant's record, however, if the error does not result in an adverse effect, it is not required to be reported.

If an incident falls under the category of a serious reportable incident as defined by regulation part 624, a provider must report the incident to OPWDD through the electronic Incident Report Management Application (IRMA) for additional review. This would include a medication error where a person evidences marked adverse effects or a person''s health or welfare is in jeopardy due to:
-The administration of medication in an incorrect dosage, in an incorrect specified form, by incorrect route of administration, or which has not been prescribed or ordered;
-Administration of a medication to the wrong person; and
-Failure to administer a prescribed medication.
Any medication administration which requires admission to a hospital falls under the category of a serious reportable incident, and must be reported to OPWDD in writing.

All medication errors that rise to the level of a serious reportable incident, including administration errors and procedural errors are trended by DQI.

iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Ongoing Oversight

Through an established DQI survey procedure, OPWDD verifies the adherence to policies and procedures related to medication administration and the semi-annual review of the medication administration regime for participants in all certified residential facilities; the providers are audited against their own reporting procedure. OPWDD also ensures through regulation that all providers which assume the responsibility to administer medications (residential or non-residential) have person-specific information available regarding the medications made available to staff / family care provider.

OPWDD's Division of Quality Improvement (DQI) reviews these requirements as part of a provider's annual review. 100% of providers are reviewed through this process annually. Providers found to have issues in their review of medication administration regimes, or in the accurate administration of medication will be issued a Statement of Deficiency (SOD) which the provider must address by creating a Plan of Corrective Action (POCA) which DQI reviews, approves, and later verifies its implementation.

Any trends identified through the DQI survey process are reviewed; if appropriate, advisory letters will be issued by DQI to all providers.

Reportable Incident Review
If an incident falls under the category of a serious reportable incident as defined by part 624 of the regulations, a provider must enter the incident into IRMA. These incidents are reviewed by OPWDD's Incident Management Unit (IMU) staff, resulting in appropriate follow-up. Incident information is aggregated and reviewed by DQI staff for trends.

If an incident results in the death of a participant, the IMU reviews the situation. The NYS Commission on Quality of Care and Advocacy for Persons with Disabilities also reviews all deaths of participants in the waiver program.

## Appendix G: Participant Safeguards

### Quality Improvement: Health and Welfare

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. **Methods for Discovery: Health and Welfare**
***The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.*** *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. **Sub-Assurances:**

a. ***Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instancesof abuse, neglect, exploitation and unexplained death.*** *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**The number and percent of critical incidents reported within appropriate timeframes. (Percentage= number of critical incidents reported within appropriate timeframes/total incidents reported).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**Incident Reporting Management Application (IRMA)**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of critical incident investigations that were initiated within the appropriate timeframes. (Percentage=critical incident investigations that were initiated within the appropriate timeframes/total critical incident investigations).**

**Data Source** (Select one):

**Other**
If 'Other' is selected, specify:
**Incident Reporting Management Application (IRMA)**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of critical incident investigations that were completed within the appropriate timeframes.(Reporting to be implemented 7 months after the regulation is effective).**
**(Percentage=number of critical incident investigations that were completed within the appropriate timeframes/total number of critical incident investigations completed).**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:
**Incident Reporting Management Application (IRMA)**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |

| | | |
|---|---|---|
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of critical incident investigations where there was evidence that the necessary protections of affected individuals were implemented when appropriate.(Percentage= number of critical incident investigations where there was evidence that the necessary protections of affected individuals were implemented when appropriate/total number of critical incident investigations).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**IRMA**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | | ☐ **Other** |

| | | |
|---|---|---|
| | ☑ **Continuously and Ongoing** | Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☑ **Other** Specify: Specify: Semi-annually |

**Performance Measure:**
**The number of restrictive physical interventions (take downs and floor holds) recorded in the Restrictive Intervention Application (RIA). Note: this measure will provide initial baseline information that will help to target continuous quality improvements to reduce the use of physical interventions.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**Restrictive Intervention Application (RIA)**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**The number and percent of physical and sexual abuse allegations that were appropriately reported to law enforcement (Percentage = number of physical and sexual abuse allegations that were appropriately reported to law enforcement/total number of physical and sexual abuse allegations).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**IRMA**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☑ **Other**<br>Specify:<br>Semi-annually |

**b.** ***Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**c.** ***Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**d.** ***Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
OPWDD has a comprehensive process for identification and remediation of problems and deficiencies that impact on the individual's health and welfare. The process begins with OPWDD DQI survey activity. All HCBS waiver providers and all certified programs/sites are reviewed annually by DQI and are also reviewed prior to renewal of operating certificates (recertification survey visits). DQI's survey protocols are extensive and reflect a review of the major elements of regulations, provider responsibilities, and health and safety of individuals served. These protocols include a review of provider compliance with 14 NYCRR Part 624 which outlines OPWDD's extensive processes for addressing incidents and allegations of abuse, and 14 NYCRR Part 633 "Protections of Individuals Receiving Services" which sets forth standards for ensuring and promoting the protection of persons served. Surveyors utilize a variety of techniques to gather information including observation, interviews, documentation reviews, and facility and physical plant reviews. In 2011, OPWDD enhanced oversight of Incident Management by establishing a centralized unit within DQI, the sole function of which is to follow up on incidents of abuse and neglect to ensure that appropriate actions are taken. Together with the Statewide Committee on Incident Reporting (SCIR), the Incident Management Unit analyzes date from these incidents for systemic remediation

and systems improvement. SCIR is an interdivisional committee and also comprised of OPWDD stakeholders: SCIR is chaired by a senior manager within OPWDD and meets regularly to review statewide data and trends from incident reports and investigations. SCIR monitors statewide issues related to identification, reporting and management of incidents involving care and treatment of individuals served. SCIR also develops statewide policy and alerts to the field to address issues identified through trend analysis. At least semi-annually incident data is aggregated to determine the most frequent causes of incidents/allegations and if there are common contributing factors. Based on this analysis, SCIR issues alerts to provider agencies and targets training to risk areas.
Centralized Investigations of abuse and neglect: In 2011, OPWDD overhauled the OPWDD Investigations function by creating a centralized Investigation Unit with a lead investigator and centralizing the function to ensure an independent, unbiased process for investigations of state provided services/facilities. In addition, all providers are now required to immediately report all incidents of physical and sexual abuse that are possible crime to law enforcement. New regulations were promulgated that require all investigations (across state and voluntary provided operations) to be conducted at arm's length. Additional enhancements to come in 2012-13 include: establishment of consistent investigator training and competencies; standardization of investigations report formats and entry into the State Incident Management Reporting Application (IRMA);establishment and monitoring appropriate timeframes for the initiation and completion of investigations;establishment of criteria and processes when OPWDD's Centralized Investigation Unit will closely monitor the investigations of voluntary providers
Mortality Review: Effective in 2012, NYS OPWDD has partnered with the University of Massachusetts Medical School's Center for Developmental Disabilities Evaluation and Research Center to establish an enhanced mortality review system across New York State, consistent with current national practice standards in the field of developmental disabilities and mortality review. At the center of this system is regional Mortality review committees and one statewide Central Mortality Review Committee. As part of ongoing quality improvement, OPWDD is revising the process of statewide and regional mortality review. Regional Mortality Review Committees will be used to provide an expert review of potentially preventable deaths, identify system's issues that increase risk of mortality, and propose solutions to improve the quality of supports and services across the system. When fully functional, the Mortality Review Committees will be an important component of the quality improvement systems within OPWDD.

MANDATORY REPORTING on the USE of SCIP-R RESTRICTIVE PERSONAL/ PHYSICIAL INTERVENTIONSA new database and tracking system has been developed to collect information pertaining to the use of SCIP-R restrictive personal/physical interventions in state and voluntary operated programs. This system, the Restrictive Intervention Application (RIA), is modeled after the Incident Report and Management Application (IRMA) system currently in place for incident management. Collection of this information will assist OPWDD and voluntary providers in tracking and trending the use of SCIP-R restrictive personal/physical interventions on a statewide basis. Ultimately, the RIA data will be linked to the IRMA data and will allow agencies to monitor, track/trend and analyze the relationship between SCIP-R restrictive personal/physical interventions, resulting injuries, abuse allegations and the frequency of staff involvement. This initiative is part of OPWDD's QI strategy. The baseline data collected (see PM above) will help to target areas for quality improvement to reduce the need for physical interventions to be used in 2012-13 include: establishment of consistent investigator training and competencies; standardization of investigation report formats and entry into the State Incident Management Reporting Application (IRMA);establishment and monitoring appropriate timeframes for the initiation and completion of investigations;establishment of criteria and processes when OPWDD's Centralized Investigations Unit will closely monitor the investigations of voluntary providers and when OPWDD's Investigators will actually conduct the investigations of voluntary providers.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
At the end of each DQI survey described above, survey teams conduct exit interviews and inform the agency of findings and if any findings represent issues requiring immediate correction. This information is documented on Exit Conference Forms which highlight all deficiencies and are presented to an authorized representative of the agency for signature acknowledging their receipt of the Exit Form. The form requires that all deficiencies be addressed within 30 days. For deficiencies that result in a 45 day letter, DQI verifies correction in 45 days. For all other deficiencies, corrections are verified during the next visit.

A Statement of Deficiency (SOD) is issued to an agency and a Plan of Corrective Action (POCA) required from the agency for serious, systemic and/or pervasive or egregious issues/deficiencies identified during the survey process. For example, situations in which it is determined that conditions or practices exist which, if allowed to continue, have a high probability of causing harm if the threat is not removed will result in an SOD requiring the agency to submit an acceptable POCA to DQI within 10-20 days depending upon the nature of the deficiency.

A POCA must outline the provider's planned action to correct every specific regulatory deficiency, the expected completion date of the correction, and provider actions to ensure continued regulatory compliance in the future. DQI reviews all POCAs and conducts follow up activity to ensure the problems and deficiencies have been corrected. Failure of an agency to submit and implement an acceptable POCA could result in the decertification and/or cancellation of the HCBS Medicaid Provider Agreement.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

- ◉ **No**
- ○ **Yes**

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

**Quality Improvement Strategy: Minimum Components**

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

## Appendix H: Quality Improvement Strategy (2 of 2)

### H-1: Systems Improvement

**a. System Improvements**

**i.** Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

OPWDD's waiver assurance quality framework, a subset of OPWDD's larger statewide comprehensive quality improvement strategy (QIS), ensures that OPWDD achieves its mission, vision, values, guiding principles, and strategic goals and objectives (including the developmental disability transformational goals outlined in NYS's Partnership Agreement and the transition to a managed care infrastructure). OPWDD's waiver purpose is reinforced by various components of OPWDD's QIS, designed to ensure that the expectations of waiver participants and stakeholders are met, that services are of the highest quality, and that individuals served are healthy and safe. The foundation of OPWDD's QIS is built upon discovery through performance metrics, reporting to stakeholders, and systems wide analysis and collaboration that leads to effective remediation strategies, quality of care enhancements, and ultimately mission-driven progress.

Beginning with the 2011-12 enhancements to OPWDD's continuous quality improvement infrastructure and processes (detailed in the Quality Work Plan submitted to CMS on January 20, 2012) OPWDD has continued to develop a quality improvement infrastructure that permeates through leadership, management, and Regional Office staff from all functional divisions/units and across stakeholder work groups. This construct established a series of committees that interface and create a framework to develop, monitor and revise quality improvement initiatives and transformation reforms throughout the developmental disability service system in New York State. They include: Quality Improvement Steering Committee (QISC)(also known as the Joint Application Development Team)- the lead committee charged with providing vision and strategic direction for transformation and quality improvement that results in system reforms and continuous quality improvement across the OPWDD enterprise; Application Development teams for key programmatic and administrative areas, and a Transformation Steering Committee.

OPWDD's stakeholder transformation teams are designed to guide the system, identify critical areas for improvement, coordinate new and ongoing efforts, and develop strategies to make sure that the system is person-centered and sustainable. They focus on: preparing the system to transition to managed care; achieving transformation goals; and continuing to work with the provider community to find efficiencies and foster innovation. The Managed Care Implementation Team guides OPWDD and provider agencies in forming developmental disabilities individual support and care coordination organizations (DISCOs) while ensuring a smooth transition and continuity of high quality of services. The Service Transformation Team develops strategies, engages stakeholders, and help track progress in achieving the quarterly benchmarks outlined in the transformation agreement. The Provider Efficiency and Innovation Team engages stakeholders to recommend, develop, track, and implement wide-ranging strategies to create system efficiencies and spread innovations that benefit services for people with developmental disabilities.

OPWDD's key organizational divisions are engaged in trending, prioritizing and implementing systems improvements and transformation reforms. The Bureau of Strategic Planning and Performance Measures ensures that OPWDD has meaningful performance measures that result in accountability and continuous quality improvement throughout the enterprise, and: spearheads OPWDD's involvement, implementation, and analysis of the National Core Indicators (NCI) used for quality improvement at the OPWDD systems level and is involved with the evaluation and accountability of OPWDD's transformation initiatives as outlined in the OPWDD Evaluation Plan and the OPWDD Accountability Plan incorporated as components of the OPWDD Quality Strategy which was submitted to CMS in November 2013.

The Divisions of Person Centered Supports and Service Delivery have responsibility for spearheading OPWDD's transformation initiatives related to: competitive employment; self-direction; expanding community integrated housing options, Money Follows the Person (MFP) and deinstitutionalization; development of the specialized managed care plans; and for developing continuous quality improvement strategies.

The Division of Quality Improvement (DQI) is responsible for monitoring regulatory compliance and certifying all community programs (both state-operated and not-for-profit community residential, day, clinic and free-standing respite programs), and the review of HCBS Waiver and Medicaid Service Coordination (MSC) services. DQI is comprised of: Bureau of Program Certification (BPC), Incident Management Unit (IMU), Bureau of Continuous Quality Improvement (CQI): BPC is responsible for review and certification of OPWDD's programs and services while IMU provides real-time oversight of the critical function of incident management statewide reviews incidents to ensure appropriate protective measures are taken and that required notifications to entities are completed as appropriate (i.e. law enforcement); provides feedback to providers if there are concerns related to the comprehensiveness and adequacy of corrective actions.; works in conjunction with the New York State Justice Center for the Protection of People with Special Needs, OPWDD's Office of Investigations and Internal Affairs and the OPWDD Office of Employee Relations, as well as the OPWDD Statewide Committee on Incident Review (SCIR) and Local Incident Review Committees, to ensure a strong, coordinated approach is taken in response to any abuse allegations or other serious incidents that may occur within voluntary and state-operated service providers; responsible for managing the Incident Report and Management Application (IRMA) and reviewing and analyzing the data to identify significant trends to ensure they are responded to appropriately to improve the quality of services to individuals served. IMU staff are available 24 hours per day seven days per week to consult with providers, to ensure that timely and appropriate safeguards are in place for individuals served and provide other DQI staff with pertinent information for monitoring and evaluation. They alert BPC staff of significant untoward events for immediate follow up, as needed and develop appropriate and standardized trend analysis reports for the Commissioner and Leadership Teams review, as well as specific trend reports that will be required to be completed on an annual basis by all providers of service in accordance with Part 624 regulations.

CQI: develops and implements projects critical to OPWDD's core mission as well as internal to DQI; developing, designing and improving protocols and survey processes used by the Bureau of Program Certification in their on-site survey work; analyzing and

reporting on performance measures from these surveys and recommending improvements resulting from the analysis. CQI designs and implements provider training twice annually and works with other units/divisions within OPWDD in developing the QI strategy. Data is aggregated and reported to OPWDD leadership and is used to complete the annual waiver reports to CMS. CQI also oversees, coordinates and/or project manages a number of committees devoted to recommending quality improvement priorities.

The Bureaus of Audit Services (BAS) and Enterprise Solutions conduct provider oversight. BAS conducts financial accountability and corporate governance audits for all provider agencies that operate under OPWDD's auspices. In addition to overall financial accountability, these reviews focus on board governance, oversight of executive directors, internal controls, use of agency resources, and fiscal viability. The Bureau of Enterprise Solutions has a calendar of post-payment reviews that are applied against HCBS waiver claims to identify overlapping or inappropriate claims. Inappropriate claims are either voided or adjusted or the provider is required to repay the claim. The data is aggregated and reported on a monthly basis to the NYS Office of the Medicaid Inspector General (OMIG).

OPWDD's committee and organizational framework is intended to evolve and change as quality improvement projects commence and are completed and new quality improvement priorities are initiated. These committees and/or relationships are useful in describing how continuous quality improvement is being designed, developed, implemented and evaluated within OPWDD's enterprise. OPWDD's Commissioner, advised by the committees and organizational units described, and in conjunction with the Single State Medicaid Agency and the Governor's Office, makes final decisions on the prioritization of systems improvement initiatives.

New York State Legislation enacted in 2013 provided that a joint advisory council chaired by the commissioner of OPWDD and the commissioner of health will advise both agencies regarding the oversight of DISCOs. This 12-member council includes individuals with developmental disabilities, family members of, advocates for, and providers of services to people with developmental disabilities; three members will also be members of the special advisory review panel on Medicaid managed care. The charge is to review all managed care options provided to individuals with developmental disabilities, including the adequacy of habilitation services, the record of compliance with person-centered planning, person-centered services and community integration, the adequacy of rates paid to providers and the quality of life, health, safety and community integration for individuals with developmental disabilities enrolled in managed care. Council findings and recommendations will be reported to the commissioners and the New York State legislative leaders.

As the Single State Medicaid Agency, DOH's primary focus is to ensure that OPWDD's systemic operation of the HCBS waiver adheres to six waiver assurances. DOH's primary oversight activities take place in the following areas: Multifaceted Individualized Service Plan (ISP) reviews; Critical Significant Events (CSE) monitoring and participation in the monthly Central Mortality Review Committee (CMRC); OPWDD’s surveillance of waiver providers, including participation in the monthly OPWDD Early Alert Committee; Medicaid enrollment of qualified providers; participation in the OPWDD Joint Advisory Council Meeting; timely and accurate CMS 372 reporting. The DOH Waiver Management Unit (WMU) continuously strives to enhance communication and collaboration with OPWDD, along with other divisions and units in DOH involved in waiver oversight activities described in Appendix A.2.b.

**ii. System Improvement Activities**

| **Responsible Party***(check each that applies):* | **Frequency of Monitoring and Analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☑ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Quality Improvement Committee** | ☑ **Annually** |
| ☐ **Other**<br>Specify: | ☐ **Other**<br>Specify: |

**b. System Design Changes**

**i.** Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

The evaluation of systems design changes resulting from OPWDD's quality management and quality improvement activities is achieved through the committee processes described above. Ultimately, the OPWDD Leadership Team is the entity that prioritizes all agency-wide system improvement activities and is responsible for the effectiveness of strategic implementation. The OPWDD Leadership Team is advised by the Quality Improvement Steering Committee, the Commissioner's DD Advisory Council established by NYS Mental Hygiene Law (13.05) and comprised of self-advocates, family members, provider representatives, and other stakeholders, and a broad array of other internal and external stakeholders that represent various constituencies including the following:
-- OPWDD Provider Associations;
-- The Self-Advocacy Association of New York State;
-- The Statewide Committee for Family Support Services; and
-- Tribal entities.

OPWDD engages in consistent and regular communications with these stakeholders on strategic priorities and systems improvement activities. These stakeholders, through various mechanisms, have a major role in providing input and recommendations to OPWDD. Stakeholders also play a major role in evaluating systems improvement actions. OPWDD collaborates with the Department of Health (DOH) (the Single State Medicaid Agency) to share quality improvement findings and best practices.

OPWDD's Statewide Comprehensive Plan, a public document that spans a five year period and is updated annually, was developed in partnership with stakeholders and describes the major elements of OPWDD's quality management strategy. It outlines OPWDD's current standards for systems improvement which centers around six key goals:
--People with developmental disabilities have plans, supports, and services that are person centered and as self- directed as they choose.
--People with developmental disabilities are living in a home of their choice.
--People with developmental disabilities are able to work at paying jobs and/or participate in their communities through meaningful activities.
--People with developmental disabilities have meaningful relationships with friends, family, and others of their choice.
--People with developmental disabilities have good health.
--Services and support for people with developmental disabilities shall be of the highest quality, flexible, fiscally responsible, and embrace the rich diversity of both the people served and the workforce.

The DOH oversight of the OPWDD QIS consists of the following:
1. Annual review of Individual Service Plans (ISP): a) DOH selects a statistically valid sample of ISPs, and oversees the OPWDD DQI ISP review of this sample using the Inter-rater reliability review (IRR) process outlined in Appendices A and D. DOH works closely with OPWDD to identify individual and systemic deficiencies and to monitor and evaluate remediation; b) DOH completes a fiscal review of a subset of the statistically valid DOH sample of ISPs to assure that services documented in the ISP match the corresponding Medicaid Claims Detail Report (CDR) found in NYS Data Mart and that the ISP documentation is complete and accurate. DOH identifies individual and systemic deficiencies and works closely with OPWDD to monitor and evaluate remediation.
2. Critical and Significant Event (CSE) notification by OPWDD: a) DOH monitors OPWDD adherence to the interagency CSE Notification Policy and works closely with OPWDD to clarify policy and procedural issues with the goal of improved reporting; b) DOH and OPWDD confer frequently about CSE reporting practices and identified trends; c) Semi-annually, DOH trends and aggregates reported CSEs and shares this report with OPWDD for review and additional discussion; d) Twice yearly, DOH selects a 10% sample of reported CSEs in order to monitor that CSE investigations are completed and closed.
3. Stakeholder communication: DOH assists OPWDD consumers, families and providers as requested. When applicable, DOH shares stakeholders' issues with OPWDD and the two agencies work together to address and resolve problems.
4. Standing Interagency Quarterly Meeting: DOH and OPWDD meet quarterly to review the overall waiver quality assurance program and use a standing quality assurance agenda to ensure consistency. Agenda items include: a) Status of ongoing quality assurance systemic remediation activities; b) Regulatory changes; c) Policy clarifications; d) Proposed activities; e) New quality assurance initiatives. The goal of the standing interagency meeting is to enhance interagency communication, collaboration and evaluation of waiver quality monitoring and quality improvement activities.
5. Medicaid Enrollment of OPWDD Waiver Providers: a) DOH ensures that OPWDD approved waiver service providers meet and maintain the standards for continued Medicaid enrollment and reimbursement; b) New waiver service provider rosters are shared with DOH by OPWDD; c) DOH and OPWDD work together to dis-enroll waiver providers from Medicaid when required.
6. Oversight of OPWDD's surveillance of waiver service providers: a) DOH reviews the OPWDD DQI monthly report/Monthly Surveys with Deficiencies Report and when required, confers with OPWDD for clarification and updates; b) DOH participates in the monthly OPWDD DQI Early Alert meeting and monitors OPWDD's Early Alert process; c) DOH tracks the status of waiver service providers on the Early Alert list and updates DOH leadership as warranted.
7. Participation in OPWDD Waiver and Quality Assurance Statewide Trainings to assure that DOH's knowledge of OPWDD's policy and procedures remain current.
8. Policy liaison between affected DOH, OPWDD Medicaid systems and other affected state staffs and/or concerned parties to assure that Medicaid evolution projects and other systems activities that pertain to the Special Population Waivers are appropriate and if germane, that they are completed and running properly. a) Track Evolution Projects that are relevant to the effective, efficient and cost saving management of the OPWDD HCBS Waiver Program.
9. Track federal and state audits that pertain to OPWDD and in particular to the OPWDD HCBS Waiver to insure that these audits are resolved and followed up suitably in the best interest of all involved parties.
10. Monitor federal websites that present policy changes that often directly and tangentially affect the OPWDD HCBS Waiver Program.

**ii.** Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

OPWDD's mission is to "help people with developmental disabilities live richer lives." OPWDD recognizes that this mission requires innovation and continuous quality management and improvement. This process must demonstrate accountability to the people we serve, to government entities that fund our services, to the taxpayers, and to other stakeholders.

Quality improvement and evaluation are not one time events. By definition, quality improvement is an ongoing effort to improve services and processes. As a result, OPWDD's HCBS quality improvement strategy is reevaluated at least annually based on the discovery, remediation and analysis activities described throughout this application. DQI, in collaboration with the Waiver Management Unit, the Quality Improvement Steering Committee and subcommittees and other appropriate units/divisions, is responsible to facilitate this reevaluation process. Recommended changes to the quality improvement strategy are reviewed by the OPWDD Leadership Team in consultation with appropriate stakeholders, and the Department of Health (DOH) (the Single State Medicaid Agency).

In January 2008, OPWDD adopted the National Core Indicators (NCI) to measure performance of NYS's developmental disability

service delivery system and create strategies for system improvement. The NCI enhances OPWDD's quality improvement process by analyzing and sharing data on outcomes which are important to stakeholders, including people served and family members. The primary survey protocol used annually by OPWDD is the Consumer Survey, a standardized instrument designed to assess individual outcomes for people with developmental disabilities. The Consumer Survey measures constructs that defines the quality of service delivery from the perspective of individuals with developmental disabilities and their families. Specifically, the Consumer Survey consists of indicators in the following domains: Home, Employment, Health and Safety, Choice, Community Participation, Relationships, Rights, and Individual Satisfaction.

After five years of continuous data collection, NYS now has a data set of approximately 10,000 cases. OPWDD has been able to benchmark the agency's performance year to year and compare our outcomes with other states that have comparable service delivery systems. Outcomes are assessed on an annual basis and are shared with policy makers and the public through various reports including the: Statewide Comprehensive Plan; Interim Report; Governor's Quarterly Report; Commissioner's Dashboard; Consumer Outcomes Annual Report; and New York State Report.

Based upon specific outcomes from the data, OPWDD makes decisions that impact the service delivery system statewide. The NCI will continue to be an essential enterprise level set of performance measures in NYS and will help OPWDD assure quality in the HCBS Waiver.

DOH's continuous evaluation of effectiveness of the QIS process is as follows:
1. Continuous:
-Communication with OPWDD regarding any and all HCBS issues and concerns;
-Monitor reported OPWDD Critical Significant Events (CSE);
-Conduct DOH ISP Fiscal Reviews;
-Conduct DOH ISP IRR Reviews;
-Monitor OPWDD website and LISTSERVs;
-Track and monitor Federal and State Audits that pertain to OPWDD and in particular to the
OPWDD HCBS Waiver;
- Track Evolution Projects that are relevant to the effective, efficient and cost saving management of the OPWDD HCBS Waiver Program.
- Monitor on an ongoing basis Federal websites that present policy changes that often directly and tangentially affect the OPWDD HCBS Waiver Program.
2. Monthly:
-Aggregate and analyze reported OPWDD CSEs and conduct internal reviews of these reports for monitoring, tracking and trending;
-Maintain a DOH/OPWDD Communication Log for CSEs to ensure remediation timeliness &/or discuss strategies for improvement/new approaches.
-Participate in OPWDD Early Alert Committee meetings and review/analyze pertinent meeting data;
-Participate in OPWDD Central Mortality Review Committee meeting and review/analyze pertinent meeting data;
3. Quarterly: DOH and OPWDD meet to:
-Follow an agreed upon standing agenda to ensure all assurances are appropriately reviewed, tracked and data sources are trended;
-Complete cross systems reviews; and
-Assure all outstanding remediation and QI issues are addressed and any new strategies are developed, along with a timeline for implementation.
4. Semi- annually: Receive and analyze aggregate reports from OPWDD about OPWDD DQI ISP Review of the DOH statistically valid sample.
5. Annually:
-Review all performance metrics;
-Identify issues/areas requiring systemic remediation;
-Identify needed systemic remediation with OPWDD;
-Establish methodology for evaluation of identified systemic remediation and create and implement timeline for systemic remediation when needed;
6 As Needed:
-Address reported consumer identified issues;
-Provide OPWDD with timely feedback; and
-Monitor all identified consumer issues to ensure thorough resolution.

## Appendix I: Financial Accountability

### I-1: Financial Integrity and Accountability

**Financial Integrity.** Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

HCBS Waiver services are provided directly by the State operating agency (OPWDD) through its regional offices or DDROs. HCBS Waiver services are also delivered by provider agencies, which are non-profit organizations. Non- profit organizations include not-for-profit corporations formed under New York State Law or authorized to do business in New York. All HCBS Waiver services are subject to independent financial audits.

Statewide audits of Medicaid funded programs are conducted by the office of the Office of the State Comptroller (OSC), the Office of the Attorney General (AG), the Department of Health, and the Office of the Medicaid Inspector General. In addition, the operating agency and local counties also conduct reviews and audits of Medicaid funded programs. Within 90-days following each calendar year the state will submit to CMS a report which identifies the oversight activities and associated results for the fiscal integrity activities / measures described in Appendix I that were preformed and concluded within the calendar year.

Annual Cost Reporting and Auditing :
Cost reporting for both public (OPWDD) and non-profit HCBS waiver services will be subject to review. OPWDD HCBS waiver cost reporting will be made in a CMS agreed-upon format beginning with the State Fiscal Year ending March 31, 2014, and will be subject to independent examination. The OPWDD Cost Report will be submitted to CMS within 16 months after the close of the reporting period.

OPWDD will either contract with an auditing firm to perform audits or perform their own audits of private provider cost reports for a representative sample of private providers on an annual basis; and complete these audits within 12 -18 months of the date required for filing these cost reports. The state will contract with an independent auditing entity for the review of private provider (not-for-profit) HCBS cost reporting beginning on January 1, 2015 for private providers of services with fiscal years ending in calendar year 2013.

Billing and Claiming Reviews :

The MA Agency (Department of Health, DOH) conducts a sample of Individualized Service Plan reviews to validate that services listed in the ISP are reflected in the MA Claim Detail Report. Corrective action is taken as necessary. (See Appendix A: QIS A. ii- A.i.8)

The Operating Agency conducts Post Payment reviews of HCBS Waiver claim data, which are conducted by OPWDD's Division of Fiscal and Administrative Solutions (DFAS). In addition, OPWDD's Division of Service Delivery also conducts a corporate compliance function for OPWDD's HCBS Waiver services.

To ensure the integrity of provider claims for Medicaid payment of waiver services, the Office of the Medicaid Inspector General (OMIG) conducts audits of waiver providers as part of the agency's fiscal audit plan. All waiver providers are subject to audits performed by the OMIG. Effective with services delivered on or after 4/1/13, OPWDD, working in conjunction with the OMIG, will adjust its audit strategy to subject all providers to billing and claiming audit, including state HCBS waiver service delivery operations. Our selection strategy will ensure all waiver services, including Consolidated Supports and Services, receive coverage during the audit cycle.

Each year, OPWDD will establish an audit pool that includes all public and private providers of waiver services, removing those that are scheduled for audit by the New York State Office of The Medicaid Inspector General (OMIG), or are held in abeyance due to a request by the New York State Attorney General's Medicaid Control Fraud Unit (MCFU). Remaining providers will be divided into New York City and rest-of-state groupings. At least 30 providers will be selected from those pools using random, statistical selection; 15 from each pool. The Upstate and Downstate pools include private providers and state operations. After our random sample is drawn, additional audits will be added, if necessary, to ensure all waiver services for the audit period receive coverage. In Amendment 07 to this waiver agreement the state will revise this section to reflect a change to the audit protocol to ensure that at least one state provider is included in the sample.

OPWDD's audit approach will be modeled on that used by HHS-OIG, as described in the HHS-OIG audit report A-02-10-01027 and test coverage using a beneficiary-months approach. The audit scope will include all HCBS waiver services and will include no less than the two most recent calendar years of claims. The engagement letter will specify
that NYS retains the right to extend the testing to older claim periods.

The beneficiary months approach requires that for each agency selected, NYS identifies all waiver billings for the audit period. These billings are aggregated by individual/month to obtain the beneficiary-month. Any beneficiary-month with aggregated billing of under $100 will be removed from the pool. A random, statistically valid sample of beneficiary-months will be selected and all service documentation will be reviewed to support all waiver billing during the sample month. Any identified errors will be used to estimate total overpayments using statistical software. The revised audit plan will begin on 4/1/2014 and will initially review Calendar Year 2012 and 2013 claims. Individual audit results will be issued no later than 6 months after the close of field work, barring appeals or legal actions that might delay issuance. In conjunction with the OMIG audit results will be aggregated on a State Fiscal Year basis for performance measurement purposes.

The DOH employs methods to assure financial integrity and accountability through the support system of eMedNY, which is the New York statewide database for all NYS MA information. eMedNY allows for payment to the qualified MA provider who renders an approved MA service to an enrolled MA participant. In addition, the Data Mart is an internal DOH web tool that allows DOH staff to analyze data from eMedNY. The Data Mart may also be used to profile an individual's MA eligibility information, including verification of enrollment in the OPWDD HCBS Waiver, the date of enrollment, and, if appropriate, the date of termination from the Waiver. The Data Mart also provides information about the type(s) of waiver services billed for, including qualified provider, frequency and duration of these services. Furthermore, as part of the MA agency oversight, the DOH Special Populations Group (SPG) reviews a statistically valid sample of OPWDD Individualized Service Plans (ISP) annually to validate that claims are coded and paid in accordance with the reimbursement methodology specified in the waiver agreement and that waiver services billed match the type, amount, duration and frequency of these services as documented in the ISP.

The CMS Annual 372 Report demonstrates the cost neutrality of the HCBS waiver and contains detailed breakouts of waiver expenditures by category of service and for all services provided in a given year. It also documents the number of waiver recipients enrolled in each waiver service during the calendar review year. CMS 372 Report data is calculated by obtaining expenditure data generated by the DOH eMedNY system and is based on date of service for waiver recipients who are identified by program enrollment rosters maintained by the OPWDD.

Compilation of the CMS 372 begins with OPWDD, which prepares the fiscal portion of the report. Once completed, the report is forwarded to the DOH FMG as well as the SPG for review and approval. FMG compares data included in the CMS 372 report to actual MARS expenditure data for the period in question, and if necessary, follow-up with SPG and OPWDD to resolve any apparent discrepancies, or unusual trends. This review serves as a data check to verify that the fiscal data included in the CMS 372 is consistent with current expenditures. FMG uses the DOH

Data Mart system to verify further that the recipient counts included in the 372 report are consistent with those counted on a "date-of- payment" methodology. Again, when inconsistencies are identified, FMG works collaboratively with SPG and OPWDD to clarify and correct errors. Once FMG is satisfied that the CMS 372 Report data is accurate, the report is approved and returned to SPG for completion of the quality assurance portion of the report. SPG sends the completed CMS 372 Report to the Deputy Commissioner, NYS MA Director for final approval and when obtained, the CMS 372 report is forwarded to CMS.

## Appendix I: Financial Accountability

### Quality Improvement: Financial Accountability

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. **Methods for Discovery: Financial Accountability**
***State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*** *(For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")*

i. **Sub-Assurances:**

a. ***Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.*** *(Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**FAa1. # and % of deficiencies identified in the DOH ISP Fiscal Review that were remedied by OPWDD (note also Ai4). Any resulting recoveries will be completed by 6/30 of the year following the waiver year, allowing for provider objection and due process if needed. (Numerator is the # of claims remedied and the denominator is the total # of deficient claims in DOH ISP audit.)**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**Off-site record review (DOH ISP Sample)**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☑ **Representative Sample** Confidence Interval = 5% |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**FAa2. # and % of claims that were denied payment because of the effectiveness of MA & HCBS individual eligibility edits & service or provider authorization edits if programmed in eMedNY. (Numerator is the # of claims denied payment,denominator is the total # of claims that should have failed the claim logic based on OPWDD's review of paid & non-paid claims data.)**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**eMedNY**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| | |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**FAa3 The % and # of paid HCBS claims that are identified in post payment reviews involving res hab that are found to be submitted in error and are remedied. (Numerator is the # of remedied res hab claims & the denominator is the total # of conflicting res hab billings).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**eMedNY**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| | Specify: |

**Performance Measure:**
**FAa4.The % and # of paid HCBS claims that are identified in post payment reviews involving weekend day hab that are found to be submitted in error and are remedied. (Numerator is the # of GDH paid claims w/ a weekend date of service remedied and the denominator is the total # of potentially conflicting GDH claims).**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**eMedNY**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**

**FAa 5. The number and percent of HCBS waiver providers that are identified in OMIG audits for recovery and the error rates, and dollars recovered. Where the numerator is the number of providers with errors and the denominator is the total number of Waiver providers in the service system.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**OPWDD Recovery Database**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**FAa6 : The number and percent of HCBS waiver providers that were subject to Investigations that are complete, and the dollars recovered. Numerator is the number of HCBS waiver providers with completed investigations and the denominator is the total number of providers.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**OPWDD Recovery Database**

| | | **Sampling Approach***(check each that applies):* |
|---|---|---|

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☑ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**FAa7: The number and percent of audits that are initiated annually in accordance with the approved audit plan described in Appendix I-1 of this waiver agreement (Numerator is the number of audits from FAa5 & FAa6 initiated annually and the denominator is the annual commitment in Appendix I-1)**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**OPWDD/OMIG Audit Reports & Tracking Data**

| **Responsible Party for data collection/generation***(check each that applies):* | **Frequency of data collection/generation***(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |

| | | |
|---|---|---|
| | | |
| ☐ **Other** Specify: | ☑ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**b.** ***Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
OPWDD (Fiscal and Administrative Solutions-DFAS) has a calendar of post-payment reviews that are applied against HCBS Waiver claims, to identify overlapping or inappropriate claims. Inappropriate claims are either voided/adjusted or the provider is required to repay the claim. The data is aggregated and reported on a quarterly basis to the NYS Office of the Medicaid Inspector General (OMIG).

FA a2 The number and percent of claims that were denied payment through the eMedNY pre-payment edit checks for individual eligibility and service or provider authorization, is based on the querying of eMedNY claims data and the identification of claims that were not paid based on the following edits:
- Edit 01338 - Recipient not on restricted recipient file: The edit is triggered when a provider submits a claim for an individual that does not have the recipient Restriction/Exception (R/E) code authorizing the service on file in Medicaid.
- Edit 1339 - Recipient not authorized for restricted program on service date: The edit is triggered when a provider submits a claim for

an individual who has an R/E code on file, but the authorization is not in effect for the date of service billed.
- Edit 01340 - Claim provider not equal restriction recipient file provider: The edit is triggered when a provider submits a claim for an individual who has an R/E code on file for the date of service billed, but the authorization is linked to a different provider (ensures that only the appropriate service provider can be paid).

FA a3 The number and percent of paid IRA and Day Habilitation claims that are identified in post payment reviews of potentially conflicting claims found to have been submitted in error and are successfully remediated.
- The number and percent of IRA Residential Habilitation paid claims where there are no instances of duplicate IRA Residential Habilitation billed for the same recipient during the same service month.(Percentage=number of duplicate residential habilitation billings/total residential habilitation billings)

FA a4 The number and percent of paid Day Habilitation claims that are identified in post payment reviews of potentially conflicting claims found to have been submitted in error and are successfully remediated.

- The percent and number of Group Day Habilitation paid claims that have a weekday date of service. The Group Day Habilitation service is only allowed to be delivered on and billed for weekdays.(Percentage=number of Group Day Habilitation paid claims with a weekend day date of service/total number of Group Day Habilitation paid claims)

Performance Measures FA 4,5, & 6)
Frequency of Collection The frequency of OMIG & OAS data collection for HCBS waiver services audits is described in Appendix I-1 and is annual.
Sampling Approach . For OPWDD audits, a random selection of agencies are identified annually for audit to include all HCBS waiver services and will include no less than the two most recent calendar years of claims. At least 30 providers will be selected (15 each from NYC & non-NYC pools). The selection of agencies selected for audit will be adjusted to coordinate with OMIG and other state audit entities. After our random sample is drawn, additional audits will be added, if necessary, to ensure all waiver services for the audit period receive coverage.

**b. Methods for Remediation/Fixing Individual Problems**

**i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
For Performance Measure FAa1, remediation of claims means that Billing and claiming problems discovered in OPWDD's post-payment desk reviews are handled through claim voids in eMedNY. Providers are issued letters listing the specific claims, reasons for the void and instructions for voiding the claims. Providers have an opportunity to dispute claim voids and submit documentation to prevent voids where appropriate. Claims not voided by providers in a given time frame are submitted to the Medicaid Agency for voiding/adjusting. Voids are reported to the OMIG quarterly. Adjustments are allowed in post payments reviews where 100% of claims are subject to review, and the provider demonstrates that a service was in fact provided, albeit initially claimed incorrectly (e.g., a full unit is billed in error when a half unit of service is provided.)

The OMIG is responsible for on-site billing and claiming reviews for OPWDD's HCBS Waiver Providers.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix I: Financial Accountability

### I-2: Rates, Billing and Claims (1 of 3)

a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The DOH establishes all payment rates for waiver services. These payment rates are subject to the approval of the New York State Division of the Budget (DOB).

The Rate Methodology for payment of HCBS Waiver services provided on or after April 1, 2013 are described in Addendum A to this document.

b. **Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

There are two different billing flows, which are described below:

I. For services delivered by voluntary provider agencies, billings flow directly from the provider to New York State's MMIS (eMedNY).

II. All State Operated and OHCDS services billed prior to 5/1/2014 with service dates after 4/1/2014: OPWDD, through its Regional Offices and as an OHCDS, is also an HCBS Waiver provider. For OPWDD-delivered services, claims are submitted to the Medicaid Agency (New York State Department of Health - DOH) for payment of service. In addition, all claim specific information is forwarded, processed and adjudicated through the eMedNY. Any discrepancies between payment and adjudication are reconciled with the Medicaid Agency.

For all waiver services with a service date of 4/1/2014 or thereafter; the state (OPWDD) will process and adjudicate all claims for services, provided by public provides, claims for services provided by its OHCDS, and for any services provided by private providers, through the states MMIS prior to any claiming for Federal Financial Participation. Only valid adjudicated paid claims will be claimed on the quarterly expenditure CMS-64 reports. The claiming process for April and May 2014 services is described in I-3.

## Appendix I: Financial Accountability

### I-2: Rates, Billing and Claims (2 of 3)

c. **Certifying Public Expenditures** *(select one)*:

- (●) **No. State or local government agencies do not certify expenditures for waiver services.**
- ( ) **Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.**

***Select at least one*:**

☐ **Certified Public Expenditures (CPE) of State Public Agencies.**

Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b).*(Indicate source of revenue for CPEs in Item I-4-a.)*

☐ **Certified Public Expenditures (CPE) of Local Government Agencies.**

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). *(Indicate source of revenue for CPEs in Item I-4-b.)*

## Appendix I: Financial Accountability

### I-2: Rates, Billing and Claims (3 of 3)

**d. Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

a) Claims for all HCBS waiver services are adjudicated by eMedNY. The eMedNY system identifies HCBS enrollees with codes that identify the person as HCBS-enrolled and the effective date of the enrollment. Payment system edits require the client record to indicate active Medicaid eligibility and HCBS Waiver enrollment for all dates of service billed. Any HCBS Waiver claim submitted to eMedNY is denied if the individual is not actively enrolled in Medicaid and the HCBS Waiver for the date of service billed.

b) Providers and subcontractors are required to certify that all billings are true and accurate and that services being billed are authorized in the Individualized Service Plan and, where applicable, are supported by a Habilitation Plan. Furthermore, the OPWDD issues Administrative Memoranda (ADMs) for waiver services that identify all elements required for billing Medicaid and provides recommended service documentation formats to ensure appropriate documentation of service. ADMs are available on the OPWDD website. The identification of Waiver services in the recipient's plan is subject to semi-annual review by the case manager. Identification of HCBS services in the person's plan is also the subject of several reviews that are described in New York State's Quality Improvement Strategy for this waiver and in section I-1.

c) OPWDD's Office of Audit Services is responsible for auditing waiver services on a sample basis to ensure that providers are appropriately documenting service provision. OPWDD's Division of Service Delivery performs a corporate compliance function that reviews service documentation of the OPWDD's Waiver claims on a sample basis. Claims not substantiated are subject to recovery. Additionally, the OMIG audits waiver providers as part of the OMIG's fiscal audit plan.

d) As part of the oversight of the SMA agency, the DOH SP/WMU reviews a statistically valid sample of OPWDD Individualized Service Plans (ISP) annually, (as described in Appendix D.1.g 7/8, #3) to validate that Medicaid claims are coded appropriately and paid in accordance with the reimbursement methodology specified in the Waiver agreement, as well as OPWDD policy and acceptable Medicaid practices. As part of this process, ISPs are thoroughly reviewed to assure that services billed via the Claim Detail Report (CDR) match the scope, amount, frequency and duration of services documented in the ISP. Claims not substantiated in the ISPs are subject to inquiry and if found to be unauthorized, are subject to recovery.

NYS controls changes to the MMIS system through the use of "Projects". The term "Evolution Projects" (EP) is used to describe an established project management protocol that coordinates all changes to the MMIS billing and data production to ensure Medicaid eligible individuals are receiving the correct services and that Medicaid Providers bill Medicaid correctly. An EP is a "blue print" to assure that all waiver billing activities follow and meet standard requirements and necessary computer changes related to Medicaid billing occur across relevant systems.

Each EP is assigned a number for tracking purposes. All EPs are monitored by the Evolution Control Board (ECB) that is chaired by the State Medicaid Director. The ECB meets every other month to review projects design, testing, performance and implementation.

An Evolution Project is a management tool used to assure that appropriate edit logic is applied to each project component revision through successful completion. It is a dynamic, consistent systemic approach to support, guide and improve project performance, outcomes and Medicaid billing accuracy.

The focus is to define, refine and manage Medicaid billing system developments or change, increase accountability, timeliness and quality, conserve resources and eliminate error or project failure.

The purpose of EPs is to bring all projects partners/pieces together to:
-review/analyze and assess federal and state legislation that may impact Medicaid recipients, programs and billing accuracy
-share information
-identify issues/make adjustments or corrections
-accommodate any changes
-assure deliverables
-monitor quality

**e. Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

## Appendix I: Financial Accountability

### I-3: Payment (1 of 7)

**a. Method of payments -- MMIS** (*select one*):

- ○ **Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**
- ◉ **Payments for some, but not all, waiver services are made through an approved MMIS.**

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

For services delivered prior to 4/1/14, the following applies:
a) All payments for services are ultimately adjudicated through NYS MMIS (referred to as eMedNY. However, for services provided by the OPWDD or through its OHCDS, claims are first submitted to the Medicaid Agency (New York State Department of Health - DOH) for payment of service on the Standard State Agency Claim Form (DOH-4103). Any discrepancies between payment and adjudication are reconciled with the Medicaid Agency (see I-2b and I-2d).
b) The Medicaid Agency makes the payments to OPWDD. All paid claims are ultimately processed and adjudicated through the eMedNY. Any claims ultimately denied or which have payment adjusted will also be processed through eMedNY.
c) For all payments made outside eMedNY, service information is validated by staff and inputted into OPWDDs tracking and billing system (TABS). TABS includes all information necessary to generate a claim for payment (the individual, the HCBS Waiver service, date of service and all necessary Medicaid identifiers). Based on service recording information in TABS, a claim for payment is prepared and submitted to DOH. The same information is used to transmit service information to eMedNY for adjudication. The DOH claim is ultimately reconciled against eMedNY adjudication. All service recording information in TABS is subject to the fiscal audit program described in I-1. All claim data history is available in the eMedNY Data Warehouse for up to five years.
d) The basis for the draw of Federal funds is the service information which is entered into TABS and subject to fiscal audit. OPWDD completes a DOH-4103 for submission to DOH. All claim expenditures are subsequently reported by DOH on the CMS-64.
For all waiver services with a service date of 4/1/2014 or thereafter the following applies:
The State (OPWDD) will process and adjudicate all claims for services provided by public providers, claims for services provided by its OHCDS, and for any services provided by private providers, through the State's MMIS prior to any claiming for Federal Financial Participation. Only valid adjudicated paid claims will be claimed on the quarterly expenditure CMS-64 reports.
For the months of April and May 2014 only, the State may draw the federal financial participation amount for waiver service claims with dates of service in April and May 2014 based on information from their TABS system prior to being adjudicated through the States MMIS under the following conditions:
1. The draw amount for April 2014 and May 2014, will only include claims for services provided by public providers and OHCDS providers.
2. The computation of the dollar amount of the draw will be based on the revised waiver service rates which will be retroactive to April 1, 2013 using the reimbursement methodology changes in NY waiver amendment NY.0238.R04.06, and based on the units of service for April and May 2014.
3. Prior to the draw for April and May 2014, the State shall submit to the CMS Regional Office, in reasonable detail, the computation of the draw amounts for April and May. CMS will review the draw amounts for reasonableness and use of the revised rates.
4. The State within 60 days following each month end of April and May 2014, will submit all claims associated with the draw amounts for these two months through the States MMIS for claim adjudication. The State will not duplicate the draw of FFP for these claims when submitted through the MMIS.
5. The State (OPWDD) will by the 30th of each month following May 1, 2014, submit to the CMS Regional Office a reconciliation of the draw amounts, including the amount of the draw less adjudicated claims for April and May 2014, with supporting documentation of MMIS claims adjudication for actual payments with dates of service in the months of April and May 2014. The format of the reconciliation shall be approved by CMS.
6. If there is any remaining balance of drawn amounts of Federal Financial Participation less fully adjudicated claims processed and paid though the States MMIS for services in the months of April and May 2014 on September 30, 2014, that balance shall reduce the subsequent draw amount no later than November 1, 2014.
7. If the State does not comply with all of the above conditions, CMS will immediately recover any balance related to the drawn amounts for April and/or May 2014.

○ **Payments for waiver services are not made through an approved MMIS.**

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

○ **Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

Describe how payments are made to the managed care entity or entities:

## Appendix I: Financial Accountability

### I-3: Payment (2 of 7)

**b. Direct payment.** In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

☐ **The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**

☑ **The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**

☐ **The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

☐ **Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.**

Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

## Appendix I: Financial Accountability

### I-3: Payment (3 of 7)

**c. Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

○ **No. The State does not make supplemental or enhanced payments for waiver services.**

◉ **Yes. The State makes supplemental or enhanced payments for waiver services.**

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Prior to the implementation of rate reform 7/1/14, waiver services include payments to pay health care enhancements allowing agencies to increase health care coverage and benefits for employees. We have been advised by CMS that effective with the 4/1/13 amendment to this waiver, such payments are considered supplemental payments. All enhanced or supplemental payments for private providers are included in the rates in the attached addenda.

## Appendix I: Financial Accountability

### I-3: Payment (4 of 7)

**d. Payments to State or Local Government Providers.** *Specify whether State or local government providers receive payment for the provision of waiver services.*

○ **No. State or local government providers do not receive payment for waiver services.** Do not complete Item I-3-e.

◉ **Yes. State or local government providers receive payment for waiver services.** Complete Item I-3-e.

Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish:

HCBS Waiver services are provided directly by OPWDD through its Regional Offices. There are also a small number of local governments and a public university which are authorized as waiver providers. The following services are furnished by these providers: Residential Habilitation, Day Habilitation, Prevocational Services, Supported Employment, Respite, Family Education and Training and Plan of Care Support Services. In addition, OPWDD is the provider of Environmental Modifications and Adaptive Technology services.

## Appendix I: Financial Accountability

### I-3: Payment (5 of 7)

**e. Amount of Payment to State or Local Government Providers.**

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

○ **The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.**

- ○ **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.**
- ◉ **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.**

Describe the recoupment process:

When the CFR is completed, the State will calculate a final rate using the CFR applicable to the rate period for each waiver service using the rate methodology above. The same CFR lines which identify costs used to establish Interim Rates will be used to calculate the Final Rate; since the CFR used for the final rate will be the rate period CFR, trending or adjustments for differences in fringe benefits will not be used for the final rate.

The final average rate for each service will be multiplied by the adjudicated paid Medicaid service units for services provided in the rate period to determine the allowable Medicaid reimbursement. The final allowable Medicaid reimbursement for each service subject to annual reconciliation, will be compared to all associated interim payments for each service, including those processed through eMedNY, for the applicable rate year. If such total payments for any Waiver Service, subject to the annual reconciliation, exceed the final allowable Medicaid reimbursement for such rate period, the State will treat any overage as an overpayment of the federal share, and any overpayment shall be returned to CMS on the next calendar quarter CMS-64 expenditure report. If the total payments for a Waiver Service, subject to annual reconciliation, are less than the allowable Medicaid reimbursement for such rate period, the State shall be entitled to submit a claim for the federal share of such difference.

## Appendix I: Financial Accountability

### I-3: Payment (6 of 7)

**f. Provider Retention of Payments.** Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

- ◉ **Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.**
- ○ **Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.**

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

## Appendix I: Financial Accountability

### I-3: Payment (7 of 7)

**g. Additional Payment Arrangements**

**i. Voluntary Reassignment of Payments to a Governmental Agency.** *Select one:*

- ◉ **No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.**
- ○ **Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).**

Specify the governmental agency (or agencies) to which reassignment may be made.

**ii. Organized Health Care Delivery System.** *Select one:*

- ○ **No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.**
- ◉ **Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.**

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that

OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

a) OPWDD operates as an OHCDS [see 42 CFR 447.10]. OPWDD qualifies as an OHCDS because it also provides direct waiver services with its own employees. The following services are available through OHCDS:
Residential Habilitation, Supervised and Supportive IRA
Day Habilitation
Respite Services
Supported Employment
Pre Vocational
Community Habilitation

b) Under its OHCDS, OPWDD contracts with other providers to furnish HCBS waiver services. OPWDD only contracts with providers that are also HCBS Waiver providers outside the OHCDS. Qualified waiver providers may opt to provide waiver services directly or within the OHCDS.

Provider agencies that deliver services under this waiver are not required to contract with the designated OHCDS. Whether a non-profit organization contracts with the designated OHCDS or not, they are required to complete a waiver enrollment application which must be reviewed by OPWDD and ultimately approved by the single state Medicaid agency (New York State Department of Health).

c) Waiver participants may choose to receive waiver services through an OHCDS or directly from a qualified provider (see B-7a, regarding freedom of choice).

d) As previously noted, providers must go through the process of becoming an HCBS Waiver provider prior to delivering waiver services via the OHCDS contract. Because subcontractors under OPWDDs OHCDS are also separately qualified as HCBS waiver providers, these subcontractors are subject to OPWDD and DOH reviews and quality measures regarding qualified providers (see Appendix c-2). Providers that contract with the OHCDS are required to maintain service documentation that captures all required documentation elements.

e) OHCDS contracts between OPWDD and subcontracting entities are subject to New York State contracting requirements, and are reviewed and approved by the New York State Office of the Comptroller prior to payment to the subcontractor and Medicaid claiming. These OHCDS services are subject to audit by the Office of the State Comptroller, in addition to the Medicaid audit activities of OPWDD, DOH, and the OMIG. Contracts that OPWDD has with contractors under the OHCDS define the OHCDS as being in accordance with applicable federal rules at 42 C.F.R. 434 and 45 CFR.

f) In order to ensure the financial accountability of OHCDS payments, OPWDD has developed an electronic system for service reporting that interfaces with contract information and service authorization information. Effective with services delivered on or after 4/1/13, the rate methodology for OHCDS services will be one statewide rate, and adjustments to the rate will be made based on final audit findings or review, and subject to the methodology described in Addendum A.

SERVICE REPORTING
For each type of waiver service included in an OHCDS contract, OPWDD establishes a unique program in its Tracking and Billing System (TABS). This TABS program identifies the subcontractor agency, the type of waiver service, the open (or close) date of the program, the eMedNY identifier used for claiming, and the contract identifier (used for registering contracts with Office of the State Comptroller). People whom the Regional Office authorizes to receive a particular OHCDS service, are then "added" to the TABS Program by Regional Office staff.

PAYMENT TO THE SUBCONTRACTOR
The contract payment amount the subcontractor is paid for each unit of the OHCDS service provided is maintained in TABS by Central Office staff. The amount the sub-contractor is paid is established using a budget methodology which is initially compared to the subcontractor's historical cost data, comparative costs of similar services in the region, and the level of need of the person being served. The contract, including the contract payment amount, is reviewed and approved by Office of the State Comptroller and the New York State Attorney General prior to the contract payment amount being input into TABS.

After verifying service delivery, the subcontractor agency inputs OHCDS service information directly into a web-based application that interfaces with TABS (i.e., subcontractor inputs the units of a particular service that are provided to a particular person, on a given date, under the identified contract). A subcontractor is only able to enter services in the web-based application if the Regional Office has authorized the service for a particular person, and the person has been added to the TABS program by the Regional Office. Based on the subcontractor service information and the contract payment information in TABS, an electronic file is created and transmitted to the New York State Office of the State Comptroller, which then issues payment to the subcontractor. Payment is made with 100% state funds.

MEDICAID PAYMENT PROCESSING
On a regularly scheduled basis the services provided by the OHCDS subcontractor are billed by OPWDD for Medicaid payment through eMedNY. In order to simplify and streamline Medicaid claiming, the amount claimed to Medicaid for OHCDS services utilizes an Agency Statewide prospective rate setting methodology that is established using the same components as are used when establishing provider-specific rates (see I-2). In developing the OHCDS prospective rate setting methodology, historical reimbursement and OHCDS proposals/budgets for all non-profit providers were analyzed. The resulting methodology uses averages derived from the analysis as the basis for the Medicaid rate. The methodology's use of averaging historical

reimbursement and OHCDS proposals/budgets results in an overall equity in the Medicaid reimbursement. Effective with the 4/1/13 amendment the methdology for reimbursement of OHCDS services is described in Addendum A.

For all OHCDS waiver services with a service date of 4/1/2014 or thereafter; the State OPWDD will process and adjudicate all claims for public providers through the State's MMIS prior to any claiming for Federal Financial Participation. Only valid adjudicated paid claims will be claimed on the quarterly expenditure CMS-64 reports. Claim processing will comport with the description in Section I-3.

All OHCDS service recording information in TABS is subject to the fiscal audit program described in I-1. All claim data history is available in the eMedNY Data Warehouse for up to five years.

Beginning 4/1/2013, NYS has modified its OHCDS requirements to include the following activities:
1. The State shall identify provider cost in accordance with Generally Accepted Accounting Principles (GAAP).

2. The State shall annually report cost using a complete Consolidated Fiscal Report (CFR). The CFR annual cost report shall be audited by an Independent Certified Public Accountant (CPA), or the State may use the Compliance Review identified in the New York State Consolidated Fiscal Reporting and Claiming Manual as of April 1, 2013, in lieu of an audit; and the CPA shall render an opinion on the reported cost regarding reasonableness, compliance with GAAP, and that the CFR reported costs were determined in accordance with the cost principles described in the Medicare Provider Reimbursement Manual (HIM-15). Each Waiver service will be reported using a separate column of the CFR; in addition each waiver service provided by and OHCDS will also be reported using a separate column of the CFR.

3. Federal Financial Participation (FFP) will be based on the final reimbursable cost which will be limited to the lower of the actual amount paid to the Voluntary Providers, or the sum of each Voluntary Provider's OHCDS units multiplied by the Voluntary Provider's non-OHCDS waiver service rate for the applicable service.

**iii. Contracts with MCOs, PIHPs or PAHPs.** *Select one:*

- (●) **The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.**
- ( ) **The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.**

  Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

- ( ) **This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.**

## Appendix I: Financial Accountability

### I-4: Non-Federal Matching Funds (1 of 3)

**a. State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one*:

- [x] **Appropriation of State Tax Revenues to the State Medicaid agency**
- [x] **Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.**

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

For services delivered by provider agencies, the source of funds for the State share is tax revenues appropriated to OPWDD. When provider agencies bill eMedNY for payment, the Department of Health covers the non-federal share expenditures in the first instance. Throughout the state fiscal year, such expenditures are applied against OPWDD appropriations by the transfer of funds from OPWDD to DOH.

State tax revenues are the source of funds for the state share for HCBS Waiver services delivered by NYS Office of People With Developmental Disabilities (OPWDD) and providers contracted by OPWDD under its Organized Health Care Delivery System. The non-federal share is appropriated to the DOH and paid to OPWDD along with the federal share.

- [ ] **Other State Level Source(s) of Funds.**

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

## Appendix I: Financial Accountability

### I-4: Non-Federal Matching Funds (2 of 3)

**b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select One*:

- ○ **Not Applicable**. There are no local government level sources of funds utilized as the non-federal share.
- ◉ **Applicable**

*Check each that applies:*

- ☑ **Appropriation of Local Government Revenues.**

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Local government cost sharing is a part of the financing of provider agency payments. IGTs from counties are part of the non-federal matching funds for provider agency payments made through the NYS Medicaid payment system. Payments are funded with 50% of federal funding and the balance funded through State funding or a combination of state and local funding.

- ☐ **Other Local Government Level Source(s) of Funds.**

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

## Appendix I: Financial Accountability

### I-4: Non-Federal Matching Funds (3 of 3)

**c. Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. *Select one*:

- ◉ **None of the specified sources of funds contribute to the non-federal share of computable waiver costs**
- ○ **The following source(s) are used**

*Check each that applies:*

- ☐ **Health care-related taxes or fees**
- ☐ **Provider-related donations**
- ☐ **Federal funds**

For each source of funds indicated above, describe the source of the funds in detail:

## Appendix I: Financial Accountability

### I-5: Exclusion of Medicaid Payment for Room and Board

**a. Services Furnished in Residential Settings.** *Select one:*

- ○ **No services under this waiver are furnished in residential settings other than the private residence of the individual.**
- ◉ **As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.**

**b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings.** The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

When budgeting total costs for operating certified residences, room and board costs are isolated and excluded from budgeted costs associated with service delivery. The budgeted costs associated with service delivery are used to determine the payment rate for the residential habilitation services.

## Appendix I: Financial Accountability

### I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

**Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.** *Select one:*

- ○ **No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.**
- ◉ **Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.**

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

OPWDD's Regional Office staff conduct a fair market appraisal for the monthly rent of the apartment to be leased by the service recipient, noting actual bedrooms vs. needed bedrooms and whether the lease is a related party transaction. The district office staff determines what if any, other benefits such as HUD subsidy, HEAP or food stamps the service recipient may be eligible to receive. These benefits are deducted from the household costs for rent, food and utilities prior to calculating costs associated with the live-in caregiver as follows:

The lesser of the actual rent or fair market rent is divided by the actual number of bedrooms to determine the portion of monthly rent associated with the live-in caregiver. Annual food and utility costs are estimated for the household, reviewed for reasonableness by district office staff, and divided by, the number of persons residing in the household times twelve months, to determine the amount associated with the live-in caregiver. Payment of the total calculated monthly amount associated with the live-in caregiver is made directly to the service recipient each month.

If the lease is a related party transaction, total payment for the portion of rent attributable to the live-in caregiver is further limited to the landlord's actual cost of ownership.

If the service recipient owns their own home and is making mortgage payments, the aforementioned process shall be used, substituting the annual interest paid on the mortgage in lieu of the rental amount. If there is no mortgage, reimbursement associated with the live-in caregiver will be limited to the pro rated share of utilities and food only.

Until 10/1/14 , Access to Live-in Caregiver services is restricted to individuals enrolled in the Consolidated Supports and Services self-direction program, do not live in certified residences. Further, the person's CCS budget/plan must list the live-in caregiver as self-hired staff and describe the live-in caregiver's role

The FMS agency pays allowable Live in Care Giver expenses as follows:
-Payment of the Live in Caregiver's portion of the rent and utilities is made to the landlord or utility company
-Payment for the Live in Caregiver's portion of the food is reimbursement after presentation of a receipt approved by the CSS participant/designee. At the end of the calendar year, the FMS agency follows procedures for reconciliation of Medicaid receipts against payments from participant accounts. The total service cost for Live-in Caregiver in and of itself does not include any administrative charges by a provider.

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

**a. Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- ◉ **No. The State does not impose a co-payment or similar charge upon participants for waiver services.**
- ○ **Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.**

**i. Co-Pay Arrangement.**

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

***Charges Associated with the Provision of Waiver Services*** *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

- ☐ **Nominal deductible**
- ☐ **Coinsurance**

☐ **Co-Payment**
☐ **Other charge**

*Specify:*

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

**a. Co-Payment Requirements.**

**ii. Participants Subject to Co-pay Charges for Waiver Services.**

**Answers provided in Appendix I-7-a indicate that you do not need to complete this section.**

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

**a. Co-Payment Requirements.**

**iii. Amount of Co-Pay Charges for Waiver Services.**

**Answers provided in Appendix I-7-a indicate that you do not need to complete this section.**

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

**a. Co-Payment Requirements.**

**iv. Cumulative Maximum Charges.**

**Answers provided in Appendix I-7-a indicate that you do not need to complete this section.**

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

**b. Other State Requirement for Cost Sharing.** Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one*:

◉ **No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.**
○ **Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

## Appendix J: Cost Neutrality Demonstration

### J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

**Composite Overview.** Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

**Level(s) of Care: ICF/IID**

| Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 |
|---|---|---|---|---|---|---|---|
| Year | Factor D | Factor D' | Total: D+D' | Factor G | Factor G' | Total: G+G' | Difference (Col 7 less Column4) |
| 1 | 71624.77 | 12094.00 | 83718.77 | 204102.00 | 7633.00 | 211735.00 | 128016.23 |
| 2 | 73642.40 | 12360.00 | 86002.40 | 208592.25 | 7801.00 | 216393.25 | 130390.85 |

| Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 |
|---|---|---|---|---|---|---|---|
| Year | Factor D | Factor D' | Total: D+D' | Factor G | Factor G' | Total: G+G' | Difference (Col 7 less Column4) |
| 3 | 1.00 | 1.00 | 2.00 | 2.00 | 1.00 | 3.00 | 1.00 |
| 4 | 1.00 | 1.00 | 2.00 | 2.00 | 1.00 | 3.00 | 1.00 |
| 5 | 1.00 | 1.00 | 2.00 | 2.00 | 1.00 | 3.00 | 1.00 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (1 of 9)

a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

**Table: J-2-a: Unduplicated Participants**

| Waiver Year | Total Unduplicated Number of Participants (from Item B-3-a) | Distribution of Unduplicated Participants by Level of Care (if applicable) | |
|---|---|---|---|
| | | Level of Care: | |
| | | ICF/IID | |
| Year 1 | 75465 | | 75465 |
| Year 2 | 77371 | | 77371 |
| Year 3 | 1 | | 1 |
| Year 4 | 1 | | 1 |
| Year 5 | 1 | | 1 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (2 of 9)

b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The average length of stay is calculated by applying the phase-in factor to all new unduplicated recipients. That amount is added to the unduplicated count of recipients at the beginning of each waiver year. That total is divided by the total unduplicated recipient count, and then multiplied by the annual days in the waiver year. This result is also adjusted by the termination factor to account for any recipient who leaves the waiver during each year.

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (3 of 9)

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Column 2 is derived from the Factor D estimates in the application.

Factor D is based on the historical data from the preliminary data for the most recent waiver year expenditures (WY4); the rates were adjusted as needed to reflect the "rebasing" of many state provided services as defined in amendment 06 of the 2009-2014 waiver. For each year, the new opportunities in each service were added to the base year level of unduplicated recipients.

The average cost per unit was determined from historical data identified above, and trended forward by the appropriate trend factors (CBO general inflation projection). These trend factors are also used in Medicaid non-waiver programs.

The total cost was determined by multiplying the number of users by the average units per user by the average cost per unit.

ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Column 3 is derived from finalized historical data from the most recent waiver year expenditures (WY3); the expenditures were trended using CBO trends for the intervening years.

iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Column 5 is derived from finalized historical data from the most recent waiver year expenditures (WY3); the expenditures were trended using CBO trends for the intervening years.

iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Column 6 is derived from finalized historical data from the most recent waiver year expenditures (WY3); the expenditures were trended using CBO trends for the intervening years.

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (4 of 9)

**Component management for waiver services.** If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "*manage components*" to add these components.

| Waiver Services | |
|---|---|
| **Day Habilitation** | |
| **Live-in Caregiver (42 CFR §441.303(f)(8))** | |
| **Prevocational Services** | |
| **Residential Habilitation** | |
| **Respite** | |
| **Supported Employment (SEMP)** | |
| **Fiscal Intermediary** | |
| **Individual Directed Goods and Services** | |
| **Support Brokerage** | |
| **Assistive Technology - Adaptive Devices** | |
| **Community Habilitation** | |
| **Community Transition Services** | |
| **Environmental Modifications (Home Accessibility)** | |
| **Family Education and Training** | |
| **Intensive Behavioral Services** | |
| **Pathway to Employment** | |
| **Plan of Care Support Services** | |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (5 of 9)

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 1**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Day Habilitation Total:** | | | | | | **1286396379.46** |
| Day Habilitation - Individual | Hourly | 428 | 100.00 | 46.82 | **2003896.00** | |
| Day Habilitation -- Group | Day | 42455 | 182.83 | 162.00 | **1257451719.30** | |
| Day Habilitation -- Supplemental | Day | 3522 | 39.84 | 192.00 | **26940764.16** | |
| **Live-in Caregiver (42 CFR §441.303(f)(8)) Total:** | | | | | | **210276.00** |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | monthly | 36 | 11.80 | 495.00 | **210276.00** | |
| **Prevocational Services Total:** | | | | | | **176183330.70** |
| Prevocational Services | daily | 10607 | 130.00 | 127.77 | **176183330.70** | |
| **Residential Habilitation Total:** | | | | | | **3406776712.91** |
| Certified Prog. Intensive Res. Hab. | | | | | **3275975438.78** | |
| | | | | **GRAND TOTAL:** | | **5405162934.97** |
| | | | | **Total Estimated Unduplicated Participants:** | | **75465** |
| | | | | **Factor D (Divide total by number of participants):** | | **71624.77** |
| | | | | **Average Length of Stay on the Waiver:** | | 340 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | daily | 30704 | 322.44 | 330.90 | | |
| Certified Prog. Supportive Res. Hab. | monthly | 2472 | 10.01 | 3806.51 | **94191024.13** | |
| Family Care Res. Hab. | daily | 2300 | 250.00 | 63.67 | **36610250.00** | |
| **Respite Total:** | | | | | | **113321127.86** |
| Respite -- agency managed | hour | 20025 | 272.18 | 20.41 | **111242755.84** | |
| Respite -- Self Directed | hourly | 286 | 403.50 | 18.01 | **2078372.01** | |
| **Supported Employment (SEMP) Total:** | | | | | | **89750552.00** |
| SEMP -- Agency Provided | monhly | 7714 | 3.00 | 515.00 | **11918130.00** | |
| SEMP -- Self Directed | hourly | 430 | 609.82 | 20.00 | **5244452.00** | |
| SEMP--Agency Prov Job Development | hourly | 630 | 213.00 | 45.00 | **6038550.00** | |
| SEMP -- Agency Placement Incentive | unit | 473 | 1.00 | 500.00 | **236500.00** | |
| SEMP -- Agency Prov Extended Supports | monthly | 7684 | 8.63 | 1000.00 | **66312920.00** | |
| **Fiscal Intermediary Total:** | | | | | | **18026250.00** |
| Fiscal Intermediary | monthly | 2850 | 11.50 | 550.00 | **18026250.00** | |
| **Individual Directed Goods and Services Total:** | | | | | | **14244300.00** |
| Individual Directed Goods and Services | monthly | 2850 | 11.90 | 420.00 | **14244300.00** | |
| **Support Brokerage Total:** | | | | | | **3444553.60** |
| Support Brokerage | hourly | 1564 | 55.06 | 40.00 | **3444553.60** | |
| **Assistive Technology - Adaptive Devices Total:** | | | | | | **2534488.00** |
| Assistive Technology - Adaptive Devices | unit | 400 | 2.00 | 3168.11 | **2534488.00** | |
| **Community Habilitation Total:** | | | | | | **251161200.35** |
| Community Hab -- Agency Managed | hourly | 18079 | 355.00 | 34.23 | **219689680.35** | |
| Community Hab -- Self-directed | hourly | 1646 | 956.00 | 20.00 | **31471520.00** | |
| **Community Transition Services Total:** | | | | | | **327000.00** |
| Community Transition Services | unit | 109 | 1.00 | 3000.00 | **327000.00** | |
| **Environmental Modifications (Home Accessibility) Total:** | | | | | | **5427282.00** |
| Environmental Modifications (Home Accessibility) | unit | 420 | 1.00 | 12922.10 | **5427282.00** | |
| **Family Education and Training Total:** | | | | | | **161942.78** |
| Family Education and Training | semi-annual | 1968 | 1.48 | 55.60 | **161942.78** | |
| **Intensive Behavioral Services Total:** | | | | | | **161503.32** |
| | | | | | | |
| | | | | **GRAND TOTAL:** | | **5405162934.97** |
| | | | | **Total Estimated Unduplicated Participants:** | | **75465** |
| | | | | **Factor D (Divide total by number of participants):** | | **71624.77** |
| | | | | **Average Length of Stay on the Waiver:** | | 340 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Intensive Behavioral Svcs -- Plan | unit | 55 | 1.00 | 1875.00 | 103125.00 | |
| Intensive Behavioral Svcs -- Hourly | hourly | 55 | 15.12 | 70.20 | 58378.32 | |
| **Pathway to Employment Total:** | | | | | | 35862000.00 |
| Pathway to Employment | hourly | 3000 | 278.00 | 43.00 | 35862000.00 | |
| **Plan of Care Support Services Total:** | | | | | | 1174035.99 |
| Plan of Care Support Services | semi-annual | 2627 | 1.87 | 238.99 | 1174035.99 | |
| | | | | GRAND TOTAL: | | 5405162934.97 |
| | | | | Total Estimated Unduplicated Participants: | | 75465 |
| | | | | Factor D (Divide total by number of participants): | | 71624.77 |
| | | | | Average Length of Stay on the Waiver: | | 340 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (6 of 9)

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 2**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Day Habilitation Total:** | | | | | | 1326106251.17 |
| Day Habilitation - Individual | Hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Day Habilitation -- Group | Day | 42879 | 182.83 | 165.60 | 1298232389.59 | |
| Day Habilitation -- Supplemental | Day | 3558 | 39.84 | 196.64 | 27873861.58 | |
| **Live-in Caregiver (42 CFR §441.303(f)(8)) Total:** | | | | | | 234530.00 |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | monthly | 40 | 11.75 | 499.00 | 234530.00 | |
| **Prevocational Services Total:** | | | | | | 176571200.00 |
| Prevocational Services | daily | 10400 | 130.00 | 130.60 | 176571200.00 | |
| **Residential Habilitation Total:** | | | | | | 3571655365.88 |
| Certified Prog. Intensive Res. Hab. | day | 31473 | 322.72 | 337.87 | 3431734291.63 | |
| Certified Prog. Supportive Res. Hab. | monthly | 2630 | 10.01 | 3890.39 | 102419574.26 | |
| Family Care Res. Hab. | day | 2300 | 250.00 | 65.22 | 37501500.00 | |
| **Respite Total:** | | | | | | 121575900.30 |
| Respite -- agency managed | hourly | 21026 | 272.00 | 20.85 | 119242651.20 | |
| Respite -- Self Directed | hourly | 315 | 403.00 | 18.38 | 2333249.10 | |
| | | | | GRAND TOTAL: | | 5697785904.94 |
| | | | | Total Estimated Unduplicated Participants: | | 77371 |
| | | | | Factor D (Divide total by number of participants): | | 73642.40 |
| | | | | Average Length of Stay on the Waiver: | | 348 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Supported Employment (SEMP) Total:** | | | | | | **116279143.28** |
| SEMP -- Agency Provided | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Self Directed | hourly | 438 | 609.00 | 20.45 | **5454873.90** | |
| SEMP--Agency Prov Job Development | hourly | 1100 | 360.00 | 45.99 | **18212040.00** | |
| SEMP -- Agency Placement Incentive | unit | 1100 | 1.00 | 500.00 | **550000.00** | |
| SEMP -- Agency Prov Extended Supports | monthly | 7835 | 11.50 | 1021.75 | **92062229.38** | |
| **Fiscal Intermediary Total:** | | | | | | **27759308.50** |
| Fiscal Intermediary | monthly | 4150 | 11.90 | 562.10 | **27759308.50** | |
| **Individual Directed Goods and Services Total:** | | | | | | **21185177.30** |
| Individual Directed Goods and Services | monthly | 4150 | 11.90 | 428.98 | **21185177.30** | |
| **Support Brokerage Total:** | | | | | | **3788720.20** |
| Support Brokerage | hourly | 1720 | 53.87 | 40.89 | **3788720.20** | |
| **Assistive Technology - Adaptive Devices Total:** | | | | | | **2719920.00** |
| Assistive Technology - Adaptive Devices | unit | 420 | 2.00 | 3238.00 | **2719920.00** | |
| **Community Habilitation Total:** | | | | | | **285238672.65** |
| Community Hab -- Agency Managed | hourly | 19886 | 359.50 | 35.05 | **250573045.85** | |
| Community Hab -- Self-directed | hourly | 1810 | 937.00 | 20.44 | **34665626.80** | |
| **Community Transition Services Total:** | | | | | | **631596.00** |
| Community Transition Services | unit | 206 | 1.00 | 3066.00 | **631596.00** | |
| **Environmental Modifications (Home Accessibility) Total:** | | | | | | **5824287.00** |
| Environmental Modifications (Home Accessibility) | unit | 441 | 1.00 | 13207.00 | **5824287.00** | |
| **Family Education and Training Total:** | | | | | | **180583.68** |
| Family Education and Training | semi-annual | 1968 | 1.60 | 57.35 | **180583.68** | |
| **Intensive Behavioral Services Total:** | | | | | | **181269.80** |
| Intensive Behavioral Svcs -- Plan | unit | 60 | 1.00 | 1916.25 | **114975.00** | |
| Intensive Behavioral Svcs -- Hourly | hourly | 61 | 15.20 | 71.50 | **66294.80** | |
| **Pathway to Employment Total:** | | | | | | **36654300.00** |
| Pathway to Employment | hourly | 3000 | 278.00 | 43.95 | **36654300.00** | |
| **Plan of Care Support Services Total:** | | | | | | **1199679.18** |
| Plan of Care Support Services | semi-annual | 2627 | 1.87 | 244.21 | **1199679.18** | |
| | | | | **GRAND TOTAL:** | | **5697785904.94** |
| | | | | **Total Estimated Unduplicated Participants:** | | **77371** |
| | | | | **Factor D (Divide total by number of participants):** | | **73642.40** |
| | | | | **Average Length of Stay on the Waiver:** | | 348 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (7 of 9)

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 3**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Day Habilitation Total:** | | | | | | **0.00** |
| Day Habilitation - Individual | Hourly | 0 | 1.00 | 1.00 | **0.00** | |
| Day Habilitation -- Group | Day | 0 | 1.00 | 1.00 | **0.00** | |
| Day Habilitation -- Supplemental | Day | 0 | 1.00 | 1.00 | **0.00** | |
| **Live-in Caregiver (42 CFR §441.303(f)(8)) Total:** | | | | | | **0.00** |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | monthly | 0 | 1.00 | 1.00 | **0.00** | |
| **Prevocational Services Total:** | | | | | | **0.00** |
| Prevocational Services | daily | 0 | 1.00 | 1.00 | **0.00** | |
| **Residential Habilitation Total:** | | | | | | **0.00** |
| Certified Prog. Intensive Res. Hab. | monthly | 0 | 1.00 | 1.00 | **0.00** | |
| Certified Prog. Supportive Res. Hab. | monthly | 0 | 1.00 | 1.00 | **0.00** | |
| Family Care Res. Hab. | day | 0 | 1.00 | 1.00 | **0.00** | |
| **Respite Total:** | | | | | | **0.00** |
| Respite -- agency managed | hourly | 0 | 1.00 | 1.00 | **0.00** | |
| Respite -- Self Directed | hourly | 0 | 1.00 | 1.00 | **0.00** | |
| **Supported Employment (SEMP) Total:** | | | | | | **0.00** |
| SEMP -- Agency Provided | monthly | 0 | 1.00 | 1.00 | **0.00** | |
| SEMP -- Self Directed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP--Agency Prov Job Development | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Agency Placement Incentive | unit | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Agency Prov Extended Supports | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| **Fiscal Intermediary Total:** | | | | | | **0.00** |
| Fiscal Intermediary | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| **Individual Directed Goods and Services Total:** | | | | | | **0.00** |
| | | | | **GRAND TOTAL:** | | **1.00** |
| | | | | **Total Estimated Unduplicated Participants:** | | **1** |
| | | | | **Factor D (Divide total by number of participants):** | | **1.00** |
| | | | | **Average Length of Stay on the Waiver:** | | 1 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Individual Directed Goods and Services | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| **Support Brokerage Total:** | | | | | | 0.00 |
| Support Brokerage | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Assistive Technology - Adaptive Devices Total:** | | | | | | 0.00 |
| Assistive Technology - Adaptive Devices | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Community Habilitation Total:** | | | | | | 0.00 |
| Community Hab -- Agency Managed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Community Hab -- Self-directed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Community Transition Services Total:** | | | | | | 0.00 |
| Community Transition Services | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Environmental Modifications (Home Accessibility) Total:** | | | | | | 0.00 |
| Environmental Modifications (Home Accessibility) | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Family Education and Training Total:** | | | | | | 0.00 |
| Family Education and Training | semi-annual | 0 | 0.00 | 1.00 | 0.00 | |
| **Intensive Behavioral Services Total:** | | | | | | 0.00 |
| Intensive Behavioral Svcs -- Plan | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Intensive Behavioral Svcs -- Hourly | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Pathway to Employment Total:** | | | | | | 0.00 |
| Pathway to Employment | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Plan of Care Support Services Total:** | | | | | | 1.00 |
| Plan of Care Support Services | semi-annual | 1 | 1.00 | 1.00 | 1.00 | |
| **GRAND TOTAL:** | | | | | | 1.00 |
| **Total Estimated Unduplicated Participants:** | | | | | | 1 |
| **Factor D (Divide total by number of participants):** | | | | | | 1.00 |
| **Average Length of Stay on the Waiver:** | | | | | | 1 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (8 of 9)

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 4**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Day Habilitation Total:** | | | | | | |
| **GRAND TOTAL:** | | | | | | 1.00 |
| **Total Estimated Unduplicated Participants:** | | | | | | 1 |
| **Factor D (Divide total by number of participants):** | | | | | | 1.00 |
| **Average Length of Stay on the Waiver:** | | | | | | 1 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | | | | | | 0.00 |
| Day Habilitation - Individual | Hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Day Habilitation -- Group | Day | 0 | 0.00 | 1.00 | 0.00 | |
| Day Habilitation -- Supplemental | Day | 0 | 0.00 | 1.00 | 0.00 | |
| **Live-in Caregiver (42 CFR §441.303(f)(8)) Total:** | | | | | | 0.00 |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| **Prevocational Services Total:** | | | | | | 0.00 |
| Prevocational Services | daily | 0 | 0.00 | 1.00 | 0.00 | |
| **Residential Habilitation Total:** | | | | | | 0.00 |
| Certified Prog. Intensive Res. Hab. | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| Certified Prog. Supportive Res. Hab. | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| Family Care Res. Hab. | day | 0 | 0.00 | 1.00 | 0.00 | |
| **Respite Total:** | | | | | | 0.00 |
| Respite -- agency managed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Respite -- Self Directed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Supported Employment (SEMP) Total:** | | | | | | 0.00 |
| SEMP -- Agency Provided | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| SEMP -- Self Directed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| SEMP--Agency Prov Job Development | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| SEMP -- Agency Placement Incentive | unit | 0 | 0.00 | 1.00 | 0.00 | |
| SEMP -- Agency Prov Extended Supports | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| **Fiscal Intermediary Total:** | | | | | | 0.00 |
| Fiscal Intermediary | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| **Individual Directed Goods and Services Total:** | | | | | | 0.00 |
| Individual Directed Goods and Services | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| **Support Brokerage Total:** | | | | | | 0.00 |
| Support Brokerage | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Assistive Technology - Adaptive Devices Total:** | | | | | | 0.00 |
| Assistive Technology - Adaptive Devices | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Community Habilitation Total:** | | | | | | 0.00 |

| | |
|---|---|
| **GRAND TOTAL:** | 1.00 |
| **Total Estimated Unduplicated Participants:** | 1 |
| **Factor D (Divide total by number of participants):** | 1.00 |
| **Average Length of Stay on the Waiver:** | 1 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Community Hab -- Agency Managed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Community Hab -- Self-directed | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Community Transition Services Total:** | | | | | | 0.00 |
| Community Transition Services | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Environmental Modifications (Home Accessibility) Total:** | | | | | | 0.00 |
| Environmental Modifications (Home Accessibility) | unit | 0 | 0.00 | 1.00 | 0.00 | |
| **Family Education and Training Total:** | | | | | | 0.00 |
| Family Education and Training | semi-annual | 0 | 0.00 | 1.00 | 0.00 | |
| **Intensive Behavioral Services Total:** | | | | | | 0.00 |
| Intensive Behavioral Svcs -- Plan | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Intensive Behavioral Svcs -- Hourly | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Pathway to Employment Total:** | | | | | | 0.00 |
| Pathway to Employment | hourly | 0 | 0.00 | 1.00 | 0.00 | |
| **Plan of Care Support Services Total:** | | | | | | 1.00 |
| Plan of Care Support Services | semi-annual | 1 | 1.00 | 1.00 | 1.00 | |
| | | | | GRAND TOTAL: | | 1.00 |
| | | | | Total Estimated Unduplicated Participants: | | 1 |
| | | | | Factor D (Divide total by number of participants): | | 1.00 |
| | | | | Average Length of Stay on the Waiver: | | 1 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (9 of 9)

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 5**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Day Habilitation Total:** | | | | | | 0.00 |
| Day Habilitation - Individual | Hourly | 0 | 0.00 | 1.00 | 0.00 | |
| Day Habilitation -- Group | Day | 0 | 0.00 | 1.00 | 0.00 | |
| Day Habilitation -- Supplemental | Day | 0 | 0.00 | 1.00 | 0.00 | |
| **Live-in Caregiver (42 CFR §441.303(f)(8)) Total:** | | | | | | 0.00 |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | monthly | 0 | 0.00 | 1.00 | 0.00 | |
| | | | | | | |
| | | | | GRAND TOTAL: | | 1.00 |
| | | | | Total Estimated Unduplicated Participants: | | 1 |
| | | | | Factor D (Divide total by number of participants): | | 1.00 |
| | | | | Average Length of Stay on the Waiver: | | 1 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Prevocational Services Total:** | | | | | | **0.00** |
| Prevocational Services | daily | 0 | 0.00 | 1.00 | **0.00** | |
| **Residential Habilitation Total:** | | | | | | **0.00** |
| Certified Prog. Intensive Res. Hab. | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| Certified Prog. Supportive Res. Hab. | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| Family Care Res. Hab. | day | 0 | 0.00 | 1.00 | **0.00** | |
| **Respite Total:** | | | | | | **0.00** |
| Respite -- agency managed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| Respite -- Self Directed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| **Supported Employment (SEMP) Total:** | | | | | | **0.00** |
| SEMP -- Agency Provided | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Self Directed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP--Agency Prov Job Development | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Agency Placement Incentive | unit | 0 | 0.00 | 1.00 | **0.00** | |
| SEMP -- Agency Prov Extended Supports | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| **Fiscal Intermediary Total:** | | | | | | **0.00** |
| Fiscal Intermediary | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| **Individual Directed Goods and Services Total:** | | | | | | **0.00** |
| Individual Directed Goods and Services | monthly | 0 | 0.00 | 1.00 | **0.00** | |
| **Support Brokerage Total:** | | | | | | **0.00** |
| Support Brokerage | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| **Assistive Technology - Adaptive Devices Total:** | | | | | | **0.00** |
| Assistive Technology - Adaptive Devices | unit | 0 | 0.00 | 1.00 | **0.00** | |
| **Community Habilitation Total:** | | | | | | **0.00** |
| Community Hab -- Agency Managed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| Community Hab -- Self-directed | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| **Community Transition Services Total:** | | | | | | **0.00** |
| Community Transition Services | unit | 0 | 0.00 | 1.00 | **0.00** | |
| **Environmental Modifications (Home Accessibility) Total:** | | | | | | **0.00** |
| Environmental Modifications (Home Accessibility) | unit | 0 | 0.00 | 1.00 | **0.00** | |
| | | | | **GRAND TOTAL:** | | **1.00** |
| | | | | **Total Estimated Unduplicated Participants:** | | **1** |
| | | | | **Factor D (Divide total by number of participants):** | | **1.00** |
| | | | | **Average Length of Stay on the Waiver:** | | 1 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Family Education and Training Total:** | | | | | | **0.00** |
| Family Education and Training | semi-annual | 0 | 0.00 | 1.00 | **0.00** | |
| **Intensive Behavioral Services Total:** | | | | | | **0.00** |
| Intensive Behavioral Svcs -- Plan | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| Intensive Behavioral Svcs -- Hourly | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| **Pathway to Employment Total:** | | | | | | **0.00** |
| Pathway to Employment | hourly | 0 | 0.00 | 1.00 | **0.00** | |
| **Plan of Care Support Services Total:** | | | | | | **1.00** |
| Plan of Care Support Services | semi-annual | 1 | 1.00 | 1.00 | **1.00** | |
| **GRAND TOTAL:** | | | | | | **1.00** |
| **Total Estimated Unduplicated Participants:** | | | | | | **1** |
| **Factor D (Divide total by number of participants):** | | | | | | **1.00** |
| **Average Length of Stay on the Waiver:** | | | | | | 1 |

# NY Waiver – NY.0238.R04.07
# Addendum A – Supplemental Rate Language

**This Addendum was included in the prior Amendment to this Waiver (Amendment 07) and will be slightly modified for inclusion in the October 1 Renewal. Modification will be made to the Attachments listed on Page 34. This Addendum will also be updated with Fiscal Intermediary Fees now under discussion with a Stakeholder Group.**

## Provider Reimbursement for Waiver Services

Effective April 1, 2013, provider reimbursement for all Waiver Services will be governed by Part (A) of this Appendix I-2; and the associated supporting addendums. This Appendix describes the reimbursement for State Operated Providers, Organized Health Care Delivery System Providers, Non-State Government Providers, and Voluntary Providers.

## Waiver services

The Waiver services include: Support Brokerage, Supported Employment, Family Education and Training, Intensive Behavioral, Pre-vocational, Community Habilitation, Community Transition, Consolidated Support Services, Day Habilitation, Financial Management Services/Agency with Choice, Plan of Care Support Services, Environmental Modifications, Respite, Residential Habitation, Adaptive Technology, Live-in Caregiver, and Pathways to Employment

## I. State Operated Providers,Organized Health Care Delivery System (OHCDS) Providers, Non-State Government Providers and Voluntary Providers Annual Reporting Requirements

a. State Operated Providers and Organized Health Care Delivery System (OHCDS) Providers

i. The State shall identify provider cost in accordance with Generally Accepted Accounting Principles (GAAP)

ii. Cost reporting for both public (OPWDD) HCBS waiver services will be subject to review. OPWDD HCBS waiver cost reporting will be made in a CMS agreed-upon format beginning with the State Fiscal Year ending March 31, 2014, and will be subject to independent examination. The OPWDD Cost Report will be submitted to CMS within 16 months after the close of the reporting period. Further description of the oversight of State cost reporting in included in Addendum A.8 and A.9.

b. Non-State Government Providers and Voluntary Providers

i. Providers shall identify provider cost in accordance with Generally Accepted Accounting Principles (GAAP).

ii. Each provider shall annually report costs using a complete Consolidated Fiscal Report (CFR). The CFR annual cost report shall be audited by an Independent Certified Public Accountant (CPA) and the CPA shall render an opinion on the reported costs regarding, compliance with GAAP, and conformity with the instructions in the Consolidated Fiscal Reporting and Claiming Manual. Each Waiver service will be reported using a separate column of the CFR.

c. The CFR schedules to be completed annually as applicable are:

i. <u>CFR – i Agency Identification and Certification statement</u>
ii. CFR – ii / CFR- iiA
iii. CFR 1 – Program/Site data
iv. CFR 2 – Agency Fiscal Summary
v. CFR 3 – Agency Administration
vi. CFR 4 – Personal Services
vii. CFR 4 A – Contracted Direct Care and Clinical Personal Services
viii. CFR 5 – Transactions with Related Organizations/Individuals
ix. CFR 6 – Governing Board and Compensation Summary
x. DMH 1 – Program Fiscal Summary
xi. DMH 2 – ATL/Direct Contract Summary
xii. DMH 3 – ATL & Direct Contracts Program Funding Source Summary
xiii. OPWDD 3 – HUD Revenues and Expenses
xiv. OPWDD 4 – Fringe Benefit Expense and Program Administration

II. **Definitions Applicable to this Section**

a. **Acuity Factor –** Factor developed through a regression analysis utilizing components of the Developmental Disabilities Profile (DDP) scores, average residential bed size, Willowbrook class indicators and historical utilization data to predict direct care hours needed to serve individuals.
b. **Allowable Capital Costs -** All necessary and proper capital costs that are appropriate and helpful in developing and maintaining the provision of HCBS waiver services to beneficiaries determined in accordance with the cost principles described in the Medicare Provider Reimbursement Manual (Publication-15). This shall include, where appropriate, allowable lease/rental and ancillary payments; depreciation of, leasehold improvements and real property; financing expenditures associated with the purchase of equipment, real

property, and related expenditures and leasehold improvements. With the exception of Live-In Caregiver services, allowable capital costs shall not include the costs of room.

c. **Allowable Operating Costs -** All necessary and proper costs that are appropriate and helpful in developing and maintaining the provision of HCBS waiver services. Necessary and proper costs are costs that are common and accepted occurrences in the field of HCBS waiver services. These costs shall be determined in accordance with the cost principles described in the Medicare Provider Reimbursement Manual (Publication-15). This shall include allowable program administration, direct care, support, clinical, fringe benefits, depreciation of equipment, vehicles and indirect personal service/non-personal service. For Non-State Government Providers and Voluntary Providers Agency Administration will also be included. With the exception of Live-In Caregiver services, allowable operating costs shall not include the costs of board**.**

d. **Base Period** – For Public Providers only the CFR period from which the Initial Period interim rate will be calculated

e. **Base Period CFR** –For the Public Providers the CFR from three years prior to the initial rate period.

f. Base Year - For Non-State Government Providers and Voluntary Providers the period shall be 01/01/2011 – 12/31/2011 for providers reporting on a calendar year basis or 07/10/2010 – 06/30/2011 for providers reporting on a fiscal year basis.

g. Base Operating Rate – For Voluntary Providers, reimbursement amount calculated by dividing annual reimbursement by applicable units of service, both in effect on 06/30/2014.

**h.** Budget Neutrality Adjustment – Factor applied to the end of the methodology, by service to ensure the total annual target reimbursement is equivalent to the total annual base reimbursement.

**i.** **Capital Costs** – Costs that are related to the acquisition, lease and/or long-term use of land, buildings and construction. For Public Providers equipment costs are included.

l **Community Residence** – A facility operated as a community residence under 14 NYCRR Part 686, including an individualized residential alternative.

k. **Consolidated Fiscal Report (CFR)** –The reporting tool utilized by all government and non-government providers to communicate annual costs incurred as a result of operating OPWDD programs and services, along with related patient utilization and staffing statistics. The CFR is the report and associated instructions as of April 1, 2013, identified by the New York State Education Department, and found on http://www.oms.nysed.gov/rsu/Manuals_Forms/

l. **Department of Health (DOH) Regions -** Regions as defined by the Department of Health, assigned to providers based upon the geographic location of the provider's headquarters, as reported on the consolidated fiscal report. Such regions are as follows:
Downstate: 5 boroughs of New York City, Nassau, Suffolk and Westchester;
Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster;
Upstate Metro: Albany, Erie, Fulton, Genesee, Madison, Monroe, Montgomery, Niagara, Onondaga, Orleans, Rensselaer, Saratoga, Schenectady, Warren, Washington, Wyoming;
Upstate Non-Metro: Any counties not previously listed.

m. **Depreciation** –The allowable cost based on historical costs and useful life of buildings, fixed equipment, capital improvements and/or acquisition of real property. The useful life shall be based on "The Estimated Useful Life of Depreciable Hospital Assets (2008 edition)." The depreciation method used shall be straight-line method.

n. **Developmental Disabilities Profile (DDP)** – The document titled Developmental Disabilities Profile and issued by OPWDD.

o. **Evacuation Score (E-Score)** – The score for a supervised community residence and/or individual residential alternative that is certified under Chapters 32 or 33 of the Residential Board and Care Occupancies of the NFPA 101 Life Safety Code (2000 edition) that is provided to the Department by OPWDD once a year.
    1. The Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001
    2. OPWDD, Attention Public Access Officer, 44 Holland Avenue, Albany, NY 12229.

p. **Facility** – the site or physical building where actual services are provided.

q. **Final Average Rate** - The final average rate is the reimbursement amount per unit of service for each waiver service, determined for those waiver services subject to annual reconciliation (public providers and OHCDS providers). The final average rate it is determined using the final rate year reimbursable cost divided by the final rate year total units of service regardless of payer.

r. **Financing Expenditures** – interest expense and fees charged for financing of costs related to the purchase/acquisition, alteration, construction, rehabilitation and/or renovation of real property.

s. **Individual** – a person who is receiving a waiver service.

t. **Initial Period** –04/01/13 – 03/31/14 for Public Providers and 7/01/14 -6/30/15 for Non-State Government and Voluntary Providers.

u. **Lease/Rental and Ancillary Payments** – a facility's annual rental payments for real property a**n**d ancillary outlays associated with the property such as utilities and maintenance**.**

v. **Organized Health Care Delivery Service (OHCDS) Costs** - . State Operated Provider Services will not include cost paid to OHCDS providers; the cost of OHCDS providers will be reported in a separate column of the CFR, including applicable utilization statistics.

w. **Occupancy Adjustment –** The adjustment to the calculated daily rate of an Agency which provides Supervised Residential Habilitation to account for days when Medicaid billing cannot occur because an individual has passed away or has moved to another site. The occupancy adjustment is calculated by dividing the sum of the agency's retainer days, service days and the therapy days by 100% of the agency's certified capacity multiplied by 100% of the year's days. This adjustment will begin on 7/1/15.

x. **Rate** – A reimbursement amount based on a computation using annual provider reimbursable cost divided by the applicable annual units of service.

y. **Rate Period** – The annual time period that rates are effective, i.e. April 1st through March 31st, July 1st through June 30th .

z. **Retainer days** - are days of Medical leave or an associated day where any other institutional or in-patient Medicaid payment is made for providing services to the beneficiary. A provider is limited to billing 14 Retainer days per rate year, per individual beneficiary.

aa. **Reimbursable Cost** – The final allowable operating and capital costs of the rate year after all audit and /or other adjustments are made. Reimbursable cost will also be reduced by any applicable third party revenue or payments made by or on behalf of individuals receiving services. For Public Providers reimbursable cost for each Waiver service will be used to determine a final average rate per service.

bb. **Residential Room and Board** – Room means hotel or shelter type expenses including all property related costs such as rental or depreciation related to the purchase of real estate and furnishings; maintenance, utilities and related administrative services. Board means three meals a day or any other full nutritional regimen.

cc. **Service days** – a day when paid Supervised IRA staff deliver residential habilitation to a person who is either resident in the Supervised IRA, or is absent from the IRA and receives residential habilitation services from paid Supervised IRA staff, and these services are of the same scope, frequency and duration as the services provided when the person is resident in the Supervised IRA.

dd. **Subsequent Period** –For Public Providers 04/01/14 – 9/30/14, for Non-State Government Providers and Voluntary Providers 7/1/15 – 6/30/16.

ee. Target Rate The final rate in effect at the end of the transition period for each waiver service determined using the rate year final reimbursable cost for each respective provider for each respective service divided by the final total of actual units of service for all individuals, regardless of payer.\

ff. Template Funding – A fee payment to voluntary HCBS waiver providers that serve individuals who left an institutional setting between 11/1/2011 and 3/31/13. After 3/31/2013, template funding is claimed under the Balancing Incentives Program (BIP). Template Funding is time-limited. OPWDD is working on the development of a new, assessment tool, the Comprehensive Assessment System (or CAS). OPWDD and DOH will evaluate the CAS-assessed needs of individuals leaving institutions and adjust the standard methodology to incorporate a needs-based acuity adjustment that will be described in the HCBS waiver amendment.

**gg. Therapy Day** - A therapy day is a day when the individual is away from the Supervised residence and is not receiving services from paid Residential Habilitation staff and the absence is for the purpose of a visiting with family or friends, or a vacation. The therapy day must be described in the person's plan of care to be eligible for payment and the person may not receive another Medicaid-funded residential or in-patient service on that day.

**hh. Trend Factor** –a percentage applied to all applicable operating costs that represent inflations in the costs of goods and services as described in Paragraph F below.

**ii. Units of Service** – the unit of measure varies by the type of service, i.e., hourly, daily, monthly, or one-time occurrence. The unit of measure used for the following waiver services are:

- Supervised Residential Habilitation IRA - daily
  - For Public Providers the time period 4/1/14 thru 6/30/14, public providers will bill a monthly rate to the State's MMIS. OPWDD will maintain Medicaid day utilization statistics for this three month time

period and will add them to the paid adjudicated MMIS days for services 7/1/2014 thru 3/31/2015 for the CFR annual reconciliation for the State Fiscal year 4/1/2014 thru 3/31/2015.

- Supportive Residential Habilitation IRA - Month
- Day Habilitation - Day
- Day Habilitation – Individual - Hour
- Pre-vocational - Day
- Residential Habilitation – Family Care – Month/Day
- Respite – Hour
- Supported Employment – Month
- Community Habilitation – Hour
- Pathway to Employment – Hour
- Community Transition Services – One time occurrence
- Intensive Behavorial Service
  - Product Fee – One time occurrence
  - Hourly Fee - Hour

jj. **Utilization Statistics** - For those waiver services which require an annual reconciliation, OPWDD will record and maintain total utilization units, and will report these units on the annual CFR. Unless specifically noted elsewhere, the Medicaid utilization units will be paid Medicaid units reported and adjudicated through the State's MMIS.

**kk. Vacancy days** – is an unoccupied period of time (a day) that a provider agency is unable to bill a residential habilitation daily rate, due to an individual or individuals under the care of a provider agency no longer maintaining a residence, and no other individual occupies the residential bed for any reason. Vacancy days would result from an individual moving, or from death; they would not include an unoccupied period of time where individuals are absent due to Therapy days or Retainer days**.**

**ll. Vital Access Pool – Included for Discussion**

**III. Public Providers and OHCDS Providers**

a. There shall be one State-wide rate for each waiver service for State Operated Providers, and one State-Wide rate for each waiver service for OHCDS providers.

b. New York State will make an adjustment(s) to the rate resulting from any final audit findings or reviews.

c. Interim Rates for the Initial Period

i. The interim rate for the initial period will be computed on the basis of a full 12-month base period CFR, adjusted in accordance with the interim methodology for the associated service.

ii. The State will set rates using this interim methodology for eight (8) Waiver Services:

(a) Day Habilitation
(b) Residential Habilitation – IRA (Supervised Certified Site)
(c) Residential Habilitation – IRA (Supportive Certified Site)
(d) Residential Habilitation - Family Care
(e) Respite Services
(f) Supported Employment
(g) Pre Vocational
(h) OHCDS Services
  a) Residential Habilitation Supervised and Supportive IRA
  b) Day Habilitation
  c) Respite Services
  d) Supported Employment
  e) Pre Vocational
  f) Community Habilitation

d. The calculation of the interim rates is described below:

i. Day Habilitation –
  1. Total Operating Costs from the CFR1 three years prior to the rate period line 64
  2. Less/plus Adjustments from CFR1 line 66
  3. less Fringe Benefits - CFR1 line 20
  4. less Provider Tax - CFR1 line 33
  5. less Vacation accrual - CFR1 line 17
  6. The result of a, b, c, d and e is trended as per paragraph h of this section
  7. Calculate anticipated fringe for the rate year using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
  8. The sum of f, g and CFR1 property and equipment lines 48 and 63 are divided by reported units of service on line 13.

ii. Residential Habilitation – Supervised IRA
  1. Total Operating from the CFR1 three years prior to the rate period line 64
  2. Less/plus Adjustments from CFR1 line 66
  3. less Fringe CFR1 line 20
  4. less Provider Tax CFR1 line 33

5. less Vacation accrual CFR1 line 17
6. less Board components CFR1 lines 21, 22, 23, 26, 28, 37,38
7. Less Maintenance Titles Maintenance Assistant, Maintenance Supervisor 1, Maintenance Supervisor 2, and Maintenance Supervisor 3 from CFR 4.
8. The result of a, b, c, d, e, f and g is trended as per paragraph h of this section
9. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16 less CFR 4 Maintenance Titles.
10. The sum of h and i are divided by reported units on line 13.
    1. For the period 4/1/13 thru 3/31/2014 units reported on line 13 for Residential Habilitation – IRA will be months, effective 4/1/2014 units will be days for total utilization and Medicaid utilization.
    2. For the period 4/1/2014 and thereafter, see Section I.2. Reconciliation section describing units and associated reporting.

iii. Residential Habilitation – Supportive IRA

1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR1 line 33
5. less Vacation accrual CFR1 line 17
6. less Board components CFR1 lines 21, 22, 23, 26, 28, 37,38
7. Less Maintenance Titles Maintenance Assistant, Maintenance Supervisor 1, Maintenance Supervisor 2, and Maintenance Supervisor 3 from CFR 4.
8. The result of a, b, c, d, e, f and g is trended as per paragraph h of this section
9. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16 less CFR 4 Maintenance Titles.
10. The sum of h and i are divided by reported units on line 13.

    1. The use of this methodology will not be in place until this methodology is rebased.

iv. Residential Habilitation – Family Care

1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d, and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.

8. The sum of f, g and CFR1 property and equipment lines 48 and 63 are divided by reported units on line 13.

v. Respite –
1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR1 line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d, and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
8. The sum of f, g and CFR1 property and equipment lines 48 and 63 are divided by reported units on line 13.

vi. Supported Employment –
1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR1 line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d, and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
8. The sum of f, g and CFR1 property and equipment lines 48 and 63 are divided by reported units on line 13.

vii. Pre Voc. –
1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR 1line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d, and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
8. The sum of e, f and CFR1 property and equipment lines 48 and 63 are divided by reported units on line 13.

viii. Community Habilitation – The initial payment will be a fee, but the computation for reconciliation will use these data elements:

1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR1 line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
8. The sum of f, g and CFR1 property and equipment lines 48 and 63 are divided by reported units on line 13.

ix. OHCDS waiver services include: Supported Employment, Intensive Behavioral, Pre-vocational, Community Habilitation, Day Habilitation, Respite, and Residential Habitation

x. OHCDS Services – Each Service will be calculated individually as follows:
1. Total Operating from the CFR1 three years prior to the rate period line 64
2. Less/plus Adjustments from CFR1 line 66
3. less Fringe CFR1 line 20
4. less Provider Tax CFR1 line 33
5. less Vacation accrual CFR1 line 17
6. The result of a, b, c, d and e is trended as per paragraph h of this section
7. Calculate anticipated fringe using OSC Accounting bulletin mandated fringe percentage multiplied by Total PS line 16.
8. The sum of f, g and CFR property and equipment lines 48 and 63 are divided by reported units' line 13.
9. OHCDS residential habilitation services will not include expenditures for room and board.
10. The final Reimbursable cost will be limited to the lower of the actual amount paid to the Voluntary Providers, or the sum of each Voluntary providers OHCDS units multiplied by the each Voluntary provider's non- OHCDS waiver service rate for the applicable service.

xi. Initial Interim Rate Schedule – New York State will make an adjustment(s) to the rate resulting from any final audit findings or reviews.

Public Provider Waiver Services
Interim Fee Schedule

| | |
|---|---|
| Day Habilitation* | $203.96 |
| Residential Habilitation - IRA (Certified Site) | $13,704.43 |
| Residential Habilitation - Family Care | $1,669.49 |
| Respite Services | $23.04 |
| Supported Employment | $1,437.54 |
| Pre Vocational | $66.80 |
| OHCDS Residential Habilitation Supervised and Supportive IRA | $10,655.85 |
| OHCDS Day Habilitation* | $189.70 |
| OHCDS Respite Services | $25.76 |
| OHCDS Supported Employment | $747.98 |
| OHCDS Pre Vocational | $212.77 |
| OHCDS Community Habilitation | $40.22 |

*24 hourly individual day habilitation hourly units will be counted as 1 day unit for reconciliation purposes

**e. Subsequent Period Interim Rates.**

New York State will update the interim rate based on the above methodology on an annual basis using the CFR from 3 years prior to the rate period.

**f. Trend Factors**

1. The trend factor used will be the applicable years from the Medical Care Services Index for the period April to April of each year from www.BLS.gov/cpi; Table 1 Consumer Price Index for All Urban Consumers (CPI-U); U.S. city average, by expenditure category and commodity and service group.

2. Generally, actual index values will be used for all intervening years between the base period and the rate period. However, because the index value for the last year immediately preceding the current rate period will not be available when the current

rate is calculated, an average of the previous five years actual known indexes will be calculated and used as a proxy for that one year.

3. A compounded trend factor will be calculated in order to bring base period costs to the appropriate rate period.

**g. Cost Reconciliation using Final Rate(s)**

1. When the CFR is completed, the State will calculate a final rate using the CFR applicable to the rate period for each waiver service using the rate methodology above, and Community Habilitation which will be paid initially with a fee. The same CFR lines which identify costs used to establish Interim Rates will be used to calculate the Final Rate; since the CFR used for the final rate will be the rate period CFR, trending or adjustments for differences in fringe benefits will not be used for the final rate.

   The final average rate for each service will be multiplied by the adjudicated paid Medicaid service units for services provided in the rate period to determine the allowable Medicaid reimbursement. The final allowable Medicaid reimbursement for each service subject to annual reconciliation will be compared to all associated interim payments for each service, including those processed through eMedNY, for the applicable rate year. If such total payments for any Waiver Service, subject to the annual reconciliation, exceed the final allowable Medicaid reimbursement for such rate period, the State will treat any overage as an overpayment of the federal share, and any overpayment shall be returned to CMS on the next calendar quarter CMS-64 expenditure report. If the total payments for a Waiver Service, subject to annual reconciliation, are less than the allowable Medicaid reimbursement for such rate period, the State shall be entitled to submit a claim for the federal share of such difference.

   Supervised IRA-Res Hab billing will convert from monthly units to daily units for services on or after July 1, 2014, For the period April 1, 2014 thru June 30, 2014; OPWDD will manually account for all Supervised IRA Res-Hab days for total and Medicaid utilization; the State will report these utilization statistics as part of the annual reconciliation for the State fiscal year ending March 31, 2015. The Medicaid days used in the annual reconciliations, for the period July 1, 2014 and thereafter will be paid Medicaid adjudicated claims from the State's MMIS. Total Utilization Days for Supervised IRA-Res Hab will be maintained by OPWDD and annually reported as part of the annual reconciliation.

2. The State will complete a full CFR and cost reconciliation for each waiver service and will submit these reconciliations to CMS for review and approval within 16 months of the end of each rate period.

**h. State Operated Services paid using Fees**

For the Four (4) waiver services listed below:

1. Intensive Behavioral Services
2. Plan of Care Support Services
3. Family Education and Training
4. Community Habilitation

Reimbursement paid to State Operated Facilities will be according to the fee schedule below:

STATE PROVIDER FEE SCHEDULES (effective as of April 1, 2013)

| SERVICE TYPE | FEE | Unit of Service or Frequency |
|---|---|---|
| INTENSIVE BEHAVIORAL PRODUCT FEE | $1,650.00 | One time only |
| INTENSIVE BEHAVIORAL HOURLY FEE | $16.38 | Hourly |
| PLAN OF CARE SUPPORT SERVICES | $238.99 | Max 4 per yr |
| FAMILY ED AND TRAINING(INDIVIDUAL) | $111.68 | Max 2 per yr |
| FAMILY ED AND TRAINING(GROUP) | $55.84 | Max 2 per yr |
| Community Habilitation (Individual – Serving 1) | $49.19 | Hourly |
| Community Habilitation (Group Serving 2) | $30.74 | Hourly |
| Community Habilitation (Group Serving 3) | $24.59 | Hourly |
| Community Habilitation (Group Serving 4) | $21.52 | Hourly |

# NY Waiver – NY.0238.R04.07
# Addendum A – Supplemental Rate Language

## IV. Rate Setting for Non-Governmental Providers and Voluntary Providers for Waiver Services.

The State will set rates for Services delivered to individuals with Developmental Disabilities as described below for the following three services.

i. Residential Habilitation - Supervised IRA (Certified Site)
ii. Residential Habilitation – Supportive IRA (Certified Site)
iii. Day Habilitation – Group and Supplemental

1. Residential Habilitation – Supervised IRA

i. Operating Cost Components

*a.* Regional Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region, for all Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation -Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by DOH Region, for Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation -Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs.

*b.* Regional Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage.

*c.* Regional Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1 line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage.

*d.* Regional Average Direct Care Hourly Rate-Excluding General and Administrative = Add applicable Regional Average Direct Care Wage and applicable Regional Average Employee-Related Component, and applicable Regional Average Program Support Component

*e.* Regional Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation (CFR1 line 65), totaled by DOH Region. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s) totaled by DOH Region, to calculate the General and Administrative quotient. Divide the Regional Average Direct Care Hourly Rate-Excluding General and Administrative, by 1 minus the applicable Regional Average General and Administrative quotient. From this total subtract the applicable Regional Average Direct Care Wage Hourly Rate-Excluding General and Administrative.

*f.* Regional Average Direct Care Hourly Rate = Add applicable Regional Average Direct Care Wage, applicable Regional Average Employee-Related Component, applicable Regional Average Program Support Component and applicable Regional General and Administrative Component.

*g.* Provider Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by provider.

*h.* Provider Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider. Multiply by the Provider Average Direct Care Wage.

*i.* Provider Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1 line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding

Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider. Multiply by the Provider Average Direct Care Wage.

*j.* Provider Average Direct Care Hourly Rate-Excluding General and Administrative= Add Provider Average Direct Care Wage as computed in subparagraph g of this paragraph, Provider Average Employee-Related Component, and Provider Average Program Support Component.

*k.* Provider Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation (CFR1 line 65), totaled by provider. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s), totaled by provider, to calculate the General and Administrative quotient. Divide the Provider Average Direct Care Hourly Rate-Excluding General and Administrative, by 1 minus the applicable Provider Average General and Administrative quotient. From this total subtract the Provider Average Direct Care Wage Hourly Rate-Excluding General and Administrative, as computed in subparagraph j of this paragraph.

*l.* Provider Average Direct Care Hourly Rate = Add Provider Average Direct Care Wage, Provider Average Employee-Related Component, Provider Average Program Support Component, and Provider General and Administrative Component.

*m.* Statewide Average Direct Care Hours Per Person = From the CFR for the base year, divide Total Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s) by total capacity from the Rate Sheets for the base year (pro-rated for partial year sites).

*n.* Statewide Average Direct Hours Per Provider = Multiply Statewide Average Direct Care Hours Per Person, by the applicable provider acuity factor , the applicable provider E-Score factor, and the provider Rate Sheet capacity for the base year (pro-rated for partial year sites).

*o.* Statewide Budget Neutrality Adjustment Factor for Hours = From the CFR for the base year, divide Total Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s) by the total of Statewide Average Direct Hours per provider for all providers.

*p.* Calculated Direct Care Hours = Multiply Statewide Average Direct Care Hours Per Provider, by the Statewide Budget Neutrality Adjustment Factor for Hours. Divide

by the Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial period.

*q.* Regional Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by DOH Region, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by DOH Region.

*r.* Provider Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by provider, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by provider.

*s.* Provider Salaried Clinical Hours = From the CFR for the base year, divide Salaried Clinical hours (CFR4, Title 300s), totaled by provider, by Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*t.* Regional Average Contracted Clinical Hourly Wage = From the CFR for the base year, divide Contracted Clinical dollars (CFR4A, Title Code 300s) totaled by DOH Region by Contracted Clinical hours (CFR4A, Title Code 300s), totaled by DOH Region.

*u.* Provider Contracted Clinical Hours = From the CFR for the base year, divide Contracted Clinical hours (CFR4A, Title 300s), totaled by provider, by Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*v.* Provider Direct Care Hourly Rate- Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Direct Care Hourly Rate, as computed in subparagraph l of this paragraph, by .75. Multiply applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of this paragraph, by .25. Add results together.

*w.* Provider Clinical Hourly Wage – Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Clinical Hourly Wage by .75. Multiply applicable Regional Average Clinical Hourly Wage, by .25. Add results together.

*x.* Provider Reimbursement from Direct Care Hourly Rate = Multiply applicable Calculated Direct Care Hours, by applicable Provider Direct Care Hourly Rate-Adjusted for Wage Equalization Factor.

*y.* Provider Reimbursement from Clinical Hourly Wage = Multiply applicable Provider Salaried Clinical hours, as computed in subparagraph s of this paragraph, by applicable Provider Clinical Hourly Wage-Adjusted for Wage Equalization Factor.

*z.* Provider Reimbursement from Contracted Clinical Hourly Wage = Multiply applicable Provider Contracted Clinical hours, as computed in subparagraph u of this paragraph, by applicable Regional Average Contracted Clinical Hourly Wage.

*aa.* Provider Operating Revenue = Add applicable Provider Reimbursement from Direct Care Hourly Rate, applicable Provider Reimbursement from Clinical Hourly Wage, and applicable Provider Reimbursement from Contracted Clinical Hourly Wage.

*bb.* Statewide Budget Neutrality Adjustment Factor for Operating Dollars = Divide Operating Revenue from all provider Rate Sheets in effect on 6/30/14, by Provider Operating Revenue for all providers.

*cc.* Total Provider Operating Revenue- Adjusted = Multiply applicable Provider Operating Revenue, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars.

*dd.* Final Daily Operating Rate = Divide applicable Total Provider Operating Revenue-Adjusted and subject to the Total Offset Adjustment, by the applicable Rate Sheet capacity for the Initial Period. Divide such quotient by three hundred sixty five, or in the case of a leap year three hundred sixty six.

ii. Alternative Operating Cost Component – For providers that did not submit a cost report for Residential Habilitation – Supervised IRA services for the base year, the final daily operating rate shall be a regional daily operating rate, computed as follows:

*a.* Reimbursement from Regional Direct Care Hourly Rate = From the base year, divide the Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s), totaled by DOH region, by Rate Sheet capacity for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of this paragraph, and by Rate Sheet capacity for the Initial Period.

*b.* Reimbursement from Regional Clinical Hourly Wage = From the base year, divide the Salaried and Contracted Clinical Hours (CFR4 and CFR4-A, Title 300s), totaled by DOH region, by Rate Sheet capacity for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Clinical Hourly Wage, as computed in subparagraph q of this paragraph, and by Rate Sheet capacity for the Initial Period.

*c.* Provider Operating Revenue = Add applicable Reimbursement from Regional Direct Care Hourly Rate, as computed in subparagraph a of this paragraph, and applicable Reimbursement from Regional Clinical Hourly Wage, as computed in subparagraph b of this paragraph.

*d.* Total Provider Operating Revenue – Adjusted = Multiply applicable Provider Operating Revenue, as computed in subparagraph c of this paragraph, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars, as computed in subparagraph bb of paragraph (i).

*e.* Final Regional Daily Operating Rate = Divide applicable Total Provider Operating Revenue-Adjusted, as computed in subparagraph d of this paragraph and subject to the Total Offset Adjustment, as computed in subparagraph (d) of paragraph (v) of this subdivision, by the applicable Rate Sheet capacity for the Initial Period. Divide such quotient by three hundred sixty five, or in the case of a leap year three hundred sixty six.

iii. Facility Cost Components (not reimbursable by Medicaid)

*a.* Provider Facility Reimbursement – From the CFR for the base year, add Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Insurance – Property and Casualty (CFR1 line 55), Housekeeping and Maintenance Staff (CFR4 Title 102), and Program Administration Property (OPWDD4 line 24), totaled by provider. Divide by the Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*b.* Final Monthly Facility Rate – The Final Monthly Facility Rate shall be the Total Offset Adjustment amount as computed in subparagraph (d) of paragraph (v) of this subdivision, divided by twelve, if such amount is positive.

iv. Capital Cost Components (not reimbursable by Medicaid)
Total Capital Reimbursement = Capital reimbursement shall be calculated at the lower of the amount determined pursuant to thresholds.

v. Offset Adjustments

*a.* Provider Room and Board Reimbursement = Add the Total Provider Facility Revenue – Adjusted, as calculated in subparagraph (c) of paragraph (iii) of this subdivision and Total Capital Reimbursement, as calculated in subparagraph (a) of paragraph (iv) of this subdivision.

*b.* Annual Supplemental Security Income = Multiply Supplemental Security Income, as determined by 14 NYCRR 671.7(a)(9)(xxi), by three hundred sixty five, or in the case of a leap year three hundred sixty six. Multiply the product by the provider's Rate Sheet capacity for the Initial Period.

*c.* Annual Supplemental Nutrition Assistance Income = Multiply Supplemental Nutrition Assistance, as determined by 14 NYCRR 671.7(a)(10)(i)(c), by twelve. Multiply the product by the provider's Rate Sheet capacity for the Initial Period.

*d.* Total Offset Adjustment = Add the Annual Supplemental Security Income, as calculated in subparagraph (b) of this paragraph, and the Annual Supplemental Nutrition Assistance Income, as calculated in subparagraph (c) of this paragraph. Subtract this sum from the Provider Room and Board Reimbursement, as calculated in subparagraph (a) of this paragraph. If such amount is negative, the Total Provider Operating Revenue – Adjusted, as calculated in subparagraph (cc) of paragraph (i) of this subdivision or as calculated in

subparagraph (d) of paragraph (ii) of this subdivision, as applicable, shall be reduced by this amount. If such amount is positive, the provider shall receive a state supplemental payment as calculated in subparagraph (d) of paragraph (iii) of this subdivision.

3. Residential Habilitation – Supportive IRA
   i. Operating Cost Components
      *a.* Regional Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region, for all Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation -Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by DOH Region, for Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation -Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs.
      *b.* Regional Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph.
      *c.* Regional Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line 26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1 line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph.
      *d.* Regional Average Direct Care Hourly Rate-Excluding General and Administrative = Add applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph, applicable Regional Average Employee-Related Component as computed in subparagraph b of this paragraph, and applicable Regional Average Program Support Component computed in subparagraph c of this paragraph.
      *e.* Regional Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation

(CFR1 line 65), totaled by DOH Region. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line 22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s), totaled by DOH Region, to calculate the General and Administrative quotient. Divide the Regional Average Direct Care Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph, by 1 minus the applicable Regional Average General and Administrative quotient, computed previously in this subparagraph. From this total subtract the applicable Regional Average Direct Care Wage Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph.

*f.* Regional Average Direct Care Hourly Rate = Add applicable Regional Average Direct Care Wage, as computed in subparagraph a of this paragraph, applicable Regional Average Employee-Related Component computed in subparagraph b of this paragraph, applicable Regional Average Program Support Component computed in subparagraph c of this paragraph, and applicable Regional General and Administrative Component computed in subparagraph e of this paragraph.

*g.* Provider Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by provider.

*h.* Provider Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider. Multiply by the Provider Average Direct Care Wage as computed in subparagraph g of this paragraph.

*i.* Provider Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line 26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1 line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by

provider. Multiply by the Provider Average Direct Care Wage as computed in subparagraph g of this paragraph.

*j.* Provider Average Direct Care Hourly Rate-Excluding General and Administrative= Add Provider Average Direct Care Wage as computed in subparagraph g of this paragraph, Provider Average Employee-Related Component as computed in subparagraph h of this paragraph, and Provider Average Program Support Component computed in subparagraph i of this paragraph.

*k.* Provider Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation (CFR1 line 65), totaled by provider. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s), totaled by provider, to calculate the General and Administrative quotient. Divide the Provider Average Direct Care Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph, by 1 minus the applicable Provider Average General and Administrative quotient, computed previously in this subparagraph. From this total subtract the Provider Average Direct Care Wage Hourly Rate-Excluding General and Administrative, as computed in subparagraph j of this paragraph.

*l.* Provider Average Direct Care Hourly Rate = Add Provider Average Direct Care Wage, as computed in subparagraph g of this paragraph, Provider Average Employee-Related Component computed in subparagraph h of this paragraph, Provider Average Program Support Component computed in subparagraph i of this paragraph, and Provider General and Administrative Component computed in subparagraph k of this paragraph.

*m.* Statewide Average Direct Care Hours Per Person = From the CFR for the base year, divide Total Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s) by total capacity from the Rate Sheets for the base year (pro-rated for partial year sites).

*n.* Statewide Average Direct Hours Per Provider = Multiply Statewide Average Direct Care Hours Per Person, as computed in subparagraph m of this paragraph, by the applicable provider acuity factor, and by the provider Rate Sheet capacity for the base year (pro-rated for partial year sites).

*o.* Statewide Budget Neutrality Adjustment Factor for Hours = From the CFR for the base year, divide Total Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s) by the total of Statewide Average Direct Hours per Provider for all providers, as computed in subparagraph n of this paragraph.

*p.* Calculated Direct Care Hours = Multiply Statewide Average Direct Care Hours Per Provider, as computed in subparagraph n of this paragraph, by the Statewide Budget Neutrality Adjustment Factor for Hours, as computed in subparagraph o of this paragraph. Divide by the Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial period.

*q.* Regional Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by DOH Region, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by DOH Region.

*r.* Provider Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by provider, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by provider.

*s.* Provider Salaried Clinical Hours = From the CFR for the base year, divide Salaried Clinical hours (CFR4, Title 300s), totaled by provider, by Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*t.* Regional Average Contracted Clinical Hourly Wage = From the CFR for the base year, divide Contracted Clinical dollars (CFR4A, Title Code 300s) totaled by DOH Region by Contracted Clinical hours (CFR4A, Title Code 300s), totaled by DOH Region.

*u.* Provider Contracted Clinical Hours = From the CFR for the base year, for each provider, divide Contracted Clinical hours (CFR4A, Title 300s) by Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*v.* Provider Direct Care Hourly Rate- Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Direct Care Hourly Rate, as computed in subparagraph l of this paragraph, by .75. Multiply applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of this paragraph, by .25. Add results together.

*w.* Provider Clinical Hourly Wage – Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Clinical Hourly Wage, as computed in subparagraph r of this paragraph, by .75. Multiply applicable Regional Average Clinical Hourly Wage, as computed in subparagraph q of this paragraph, by .25. Add results together.

*x.* Provider Reimbursement from Direct Care Hourly Rate = Multiply applicable Calculated Direct Care Hours, as computed in subparagraph p of this paragraph, by applicable Provider Direct Care Hourly Rate-Adjusted for Wage Equalization Factor, as computed in in subparagraph v of this paragraph.

*y.* Provider Reimbursement from Clinical Hourly Wage = Multiply applicable Provider Salaried Clinical hours, as computed in subparagraph s of this paragraph, by applicable Provider Clinical Hourly Wage-Adjusted for Wage Equalization Factor, as computed in subparagraph w of this paragraph.

*z.* Provider Reimbursement from Contracted Clinical Hourly Wage = Multiply applicable Provider Contracted Clinical hours, as computed in subparagraph u of this paragraph,

by applicable Regional Average Contracted Clinical Hourly Wage, as computed in subparagraph t of this paragraph.

*aa.* Provider Operating Revenue = Add applicable Provider Reimbursement from Direct Care Hourly Rate, as computed in subparagraph x of this paragraph, applicable Provider Reimbursement from Clinical Hourly Wage, as computed in subparagraph y of this paragraph, and applicable Provider Reimbursement from Contracted Clinical Hourly Wage, computed in subparagraph z of this paragraph.

*bb.* Statewide Budget Neutrality Adjustment Factor for Operating Dollars = Divide Operating Revenue from all provider Rate Sheets for the Initial Period, by Provider Operating Revenue for all providers, as computed in subparagraph aa of this paragraph.

*cc.* Total Provider Operating Revenue- Adjusted = Multiply applicable Provider Operating Revenue, as computed in subparagraph aa of this paragraph, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars, as computed in subparagraph bb of this paragraph.

*dd.* Final Monthly Operating Rate = Divide applicable Total Provider Operating Revenue-Adjusted, as computed in subparagraph cc of this paragraph and subject to the Total Offset Adjustment, as computed in subparagraph (d) of paragraph (v) of this subdivision, by the applicable Rate Sheet capacity for the Initial Period. Divide such quotient by twelve.

ii. Alternative Operating Cost Component – For providers that did not submit a cost report for Residential Habilitation – Supportive IRA services for the base year, the final daily operating rate shall be a regional daily operating rate, calculated as follows:

*a.* Reimbursement from Regional Direct Care Hourly Rate = From the base year, divide the Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s), totaled by DOH region, by Rate Sheet capacity for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of this paragraph, and by Rate Sheet capacity for the Initial Period.

*b.* Reimbursement from Regional Clinical Hourly Wage = From the base year, divide the Salaried and Contracted Clinical Hours (CFR4 and CFR4-A, Title 300s), totaled by DOH region, by Rate Sheet capacity for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Clinical Hourly Wage, as computed in subparagraph q of this paragraph, and by Rate Sheet capacity for the Initial Period.

*c.* Provider Operating Revenue = Add applicable Reimbursement from Regional Direct Care Hourly Rate, as computed in subparagraph a of this paragraph, and applicable Reimbursement from Regional Clinical Hourly Wage, as computed in subparagraph b of this paragraph.

*d.* Total Provider Operating Revenue – Adjusted = Multiply applicable Provider Operating Revenue, as computed in subparagraph c of this paragraph, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars, as computed in subparagraph bb of paragraph (i).

*e.* Final Regional Monthly Operating Rate = Divide applicable Total Provider Operating Revenue-Adjusted, as computed in subparagraph cc of this paragraph and subject to the Total Offset Adjustment, as computed in subparagraph (d) of paragraph (v) of this subdivision, by the applicable Rate Sheet capacity for the Initial Period. Divide such quotient by twelve.

iii. Facility Cost Components (not reimbursable by Medicaid)

*a.* Provider Facility Reimbursement – From the CFR for the base year, add Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation CFR1 line 45), Insurance – Property and Casualty (CFR1 line 55), Housekeeping and Maintenance Staff (CFR4 Title 102), and Program Administration Property (OPWDD4 line 24), totaled by provider. Divide by the Rate Sheet capacity for the base year (pro-rated for partial year sites). Multiply by Rate Sheet capacity for the Initial Period.

*b.* Final Monthly Facility Rate – The Final Monthly Facility Rate shall be the Total Offset Adjustment amount as computed in subparagraph (d) of paragraph (v) of this subdivision, divided by twelve, if such amount is positive.

iv. Capital Cost Components (not reimbursable by Medicaid)
Total Capital Reimbursement = Capital reimbursement shall be calculated at the lower of the amount determined pursuant thresholds.

v. Offset Adjustments

*a.* Provider Room and Board Reimbursement = Add the Total Provider Facility Revenue – Adjusted, as calculated in subparagraph (c) of paragraph (iii) of this subdivision and Total Capital Reimbursement, as calculated in subparagraph (a) of paragraph (iv) of this subdivision.

*b.* Annual Supplemental Security Income = Multiply Supplemental Security Income, as determined by 14 NYCRR 671.7(a)(9)(xxi), by three hundred sixty five, or in the case of leap year three hundred sixty six. Multiply the product by the provider's Rate Sheet capacity for the Initial Period.

*c.* Annual Supplemental Nutrition Assistance Income = Multiply Supplemental Nutrition Assistance, as determined by 14 NYCRR 671.7(a)(10)(i)(c), by twelve. Multiply the product by the provider's Rate Sheet capacity for the Initial Period.

*d.* Total Offset Adjustment = Add the Annual Supplemental Security Income, as calculated in subparagraph (b) of this paragraph, and the Annual Supplemental Nutrition Assistance Income, as calculated in subparagraph (c) of this paragraph. Subtract this sum from the Provider Room and Board Reimbursement, as calculated in subparagraph (a) of this paragraph. If such amount is negative, the Total Provider Operating Revenue – Adjusted, as calculated in subparagraph (cc) of paragraph (i) of this subdivision or as calculated in subparagraph (d) of paragraph (ii) of this subdivision, as applicable, shall be reduced by this amount. If such amount is positive, the provider shall receive a state supplemental payment as calculated in subparagraph (d) of paragraph (iii) of this subdivision.

4. Day Habilitation – Group and Supplemental

i. Operating Cost Components

*a.* Regional Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region, for all Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation - Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by DOH Region, for Residential Habilitation–Supervised IRA, Residential Habilitation–Supportive IRA, Day Habilitation -Group and Supplemental, and Intermediate Care Facility for the Developmentally Disabled programs.

*b.* Regional Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph.

*c.* Regional Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1 line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by DOH Region. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by DOH Region. Multiply by the applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph.

*d.* Regional Average Direct Care Hourly Rate-Excluding General and Administrative = Add applicable Regional Average Direct Care Wage as computed in subparagraph a of this paragraph, applicable Regional Average Employee-Related Component as computed in subparagraph b of this paragraph, and applicable Regional Average Program Support Component computed in subparagraph c of this paragraph.

*e.* Regional Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation (CFR1 line 65), totaled by DOH Region. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s), totaled by DOH Region, to calculate the General and Administrative quotient. Divide the Regional Average Direct Care Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph, by 1 minus the applicable Regional Average General and Administrative quotient, computed previously in this subparagraph. From this total subtract the applicable Regional Average Direct Care Wage Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph.

*f.* Regional Average Direct Care Hourly Rate = Add applicable Regional Average Direct Care Wage, as computed in subparagraph a of this paragraph, applicable Regional Average Employee-Related Component computed in subparagraph b of this paragraph, applicable Regional Average Program Support Component computed in subparagraph c of this paragraph, and applicable Regional General and Administrative Component computed in subparagraph e of this paragraph.

*g.* Provider Average Direct Care Wage = From the CFR for the base year, divide Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider by Salaried Direct Care hours (CFR4, Title Code 200s), totaled by provider.

*h.* Provider Average Employee-Related Component = From the CFR for the base year, add Vacation Leave Accruals (CFR1 line 17) and Total Fringe Benefits (CFR1 line 20), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider. Multiply by the Provider Average Direct Care Wage as computed in subparagraph g of this paragraph.

*i.* Provider Average Program Support Component = From the CFR for the base year, add Transportation Related-Participant (CFR1 line 24), Staff Travel (CFR1 line 25), Participant Incidentals (CFR1 line26), Expensed Adaptive Equipment (CFR1 line 27), Sub-Contract Raw Materials (CFR1 line 29), Participant Wages-Non-Contract (CFR1 line 30), Participant Wages-Contract (CFR1 line 31), Participant Fringe Benefits (CFR1 line 32), Staff Development (CFR1 line 34), Supplies and Materials-Non-Household (CFR1

line 36), Other-OTPS (CFR1 line 40), Lease/Rental Vehicle (CFR1 line 42), Depreciation-Vehicle (CFR1 line 44), Interest-Vehicle (CFR1 line 46), Other-Equipment (CFR1 line 47), Other Than To/From Transportation Allocation (CFR1 line 68a), Salaried Support dollars (CFR4 Title Code 100s, excluding Housekeeping and Maintenance Staff Title 102) and Salaried Program Administration dollars (CFR4 Title 500s), totaled by provider. Divide by Salaried Direct Care dollars (CFR4, Title Code 200s), totaled by provider. Multiply by the Provider Average Direct Care Wage as computed in subparagraph g of this paragraph.

*j.* Provider Average Direct Care Hourly Rate-Excluding General and Administrative= Add Provider Average Direct Care Wage as computed in subparagraph g of this paragraph, Provider Average Employee-Related Component as computed in subparagraph h of this paragraph, and Provider Average Program Support Component computed in subparagraph i of this paragraph.

*k.* Provider Average General and Administrative Component = From the CFR for the base year, add Insurance-General (CFR1 line 39) and Agency Administration Allocation (CFR1 line 65), totaled by provider. Divide by the sum of Total Program/Site Costs (CFR1 line 67) and Other Than To/From Transportation Allocation (CFR1 line 68a), minus the sum of Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Total Property-Provider Paid (CFR1 line 63), Housekeeping and Maintenance Staff (CFR4 Title 102), Salaried Clinical dollars (CFR4 Title Code 300s), and Contracted Clinical dollars (CFR4A Title Code 300s), totaled by provider, to calculate the General and Administrative quotient. Divide the Provider Average Direct Care Hourly Rate-Excluding General and Administrative, as computed in subparagraph d of this paragraph, by 1 minus the applicable Provider Average General and Administrative quotient, computed previously in this subparagraph. From this total subtract the Provider Average Direct Care Wage Hourly Rate-Excluding General and Administrative, as computed in subparagraph j of this paragraph.

*l.* Provider Average Direct Care Hourly Rate = Add Provider Average Direct Care Wage, as computed in subparagraph g of this paragraph, Provider Average Employee-Related Component computed in subparagraph h of this paragraph, Provider Average Program Support Component computed in subparagraph i of this paragraph, and Provider General and Administrative Component computed in subparagraph k of this paragraph.

*m.* Provider Direct Care Hours = From the CFR for the base year, add Salaried and Contracted Direct Care hours (CFR4 and CFR4A, Title 200s), by provider. Divide by provider billed units for the base year. Multiply by Rate Sheet units for the Initial Period.

*n.* Regional Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by DOH Region, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by DOH Region.

*o.* Provider Average Clinical Hourly Wage = From the CFR for the base year, divide Salaried Clinical dollars (CFR4, Title Code 300s), totaled by provider, by Salaried Clinical hours (CFR4, Title Code 300s), totaled by provider

*p.* Provider Salaried Clinical Hours = From the CFR for the base year, divide Salaried Clinical hours (CFR4, Title 300s), totaled by provider, by provider billed units for the base year. Multiply by Rate Sheet units for the Initial Period.

*q.* Regional Average Contracted Clinical Hourly Wage = From the CFR for the base year, divide Contracted Clinical dollars (CFR4A, Title Code 300s) totaled by DOH Region by Contracted Clinical hours (CFR4A, Title Code 300s), totaled by DOH Region.

*r.* Provider Contracted Clinical Hours = From the CFR for the base year, divide Contracted Clinical hours (CFR4A, Title 300s), totaled by provider, by provider billed units for the base year. Multiply by Rate Sheet units for the Initial Period.

*s.* Provider Direct Care Hourly Rate- Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Direct Care Hourly Rate, as computed in subparagraph l of this paragraph, by .75. Multiply applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of this paragraph, by .25. Add results together.

*t.* Provider Clinical Hourly Wage – Adjusted for Wage Equalization Factor = Multiply applicable Provider Average Clinical Hourly Wage, as computed in subparagraph o of this paragraph, by .75. Multiply applicable Regional Average Clinical Hourly Wage, as computed in subparagraph n of this paragraph, by .25. Add results together.

*u.* Provider Reimbursement from Direct Care Hourly Rate = Multiply applicable Provider Direct Care Hours, as computed in subparagraph m of this paragraph, by applicable Provider Direct Care Hourly Rate-Adjusted for Wage Equalization Factor, as computed in subparagraph s of this paragraph.

*v.* Provider Reimbursement from Clinical Hourly Wage = Multiply applicable Provider Salaried Clinical Hours, as computed in subparagraph p of this paragraph, by applicable Provider Clinical Hourly Wage-Adjusted for Wage Equalization Factor, as computed in subparagraph t of this paragraph.

*w.* Provider Reimbursement from Contracted Clinical Hourly Wage = Multiply applicable Provider Contracted Clinical Hours, as computed in subparagraph r of this paragraph, by applicable Regional Average Contracted Clinical Hourly Wage, as computed in subparagraph q of this paragraph.

*x.* Provider Facility Reimbursement – From the CFR for the base year, add Food (CFR line 21), Repairs and Maintenance (CFR1 line22), Utilities (CFR1 line 23), Expensed Equipment (CFR1 line 28), Household Supplies (CFR1 line 37), Telephone (CFR1 line 38), Lease/Rental Equipment (CFR1 line 43), Depreciation Equipment (CFR1 line 45), Insurance – Property and Casualty (CFR1 line 55), Housekeeping and Maintenance Staff (CFR4 Title 102), and Program Administration Property (OPWDD4 line 24), totaled

by provider. Divide by the provider billed units for the base year. Multiply by Rate Sheet units for the Initial Period.

*y.* Provider To/From Transportation Reimbursement – From the CFR for the base year, divide To/From Transportation Allocation (CFR1 line 68b), by provider billed units for the base year. Multiply by Rate Sheet units for the Initial Period.

*z.* Provider Operating Revenue = Add applicable Provider Reimbursement from Direct Care Hourly Rate, as computed in subparagraph u of this paragraph, applicable Provider Reimbursement from Clinical Hourly Wage, as computed in subparagraph v of this paragraph, applicable Provider Reimbursement from Contracted Clinical Hourly Wage, as computed in subparagraph w of this paragraph, applicable Provider Facility Reimbursement, as computed in subparagraph x of this paragraph, and Provider To/From Transportation Reimbursement, as computed in subparagraph y of this paragraph.

*aa.* Statewide Budget Neutrality Adjustment Factor for Operating Dollars = Divide Operating Revenue from all provider Rate Sheets in effect on 6/30/14, by Provider Operating Revenue for all providers, as computed in subparagraph z of this paragraph.

*bb.* Total Provider Operating Revenue- Adjusted = Multiply applicable Provider Operating Revenue, as computed in subparagraph z of this paragraph, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars, as computed in subparagraph aa of this paragraph.

*cc.* Total Capital Reimbursement = Capital reimbursement shall be calculated at the lower of the amount determined pursuant to 14 NYCRR Subpart 635-6 or thresholds as determined pursuant to 10 NYCRR Subpart 86-10.3(c)(5).

*dd.* Final Daily Operating Rate = Add applicable Total Provider Operating Revenue-Adjusted, as computed in subparagraph bb of this paragraph and Total Capital Reimbursement, as computed in subparagraph cc of this paragraph. Divide sum by applicable provider Rate Sheet units for the Initial Period.

ii. Alternative Operating Cost Component – For providers that did not submit a cost report for Day Habilitation – Group and Supplemental services for the base year, the final daily operating rate shall be a regional daily operating rate, calculated as follows:

*a.* Reimbursement from Regional Direct Care Hourly Rate = From the base year, divide the Salaried and Contracted Direct Care Hours (CFR4 and CFR4-A, Title 200s), totaled by DOH region, by billed units for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Direct Care Hourly Rate, as computed in subparagraph f of paragraph (i), and by Rate Sheet units for the Initial Period.

*b.* Reimbursement from Regional Clinical Hourly Wage = From the base year, divide the Salaried and Contracted Clinical Hours (CFR4 and CFR4-A, Title 300s), totaled by DOH region, by billed units for the base year (pro-rated for partial year sites), totaled by DOH region. Multiply by the applicable Regional Average Clinical Hourly Wage, as

computed in subparagraph n of paragraph (i), and by Rate Sheet units for the Initial Period.

*c.* Provider Operating Revenue = Add applicable Reimbursement from Regional Direct Care Hourly Rate, as computed in subparagraph a of this paragraph, and applicable Reimbursement from Regional Clinical Hourly Wage, as computed in subparagraph b of this paragraph.

*d.* Total Provider Operating Revenue – Adjusted = Multiply applicable Provider Operating Revenue, as computed in subparagraph c of this paragraph, by Statewide Budget Neutrality Adjustment Factor for Operating Dollars, as computed in subparagraph bb of paragraph (i).

*e.* Total Capital Reimbursement = Capital reimbursement shall be calculated at the lower of the amount determined pursuant to 14 NYCRR Subpart 635-6 or thresholds as determined pursuant to 10 NYCRR Subpart 86-10.3(c)(5).

*f.* Final Regional Daily Operating Rate = Add applicable Total Provider Operating Revenue-Adjusted, as computed in subparagraph d of this paragraph and Total Capital Reimbursement, as computed in subparagraph e of this paragraph. Divide sum by applicable provider Rate Sheet units for the Initial Period.

c. Trend Factors
For years in which the Department of Health does not update the base year, subject to the approval of the Director of Budget, the Department may use a compounded trend factor to bring base year costs forward to the appropriate rate period. The trend factor shall be taken from consumer and producer price indices, including, but not limited to the Medical Care Services Index; U.S. city average, by expenditure category and commodity and service group for the period April to April of each year.

Transition period

1. Transition to new methodology. The reimbursement methodology described in III of this section xx will be phased-in over a three-year period, with a year for purposes of the transition period meaning a twelve month period from July first to the following June thirtieth, and with full implementation in the beginning of the fourth year. During this transition period, the base operating rate will transition to the target rate according to the phase-in schedule immediately below. The base operating rate will remain fixed and the target rate, as determined by the methodology in III of this section xx, will be updated to reflect rebasing of cost data, trend factors and other appropriate adjustments.

| | Phase-in Percentage | |
|---|---|---|
| **Transition Year** | **Base operating rate** | **Target Rate** |
| Year One (July 1, 2014 – June 30, 2015) | 75% | 25% |
| Year Two (July 1, 2015 – June 30, 2016) | 50% | 50% |
| Year Three (July 1, 2016 - June 30, 2017) | 25% | 75% |
| Year Four (July 1, 2017 – June 30, 2018) | 0% | 100% |

2. Transition from Monthly to Daily unit of service, reimbursement for residential habilitation provided in supervised residences shall be according to a daily unit of service. From July 1, 2014 through June 30, 2015, providers which have rates for residential habilitation provided in supervised IRAs pursuant to section 1. 1. above shall determine and report to the Department retainer days and therapeutic leave days.
    a. Residential Habilitation – IRA Supervised conversion to daily on 7/1/14
    b. Beginning July 1, 2014 distinct rate codes will be established in E-MedNY to allow for the recording of service activity as follows:
        i. Retainer service days as defined in section II.x. above set at $0 to record days in which a hospital, SNF or other institutional claim is billed to Medicaid on the same day.
        ii. Therapy days set at the provider rate in effect in accordance with the rate methodology described in section II.dd above to allow for the reimbursement of therapy days as described in the person's plan of care.
        iii. Service days set at the provider rate in effect in accordance with the rate methodology described in section II.aa above to allow for the reimbursement of residential habilitation to the provider of service.
    c. Following the July 1, 2014 through June 30, 2015 service period, the state will reconcile the services recorded under the retainer day rate code in order to

determine the amount of reimbursement owed to the provider. The retainer payment will be paid the full rate as calculated in section III.a.3.b above. Payment for retainer days will not exceed the 14 days allowed. Vacancy days as defined in section I.hh above will be paid at 75% of the daily rate as defined in section III.a.3.b above up to a maximum of 90 days.

d. Beginning July 1, 2015 all edits will be operational in the e-MedNY system as follows:
    i. Limit to the reimbursement of retainer payments to 14 days at the full daily rate

Vacancy days will be reimbursed through an occupancy adjustment as defined in section II.hh. The adjustment will be made prospectively at the beginning of the rate year and is based on the previous years' experience. The occupancy percentage will be calculated 90 days after the close of the previous rate year and will be applied retroactive to the beginning of the rate period. The reduced occupancy shall only be based on the number of Vacancy days occurring in the rate year which are described in the definition section and based on the previous years' experience. The Occupancy adjustment calculation will be Agency specific and will be the higher of the Agencies actual occupancy % or at 95% occupancy.

The attached addendums are applicable to the following services. On a quarterly basis the State will submit any necessary updated Addendums in the form of a waiver amendment for CMS approval.

1. Pre Voc – See Addendum a.1 (Pre Voc)
2. Consolidated Supports and Services (CSS) – See Addendum a.2 (CSS)
3. Residential Habilitation — See Addendum a.3 (Family Care)
4. Respite Services – See Addendum a.4 (Respite)
5. Consolidated Supports and Services (CSS) Annual Cap – See Addendum a.5 (CSS-annual)
6. Individual Day Habilitation – See Addendum a.6

Reimbursement for residential habilitation provided in supervised residences shall be according to a daily unit of service. From July 1, 2014 through June 1, 2015, providers

The following services will be reimbursed based on the fee schedules below:

**a. Services paid using a fee schedule for Voluntary Providers.**

1. Community Habilitation
2. Intensive Behavioral Services

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3. Plan of Care Support Services
4. Family Education and Training
5. Supported Employment Services (SEMP)
6. Pathway to Employment
7. Template Funding

Reimbursement paid to Voluntary Facilities will be according to the fee schedule below:

VOLUNTARY PROVIDER FEE SCHEDULES

Community Habilitation Services

| SERVICE TYPE | REGION | Unit of Service | INDIVIDUAL SERVING 1 | GROUP SERVING 2 | GROUP SERVING 3 | GROUP SERVING 4 |
|---|---|---|---|---|---|---|
| Community Hab | 1 | Hourly | $37.05 | $23.16 | $18.53 | $16.21 |
| Community Hab | 2 | Hourly | $38.39 | $23.99 | $19.20 | $16.80 |
| Community Hab | 3 | Hourly | $37.51 | $23.44 | $18.76 | $16.41 |

Intensive Behavioral Services One Time Product Fee

| | **REGION** | **FEE** |
|---|---|---|
| DDRO 1 | Western & Finger Lakes | $1625.00 |
| DDRO 2 | Central, Broome & Sunmount | $1625.00 |
| DDRO 3 | Capital District | $1625.00 |
| DDRO 3 | Hudson Valley & Taconic | $1750.00 |
| DDRO 4 | Metro, Brooklyn, Staten Island, Fineson | $1875.00 |
| DDRO 5 | Long Island | $1750.00 |

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Intensive Behavioral Services on going Hourly Fee

| | REGION | ¼ HOUR BILLING UNIT |
|---|---|---|
| DDRO 1 | Western & Finger Lakes | $16.25 |
| DDRO 2 | Central, Broome & Sunmount | $16.25 |
| DDRO 3 | Capital District | $16.25 |
| DDRO 3 | Hudson Valley & Taconic | $17.50 |
| DDRO 4 | Metro, Brooklyn, Staten Island, Fineson | $18.75 |
| DDRO 5 | Long Island | $17.50 |

Plan of Care Support Services (PCSS)

| SERVICE TYPE | Unit | FEE |
|---|---|---|
| PCSS | Maximum of 4 units per year | $238.99 |

Family Education and Training (FET)

| SERVICE TYPE | Unit | FEE |
|---|---|---|
| Individual | Max of 2 units per year | $111.68 |
| Group | Max of 2 units per year | $55.84 |

Supported Employment Services (SEMP)

| LEVEL OF SUPPORT | Unit of Service | NYC FEES | REST OF THE STATE |
|---|---|---|---|
| 1 | Month | $538 | $386 |
| 2 | Month | $720 | $515 |
| 3 | Month | $812 | $581 |

Pathway to Employment—Fee is hourly per person

| **REGION** | **Unit of Service** | **Individual Supporting 1** | **Group Supporting 2-3** |
|---|---|---|---|
| 1 | Hour | $43.04 | $37.66 |
| 2 | Hour | $41.89 | $35.61 |
| 3 | Hour | $39.70 | $33.74 |

Template Funding for Institutional Transitions

Specialized funding is available for individuals who left an institution between 11/1/2011 and 3/31/2013, and is available to individuals who transitioned from Multiply Disabled Units, Developmental Centers, Local Intensive Treatment Units, Autism Units & Special Behavioral Units. Highly Complex funding is available for individuals who left an institution between 11/1/2011 and 3/31/2013, and is available to individuals who transitioned from Centers for Intensive Treatment, Regional Intensive Treatment Units, and individuals who left other institutional settings but have higher level of needs.

| Level of Care | Region | Residential/ Day Unit of Service | Day Services/ Day Unit of Service |
|---|---|---|---|
| Specialized LOC | Upstate | $ 412.33 | $ 174.71 |
| Specialized LOC | Downstate | $ 455.89 | $ 194.09 |
| Highly Complex LOC | Upstate | $ 469.86 | $ 200.29 |
| Highly Complex LOC | Downstate | $ 519.18 | $ 215.97 |

1. Self-Direction Services

   a. Consolidated Supports and Services (CSS)

   Consolidated Supports and Services (CSS) prices are established for each individual based on a comprehensive process of evaluating and determining individual specific needs and relating the individual's needs to the Personal Resource Allocation (PRA), effective with prices established on or after 4/1/13 all prices will be within PRA (see attached table Addendum A.10) or will be separately identified in this supplement to the waiver application.

   Consolidated Support Services (CSS) identified in this waiver as a service, and for the purposes of this waiver, will sunset on September 30, 2014. NY (OPWDD) will not bill or claim federal financial participation (FFP) for CSS services with a date of service of October 1, 2014 or thereafter. The individual waiver services identified in Appendix C, other than CSS, may be individually billed and claimed for FFP, if they are provided in accordance with the terms and conditions of this waiver

   Annual Reconciliation - A provider must submit an annual reconciliation to OPWDD no later than 150 days following the end of the rate year or rate period. Once the annual reconciliation is received OPWDD will return any federal financial participation (FFP) that is not supported on the next quarterly expenditure report – CMS 64. If a provider fails to submit the annual reconciliation by the required time, OPWDD will return all FFP associated with the rate period on the next quarterly expenditure report – CMS 64.

b. Agency with Choice/Financial Management Service AWC/FMS

Currently FMS provider agencies are compensated at 17 ½ percent of the service budget for performing the fiscal intermediary duties on behalf of an individual. Effective with the renewal of this HCBS waiver (10/1/14), OPWDD will implement a fee structure that will replace the current percentage-based methodology for all individuals opting for self-direction with the assistance of an FMS

c. Live-in Caregiver

Access to Live-in Caregiver services is restricted to individuals enrolled in the Consolidated Supports and Services self-direction program, do not live in certified residences. Further, the person's CCS budget/plan must list the live-in caregiver as self-hired staff and describe the live-in caregiver's role

The FMS agency pays allowable Live in Care Giver expenses as follows:

- Payment of rent and utilities is made to the landlord or utility company
- Payment for food is reimbursement after presentation of a receipt approved by the CSS participant/designee.

At the end of the calendar year, the FMS agency follows procedures for reconciliation of Medicaid receipts against payments from participant accounts. The total service cost for Live-in Caregiver in and of itself does not include any administrative charges by a provider.

Annual Reconciliation - A provider must submit an annual reconciliation to OPWDD no later than 150 days following the end of the rate year or rate period. Once the annual reconciliation is received OPWDD will return any federal financial participation (FFP) that is not supported on the next quarterly expenditure report – CMS 64. If a provider fails to submit the annual reconciliation by the required time, OPWDD will return all FFP associated with the rate period on the next quarterly expenditure report – CMS 64.

d. Service Brokerage

Support Brokerage is reimbursed by the FMS/AWC provider at an hourly rate of payment not to exceed as follows:

| | |
|---|---|
| Support Broker who has completed the necessary training but has had no experience as a Support Broker and may require mentoring | $20 |
| Support Broker with limited experience and has brokered one approved OPWDD CSS Plan/Budget for at least six months. | $25 |
| Support Broker who has brokered two approved OPWDD CSS Plan/Budgets for at least six months | $30. |
| Support Broker who has brokered three or more approved CSS Plan/Budgets for at least six months | $35 |
| Agency provided Support Broker services | $40 |
| Agency providing Support Broker services and also provides FMS services | $35 |

V. Services paid using a Contract Amount

a. Environmental Modifications

NYS is the provider of record for environmental modifications for billing purposes. The work is done by a contractor who is selected through a standard bid process, following the rules established by the Office of the State Comptroller. The e-mod is only billed to Medicaid once the contract work is verified as complete and the amount billed is equal to the contract value. Environmental Modifications are limited to individual or family owned or controlled homes.

Effective with claims submitted to eMedNY on or after 4/1/13 maximum expenditure for Environmental Modifications for the benefit of an individual

Medicaid beneficiary may not exceed $60,000 in any consecutive five year period. If an individual requires an expenditure which exceeds the maximum expenditure amount, the Single State Medicaid Agency may submit and seek approval of an amendment to the waiver; the Single State Medicaid Agency shall provide supporting documentation as deemed necessary by CMS to support approval of the amendment. Any exceptions will be noted in the supplemental language included as part of the Comprehensive HCBS Waiver agreement.

b. Adaptive Technology

Effective with claims submitted to eMedNY on or after 4/1/13 maximum expenditure for adaptive technology services for the benefit of an individual Medicaid beneficiary may not exceed $35,000 in any consecutive two years period. If an individual requires an expenditure which exceeds the maximum expenditure amount, the Single State Medicaid Agency may submit and seek approval of an amendment to the waiver; the Single State Medicaid Agency shall provide supporting documentation as deemed necessary by CMS to support approval of the amendment. Any exceptions will be noted in the supplemental language included as part of the Comprehensive HCBS Waiver agreement.

a. Community Transition Services

This service is a one-time reimbursement. During the first year of the waiver, the one-time payment will be no more than $3,000. This service may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

VI. Vital Access Provider Pool – Further Information Forthcoming

| PROV_NAME | TAXPAYER_FED_TAX_ID | PROV_ID | LOC_OF_SRV | RATE_CD | RATE_DESC | RATE_TYPE | RATES IN EFFECT 06/30/2014 | RATE_AMT |
|---|---|---|---|---|---|---|---|---|
| ABBOTT HOUSE DAY | 131991946 | 02704061 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $103.58 |
| ABBOTT HOUSE DAY | 131991946 | 02704061 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $51.79 |
| ABILITIES FIRST INC DAY | 141467427 | 02701384 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $100.39 |
| ABILITIES FIRST INC DAY | 141467427 | 02701384 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $50.20 |
| ADULT RESOURCES CTR INC | 111986300 | 02692491 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $56.04 |
| ADULT RESOURCES CTR INC | 111986300 | 02692491 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $28.46 |
| ALLEGANY CO CHAPTER ARC DAY | 161021588 | 02692506 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $91.22 |
| ALLEGANY CO CHAPTER ARC DAY | 161021588 | 02692506 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $52.85 |
| ANOTHER STEP INC DAY | 133680851 | 02692419 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $58.98 |
| ANOTHER STEP INC DAY | 133680851 | 02692419 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $29.49 |
| ASSOC NEUROL IMPAIRED DAY | 112348663 | 02692482 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $86.84 |
| ASSOC NEUROL IMPAIRED DAY | 112348663 | 02692482 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $43.42 |
| BKLYN BUREAU OF COMM SVC | 111630780 | 02703991 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $144.56 |
| BKLYN BUREAU OF COMM SVC | 111630780 | 02703991 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $72.28 |
| BLOCK INSTITUTE | 112416320 | 02703982 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $37.49 |
| BLOCK INSTITUTE | 112416320 | 02703982 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $21.53 |
| BROOME-TIOGA CO CHAP NYSARC DAY | 150619307 | 02692533 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2012 | $63.18 |
| BROOME-TIOGA CO CHAP NYSARC DAY | 150619307 | 02692533 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2012 | $34.90 |
| CAMP VENTURE | 132661988 | 02703964 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $52.01 |
| CAMP VENTURE | 132661988 | 02703964 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $31.70 |
| CANTALICIAN CTR LEARN DAY | 161003618 | 02692524 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $36.13 |
| CANTALICIAN CTR LEARN DAY | 161003618 | 02692524 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $18.07 |
| CAPABILITIES INC DAY | 160807981 | 02890339 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $89.86 |
| CAPABILITIES INC DAY | 160807981 | 02890339 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $44.93 |
| CARL FENICHEL COMM SVCS DAY | 112449485 | 02703973 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $169.22 |
| CARL FENICHEL COMM SVCS DAY | 112449485 | 02703973 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $100.49 |
| CDS MONARCH INC DAY | 161089115 | 02693089 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $69.39 |
| CDS MONARCH INC DAY | 161089115 | 02693089 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $45.78 |
| CENTER F/DISAB SVCS DAY | 141425851 | 02704483 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $162.35 |
| CENTER F/DISAB SVCS DAY | 141425851 | 02704483 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $109.46 |
| CENTRAL ASSOC F/T BLIND DAY/AHRH | 150543587 | 03185568 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $92.74 |
| CENTRAL ASSOC F/T BLIND DAY/AHRH | 150543587 | 03185568 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $46.37 |
| CEREBRAL PALSY OF WESTCHESTER DAY | 131690769 | 02702587 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $106.71 |
| CEREBRAL PALSY OF WESTCHESTER DAY | 131690769 | 02702587 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $62.41 |
| CHAUTAUQUA CO CHAP ARC DAY | 160968914 | 02693121 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $141.99 |
| CHAUTAUQUA CO CHAP ARC DAY | 160968914 | 02693121 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $76.85 |
| CHEMUNG CO ARC DAY | 160795709 | 02704474 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $113.28 |
| CHEMUNG CO ARC DAY | 160795709 | 02704474 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $56.64 |
| CHENANGO CO CHAP NYSARC DAY | 160970103 | 02704341 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $173.39 |
| CHENANGO CO CHAP NYSARC DAY | 160970103 | 02704341 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $86.70 |
| CITIZEN ADVOCATES INC DAY | 141577715 | 02693016 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $78.21 |
| CITIZEN ADVOCATES INC DAY | 141577715 | 02693016 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $44.05 |
| CLINTON CO CHAP NYSARC DAY | 141463735 | 02704781 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $95.29 |
| CLINTON CO CHAP NYSARC DAY | 141463735 | 02704781 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $56.19 |
| COLUMBIA COUNTY ARC DAY | 141489603 | 02693112 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-APR-2012 | $123.60 |
| COLUMBIA COUNTY ARC DAY | 141489603 | 02693112 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-APR-2012 | $61.80 |
| COMM AID F/RETARD CHIL DAY | 136160907 | 02703551 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $85.10 |
| COMM AID F/RETARD CHIL DAY | 136160907 | 02703551 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $42.55 |
| COMM RES SVC/CHILDREN DAY | 113307991 | 02781024 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $78.11 |
| COMM RES SVC/CHILDREN DAY | 113307991 | 02781024 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $39.06 |
| COMM WORK INDEPEND DAY | 141470091 | 02704369 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $85.53 |
| COMM WORK INDEPEND DAY | 141470091 | 02704369 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $50.80 |
| COMMUNITY ASSISTANCE RESOURCES DAY | 203368734 | 02991880 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-NOV-2011 | $117.04 |
| COMMUNITY ASSISTANCE RESOURCES DAY | 203368734 | 02991880 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-NOV-2011 | $58.52 |
| COMMUNITY MAINSTREAMING DAY | 237448487 | 02961571 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $287.38 |
| COMMUNITY MAINSTREAMING DAY | 237448487 | 02961571 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $143.69 |
| DAYBREAK INDEPENDENT SRVS DAY/AHRH | 262564855 | 03075972 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $113.85 |
| DAYBREAK INDEPENDENT SRVS DAY/AHRH | 262564855 | 03075972 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $56.92 |
| DEVELOPMENTAL DIST INST DAY | 116077347 | 02700741 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $137.87 |
| DEVELOPMENTAL DIST INST DAY | 116077347 | 02700741 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $79.48 |
| EAST END DISABILITY DAY | 113318718 | 02698406 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $46.53 |
| EAST END DISABILITY DAY | 113318718 | 02698406 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $23.27 |
| ERIE CO ARC HERITAGE CT DAY | 160769044 | 02699136 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $64.28 |
| ERIE CO ARC HERITAGE CT DAY | 160769044 | 02699136 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $36.51 |
| ESSEX CO CHAP NYSARC DAY | 141563885 | 02699407 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $105.04 |
| ESSEX CO CHAP NYSARC DAY | 141563885 | 02699407 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $53.82 |
| FEGS DAY | 131624000 | 02699163 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $141.35 |
| FEGS DAY | 131624000 | 02699163 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $71.23 |
| FREE DAY | 112420547 | 02693070 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $84.57 |
| FREE DAY | 112420547 | 02693070 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $42.28 |
| GATEWAY COMMUNITY IND DAY | 141458757 | 02699392 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2013 | $52.99 |
| GATEWAY COMMUNITY IND DAY | 141458757 | 02699392 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2013 | $26.49 |
| GENESEE CO CHAP NYSARC DAY | 161001185 | 02699181 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $56.11 |
| GENESEE CO CHAP NYSARC DAY | 161001185 | 02699181 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $28.06 |
| GOODWILL IND GR NY/NJ DAY | 131641068 | 02699214 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $68.21 |
| GOODWILL IND GR NY/NJ DAY | 131641068 | 02699214 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $40.43 |
| GUILD/EXCEPTIONAL CHDN DAY | 116037766 | 02704314 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $57.49 |
| GUILD/EXCEPTIONAL CHDN DAY | 116037766 | 02704314 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $29.04 |
| HASC CENTER DAY | 112630071 | 02693061 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $40.91 |
| HASC CENTER DAY | 112630071 | 02693061 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $21.23 |
| HERKIMER CO CHAP NYSARC DAY | 160973231 | 02699250 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $109.93 |
| HERKIMER CO CHAP NYSARC DAY | 160973231 | 02699250 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $65.84 |
| HUMAN TECHNOLOGIES CORP DAY/AHRH | 150571056 | 03144098 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $86.79 |
| HUMAN TECHNOLOGIES CORP DAY/AHRH | 150571056 | 03144098 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $43.40 |
| IBERO AMERICAN ACTION DAY | 160954745 | 02701375 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $98.88 |
| IBERO AMERICAN ACTION DAY | 160954745 | 02701375 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $49.44 |

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|---|---|---|---|---|---|---|---|---|
| INST APP HUMAN DYNA DAY | 132573827 | 02704323 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $96.13 |
| INST APP HUMAN DYNA DAY | 132573827 | 02704323 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $59.40 |
| JAWONIO INC DAY | 131761660 | 02693727 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $84.62 |
| JAWONIO INC DAY | 131761660 | 02693727 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $42.31 |
| JEFFERSON REHAB DAY | 161134631 | 02699287 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $56.98 |
| JEFFERSON REHAB DAY | 161134631 | 02699287 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $28.49 |
| JM MURRAY CTR INC DAY | 160919050 | 02699338 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $94.38 |
| JM MURRAY CTR INC DAY | 160919050 | 02699338 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $47.19 |
| LEAKE AND WATTS SERVICES INC | 131860451 | 03105828 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-SEP-2011 | $110.81 |
| LEAKE AND WATTS SERVICES INC | 131860451 | 03105828 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-SEP-2011 | $68.80 |
| LIBERTY HOUSE FOUNDATION INC DAY | 141568361 | 03131871 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $70.93 |
| LIBERTY HOUSE FOUNDATION INC DAY | 141568361 | 03131871 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $35.47 |
| LIFESPIRE INC DAY | 132526022 | 02700076 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $98.61 |
| LIFESPIRE INC DAY | 132526022 | 02700076 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $66.43 |
| LIFETIME ASSIST INC DAY | 222221158 | 02693754 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $70.55 |
| LIFETIME ASSIST INC DAY | 222221158 | 02693754 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $39.35 |
| LIVINGSTON WYOMING ARC DAY | 161022565 | 02704754 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $99.27 |
| LIVINGSTON WYOMING ARC DAY | 161022565 | 02704754 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $59.32 |
| MADISON-CORTLAND NYSARC DAY | 160958020 | 02701499 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $132.12 |
| MADISON-CORTLAND NYSARC DAY | 160958020 | 02701499 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $88.23 |
| MARYHAVEN CTR OF HOPE DAY | 112861698 | 02693561 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2013 | $60.89 |
| MARYHAVEN CTR OF HOPE DAY | 112861698 | 02693561 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2013 | $40.37 |
| MONROE CO CHAP NYSARC DAY | 160835172 | 02704814 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $73.26 |
| MONROE CO CHAP NYSARC DAY | 160835172 | 02704814 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $42.67 |
| NASSAU CO CHAP NYSARC DAY | 111720254 | 02693736 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $152.40 |
| NASSAU CO CHAP NYSARC DAY | 111720254 | 02693736 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $89.43 |
| NIAGARA COUNTY ARC DAY | 160794847 | 02704823 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $138.34 |
| NIAGARA COUNTY ARC DAY | 160794847 | 02704823 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $86.68 |
| NYS ARC INC CATTARAUG DAY | 160818293 | 02701417 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $88.44 |
| NYS ARC INC CATTARAUG DAY | 160818293 | 02701417 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $48.39 |
| NYSARC DUTCHESS COUNTY DAY | 146077915 | 02704850 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $75.44 |
| NYSARC DUTCHESS COUNTY DAY | 146077915 | 02704850 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $49.72 |
| NYSARC INC NYC CHAPTER DAY | 135596746 | 02703602 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $230.93 |
| NYSARC INC NYC CHAPTER DAY | 135596746 | 02703602 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $115.46 |
| NYSARC INC SUFFOLK CHAP DAY | 111845294 | 02707880 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $81.27 |
| NYSARC INC SUFFOLK CHAP DAY | 111845294 | 02707880 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $51.39 |
| ONEIDA CO CHAP NYSARC DAY | 150581298 | 02708029 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $127.25 |
| ONEIDA CO CHAP NYSARC DAY | 150581298 | 02708029 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $72.12 |
| ONONDAGA CO CHAP NYSARC DAY | 150561718 | 02693589 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $73.60 |
| ONONDAGA CO CHAP NYSARC DAY | 150561718 | 02693589 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $36.80 |
| ORANGE CO CHAP NYS ARC DAY | 141462340 | 02701435 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $47.63 |
| ORANGE CO CHAP NYS ARC DAY | 141462340 | 02701435 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $23.82 |
| ORANGE REHAB OCCUP INC DAY | 141471097 | 02693763 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-APR-2014 | $106.03 |
| ORANGE REHAB OCCUP INC DAY | 141471097 | 02693763 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-APR-2014 | $64.50 |
| ORLEANS CO CHAP NYSARC DAY | 237150957 | 02702110 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $103.71 |
| ORLEANS CO CHAP NYSARC DAY | 237150957 | 02702110 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $54.98 |
| OSWEGO INDUSTRIES INC DAY | 162197163 | 02703611 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2013 | $69.97 |
| OSWEGO INDUSTRIES INC DAY | 162197163 | 02703611 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2013 | $37.06 |
| OTSEGO CHAP NYSARC DAY | 160953477 | 02702101 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $88.40 |
| OTSEGO CHAP NYSARC DAY | 160953477 | 02702101 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $44.20 |
| PATHFINDER VILLAGE INC PRE DAY/CH | 150618744 | 03519179 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2013 | $128.58 |
| PATHFINDER VILLAGE INC PRE DAY/CH | 150618744 | 03519179 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2013 | $64.29 |
| PHOENIX FRONTIER INC DAY | 160865451 | 02702032 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $68.49 |
| PHOENIX FRONTIER INC DAY | 160865451 | 02702032 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $34.46 |
| PUTNAM ARC DAY | 141426729 | 02703620 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $73.51 |
| PUTNAM ARC DAY | 141426729 | 02703620 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $37.40 |
| RENSS CO CHAP NYSARC DAY | 141485873 | 02693709 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $114.06 |
| RENSS CO CHAP NYSARC DAY | 141485873 | 02693709 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $72.38 |
| ROCH SCHOOL OF HOLY CHLD DAY | 160761224 | 02693658 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $40.37 |
| ROCH SCHOOL OF HOLY CHLD DAY | 160761224 | 02693658 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $20.19 |
| ROCHESTER REHAB CENTER INC DAY/AHRH | 160743143 | 03145342 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $65.14 |
| ROCHESTER REHAB CENTER INC DAY/AHRH | 160743143 | 03145342 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $32.57 |
| ROCKLAND CO CHAP NYSARC DAY | 131916359 | 02701926 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $108.88 |
| ROCKLAND CO CHAP NYSARC DAY | 131916359 | 02701926 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $59.40 |
| SARATOGA CNTY ARC DAY | 141465932 | 02701980 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $80.96 |
| SARATOGA CNTY ARC DAY | 141465932 | 02701980 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $54.31 |
| SCHOHARIE CHAP NYSARC DAY | 141494347 | 02693612 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $79.94 |
| SCHOHARIE CHAP NYSARC DAY | 141494347 | 02693612 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $46.34 |
| SCHTY CO CHAP NYSARC INC DAY | 141459277 | 02703955 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $74.08 |
| SCHTY CO CHAP NYSARC INC DAY | 141459277 | 02703955 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $43.98 |
| SCHUYLER CO CHAP NYSARC DAY | 161120089 | 02702436 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $70.19 |
| SCHUYLER CO CHAP NYSARC DAY | 161120089 | 02702436 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $45.70 |
| SENECA CAYUGA NYSARC DAY | 161124314 | 02701971 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $86.18 |
| SENECA CAYUGA NYSARC DAY | 161124314 | 02701971 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $46.68 |
| SOUTHEAST COMM WORK CTR DAY | 161074815 | 02693694 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $59.67 |
| SOUTHEAST COMM WORK CTR DAY | 161074815 | 02693694 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $35.82 |
| SPECIAL CIT FUTURE UNLID DAY | 132865903 | 02701311 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $152.24 |
| SPECIAL CIT FUTURE UNLID DAY | 132865903 | 02701311 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $76.12 |
| ST LAWRENCE NYSARC INC DAY | 150617072 | 02702069 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2012 | $127.53 |
| ST LAWRENCE NYSARC INC DAY | 150617072 | 02702069 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2012 | $63.77 |
| STATEN ISLAND AID INC DAY | 135660279 | 02704525 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2012 | $44.58 |
| STATEN ISLAND AID INC DAY | 135660279 | 02704525 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2012 | $26.92 |
| STEUBEN CO CHAP NYSARC DAY | 160971450 | 02693630 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $87.93 |
| STEUBEN CO CHAP NYSARC DAY | 160971450 | 02693630 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $53.21 |
| SUBURBAN ADULT SERVICES DAY | 161115992 | 02693621 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $105.75 |
| SUBURBAN ADULT SERVICES DAY | 161115992 | 02693621 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $58.31 |
| SULLIVAN CO CHAP NYSARC DAY | 146028767 | 02702096 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $86.87 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| SULLIVAN CO CHAP NYSARC DAY | 146028767 | 02702096 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $49.28 |
| THE REHABILITATION INST DAY | 112073672 | 02702514 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $80.96 |
| THE REHABILITATION INST DAY | 112073672 | 02702514 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $40.48 |
| THE WORKSHOP INC HCBS DAY | 141410352 | 02702472 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $92.54 |
| THE WORKSHOP INC HCBS DAY | 141410352 | 02702472 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $46.27 |
| UCP OF QUEENS | 111665821 | 02702578 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-OCT-2012 | $69.36 |
| UCP OF QUEENS | 111665821 | 02702578 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-OCT-2012 | $36.83 |
| UCPA NIAGARA CO INC DAY | 160786061 | 02703419 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $169.97 |
| UCPA NIAGARA CO INC DAY | 160786061 | 02703419 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $84.99 |
| UCPA OF GTR SUFFOLK INC DAY | 112568841 | 02703491 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $110.45 |
| UCPA OF GTR SUFFOLK INC DAY | 112568841 | 02703491 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $69.14 |
| ULSTER GREENE ARC DAY | 141437657 | 02703437 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $64.24 |
| ULSTER GREENE ARC DAY | 141437657 | 02703437 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $40.41 |
| WARREN WASHINGTON ARC DAY | 141560053 | 02703340 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $120.75 |
| WARREN WASHINGTON ARC DAY | 141560053 | 02703340 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $66.18 |
| WAYNE CO CHAP NYSARC DAY | 237540582 | 02703331 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $111.46 |
| WAYNE CO CHAP NYSARC DAY | 237540582 | 02703331 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $58.27 |
| WESTCHESTER CHAP NYSARC DAY | 131740065 | 02703322 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $111.69 |
| WESTCHESTER CHAP NYSARC DAY | 131740065 | 02703322 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $55.84 |
| WILDWOOD PROGRAMS INC DAY | 222132752 | 02703473 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $152.95 |
| WILDWOOD PROGRAMS INC DAY | 222132752 | 02703473 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $76.47 |
| YAI DAY | 112030172 | 02704447 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2013 | $86.23 |
| YAI DAY | 112030172 | 02704447 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2013 | $43.11 |
| YATES CNTY CHAP NYSARC DAY | 161086091 | 02703395 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JAN-2014 | $81.62 |
| YATES CNTY CHAP NYSARC DAY | 161086091 | 02703395 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JAN-2014 | $41.52 |
| YEDEI CESED INC DAY | 133728771 | 02703386 | 004 | 4464 | PRE VOC; VOL; FULL UNIT | DAY (1) | 01-JUL-2011 | $198.01 |
| YEDEI CESED INC DAY | 133728771 | 02703386 | 004 | 4465 | PRE VOC; VOL; HALF UNIT | HALF DAY (1) | 01-JUL-2011 | $99.01 |

| PROV_NAME | TAXPAYER_FED_TAX_ID | PROV_ID | LOC_OF_SRV | RATE_CD | RATE_DESC | RATE_TYPE | RATES IN EFFECT 06/30/2014 | RATE_AMT |
|---|---|---|---|---|---|---|---|---|
| AIM SERVICES INC HCBS | 141609398 | 01491565 | 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $75.85 |
| ALLEGANY CO CHAP NYSARC HCBS3 | 161021588 | 01805729 | 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $79.71 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $82.88 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $52.37 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $76.67 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $66.68 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $50.23 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAY-2011 | $77.70 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAY-2011 | $61.60 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAY-2011 | $85.93 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2011 | $50.65 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 20-APR-2012 | $52.41 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 27-APR-2012 | $57.94 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 22-OCT-2012 | $53.89 |
| ALLEGANY CO CHAP NYSARC HCBS4 | 161021588 | 02315171 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 07-FEB-2013 | $53.13 |
| CATT REHAB CENTER INC HCBS | 161291766 | 01510856 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $55.65 |
| CATT REHAB CENTER INC HCBS | 161291766 | 01510856 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $55.00 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $51.78 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $56.98 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $84.29 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $47.94 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $59.18 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 12-OCT-2012 | $51.41 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 22-NOV-2010 | $57.54 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 20-JUN-2011 | $58.18 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 08-MAR-2013 | $59.18 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 10-JUN-2013 | $48.88 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 21-NOV-2012 | $57.89 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAR-2013 | $55.65 |
| CATTARAUGUS CO CHAP NYSARC HCBS 11 | 160818293 | 03306392 | 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 31-OCT-2013 | $48.31 |
| CDS MONARCH INC HCBS 5 | 161089115 | 02889774 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.37 |
| CDS MONARCH INC HCBS 5 | 161089115 | 02889774 | 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $66.85 |
| CDS MONARCH INC HCBS 5 | 161089115 | 02889774 | 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.12 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $71.97 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $60.82 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $71.76 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.87 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 15-APR-2011 | $74.91 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 02-JUN-2011 | $82.57 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 29-JAN-2012 | $74.83 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 21-FEB-2013 | $70.73 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 16-MAY-2013 | $64.32 |
| CDS MONARCH INC HCBS 6 | 161089115 | 03169775 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2013 | $73.33 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $63.39 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $77.22 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $67.01 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $62.20 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $62.20 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $60.84 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-DEC-2011 | $68.19 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 15-MAR-2012 | $45.67 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 03-JUN-2011 | $53.99 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAY-2011 | $54.57 |
| CHAUTAUGUA CO CHAP ARC HCBS8 | 160968914 | 02751655 | 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2012 | $55.95 |
| CHAUTAUQUA CO CHAP ARC HCBS 4 | 160968914 | 01736814 | 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $61.73 |
| CHAUTAUQUA CO CHAP ARC HCBS 6 | 160968914 | 02078513 | 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $100.99 |
| CHAUTAUQUA CO CHAP ARC HCBS 6 | 160968914 | 02078513 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $60.77 |
| CHILDRENS HOME OF JEFFERSON COUNTY | 150532089 | 03350649 | 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $68.62 |
| FREE HCBS 6 | 112420547 | 02497969 | 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-FEB-2012 | $69.02 |
| FULTON COUNTY ARC HCBS | 146020996 | 01492915 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $61.64 |
| GENESEE CO CHAP NYSARC HCBS 2 | 161001185 | 01736465 | 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $81.54 |
| GENESEE CO CHAP NYSARC HCBS 4 | 161001185 | 01750343 | 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $71.78 |
| GENESEE CO CHAP NYSARC HCBS 4 | 161001185 | 01750343 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $56.43 |
| GENESEE CO CHAP NYSARC HCBS 4 | 161001185 | 01750343 | 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $77.47 |
| HAMASPIK OF ORANGE CO HCBS 1 | 141711583 | 01538187 | 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $138.58 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $112.38 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $105.07 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $105.07 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $105.99 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.83 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2011 | $105.99 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 19-MAR-2011 | $107.63 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 24-JAN-2011 | $107.63 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-DEC-2010 | $89.67 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 31-MAY-2011 | $107.63 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 10-FEB-2011 | $107.63 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $107.50 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 18-JUL-2012 | $106.31 |
| HAMASPIK OF ORANGE CO HCBS 10 | 141711583 | 02982263 | 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2012 | $90.02 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $105.83 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $108.83 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $108.83 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 15-APR-2013 | $108.79 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2012 | $108.83 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2013 | $107.71 |
| HAMASPIK OF ORANGE CO HCBS 11 | 141711583 | 03794667 | 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-OCT-2013 | $109.03 |
| HAMASPIK OF ORANGE CO HCBS 2 | 141711583 | 01803305 | 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $137.35 |
| HAMASPIK OF ORANGE CO HCBS 4 | 141711583 | 02078540 | 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $124.15 |
| HAMASPIK OF ORANGE CO HCBS 5 | 141711583 | 02188796 | 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2012 | $113.08 |

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| HAMASPIK OF ORANGE CO HCBS 6 | 141711583 | 02473738 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $118.28 |
| HAMASPIK OF ORANGE CO HCBS 7 | 141711583 | 02570074 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $115.82 |
| HAMASPIK OF ORANGE CO HCBS 7 | 141711583 | 02570074 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.31 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $109.67 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $104.93 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $107.30 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $107.30 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $109.34 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $102.09 |
| HAMASPIK OF ORANGE CO HCBS 8 | 141711583 | 02757784 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $109.44 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.53 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.47 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.35 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.47 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $104.21 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.23 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.23 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.23 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.94 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.11 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $109.16 |
| HAMISPIK OF ORANGE CO HCBS 9 | 141711583 | 02889834 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $107.00 |
| HERKIMER CO CHAP NYSARC HCBS4 | 160973231 | 01790918 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $63.99 |
| HUMANITARIN ORG MULTI EX HCBS | 161425108 | 01494504 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $71.54 |
| IBERO-AMERICAN LEAGUE HCBS 2 | 160954745 | 01779400 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $72.98 |
| IBERO-AMERICAN LEAGUE HCBS 2 | 160954745 | 01779400 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $74.67 |
| LIBERTY/MONTGOMERY ARC HCBS 2 | 141506257 | 01750518 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $71.12 |
| LIFETIME ASSIST INC HCBS 17 | 222221158 | 02377168 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $65.43 |
| LIFETIME ASSIST INC HCBS 18 | 222221158 | 02492482 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.77 |
| LIFETIME ASSISTANCE HCBS 2 | 222221158 | 01736841 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2014 | $100.36 |
| LIFETIME ASSISTANCE HCBS 2 | 222221158 | 01736841 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $66.32 |
| LIFETIME ASSISTANCE HCBS 2 | 222221158 | 01736841 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $82.07 |
| LIFETIME ASSISTANCE HCBS 2 | 222221158 | 01736841 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $85.30 |
| LIFETIME ASSISTANCE HCBS 22 | 222221158 | 02737433 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $72.20 |
| LIFETIME ASSISTANCE HCBS 22 | 222221158 | 02737433 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $82.04 |
| LIFETIME ASSISTANCE HCBS 24 | 222221158 | 02889843 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $92.49 |
| LIFETIME ASSISTANCE HCBS 24 | 222221158 | 02934554 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $67.64 |
| LIFETIME ASSISTANCE HCBS 26 | 222221158 | 03036160 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.41 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2011 | $66.58 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-AUG-2011 | $67.74 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2011 | $67.34 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2011 | $61.52 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2011 | $61.69 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2011 | $61.35 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 02-DEC-2011 | $57.88 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 07-MAY-2012 | $64.81 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 02-NOV-2012 | $64.77 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $103.15 |
| LIFETIME ASSISTANCE HCBS27 | 222221158 | 03423407 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $103.15 |
| LIFETIME ASSISTANCE INC HCBS3 | 222221158 | 01739697 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $88.28 |
| LIFETIME ASSISTANCE INC HCBS3 | 222221158 | 01739697 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $84.76 |
| LIFETIME ASSISTANCE INC HCBS5 | 222221158 | 01805701 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $79.02 |
| LIFETIME ASSISTANCE INC HCBS9 | 222221158 | 01972949 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $60.64 |
| LITL FLOWER CHILD SVC NY HCBS | 111633572 | 01494875 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $65.07 |
| LITL FLOWER CHILD SVC NY HCBS | 111633572 | 01494875 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $47.69 |
| MADISON-CORTLAND NYSARC HCBS2 | 160958020 | 01750605 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $78.51 |
| MARANATHA HUMAN SVCS INC HCBS | 141755068 | 01492277 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $90.25 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $80.28 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $55.90 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $58.21 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $81.85 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $56.54 |
| NYS ARC INC CATTARAUG HCBS 10 | 160818293 | 02625414 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $63.49 |
| NYS ARC INC CATTARAUG HCBS 2 | 160818293 | 01736456 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $39.79 |
| NYS ARC INC CATTARAUG HCBS 3 | 160818293 | 01736474 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $44.69 |
| NYS ARC INC CATTARAUG HCBS 3 | 160818293 | 01736474 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $39.79 |
| NYS ARC INC CATTARAUG HCBS 4 | 160818293 | 01736492 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $39.79 |
| NYS ARC INC CATTARAUG HCBS 7 | 160818293 | 01746363 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $42.56 |
| NYS ARC INC CATTARAUG HCBS 7 | 160818293 | 01746363 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $54.09 |
| NYS ARC INC CATTARAUG HCBS 8 | 160818293 | 02000282 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $63.48 |
| NYS ARC INC CATTARAUG HCBS 8 | 160818293 | 02000282 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $56.97 |
| NYS ARC INC CATTARAUG HCBS 8 | 160818293 | 02000282 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $62.63 |
| NYS ARC INC CATTARAUG HCBS 9 | 160818293 | 02255503 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $57.73 |
| NYS ARC INC CATTARAUG HCBS 9 | 160818293 | 02255503 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $58.69 |
| NYS ARC INC CATTARAUG HCBS 9 | 160818293 | 02255503 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $83.28 |
| NYSARC NIAGARA CO HCBS 7 | 160794847 | 02711622 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $63.38 |
| NYSARC NIAGARA CO HCBS 7 | 160794847 | 02711622 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2011 | $64.00 |
| ONTARIO ARC HCBS 12 | 160786219 | 02973811 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $61.63 |
| ONTARIO ARC HCBS 3 | 160786219 | 01978409 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $77.71 |
| PEOPLE INC HCBS 11 | 160975538 | 02711604 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $71.27 |
| PEOPLE INC HCBS 11 | 160975538 | 02711604 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $65.98 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $82.16 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $61.28 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $76.88 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $69.88 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.20 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $70.61 |
| PEOPLE INC HCBS 12 | 160975538 | 02769708 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $37.33 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $46.77 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-AUG-2011 | $66.46 |

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| PEOPLE INC HCBS 13 | 160975538 | 02839081 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUN-2012 | $64.06 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 06-JAN-2012 | $65.53 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 14-NOV-2012 | $53.43 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-FEB-2013 | $66.14 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 04-FEB-2013 | $56.38 |
| PEOPLE INC HCBS 13 | 160975538 | 02839081 011 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 24-JUL-2013 | $66.19 |
| PEOPLE SERVICE TO THE HCBS 10 | 160975538 | 02632915 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $56.67 |
| PEOPLE SERVICE TO THE HCBS 10 | 160975538 | 02632915 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $45.00 |
| PEOPLE SERVICE TO THE HCBS 10 | 160975538 | 02632915 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $51.11 |
| PEOPLE SERVICE TO THE HCBS 10 | 160975538 | 02632915 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $66.86 |
| PEOPLE SERVICE TO THE HCBS 9 | 160975538 | 02391817 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $45.00 |
| PEOPLE SERVICE TO THE HCBS 9 | 160975538 | 02391817 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $45.00 |
| PROV HAMASPIK ROCKLAND HCBS7 | 133978518 | 02749677 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.58 |
| PROV HAMASPIK ROCKLAND HCBS7 | 133978518 | 02749677 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $112.11 |
| PROVIDER HAMASPIK RCKLD HCBS6 | 133978518 | 02625423 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 24-JUN-2005 | $91.98 |
| PROVIDER HAMASPIK RCKLD HCBS6 | 133978518 | 02625423 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $115.76 |
| PROVIDER HAMASPIK RCKLD HCBS6 | 133978518 | 02625423 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $111.54 |
| PROVIDER HAMASPIK ROCKLAND HCBS 9 | 133978518 | 03288213 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2011 | $105.64 |
| PROVIDER HAMASPIK ROCKLAND HCBS 9 | 133978518 | 03288213 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2011 | $105.64 |
| PROVIDER HAMASPIK ROCKLAND HCBS 9 | 133978518 | 03288213 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $104.25 |
| PROVIDER HAMASPIK ROCKLAND HCBS 9 | 133978518 | 03288213 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $105.18 |
| PROVIDER HAMASPIK ROCKLAND HCBS 9 | 133978518 | 03288213 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-FEB-2013 | $105.18 |
| PROVIDER HAMASPIK ROCKLD HCB2 | 133978518 | 02012004 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2012 | $122.62 |
| PROVIDER HAMASPIK ROCKLD HCBS | 133978518 | 01776049 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $131.30 |
| PROVIDER HAMASPIK ROCKLD HCBS | 133978518 | 01776049 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $133.18 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.46 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $114.99 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $114.53 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $110.80 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $111.80 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $85.42 |
| PROVIDER HAMASPIK-ROCKLAND COHCBS 8 | 133978518 | 02934238 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $103.53 |
| PROVIDER-HAMASPIK KINGS HCBS1 | 161522895 | 01756394 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $99.51 |
| RAYIM OF HUDSON VALLEY HCBS6 | 562331735 | 02751628 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-FEB-2007 | $92.73 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $93.06 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 013 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $93.06 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $92.34 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2012 | $91.00 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2012 | $91.00 |
| RAYIM OF HUDSON VALLEY INC | 562331735 | 02973802 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-FEB-2013 | $67.38 |
| RAYIM OF HV INC HCBS 9 | 562331735 | 03610542 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $92.33 |
| RAYIM OF HV INC HCBS 9 | 562331735 | 03610542 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-MAR-2013 | $92.33 |
| RAYIM OF HV INC HCBS 9 | 562331735 | 03610542 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JAN-2013 | $92.33 |
| RAYIM OF HV INC HCBS 9 | 562331735 | 03610542 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-SEP-2013 | $92.33 |
| SARATOGA COUNTY ARC HCBS | 141465932 | 01494655 016 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $61.45 |
| SCHOHARIE CO CHAP NYSARC HCBS | 141494347 | 01489541 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $43.86 |
| SINERGIA INC HCBS | 133183344 | 01505288 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $85.59 |
| ST CHRISTOPHER OTTILIE HCBS | 112777066 | 01491189 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $53.44 |
| ST CHRISTOPHER OTTILIE HCBS | 112777066 | 01491189 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $64.76 |
| THE SALVATION ARMY SSC HCBS | 135562351 | 01505279 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $83.33 |
| THE SALVATION ARMY SSC HCBS | 135562351 | 01505279 006 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $58.84 |
| URBAN LEAGUE OF ROCH HCBS 6 | 160906150 | 02739348 018 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $81.30 |
| URBAN LEAGUE OF ROCH HCBS 7 | 160906150 | 02890935 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $64.10 |
| URBAN LEAGUE OF ROCHESTER INC HCBS8 | 160906150 | 03053303 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $62.00 |
| URBAN LEAGUE OF ROCHESTER INC HCBS8 | 160906150 | 03053303 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 17-MAY-2012 | $52.48 |
| URBAN LEAGUE OF ROCHESTER INC HCBS8 | 160906150 | 03053303 008 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-NOV-2012 | $55.06 |
| URBAN LEAGUE OF ROCHESTER INC HCBS8 | 160906150 | 03053303 009 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 03-JAN-2013 | $61.39 |
| YATES CNTY CHAP NYSARC HCBS3 | 161086091 | 02055163 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $78.05 |
| YATES CNTY CHAP NYSARC HCBS4 | 161086091 | 02189999 005 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $50.73 |
| YATES CNTY CHAP NYSARC HCBS6 | 161086091 | 02786065 004 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $50.57 |
| YATES CNTY CHAP NYSARC HCBS6 | 161086091 | 02786065 007 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $55.67 |
| YEDEI CHESED INC HCBS | 133728771 | 01494408 019 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 27-FEB-2013 | $126.96 |
| YEDEI CHESED INC HCBS 5 | 133728771 | 02200140 003 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-APR-2012 | $135.91 |
| YEDEI CHESED INC HCBS 6 | 133728771 | 02356669 020 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $116.61 |
| YEDEI CHESED INC HCBS 7 | 133728771 | 02604231 010 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.86 |
| YEDEI CHESED INC HCBS 7 | 133728771 | 02604231 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $108.04 |
| YEDEI CHESED INC HCBS 7 | 133728771 | 02604231 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $114.95 |
| YEDEI CHESED INC HCBS 8 | 133728771 | 02785115 012 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $104.80 |
| YEDEI CHESED INC HCBS 8 | 133728771 | 02785115 014 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $109.34 |
| YEDEI CHESED INC HCBS 8 | 133728771 | 02785115 015 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 01-JUL-2011 | $103.26 |
| YEDEI CHESED INC HCBS 8 | 133728771 | 02785115 017 | 4440 | RES HAB; VOL; FMLY CARE; PER DIEM | DAY (1) | 27-FEB-2013 | $102.73 |

| PROV_NAME | TAXPAYER_FED_TAX_ID | PROV_ID | LOC_OF_SRV | RATE_CD | RATE_DESC | RATE_TYPE | RATES IN EFFECT 06/30/2014 | RATE_AMT |
|---|---|---|---|---|---|---|---|---|
| ARISE DAY | 161186293 | 02704025 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.22 |
| ARISE DAY | 161186293 | 02704025 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.22 |
| ASPIRE DF WNY INC DAY | 160757756 | 02692455 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.14 |
| ASPIRE DF WNY INC DAY | 160757756 | 02692455 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.14 |
| CATH CHAR COMM RES SVC DAY | 160743944 | 02704598 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $10.56 |
| CATH CHAR COMM RES SVC DAY | 160743944 | 02704598 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $10.56 |
| CATHOLIC CHAR DDS DAY | 141340033 | 02692982 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $10.42 |
| CHAUTAUQUA CO CHAP ARC DAY | 160968914 | 02693121 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.99 |
| CHAUTAUQUA CO CHAP ARC DAY | 160968914 | 02693121 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.99 |
| COMM SVCS F/T DEV DISB DAY | 161317369 | 02704350 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2012 | $12.91 |
| COMM SVCS F/T DEV DISB DAY | 161317369 | 02704350 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $12.91 |
| CTR F/DISABILITY RIGHTS DAY | 223141275 | 02701339 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.55 |
| CTR F/DISABILITY RIGHTS DAY | 223141275 | 02701339 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.55 |
| EPILEPSY INSTITUTE DAY | 132608325 | 02704465 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $16.63 |
| FRANZISKA RACKER CTR DAY | 150581887 | 02699154 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $10.94 |
| FRANZISKA RACKER CTR DAY | 150581887 | 02699154 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $10.94 |
| HERITAGE CHRISTIAN SVCS DAY | 222334190 | 02693667 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.99 |
| INDEPENDENT LIVING ASSOCIATION INC | 112729771 | 03597266 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAY-2013 | $18.15 |
| ONONDAGA COMM LIVING DAY | 161275425 | 02701366 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAY-2013 | $9.64 |
| ONONDAGA COMM LIVING DAY | 161275425 | 02701366 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $8.64 |
| PATHWAYS INC DAY | 161089007 | 02702041 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $16.98 |
| PATHWAYS INC DAY | 161089007 | 02702041 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $16.98 |
| PEOPLE REBLD-LVNG DIGNITY DAY | 161422825 | 02702147 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2013 | $10.36 |
| PROVIDER HAMASPIK ROCKLD DAY | 133978518 | 02701453 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $18.20 |
| RENSS CO CHAP NYSARC DAY | 141485873 | 02693709 | 007 | 4463 | SUP IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $19.50 |
| YAI DAY | 112030172 | 02704447 | 006 | 4457 | IND DAY HAB; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2011 | $12.60 |

| PROV_NAME | TAXPAYER_FED_TAX_ID | PROV_ID | LOC_OF_SRV | RATE_CD | RATE_DESC | RATE_TYPE | RATES IN EFFECT 06/30/2014 | RATE_AMT |
|---|---|---|---|---|---|---|---|---|
| A VERY SPECIAL PLACE INC RSP | 133005006 | 02618037 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $14.42 |
| A-1 UNIVERSAL CARE INC RSP | 113247040 | 02597299 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.12 |
| ABILITIES FIRST INC RSP | 141467427 | 02618546 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.86 |
| ABILITY BEYOND DISABILITY RSP | 141758770 | 02657972 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.16 |
| ABLE2 ENHANCING POTENTIAL,INC RSP | 161091767 | 02593846 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.35 |
| ACLD RSP | 116042250 | 02599255 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.86 |
| ADULT RESOURCES CENTER INC | 111986300 | 02974216 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.96 |
| AHIVIM INC RSP | 261488729 | 02952610 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.26 |
| AIM SERVICES INC RSP | 141609398 | 02597322 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.02 |
| ALLEGANY CO CHAP NYSARC RSP | 161021588 | 02610328 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $3.68 |
| ALLEGANY REGIONAL DEV CORP RSP | 161442959 | 03096462 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.17 |
| ANGELS UNAWARE INC RSP | 133753509 | 02599264 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $1.22 |
| ANOTHER STEP INC RSP | 133680851 | 02618082 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $5.88 |
| ARISE CHILD AND FAMILY SER INC RSP | 161186293 | 02949599 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.45 |
| ASPIRE OF WNY FR ST FSR 1 | 160757756 | 02593915 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.30 |
| ASPIRE OF WNY HRLY RSP | 160757756 | 02591660 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.23 |
| ASSN F/NEUR IMP BRAIN INJ RSP | 112348663 | 02610337 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.14 |
| ASSOC FOR ADV BLIND/RET RSP | 131968035 | 02591688 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $2.75 |
| ASSOC FOR CHILDREN WITH DOWNS RSP | 237175975 | 02935995 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.77 |
| AUTISTIC SERVICES INC RSP | 161185024 | 02595866 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.99 |
| BADEN ST SETTLEMENT OF ROCH RSP | 160743914 | 03094942 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.50 |
| BAKER HALL RSP | 161017453 | 02591697 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $2.84 |
| BATTENKILL COMM SVCS RSP | 141810997 | 02597340 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.97 |
| BEDFORD HAITIAN COMM CTR RSP | 113142888 | 02599920 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $1.44 |
| BEHAVORIAL SOLUTIONS NY INC RSP | 452791214 | 03531188 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAR-2013 | $5.24 |
| BELLPORT AREA COMM ACTION RSP | 237376060 | 02620693 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $1.79 |
| BIRCH FAMILY SVCS INC RSP | 112503193 | 02610635 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.64 |
| BLOCK INSTITUTE RSP | 112416320 | 03036720 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.73 |
| BORNHAVA RSP | 161206389 | 02618106 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.02 |
| BOYS & GIRLS CLUB BUFFALO RSP | 160849516 | 02633296 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.22 |
| BOYS AND GIRLS CLUBS OF ROCH RSP | 161001619 | 03096646 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.90 |
| BROOKLYN BUREAU OF COMM SVCS RSP | 111630780 | 03118518 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.68 |
| BROOKLYN SVCS F/AUTISTIC CIT RSP | 112495998 | 03537813 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $6.28 |
| BROOKVILLE CTR FOR CHILDREN RSP | 731662897 | 03094511 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2011 | $4.52 |
| BROOME-TIOGA CO CHAP NYSARC RSP | 150619307 | 02592501 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $3.33 |
| CAMP VENTURE INC RSP | 132661988 | 02595875 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.22 |
| CARDINAL HAYES HM CHILD RSP | 141395444 | 02610346 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $6.80 |
| CATH CHAR NGHBHD SVCS INC RSP | 112047151 | 02597359 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.66 |
| CATH CHAR OF SYRACUSE RSP | 150532085 | 02610373 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $4.63 |
| CATHOLIC CHAR OF CHENANGO CO RSP | 161307983 | 02949782 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $3.67 |
| CATHOLIC CHARITIES DDS RSP | 141340033 | 02610355 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.62 |
| CATHOLIC GUARDIAN SOCIETY RSP | 135562186 | 02599939 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.30 |
| CATTARAUGUS CO NYSARC RSP | 160818293 | 02591702 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.13 |
| CAYUGA HOME FOR CHILDREN FSR1 | 150532087 | 02593951 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.46 |
| CDS MONARCH INC RSP | 161089115 | 03094502 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $11.39 |
| CENTER F/DISAB SVCS FSR 1 | 141425851 | 02593979 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.19 |
| CENTER F/DISAB SVCS FSR 2 | 141425851 | 02594021 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.01 |
| CENTER F/DISAB SVCS RSP | 141425851 | 02618202 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $5.52 |
| CENTER FOR FAMILY SUPPORT RSP | 131913807 | 02591720 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $4.89 |
| CENTRO CIVICO AMSTERDAM RSP | 222877236 | 02599948 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.76 |
| CENTRO SOC LA ESPERANZA RSP | 132688412 | 02592547 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $6.17 |
| CEREBRAL PALSY OF WESTCHESTER RSP | 131690769 | 02782438 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.95 |
| CHAUTAUQUA CO CHAP ARC RSP | 160968914 | 02597762 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.14 |
| CHAUTAUQUA OPPORTUNITIES INC RSP | 160905222 | 03487652 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.76 |
| CHEMLU DEV DISAB CTR RSP | 352198039 | 02712389 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.25 |
| CHEMUNG CO CHAP ARC RSP | 160795709 | 02679234 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.29 |
| CHENANGO CO CHAP NYSARC RSP | 160970103 | 02622200 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.93 |
| CHILD AND FAMILY SUPPORT SVCS RSP | 810572473 | 02918490 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.31 |
| CHILDRENS AID SOCIETY RSP | 135562191 | 03045838 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.44 |
| CHINESE AMERICAN PLANNING CNCL RSP | 136202692 | 03131793 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $4.12 |
| CITIZEN ADVOCATES INC RSP | 141577715 | 02597368 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $5.19 |
| CITY ACCESS NY INC RSP | 203786663 | 03057614 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $8.73 |
| CITY OF MT VERNON REC DEPT RSP | 136007305 | 03436591 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $3.01 |
| CLADDAGH COMMISSION INC FSR 1 | 161096096 | 02600053 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.43 |
| CLADDAGH COMMISSION INC FSR 2 | 161096096 | 03027956 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.02 |
| CLADDAGH COMMISSION INC RSP | 161096096 | 02595893 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2012 | $4.77 |
| CLINTON CO CHAP NYSARC FSR 1 | 141463735 | 02594030 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.30 |
| CLINTON CO CHAP NYSARC FSR 2 | 141463735 | 03187304 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.78 |
| CLINTON CO CHAP NYSARC RSP | 141463735 | 02618275 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $7.29 |
| COMM ACTION/HUMAN SVCS RSP | 222317376 | 02663918 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.34 |
| COMM AID FOR RET CHILD RSP | 136160907 | 02873958 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.53 |
| COMM PLACE GREATER ROCH RSP | 161602979 | 02595935 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.78 |
| COMM RES & SVC/CHILDREN RSP | 113307991 | 02599273 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.79 |
| COMM SVCS F/T DEV DISABLD RSP | 161317369 | 02591739 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.15 |
| COMMUNITY ASSISTANCE RESOURCES RSP | 203368734 | 02991904 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.64 |
| COMMUNITY BASED SERVICES INC | 133070655 | 03418715 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.12 |
| COMMUNITY OPTIONS NY RSP | 113414724 | 03084911 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-AUG-2011 | $4.14 |
| COMMUNITY RESOURCES RSP | 135660279 | 02592565 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.38 |
| COMMUNITY SERVICES FOR THE DD FSR 1 | 161317369 | 03561906 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2013 | $7.29 |
| COMMUNITY WORK & INDEPEND RSP | 141470091 | 02599282 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.10 |
| CONTEMPORARY GUIDENCE SVCS INC RSP | 132730776 | 03122130 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.94 |
| CRADLE BEACH CAMP INC RSP | 160743025 | 02680537 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $3.81 |
| CRYSTAL RUN VILLAGE INC FSR 1 | 112466996 | 02610740 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.04 |
| CRYSTAL RUN VILLAGE INC RSP | 112466996 | 02610391 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.13 |
| DAYSTAR FOR MED FRAGILE INFANTS RSP | 263275794 | 03081367 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.25 |
| DAZZLE SCHOOL VIS PERF ARTS INC RSP | 161608166 | 02928765 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.92 |
| DELAWARE CO CHAP NYSARC RSP | 160976343 | 02591899 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $10.14 |
| DELAWARE OPPORTUNITIES RSP | 166063879 | 02620753 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUN-2013 | $4.80 |
| DEPAUL DEV SERVICES RSP | 202017098 | 02734554 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.69 |
| DEVELOPMENTAL DISAB INST RSP | 116077347 | 02610406 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.80 |
| DISABLED PERSONS ACTION FSR 1 | 222194058 | 02594094 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.87 |
| DISABLED PERSONS ACTION FSR 2 | 222194058 | 02594109 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $2.87 |
| DISABLED PERSONS ACTION FSR3 | 222194058 | 02687878 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2012 | $3.70 |
| DISABLED PERSONS ACTION RSP | 222194058 | 02599975 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAR-2014 | $3.76 |
| DUTCHESS CO NYSARL RESPITE | 146077915 | 03094497 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $5.67 |

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|---|---|---|---|---|---|---|---|---|
| E DOUGLIN CTR/SERV PPLE RSP | 113493474 | 02591784 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.29 |
| EAST END DISABILITY ASSO FSR1 | 113318718 | 02594127 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.21 |
| EAST END DISABILITY ASSOC INC FSR2 | 113318718 | 02939628 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $7.81 |
| EAST END DISABILITY ASSOC RSP | 113318718 | 02663963 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.65 |
| EAST HARLEM COUN F/COMM RSP | 132969933 | 02663927 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $2.98 |
| EASTER SEALS NEW YORK INC RSP | 135596808 | 02599306 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $3.81 |
| EDEN 11 SCHL AUT/CHILD RSP | 132872916 | 02593364 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2011 | $6.52 |
| EDEN II SCHOOL/AUTISTIC CHILD FSRI | 132872916 | 03027438 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $9.42 |
| EIHAB HUMAN SERVICES RSP | 113376415 | 02599984 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.06 |
| ELMCREST CHILDRENS CTR FSR | 150539090 | 02622306 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $6.75 |
| ELMYS SPECIAL SERVICES RSP | 020590957 | 02781042 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAR-2014 | $7.94 |
| EOC OF SUFFOLK INC RSP | 112141197 | 02597395 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.89 |
| EPILEPSY FOUNDATION OF LI RSP | 111821135 | 02618308 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2012 | $6.18 |
| ERIE COUNTY ARC RSP | 160769044 | 02595999 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.19 |
| ESSEX COUNTY CHAP NYSARC RSP | 141563885 | 02599315 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.92 |
| FAM EMPOWERMENT COUNCIL RSP | 133751820 | 02596069 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $4.30 |
| FAM RESID/ESSENTIAL ENT FSR 3 | 112420547 | 03016566 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.44 |
| FAM RESID/ESSENTIAL ENT FSR 4 | 112420547 | 03118527 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $3.18 |
| FAM RESID/ESSENTIAL ENT RSP | 112420547 | 02663936 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.43 |
| FAM RESID/ESSENTL ENT FSR 1 | 112420547 | 02594163 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $8.94 |
| FAM RESID/ESSENTL ENT FSR 2 | 112420547 | 02594287 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.24 |
| FAMILY & CHILD SVC RSP | 141338397 | 02599333 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.61 |
| FED EMPLOY & GUID SVC RSP | 131624000 | 02610433 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $9.18 |
| FEDERATION OF MULTI ORG FSR 1 | 112422505 | 02618431 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.31 |
| FINGER LAKES UCP INC RSP | 160965912 | 02610442 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $5.27 |
| FINGERLAKES PARENT NTWRK RSP | 161450537 | 02622195 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.47 |
| FRANKLIN CO NYSARC RSP | 237150954 | 02618573 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $5.04 |
| FRANZISKA RACKER CTR INC FSR1 | 150581887 | 03370463 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $8.02 |
| FRANZISKA RACKER CTR RSP | 150581887 | 02599993 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $7.62 |
| FULTON CO CHAP NYSARC RSP | 146020996 | 02599351 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.09 |
| GENERAL HUMAN OUTREACH RESPITE | 113134570 | 03094451 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $11.55 |
| GENESEE CO ARC RSP | 161001185 | 02839921 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.82 |
| GRACE LUTHERAN RES SRV INC RSP | 161554927 | 03758945 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2013 | $6.62 |
| GREENBURGH PARKS AND REC RSP | 136007293 | 03436486 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $4.95 |
| GREYSTONE PROGRAMS INC RSP | 141608318 | 02596087 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2012 | $4.25 |
| GUILD F/EXCEPTIONAL CHILD RSP | 116037766 | 02599360 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.82 |
| HAITIAN AMER UN/PROGR RSP | 112423857 | 02593382 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.85 |
| HAMASPIK OF ORANGE CO RSP | 141711583 | 02596330 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.64 |
| HAND IN HAND FAM/SVCS RSP | 204157876 | 02784834 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.11 |
| HANDICAPPED CHILD ASSOC FSRI | 150516395 | 02722705 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.23 |
| HANDICAPPED CHILD ASSOC RSP | 150516395 | 02591817 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.74 |
| HASC CENTER FSR 1 | 112630071 | 03209890 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $5.54 |
| HASC CENTER INC RSP | 112630071 | 02610479 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.02 |
| HAWTHORNE FOUNDATION INC RSP | 133447893 | 02596096 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.46 |
| HEAD INJURY ASSOCIATION INC RSP | 112946185 | 03082551 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.48 |
| HEARTSHARE HUMAN SERVICES FSR1 | 111633549 | 03369968 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $6.36 |
| HEARTSHARE HUMAN SERVICES RSP | 111633549 | 02591826 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $9.53 |
| HEAVENS HANDS COMM SVCS RSP | 200225064 | 02811961 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.42 |
| HEBREW ACAD/SPEC CHLDRN RSP | 112107335 | 02680660 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.52 |
| HEBREW EDUCATIONAL SOCIETY RSP | 111642720 | 03101186 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $5.15 |
| HERITAGE CHRISTIAN FSR 1 | 222334190 | 02594301 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $4.35 |
| HERITAGE CHRISTIAN FSR 2 | 222334190 | 02594310 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $4.07 |
| HERITAGE CHRISTIAN SVCS RSP | 222334190 | 02596110 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.11 |
| HERITAGE FARM INC FSR 1 | 161250913 | 02610759 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.03 |
| HERITAGE HUMAN SERVICES INC | 264692822 | 03370394 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.48 |
| HERKIMER CO CHAP NYSARC FSR 1 | 160973231 | 02617554 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.50 |
| HERKIMER CO CHAP NYSARC RSP | 160973231 | 02618459 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.65 |
| HUMAN CARE SVCS FAM/CHLD RSP | 113338946 | 02680564 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.41 |
| HUMAN FIRST INC RSP | 113590136 | 02991528 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.51 |
| IKAN INC RSP | 208479728 | 03292528 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.30 |
| INDEPENDENCE RESIDENCES RSP | 133490223 | 02903900 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.39 |
| INDEPENDENT GR HM LIVING FSR1 | 112458584 | 02594796 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.21 |
| INDEPENDENT GR HM LIVING FSR2 | 112458584 | 02594347 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.60 |
| INDEPENDENT GROUP HOME LIVING PROGR | 112458584 | 03531835 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $6.06 |
| INDEPENDENT GROUP HOME LIVING RSP | 112458584 | 03118476 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAY-2013 | $6.34 |
| INDEPENDENT LIVING INC RSP | 222894558 | 02680624 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.97 |
| INFLIGHT INC RSP | 141764481 | 02597446 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.89 |
| INSTITITES OF APPLIED DYN RSP | 132573827 | 02618468 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.47 |
| IYAHO SOCIAL SERVICES INC RSP | 593806132 | 03122158 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.26 |
| JAWONIO INC RSP | 131761660 | 02600008 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.96 |
| JEFFERSON REHAB CENTER RSP | 161134631 | 02599397 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $3.09 |
| JEWEL HUMAN SERVICES INC RSP | 331177252 | 03562503 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.76 |
| JEWISH BD/FAMILY CHILD RSP | 135564937 | 02679463 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.94 |
| JEWISH COMM CTR/GR BUFF RSP | 160760887 | 02633338 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.26 |
| JEWISH COMMUNITY CENTER OF SI RSP | 135562256 | 03105846 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.41 |
| JEWISH UNION FOUNDATION RSP | 133636595 | 02680615 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2005 | $7.51 |
| KELBERMAN CENTER INC RSP | 550901293 | 03063861 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $6.55 |
| KELI HOUSE COMM SVCS INC RSP | 810680293 | 03474499 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $4.16 |
| KENNEDY CHILD STUDY CENTER RSP | 135671639 | 03134094 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $7.66 |
| KINGSBRIDGE HEIGHTS COMM CENTER RSP | 132813809 | 03155153 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $3.48 |
| LABOR AND INDUSTRY / EDUCATION RSP | 114088055 | 03063852 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.66 |
| LASHONNES PLACE FOR INDEP RSP | 010782023 | 03209881 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.78 |
| LEARNING DISAB ASSOC WNY RSP | 161118058 | 02591871 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.52 |
| LIBERTY/MONTGOMERY CO ARC RSP | 141506257 | 02599411 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.13 |
| LIFESPIRE INC RSP | 132526022 | 02618477 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.65 |
| LIFESTYLES F/T DISABLED RSP | 133740011 | 02591880 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.88 |
| LIFETIME ASSISTANCE INC RSP | 222221158 | 02597464 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.98 |
| LITTLE VILLAGE SCHOOL RSP | 112222807 | 02599420 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.46 |
| LIVING RESOURCES CORP RSP | 141564208 | 02599439 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.60 |
| LIVINGSTON WYOMING ARC RSP | 161022565 | 02593731 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.07 |
| LOCHLAND SCHOOL INC RSP | 160780944 | 03489356 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2011 | $5.27 |
| LONGLIFE INFO AND REF RSP | 112878383 | 03450671 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.35 |
| MADISON CORTLAND NYSARC RSP | 160958020 | 02593740 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $12.58 |
| MADISON/CORT CHAP NYSARC FSR1 | 160958020 | 02610786 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.54 |
| MAIDSTONE FOUNDATION INC RESPITE | 112718381 | 03094488 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.66 |
| MARANATHA HUMAN SVCS INC RSP | 141755068 | 02610644 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.63 |

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| MARYHAVEN CENTER OF HOPE RSP | 112861698 | 02599448 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.45 |
| MENTAL HEALTH ASSN OR CO RSP | 146024124 | 02596192 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $4.51 |
| MENTAL HEALTH ASSOC RSP | 111710983 | 02890393 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.96 |
| MERCY DRIVE INC RSP | 043831639 | 02934132 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.05 |
| MERCY HOME FOR CHILDREN RSP | 111666227 | 02597473 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.86 |
| METROPOLITAN DEVELOPMENT CENTER RSP | 113293489 | 03120587 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $4.53 |
| MIDWOOD DEVELOPMENT CORP RSP | 112420752 | 02600017 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.93 |
| MILL NECK SERVICES INC RSP | 113119786 | 03217741 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.16 |
| MONROE CO CHAP NYSARC RESPITE | 160835172 | 03094479 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.53 |
| MULTI-FUNCTIONAL FAMILY SERVICES RS | 113417903 | 03131853 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.71 |
| NASS/SUFF SERVICES FOR AUTISTIC RSP | 112669753 | 03094433 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $5.17 |
| NASSAU CO AHRC INC FSR1 | 261520311 | 03045810 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.12 |
| NASSAU CO AHRC INC RSP | 261520311 | 03045829 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $3.75 |
| NASSAU CO CHAP NYSARC FSR 1 | 111720254 | 02600104 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $6.83 |
| NE WESTCHESTER SPECIAL RECREATION R | 133098542 | 03423856 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.87 |
| NEW HORIZONS RESOURCES FSR 1 | 524862107 | 02594356 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.38 |
| NEW HORIZONS RESOURCES RSP | 524862107 | 02622273 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $5.87 |
| NEW ROCHELLE PARKS AND REC RSP | 136013979 | 03436335 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $4.88 |
| NEW YORK SERVICE FOR THE HANDICAPPE | 135674230 | 03485398 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2012 | $3.12 |
| NOR WEST REGIONAL SPECIAL SERVICES | 136013797 | 03436326 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $5.66 |
| NY FAMILIES F/AUTISTIC C RSP | 113442879 | 02633310 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-AUG-2012 | $5.31 |
| NY FOUNDLING HOSPITAL FSR 1 | 131624123 | 02633030 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $7.84 |
| NY FOUNDLING HOSPITAL FSR 2 | 131624123 | 02633085 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $7.84 |
| NYSARC COLUMBIA CO CHAP RSP | 141489603 | 02597491 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.65 |
| NYSARC INC NYC CHAPTER FSR 1 | 135596746 | 02594392 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.11 |
| NYSARC INC NYC CHAPTER FSR 2 | 135596746 | 02600080 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.91 |
| NYSARC INC NYC CHAPTER FSR 3 | 135596746 | 02594470 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.24 |
| NYSARC INC NYC CHAPTER FSR 4 | 135596746 | 02600062 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.04 |
| NYSARC INC NYC CHAPTER FSR 5 | 135596746 | 02594503 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $11.20 |
| NYSARC INC NYS CHAPTER RSP | 135596746 | 02591904 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.48 |
| NYSARC INC ORANGE CO CHAP RSP | 141462340 | 02633356 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.82 |
| NYSARC INC SUFFOLK CHAP FSR 1 | 111845294 | 02594627 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.94 |
| NYSARC NIAGARA CO CHAP RSP | 160794847 | 02597515 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.18 |
| OCCUPATIONS INC-RESPITE RSP | 141471097 | 03118485 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2014 | $5.93 |
| OHEL CHILDRENS HM/FAM RSP | 116078704 | 02750558 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.43 |
| ON YOUR MARK INC RSP | 133128315 | 02592065 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.74 |
| ONONDAGA CO CHAP NYSARC RSP | 150561718 | 02758345 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.04 |
| ONTARIO ARC RSP | 160786219 | 02599484 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $6.87 |
| ORANGE COUNTY CP ASSOC RSP | 141456248 | 02596234 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.37 |
| ORLEANS COUNTY CHAP ARC RSP | 237150957 | 02600026 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.11 |
| OSWEGO CO CHAP NYS ARC RSP | 160973939 | 02610653 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.59 |
| OSWEGO CO OPPORTUNITIES FSR1 | 160979876 | 02779275 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.84 |
| OTSAR INC RSP | 112601112 | 02610662 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.44 |
| OTSEGO COUNTY CHAP NYSARC RSP | 160953477 | 02620895 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.93 |
| PARENTS INFORMATION GRP RSP | 161098311 | 02596243 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.09 |
| PATHWAYS INC RSP | 161089007 | 02593768 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $9.62 |
| PEOPLE INC FSR 1 | 160975538 | 02594645 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.81 |
| PEOPLE INC FSR4 | 160975538 | 03035912 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.09 |
| PEOPLE INC RSP | 160975538 | 02592083 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.57 |
| PERSON CENTERED CARE SVS RSP | 202878791 | 02750549 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.96 |
| PESACH TIKVAH-HOPE DEV RSP | 112642641 | 02592092 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.06 |
| PROJECT INDEPENDENCE INC RSP | 161173031 | 03063976 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $10.96 |
| PROVIDER HAMASPIK ROCKLD RSP | 133978518 | 02596303 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $8.96 |
| PROVIDER-HAMASPIK KINGS RSP | 161522895 | 02610671 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $4.61 |
| PSCH INC RSP | 112542430 | 02599493 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $7.08 |
| PUTNAM COUNTY CHAP NYSARC RSP | 141426729 | 02597524 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.23 |
| QSAC RSP | 112482974 | 02592116 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.15 |
| QUEENS PARENT RES RC CTR RSP | 113211119 | 02592107 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $3.16 |
| RAYIM OF HUDSON VALLEY RSP | 562331735 | 02596358 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2011 | $4.32 |
| RENSS CO CHAP NYSARC FSR 1 | 141485873 | 02594654 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $3.73 |
| RENSS CO CHAP NYSARC RSP | 141485873 | 02599544 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.15 |
| RESIDENTIAL RESOURCES RSP | 141823526 | 03036179 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $6.23 |
| RESOURCE CTR FOR INDEP LIVING RSP | 222518284 | 03314505 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.21 |
| RICHMOND CHILDRENS CENTER RSP | 132736761 | 02597533 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.94 |
| RIVERSHORE INC RSP | 161146128 | 02960685 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.47 |
| ROCH SCHOOL OF HOLY CHILD RSP | 160761224 | 02596385 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $3.53 |
| ROCKLAND COUNTY ALD RSP | 132951835 | 03178021 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $8.26 |
| ROCKLAND COUNTY CHAP ARC FSR1 | 131916359 | 02620684 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $7.29 |
| ROCKLAND COUNTY CHAP ARC FSR2 | 131916359 | 02620666 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.97 |
| ROCKLAND COUNTY CHAP ARC RSP | 131916359 | 02620780 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2012 | $7.17 |
| SAMUEL FIELD YM AND YWHA INC RSP | 113071518 | 03118494 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.70 |
| SARATOGA CNTY ARC RSP | 141465932 | 02599553 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2011 | $5.86 |
| SCHDY CO CHAP NYSARC RSP | 141459277 | 02599562 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $7.75 |
| SCHOHARIE CO CHAP NYSARC FSR1 | 141494347 | 02594681 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $6.76 |
| SCHOHARIE COUNTY NYSARC RSP | 141494347 | 03095058 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.92 |
| SCHUYLER COUNTY NYSARC RSP | 161120089 | 02599571 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.21 |
| SE CONSORTIUM FOR SPECIAL SRVCS RSP | 133076622 | 03434580 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $5.75 |
| SELECT HUMAN SERVICES INC RSP | 262571066 | 03256035 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.78 |
| SENECA-CAYUGA NYS ARC RSP | 161124314 | 02599599 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $3.89 |
| SERVICES F/T UNDERSERVED RSP | 133250383 | 02680679 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $2.98 |
| SHARE OF NEW SQUARE RSP | 133475062 | 02596394 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.53 |
| SID JACOBSON JCC RSP | 111976051 | 02599613 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2012 | $7.87 |
| SINERGIA INC FSR 1 | 133183344 | 03185559 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $7.72 |
| SINERGIA INC RSP | 133183344 | 02593777 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $7.72 |
| SKIP OF NY INC RSP | 133236869 | 02596472 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.39 |
| SOCIAL ACTION CTR RSP | 134093738 | 02597560 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $3.87 |
| SOUTHEAST BRONX NGBHD CTR RSP | 132675560 | 02610680 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $2.89 |
| SOUTHEAST COMM WORK CTR RSP | 161074815 | 02663945 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2011 | $7.27 |
| SPARC INC RSP | 133832725 | 03095489 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.46 |
| SPAULDING PRAY RES CORP FSR 1 | 161196869 | 02594705 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.88 |
| SPAULDING PRAY RES CORP FSR2 | 161196869 | 02873976 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.51 |
| SPECIAL CARE FAM/CHILD RSP | 113476645 | 02821263 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.21 |
| SPECIAL CITIZENS FUTURE UNLTD RSP | 132865903 | 02928756 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2013 | $4.80 |
| SPECIAL NEEDS PROGRAM INC RSP | 222325526 | 02597597 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2013 | $3.24 |
| SPRINGBROOK NY INC RSP | 150539129 | 02593882 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.72 |
| ST CHRISTOPHER OTTILIE RSP | 112777066 | 02599622 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.07 |

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| ST DOMINICS HOME RSP | 131740399 | 02596490 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.90 |
| ST JOHNS CHRISTIAN ACADEMY RSP | 161448649 | 03144130 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.56 |
| ST LAWRENCE NYSARC INC RSP | 150617072 | 02618564 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $4.45 |
| ST REGIS MOHAWK TRIBE RSP | 161007650 | 02599659 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $10.17 |
| STEP BY STEP INFANT DEV CTR RSP | 112862378 | 03095190 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.94 |
| STEPPING STONES LEARNING CENTER | 161467135 | 03096471 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2011 | $5.39 |
| STEUBEN CO CHAP NYSARC RSP | 160971450 | 02596596 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.07 |
| STONY FORD FOUNDATION RSP | 061207341 | 02596610 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.69 |
| SUBURBAN ADULT SERVICES RSP | 161115992 | 02592125 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.95 |
| SULLIVAN CO CHAP NYSARC RSP | 146028767 | 02722690 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2012 | $4.27 |
| SUMMIT EDUCATIONAL RES RSP | 161095750 | 02592143 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAY-2013 | $9.29 |
| TACONIC INNOVATIONS RSP | 223729121 | 02596638 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.36 |
| TENDER CARE HUMAN SERVICES RSP | 113586379 | 03132652 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2012 | $6.83 |
| THE ALTERNATIVE LIV GRP RSP | 141713378 | 02599686 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2013 | $6.28 |
| THE ARC ONEIDA/LEWIS ARC FSR1 | 150581298 | 02594723 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $4.32 |
| THE ARC ONEIDA/LEWIS ARC RSP | 150581298 | 02594663 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2013 | $9.31 |
| THE FRIENDS NETWORK INC RSP | 133955641 | 02839903 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2012 | $5.45 |
| THE GRACE FDTN OF NY RSP | 134131863 | 02757853 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.04 |
| TRANSITIONAL LIVING SERVICES RSP | 161039435 | 03292353 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $9.47 |
| TRINITY ASSISTANCE CORP RSP | 205510689 | 02890595 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.38 |
| UCP & HANDI PERS UTICA RSP | 150543657 | 02592161 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2012 | $6.55 |
| UCP ASSOC ROCHESTER FSR 1 | 160743950 | 02600122 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $4.64 |
| UCP ASSOC ROCHESTER RSP | 160743950 | 02596656 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $6.02 |
| UCP OF NYC FSR 1 | 135654532 | 02610891 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $6.32 |
| UCP OF NYC RSP | 135654532 | 02610699 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.53 |
| UCPA NIAGARA COUNTY INC RSP | 160786061 | 02592170 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.71 |
| UCPA OF GREATER SUFFOLK RSP | 112568841 | 03081358 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $8.64 |
| UCPA OF NYS RSP | 131623856 | 02592189 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2012 | $4.56 |
| UCPA OF THE NORTH COUNTRY RSP | 161568985 | 02597717 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $6.63 |
| UCPA OF THE TRICOUNTIES RSP | 141495700 | 02599700 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $5.87 |
| UCPA OT PUTNAM AND S DUTCHESS RSP | 141813412 | 02967531 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2013 | $4.71 |
| ULSTER GREEN ARC RSP | 141437657 | 02593864 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAR-2013 | $8.19 |
| ULSTER UCP RSP | 141377518 | 03094442 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.99 |
| UNIQUE LIFE INC RSP | 113653314 | 02356678 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $3.82 |
| UNITY HOUSE OF CAYUGA CO RSP | 161081372 | 02663954 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.10 |
| VANDERHEYDEN HALL INC RSP | 141338575 | 02597726 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.32 |
| VARIETY CHILD LEARNING RSP | 112157326 | 02599719 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.61 |
| VOLUNTEERS OF AMERICA GNY RSP | 581959781 | 02592198 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $3.72 |
| WARREN WASHINGTON CO ARC FSR1 | 141560053 | 02594750 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2013 | $5.15 |
| WARREN WASHINGTON CO ARC RSP | 141560053 | 02599728 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-FEB-2013 | $4.55 |
| WAYNE CO CHAP NYSARC RSP | 237540582 | 02593891 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $3.34 |
| WESTCHESTER CHAP NYSARC FSR 1 | 131740065 | 02594778 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-NOV-2011 | $6.25 |
| WESTCHESTER CHAP NYSARC RSP | 131740065 | 02610704 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-DEC-2012 | $5.40 |
| WHITE PLAINS RECREATION AND PARKS R | 136007339 | 03436344 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $6.12 |
| WILDWOOD PROGRAMS INC REC RSP | 222132752 | 03094460 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-OCT-2013 | $6.66 |
| WORC RSP | 237209731 | 02592267 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-MAR-2014 | $8.85 |
| YATES CNTY CHAP NYSARC RSP | 161086091 | 02610713 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.33 |
| YEDEI CHESED INC RSP | 133728771 | 02610722 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $6.39 |
| YONKERS PARKS AND RECREATION RSP | 136007340 | 03095205 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $2.65 |
| YOUNG ADULT INSTITUTE FSR 1 | 112030172 | 02600159 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $4.87 |
| YOUNG ADULT INSTITUTE FSR 2 | 112030172 | 02600168 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $7.36 |
| YOUNG ADULT INSTITUTE FSR 3 | 112030172 | 02600131 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2011 | $6.15 |
| YOUNG ADULT INSTITUTE FSR-5 EDITH | 112030172 | 03438451 | 003 | 4491 | RESPITE FREE-STANDING; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JUL-2013 | $8.24 |
| YOUNG ADULT INSTITUTE RSP | 112030172 | 02596665 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-JAN-2014 | $5.69 |
| YOUTH EMPOWERMENT PROJECT INC RSP | 320040736 | 03226937 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-SEP-2012 | $6.19 |
| YWCA OF WHITE PLAINS RSP | 131740519 | 03094424 | 003 | 4486 | RESPITE; VOL; 1/4 HR UNIT | 15 MINUTES (96) | 01-APR-2012 | $7.58 |

Addendum A.8

# Independent Accountant's Compliance Examination Guidance
For use when examining
Office For People With Developmental Disabilities' Consolidated Fiscal Report

Centers for Medicare and Medicaid Services (CMS), NY Office for People With Developmental Disabilities (OPWDD) and Department of Health (DOH) have agreed that the Consolidated Fiscal Report (CFR) with associated instructions is the cost report that will be used to annually report public provider costs for both the Medicaid State Plan and Medicaid Waiver services, beginning with the State Fiscal Year April 1, 2013 thru March 31, 2014. OPWDD has also agreed that they will follow the instructions/procedures defined in the CFR manual as modified with the agreement of both NYS and CMS. All reporting and/or cost allocation(s) not conforming with the requirements stated in the CFR manual, such as OPWDD's required adherence to Medicare Cost and Cost Allocation principles as described in the CMS Medicare Provider Reimbursement Manual (publication-15), require the written approval of CMS. OPWDD which is required to submit a certified CFR to State and/or Federal oversight agencies may use the Compliance Examination in lieu of the accountant's certification which appears on Schedule CFR-ii/CFR-iiA. The Compliance Examination is intended to ensure the reliability of CFR data by subjecting it to generally accepted government auditing standards (GAGAS) as well as the examination guidance specified by and agreed to by State and Federal oversight agencies. The Compliance Examination must include the Document Control Number and the reporting period of the CFR submission that was examined.

The certification must address the following:

- Verification that there is a system in place, as of April 1, 2013, and maintained for recording data in accordance with CFR definitions.

- Verification that source documents are available to support the reported data and are / or will be maintained for review and audit for a minimum of 7 years following the close of the reporting period of the CFR. The data must be fully documented and securely stored.

- Verification that there is a system of internal controls to assure the accuracy of the data collection process and recording system and that reported documents are not altered. Test that documents are reviewed and signed by a supervisor as required.

- Verification that the data collection methods are adequate to support the amounts reported.

- Verification that all amounts reported can be traced to supporting documentation.

- Verification that OPWDD maintained data and prepared cost based on the following:

a. OPWDD shall identify and record provider cost in accordance with Generally Accepted Accounting Principles (GAAP).
b. OPWDD shall annually report cost using a complete Consolidated Fiscal Report (CFR). The CFR annual cost report shall be examined by an Independent Certified Public Accountant (CPA) as of April 1, 2013; in lieu of an audit the CPA shall perform an Attestation Engagement – Examination and render an opinion on the reported cost regarding reasonableness, compliance with GAAP, and that the CFR reported costs were determined in accordance with the cost and cost allocation principles described in the Medicare Provider Reimbursement Manual (Publication-15). Each Waiver service will be reported using a separate column of the CFR; in addition each waiver service provided by and OHCDS will also be reported using a separate column of the CFR. In addition, for State Plan services; each Developmental Center and Over Thirty Bed ICF location should also be reported in a separate column. Any other non-Medicaid services must also be reported in separate columns of the CFR.

- Documentation of the independent practitioner's analytical review of the reported data to provide evidence that the CFR revenues, costs, statistics, and cost allocation methods are reasonable, consistent with prior reporting periods if applicable, and compliant with Medicare cost and cost allocation principles; , or differences are adequately justified, based on the independent practitioner's sufficient knowledge of OPWDD operations.

OPWDD has specified and State and Federal oversight agencies have agreed to a set of procedures for independent practitioners to minimally perform in addition to any others determined necessary in the professional judgment of the practitioner to satisfy GAGAS requirements. Procedures a through j, as listed below, will be performed by the independent practitioner on Schedules: CFR-1, lines 10, 11, 12, 13, 14, 16,17, 20, 41,48, 63, 64 through 67, 69 through 107; CFR-2; CFR-3; CFR-4; CFR 4-A and CFR-5; DMH -1; OPWDD – 3; OPWDD-4; and OMH-1 to satisfy the requirements of CFR Certification.

a. Obtain and review the Consolidated Fiscal Reporting Manual as modified with the agreement of both NYS and CMS, as it relates to the schedules listed above. Ensure that the manual is consistent with GAAP and Publication 15 and any material changes from the prior year, or inconsistency from Medicare Cost and Cost Allocation principles were approved by CMS.

b. The independent practitioner should discuss the procedures (written or informal) with the personnel assigned responsibility of supervising the preparation and maintenance of the CFR to ascertain:

- The extent to which the OPWDD followed the established procedures on a continuous basis; and

- The extent to which OPWDD is in compliance with GAAP and Publication-15 cost and cost allocation principles; and

- Whether they believe such procedures are adequate to result in accurate reporting of data required by the CFR

c. Inquire of same person concerning the retention policy that is followed by OPWDD, and any other State or non-State agency or entity, with respect to source documents supporting the CFR.

d. Based on a description of the procedures obtained in items b and c above, identify all the source documents which are to be retained by the OPWDD, or any other State Agency, used in the CFR, for a minimum of seven years. For each type of source document, observe that the document exists for the period.

e. Discuss the system of internal controls with the person responsible for supervising and maintaining the CFR data. Inquire whether personnel independent of the preparer reviews the source documents and data summaries for completeness, accuracy and reasonableness and how often such reviews are performed. Perform tests, as appropriate, to ensure these reviews are performed.

f. Test the mathematical accuracy of the report.

g. Ensure summarization schedules agree to detail schedules, as prescribed by the CFR Manual as modified with the agreement of both NYS and CMS.

h. Obtain the supporting worksheets/reports utilized by the agency to prepare the final data which are transcribed to the CFR. Compare the data included on the worksheets to the amounts reported in the CFR. Test the arithmetical accuracy of the summarizations.

i. Verify that the books and records fully support the total of each amount entered on each line, and column, of the specified CFR schedules. Identify significant reconciling items and conclude on their propriety; and

j. Verify that the total expenditures used to prepare the CFR agree to the Office of the State Comptroller (OSC) data for OPWDD, and report any variance from the OSC data.

The independent practitioner must adequately document the engagement planning, specific procedures followed, personnel interviewed, documents reviewed, tests performed, and conclusions reached in the work papers. The work papers should be available for State and Federal Agencies review for a minimum of seven years following the CFR report year.

The independent practitioner may perform additional procedures which are agreed to by the independent practitioner and the OPWDD, if desired. The independent practitioner should clearly identify the additional procedures performed in a separate attachment to the certification report as procedures that were agreed to by the OPWDD and the independent practitioner.

# Addendum A.9 Audit Organization's Report

***The following is a sample report on an audit organization's examination of a CFR prepared by OPWDD which has been determined acceptable for CMS purposes. Material omissions in an actual report may result in CMS rejecting the report.***

[*Addressee*]

We examined the Consolidated Fiscal Report (CFR) prepared by the New York State Office for People With Developmental Disabilities (OPWDD) for its fiscal year ended March 31, 20XX (Document Control Number ####). OPWDD's management is responsible for implementing and maintaining internal controls that ensure the CFR's conformity with all applicable requirements, including adherence to the New York State Consolidated Fiscal Reporting and Claiming Manual and any exceptions thereto for which approvals of the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) takes precedence. OPWDD management identified for us the following such exceptions as being applicable to the CFR which is the subject of our examination:

1. Agreement between OPWDD and CMS dated [insert date] on [insert topic and brief overview of key matters].

2. State Plan Amendment [insert identifying number] approved by CMS on [insert date] regarding [insert topic and brief overview of key matters].

3. Etc.

Our responsibility is to obtain sufficient, appropriate evidence to express an opinion on whether OPWDD's reported CFR data is complete and in compliance with required criteria in all material respects.

We performed an examination-level attestation engagement conducted in accordance with the standards and guidance contained in Government Auditing Standards issued by the Comptroller General of the United States (2011 revision) which is commonly referred to as generally accepted government auditing standards. These standards require that we design our engagement to provide reasonable assurance of detecting fraud, illegal acts, or violations of provisions of contracts or grant agreements that could have a material effect on OPWDD's CFR.

We obtained an understanding of internal control as it relates to OPWDD's CFR. A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, detect, or correct errors in assertions made by management, on a timely basis. A deficiency in design exists when (1) a control necessary to meet the control objective is missing or (2) an existing control is not properly designed so that, even if the control operates as designed, the control objective is not met. A deficiency in operation exists when a properly designed control does not operate as designed, or when the person performing the control does not possess the necessary authority or qualifications to perform the control effectively. Deficiencies in internal control, if any, are identified in our findings below.

# Addendum A.9 Audit Organization's Report

In our opinion, except as noted in our findings below, OPWDD's reported CFR data is complete and in compliance with required criteria in all material respects.

**Findings**

1.
2.
3.

**Recommendations**

1.
2.
3.

[*Signature*]
[*Date*]

## INDIVIDUAL AND COMMUNITY SUPPORTS PERSONAL RESOURCE ACCOUNT (PRA) ANNUAL ALLOCATION

These amounts represent the **OPWDD gross amount** of the total available PRA.

### Bernard Fineson, Brooklyn, Metro, Staten Island DDSOs

| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LEVELS | Behavior 1 | | | Behavior 2 | | | Behavior 3 | | | Behavior 4 | | |
| | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total |
| Direct Care Support - 1 | $ 69,185 | $ 23,316 | $ 92,501 | $ 70,578 | $ 24,230 | $ 94,807 | $ 71,801 | $ 25,377 | $ 97,178 | $ 72,919 | $ 25,805 | $ 98,724 |
| Direct Care Support - 2 | $ 78,548 | $ 24,612 | $ 103,160 | $ 79,494 | $ 25,377 | $ 104,871 | $ 80,803 | $ 26,727 | $ 107,530 | $ 81,998 | $ 27,939 | $ 109,937 |
| Direct Care Support - 3 | $ 89,948 | $ 28,042 | $ 117,990 | $ 91,129 | $ 28,677 | $ 119,806 | $ 91,919 | $ 29,663 | $ 121,582 | $ 92,900 | $ 30,921 | $ 123,821 |
| Direct Care Support - 4 | $ 97,422 | $ 31,000 | $ 128,421 | $ 99,209 | $ 31,770 | $ 130,979 | $ 100,858 | $ 32,757 | $ 133,615 | $ 102,084 | $ 33,718 | $ 135,802 |
| Direct Care Support - 5 | $ 107,863 | $ 33,686 | $ 141,549 | $ 110,713 | $ 34,559 | $ 145,273 | $ 112,112 | $ 35,318 | $ 147,431 | $ 113,309 | $ 36,439 | $ 149,748 |
| Direct Care Support - 6 | $ 115,172 | $ 36,857 | $ 152,029 | $ 117,594 | $ 37,613 | $ 155,207 | $ 119,213 | $ 38,377 | $ 157,590 | $ 120,994 | $ 39,215 | $ 160,209 |
| Direct Care Support - 7 | $ 122,788 | $ 37,473 | $ 160,261 | $ 123,895 | $ 38,115 | $ 162,011 | $ 124,923 | $ 38,620 | $ 163,544 | $ 126,703 | $ 39,884 | $ 166,587 |
| Direct Care Support - 8 | $ 129,665 | $ 39,915 | $ 169,579 | $ 131,473 | $ 40,842 | $ 172,314 | $ 132,464 | $ 41,981 | $ 174,445 | $ 133,722 | $ 43,348 | $ 177,070 |

### Hudson Valley, Long Island DDSOs

| LEVELS | Behavior 1 | | | Behavior 2 | | | Behavior 3 | | | Behavior 4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total |
| Direct Care Support - 1 | $ 63,329 | $ 19,946 | $ 83,275 | $ 64,602 | $ 20,650 | $ 85,252 | $ 65,719 | $ 21,354 | $ 87,074 | $ 66,741 | $ 22,058 | $ 88,799 |
| Direct Care Support - 2 | $ 71,884 | $ 22,762 | $ 94,647 | $ 72,749 | $ 23,466 | $ 96,216 | $ 73,945 | $ 24,170 | $ 98,116 | $ 75,037 | $ 24,875 | $ 99,912 |
| Direct Care Support - 3 | $ 82,301 | $ 25,579 | $ 107,880 | $ 83,380 | $ 26,283 | $ 109,663 | $ 84,102 | $ 26,987 | $ 111,089 | $ 84,999 | $ 27,691 | $ 112,689 |
| Direct Care Support - 4 | $ 89,130 | $ 28,395 | $ 117,525 | $ 90,763 | $ 29,099 | $ 119,862 | $ 92,270 | $ 29,803 | $ 122,073 | $ 93,390 | $ 30,507 | $ 123,897 |
| Direct Care Support - 5 | $ 98,671 | $ 31,211 | $ 129,882 | $ 101,275 | $ 31,915 | $ 133,190 | $ 102,553 | $ 32,619 | $ 135,172 | $ 103,647 | $ 33,323 | $ 136,970 |
| Direct Care Support - 6 | $ 105,349 | $ 34,027 | $ 139,376 | $ 107,563 | $ 34,731 | $ 142,294 | $ 109,042 | $ 35,435 | $ 144,477 | $ 110,669 | $ 36,139 | $ 146,808 |
| Direct Care Support - 7 | $ 112,308 | $ 36,843 | $ 149,151 | $ 113,320 | $ 37,547 | $ 150,867 | $ 114,259 | $ 38,251 | $ 152,511 | $ 115,885 | $ 38,955 | $ 154,840 |
| Direct Care Support - 8 | $ 118,592 | $ 39,659 | $ 158,251 | $ 120,244 | $ 40,363 | $ 160,607 | $ 121,150 | $ 41,067 | $ 162,217 | $ 122,299 | $ 42,652 | $ 164,951 |

### Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western DDSOs

| LEVELS | Behavior 1 | | | Behavior 2 | | | Behavior 3 | | | Behavior 4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total | Residential | Day | Total |
| Direct Care Support - 1 | $ 56,002 | $ 17,251 | $ 73,252 | $ 57,124 | $ 17,853 | $ 74,977 | $ 58,110 | $ 18,455 | $ 76,565 | $ 59,011 | $ 19,057 | $ 78,068 |
| Direct Care Support - 2 | $ 63,546 | $ 19,660 | $ 83,206 | $ 64,309 | $ 20,262 | $ 84,571 | $ 65,364 | $ 20,864 | $ 86,228 | $ 66,327 | $ 21,466 | $ 87,793 |
| Direct Care Support - 3 | $ 72,733 | $ 22,069 | $ 94,801 | $ 73,684 | $ 22,671 | $ 96,355 | $ 74,321 | $ 23,273 | $ 97,594 | $ 75,112 | $ 23,875 | $ 98,987 |
| Direct Care Support - 4 | $ 78,755 | $ 24,478 | $ 103,233 | $ 80,195 | $ 25,080 | $ 105,275 | $ 81,524 | $ 25,682 | $ 107,206 | $ 82,512 | $ 26,284 | $ 108,796 |
| Direct Care Support - 5 | $ 87,169 | $ 26,887 | $ 114,055 | $ 89,466 | $ 27,489 | $ 116,954 | $ 90,593 | $ 28,091 | $ 118,684 | $ 91,557 | $ 28,693 | $ 120,250 |
| Direct Care Support - 6 | $ 93,058 | $ 29,296 | $ 122,354 | $ 95,010 | $ 29,898 | $ 124,908 | $ 96,314 | $ 30,500 | $ 126,814 | $ 97,750 | $ 31,102 | $ 128,852 |
| Direct Care Support - 7 | $ 99,195 | $ 31,705 | $ 130,900 | $ 100,087 | $ 32,307 | $ 132,394 | $ 100,916 | $ 32,909 | $ 133,825 | $ 102,350 | $ 33,511 | $ 135,861 |
| Direct Care Support - 8 | $ 104,737 | $ 34,114 | $ 138,850 | $ 106,193 | $ 34,716 | $ 140,909 | $ 106,992 | $ 35,318 | $ 142,310 | $ 108,006 | $ 36,674 | $ 144,680 |

**Note: These amounts include Clinic Services and any services billed on the Medicaid card except nursing services. These amounts include State Plan Services, such as Personal Care/Home Health Aide services, Medicaid Service Coordination and clinic services. Any Housing Stipends granted are Net of Countable Income, will be included in the PRA value, thereby reducing the amount available for services. Health Care Enhancements, Transportation and all administration, including Fiscal Management Services payments are included. Persons < 22 years old and receiving services or eligible to receive services through the school district and residing with parents or legal guardian, will receive only 60% of the value of the Residential PRA.**

**KEY:**

| ISPM LEVEL |
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**Addendum B to the NYS OPWDD Comprehensive Renewal Waiver**
**NY.0238.R04.03**
**Proposed effective date: 10/01/2011**
**Submitted to CMS 5/20/2013**

New York State has the same requirements for state-operated providers as voluntary providers.

There have been no new state-operated providers requiring enrollment or issuance of a Medicaid Provider number. Given the anticipated transition of the developmental disability system to a managed care infrastructure, New York State does not anticipate any "new" state-operated providers requiring qualified provider enrollment and issuance of a Medicaid Provider number. However, should a new state-operated provider wish to deliver waiver services for the first time and/or a current state-operated provider wishes to add additional waiver services to their menu, the state-operated provider would need to demonstrate the same qualifications as those required by a voluntary operated provider.

As outlined in Appendix C QIS Sections (a) and (b), NYS OPWDD Division of Quality Improvement conducts annual reviews of all HCBS waiver providers including state-operated providers.

Through these discovery activities and others discussed throughout the waiver application, provider agencies that experience fiscal or programmatic issues are referred to the OPWDD Early Alert Committee (also described in C-QIS (a) and (b) ). EA is a process to proactively identify providers that may show signs of decreased quality, enabling OPWDD to take timely and definitive action. Notwithstanding steps to enhance monitoring and promote remedial actions, the Early Alert committee may recommend adverse actions in response to an agency's failure to comply with program requirements. These actions may include:

- Recommendations to fine providers as stipulated in the 6/1/11 Financial Accountability Initiative memo from the OPWDD Acting Executive Deputy Commissioner. Fines are based upon circumstances encountered during survey and certification activities or review of agency incident management that are of such a significant nature or severity related to health and safety that the implementation of a fine is warranted.
- Change of Auspice
- Surrender, limitation, termination or nonrenewal of, operating certificates of one or more sites, surrendering, limitation of, or termination of, the Agency's provider agreement or cancellation of OPWDD contracts. During this time the agency's programs will be monitored by OPWDD staff including DQI/BPC and DDSO staff. This may require an agency to submit closure plans in accordance with OPWDD regulations and continue to implement plans of corrective action. Further information on the Early Alert process can be found on the OPWDD website.

Enhancements to the Early Alert process were implemented in 2012 including the public disclosure of providers with Early Alert status on OPWDD's website and revisions to the Early Alert process to include state operated providers of service and fines/sanctions. Additional information about Early Alert including the list of providers and notifications to them of their Early Alert status can be found on the OPWDD website.

NYS Department of Health (DOH) monitors the progress and findings of OPWDD surveys through a Monthly Report provided to DOH from OPWDD DQI that outlines all providers who have been issued Statements of Deficiency (SODs) requiring Plans of Corrective Action (POCAs). In addition, these providers may be discussed during the DOH-OPWDD Quarterly Waiver Management Meeting.

The OPWDD Early Alert Committee is the OPWDD entity that ultimately recommends to DOH whether an HCBS provider should be disallowed to bill MA and/or be renewed or terminated based on provider performance.

The process to terminate a Waiver Provider Agreement is as follows and is the same process whether the provider is a state operated provider or a voluntary provider:

a. Once a determination has been made to terminate a waiver provider agreement, DQI issues a termination letter to the provider. DDSO Director(s) are copied on this letter and it should be used to initiate removal of individuals from programs and program closures in OPWDD's Tracking and Billing System (TABS).
b. Separately DQI notifies DOH of the provider termination, including a copy of the termination letter sent to the provider.
c. Removal of individuals from a provider's program will initiate update of recipient/exception (R/E) for certain services that OPWDD has enhanced edits, thus preventing payment to the provider. For example, payment of residential habilitation services in a supervised Individualized Residential Alternative (IRA) requires that the person is registered in the appropriate IRA program. This enrollment automatically creates an R/E code which allows payment processing in eMedNY. Without the R/E code, eMedNY will deny the residential habilitation claim.
d. Through Early Alert meetings OPWDD Bureaus of Rate Setting and Central Operations are alerted to proposed provider terminations. As a courtesy, copies of the termination letter to the provider and DOH are sometimes provided.
e. If a state operated provider is terminated, Central Operations notifies the OPWDD Cost and Revenue Solutions Bureau of the effective date to set applicable rate to $0 and monitors for completion.
f. If a voluntary provider is terminated, for certain services Rate Setting is informed of effective date to set rate to $0 due to DDSO program closure in TABS.
g. Other QI activities, such as termination following the completion of the Early Alert process or the loss of an operating certificate, will result in the notification to Rate Setting that a rate needs to be set to $0.
h. Periodically, through various reviews Central Operations performs, active rates for a terminated voluntary provider may be identified. Central Operations works with the DDSO to close open program Codes in TABS, if applicable, and contacts Rate Setting to initiate the setting of rate(s) to $0 for services that Rate Setting would not receive alert to terminate a rate via program closure.

When OPWDD activates or terminates a waiver provider agreement, the information is sent to DOH. DOH makes the necessary changes to the provider file in the eMedNY system.

The procedure is the same for both voluntary and government entity providers. The only difference between the two types of providers within the application processing as follows:

1) Sanction searches are not done for state operated/government entities
2) State operated provider agencies do not have boards and therefore, there is no information to disclose.

When a provider has a change of address, they complete a change of address form, which is found on the eMedNY website. The provider submits the completed form to DOH's fiscal agent, Computer Science Corporation (CSC). The completed form is scanned into eMedNY and sent to DOH electronically. DOH reviews the form and makes necessary changes to the provider file on eMedNY. The same process is followed when the provider has a change of ownership; they complete the CHOW (Change of Ownership) form, which is also on the eMedNY website.

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

| Individual Directed Goods and Services (IDGS) Category | Available To Individuals in Certified Residences? | Description | Qualifications | Pricing Parameters |
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| Camp | • No | • Funding may be requested for the cost of summer camp in a self-directed plan for a camp that is able to provide the needed safeguarding supports and supports to achieve the person's valued outcomes.<br>• Camps can be either focused on supporting individuals with disabilities or camps that are available to the general public.<br>• Directly related to a valued outcome. | • For a children's camp, a state, city, or county health department permit to operate legally and must operate in compliance with Subpart 7-2 of the State Sanitary Code requirements. A permit is issued only when the camp is in compliance with the state's health regulations. | • Not to exceed published fees<br>• Annual cap $4000/year. |
| Community Classes & Publicly Available Training/Coaching | • Yes | • Classes available to the general public in any subject area that relates to a person's valued outcomes (Art, Dance, Exercise, Cooking, Computer Training, Etc.)<br>• Sessions with a private trainer (physical education/exercise) may be covered as long as the service relates to a valued outcome).<br>• Classes must be related to a habilitative need in the individual's person-centered plan and not just for recreational purposes.<br>• Classes must be non-credit bearing; IDGS funding is for non-matriculating students. | • N/A | • Not to exceed the published fees as outlined in the entity's published course fees. |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| Coaching/education for parent(s), spouse and advocates involved in the person's self-directed services | • No | • IDGS funding is for Parent/Spouse/Advocate to attend/participate in educational opportunities (not covered by other public programs) that assist participants and those close to them to achieve goals established in the individual's service plan.<br>• Self-directing individual is over age 18 (Under 18 is through FET).<br>• May Include registration, and conference fees | | • Annual cap $500/year based on Family Education & Training (FET) pricing parameters in 1915(c) HCBS waiver.<br><br>• Reimbursement is only up to FET reimbursement levels; overnight lodging or travel not allowable. |
| Clinician Consultants, Independent Contractors – (Non-Direct Service Provision -- Clinical Consultation Specialties ) | • Yes, but only related to self-directed services | • Consultants/contractors are clinical specialists who are hired for the following purpose:<br>▪ Evaluate an individual's habilitation plan<br>▪ Training self-hired staff in delivering the self directed plan (NOTE: State Plan clinic services may <u>not</u> be used to train and consult with <u>paid</u> caregivers. To the extent that IDGS Consultation services are being used to train self-hired staff, who might otherwise not have such resources available to them, it will not duplicate State Plan services)<br>▪ Evaluation of the effectiveness of the self-hired staff in carrying out the services in the self-directed plan<br>• Consultants/contractors services cannot replicate any service available through a third-party insurer, the Medicaid State Plan or the HCBS Waiver Service.<br>• Consultants must provide a written outline of services to be delivered prior to approval; consultants must provide an annual update of progress/provision of service and need to continue. | • A consultant/ contractor who is a member of a profession that is under the jurisdiction of the NYSED Office of the Professions, must meet all licensure or registration requirements as verified at the following site:: http://www.op.nysed.gov/opsearches.htm<br>• Discipline authorized under Article 16 clinic regulations (Psychology, OT, PT, SLP, social work, nursing, nutrition/ dietetics, rehabilitation counseling) | The hourly amount paid to the therapist cannot exceed the 90th percentile for the regional hourly wage for the therapeutic or consultant's professional discipline (i.e., the standard occupational code) published by the Bureau of Labor Statistics (BLS) that can be queried at the following website::<br><br>http://data.bls.gov/oes |
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# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| Clinician (Direct Service Provision) | • Yes, but only related to self-directed services | • Only authorized when the person can demonstrate that there is **no clinician in their community that is willing to participate in the Medicaid program** and deliver services to IIDD<br>• If the individual has primary health insurance coverage through Medicare or commercial insurance, must similarly demonstrate services also not available through those sources.<br>• Not available to individuals who participate in non-self-directed day or residential programs that have been enhanced to include funding for the direct provision of clinical services.<br>• Central Office and DDRO review/prior authorization is required.<br><br>**Ordering, Treatment Plan & Documentation Requirements**<br>• The request for funding **must** be accompanied by a written prescription from the individual's medical doctor with a goal of treating a specific medical diagnosis/ condition and shall support a specific valued outcome.<br>• The therapist shall conduct an initial assessment, report findings, and propose a treatment plan. The treatment plan shall outline treatment goals, proposed therapeutic activities, and their anticipated frequency and duration. The treatment plan shall acknowledge the individual's personal goals and support a specific valued outcome(s) described in the ISP. The treatment plan becomes active upon the referring/prescribing medical doctor's review and written approval.<br>• On-going treatment services shall be delivered only in accordance with the approved treatment plan. Each session shall be documented with a brief treatment note outlining the therapeutic services/activities performed, duration, and response to treatment. | • Member of a profession that is under the jurisdiction of the NYSED Office of the Professions, must meet all licensure or registration requirements as verified at the following site:: http://www.op.nysed.gov/opsearches.htm<br>• Discipline authorized under Article 16 clinic regulations (Psychology, OT, PT, SLP, social work, nutrition/ dietetics, nursing, rehabilitation counseling,) | • The hourly amount paid to the therapist cannot exceed the 90th percentile for the regional hourly wage for the therapeutic or consultant's professional discipline (i.e., the standard occupational code) published by the Bureau of Labor Statistics (BLS) that can be queried at the following website:<br><br>http://data.bls.gov/oes |

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| | | • The therapist shall provide periodic (at least semi-annual) progress reports to the referring/ prescribing medical doctor. Such report shall review the individual's progress toward goals and the efficacy of services to date; it shall propose any necessary updates/ revisions to the treatment plan. The medical doctor shall review the individual's progress and, if warranted, approve the updated treatment plan and continuation of services in writing. | | |
| Clinician (Direct-Provision of Therapies/ Therapeutic Activities Not Otherwise Funded in the State Plan) | • Yes | Hippo & Therapeutic Riding:<br>• Funding may be requested for hippo therapy or therapeutic riding in a self-directed plan by Individuals with cerebral palsy and other neurological disorders that permanently affect body movement and muscle coordination.<br>• The request for funding **must** be accompanied by a written prescription from the individual's medical doctor with a goal of treating a specific medical diagnosis/ condition. Use of this therapy must be in accordance to the prescribed use of the service. This is a Medicaid funded service cost and must have a corresponding valued outcome.<br><br>Aquatic, Art, Massage, Music, Play Therapy:<br>• Funding for **massage therapy** may be included in a self-directed plan when the service has been prescribed by the individual's medical doctor to ameliorate a specific medical diagnosis/condition for which massage therapy has recognized efficacy. Funding is not available to support vague goals such as "promote well-being," "reduce stress," or "promote relaxation." There must be a corresponding valued outcome in the individual's plan.<br>• Funding for **music therapy** may be included in a self-directed plan only if there is a specific communication or audiological requirement for the service as stated in the | Hippo & Therapeutic Riding:<br>• An individual providing hippo therapy **must** be a NYS licensed Occupational, Physical or Speech Therapist; if he/she is an Assistant in one of those categories (OTA, PTA) then he/she **must** be working under an OT or PT. Hippo therapy is a medical treatment, **not** a recreational program of teaching a progressive riding and horsemanship skill. PATH International Instructor must carry a certification business card with an annual expiration date, and must requalify each year to be certified | • The hourly amount paid to the therapist cannot exceed the 90th percentile for the regional hourly wage for the therapeutic or consultant's professional discipline (i.e., the standard occupational code) published by the Bureau of Labor Statistics (BLS) that can be queried at the following website::<br><br>http://data.bls.gov/oes |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| | | plan and justified by the individual's medical doctor or licensed clinician, and a corresponding valued outcome.<br><br>**All Services – Ordering, Treatment Plan & Documentation Requirements**<br>• The request for funding **must** be accompanied by a written prescription from the individual's medical doctor with a goal of treating a specific medical diagnosis/ condition and shall support a specific valued outcome.<br>• The therapist shall conduct an initial assessment, report findings, and propose a treatment plan. The treatment plan shall outline treatment goals, proposed therapeutic activities, and their anticipated frequency and duration. The treatment plan shall acknowledge the individual's personal goals and support a specific valued outcome(s) described in the ISP. The treatment plan becomes active upon the referring/prescribing medical doctor's review and written approval.<br>• On-going treatment services shall be delivered only in accordance with the approved treatment plan. Each session shall be documented with a brief treatment note outlining the therapeutic services/activities performed, duration, and response to treatment.<br>• The therapist shall provide periodic (at least semi-annual) progress reports to the referring/ prescribing medical doctor. Such report shall review the individual's progress toward goals and the efficacy of services to date; it shall propose any necessary updates/ revisions to the treatment plan. The medical doctor shall review the individual's progress and, if warranted, approve the updated treatment plan and continuation of services in writing. | Aquatic, Art, Massage, Music, Play Therapy: A consultant/ contractor who is a member of a profession that is under the jurisdiction of the NYSED Office of the Professions, must meet all licensure or registration requirements as verified at the following site:: http://www.op.nysed.gov/opsearches.htm | |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| Health Club/ Organizational Memberships/ Community Participation | • Yes | • Health club memberships; Community membership dues -- Funding for a gym, health club or other community organization membership may be included in the self-directed plan for reasons of health and fitness or community integration in accordance with the participant's valued outcomes.<br>• Membership is for individual only; no family memberships allowed with IDGS funding.<br>• The club/organization must offer open enrollment to the public, and cannot be a private club with a closed membership where membership is available by invitation only.<br>• An individual may have multiple memberships to health clubs. | • Payment not to exceed the entity's published membership dues/fees specified. | • Annual cap $1500/year. |
| Household-Related Items and Services | • No | • Item cannot be funded through any other funded program and may include Appliances that assist a person to live more independently (i.e., a microwave oven for someone who cannot safely use a stove or oven)<br>• Appliance must benefit the individual and be related to a valued outcome as well as be related to health and safety.<br>• Household support (cleaning, minor maintenance, snow removal, lawn mowing) only for individuals not living in the family home.<br>• Note: The Community Transition Services (CTS) waiver service and funding cap remains separate from IDGS funding in this category. | • N/A | • Annual cap $1500/year. |
| Paid Neighbor | • No | • Stipend paid to neighbor to be "on-call" to assist a person who lives independently. If the paid neighbor is called upon to provide direct services, he/she is paid an hourly wage for the delivery of self-hired community habilitation.<br>• The specific duties are defined in a contract signed by the | • The paid neighbor staff person cannot be a family member of the person.<br>• Must meet all requirements for | • Monthly cap $800 |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| | | paid neighbor and the Fiscal Intermediary. | background check, and training that would be required of a self-hired staff person. | |
| Self-Directed Staffing Support | • Yes, but only related to self-directed services | • Assistance with scheduling self-hired staff and with assisting the person to complete staffing related paperwork<br>• Not to duplicate FI employer responsibilities or Broker services related to development of the person's self directed plan.<br>• The 'self-hired' staff person providing this support is not a staff person of a NFP agency and is not a person who is active in assisting the person with decision-making regarding his/her self directed services (not a family-member or a member of the person's freely chosen planning team). | • All staff, volunteers and trainers are screened for criminal background and excluded provider status | • Not to exceed payment of $20/hour |
| Transition Programs for Individuals with IDD | • No | • Tuition for non-credit bearing transition programs for individuals with IDD who have already completed their educational program (i.e. 'aged out').<br>• The coursework must address a person's valued outcomes and address skill building and employment outcomes.<br>• Programs may be provided in non-site based settings, on college campuses, but not in locations certified by OPWDD.<br>• Coursework may include training on personal care skills, and socialization skills, but.this training is provided to support vocational outcomes for the person.<br>• To be funded via a person's self direction budget, the program cannot be funded by ACCESS-VR, IDEA or other funding sources.<br>• Services are time-limited and cannot exceed a two year timeframe.<br>• No room and board costs are fundable. | • All staff, volunteers and trainers are screened for criminal background and excluded provider status | • Published fees cannot be exceeded.<br>• Per class limit for tuition is $350/course. |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| Transportation | • Yes, only related to self-directed services | • Funding may be requested for the cost of service related transportation that is directly related to valued outcomes, safeguards and services identified and approved in the self-directed plan. In order to make the determination whether transportation is service related, and costs may be reimbursed, the questions to be answered are:<br>1. What valued outcome/safeguard is this activity in support of?<br>2. What service was this transportation related to?<br>3. What service was actually provided?<br>4. Who provided the service?<br>• Transportation costs are not reimbursed through the self-directed plan for transportation to and from OPWDD funded services for which transportation costs are included in the price developed and paid for the service.<br>• Mileage may not be reimbursed for medical appointments as this duplicates a State Plan service.<br>• Transportation reimbursement takes several forms:<br>1. **Reimbursement for service related miles** may be made to:<br>a. *Staff person* who drove his/her personal vehicle to a service related activity,<br>b. *Participant* who drove or was driven in his/her personal vehicle to a service related activity, or<br>c. *Friend or family* member who drove his/her personal vehicle to a service related activity.<br>• Service related mileage may be paid from IDGS for transportation costs required for the individual to access a generic service in the community that is Medicaid reimbursable within the self-directed plan (directly related to a valued outcome or safeguard) regardless of whether or not there is a paid staff person present.<br>• Mileage reimbursement covers all operating costs related to the vehicle and included in the IRS standard mileage rate standards, i.e., gas, registration, vehicle inspection, | • Vehicle must be operated by a NYS licensed driver. | • Mileage reimbursement not to exceed standard federal mileage rate: http://www.irs.gov/2014-Standard-Mileage-Rates-for-Business,-Medical-and-Moving-Announced<br>• Reimbursement of public transportation and paratransport limited to published rates. Discounts for disabled individuals shall be requested, where available.<br>• Vendor transportation limited to published fees |

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| | | insurance, repairs & maintenance.<br><br>• **Reimbursement for the cost of public transportation or paratransit**, such as bus passes, bus, taxi and train fares that is directly related to valued outcomes, safeguards and services identified and approved in the self-directed plan. | | |

**Service Categories Not Allowable Under IDGS:**

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| Academic Tutoring | • Academic tutoring is **not** funded through the IDGS. This service should be pursued through the school district or college setting. Academic tutoring/homework assistance is not an appropriate task for self-hired staff. |
| Automatic pill dispenser/ medication system | • Available through Assistive Technology, outside the person's self-directed budget |
| Cell Phones/Telephones | • Funding for cell phones is not an allowable IDGS expense.<br>• The SafeLink Wireless program is available to eligible individuals in New York State who receive Supplemental Security Income (SSI).<br>• The SafeLink service in New York State allows allows for a cell phone and limited free minutes for a person who has a diagnosed developmental disability and receives social security benefits under SSI. |
| Computer Hardware | • Not allowable in IDGS |
| Computer Programs/Software | • Computer Software is available through Assistive Technology, outside the person's self-directed budget. |
| Leased Vehicles | • Leased Vehicles **are not an allowable expense under IDGS.** |
| Health-Related Services, Equipment and Supplies | • Health related supplies such as food and beverage thickeners, trachea collars, disposable bed pads, wipes, incontinence products, and supplemental medications are funded through the State Plan only; not through IDGS funding. |
| **Parents'** Activity Fees, Expenses, and Meals | • Activity fees, expenses, and meals incurred by parents of individuals **are not** reimbursed with IDGS funds and must be paid by the parents when they accompany an individual to an activity supported by the his/her self-directed plan. |
| **Participants'** Activity Fees, | • Activity fees, expenses, and meals incurred by individuals **are not** reimbursed with IDGS funds and must be paid by |

# INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) DEFINITIONS – ADDENDUM C

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| Expenses, and Meals | the individual or his/her family. |
| Personal Monitoring Systems | • available through State Plan |
| Staff Activity Fees, Expenses, and Meals | • Activity fees, expenses, and meals incurred by self-hired staff supporting individuals are not reimbursed with IDGS funds, but may be funded through OTPS. |
| Therapies: Physical Therapy, Occupational Therapy, Speech Therapy, Psychology (Medicaid state funded) | • On-going therapies that are provided directly to the person are funded through the individual's State Plan Medicaid Card or, if the individual is school-aged, through the local school district, and are **not** funded under IDGS. An exception is allowed where the person can demonstrate that there is no clinician available in their community who will accept Medicaid and is capable of delivering services to individuals with IDD. |