



**Office for People With
Developmental Disabilities**

Outside Services Changes – 10/1/15

Article 16 Clinic Offsite Service Changes -1/1/16

**Direct Hands-On Therapy Changes in
Supervised IRAs, Day Hab Sites -1/1/16**

General Overview

September 24, 2015

Today's Topic – Part 1: 10/1/15 Changes

- Changes to Separately Billed Services for People who live in Supervised and Supportive IRAs, CRs, and Family Care Homes.
 - Services continue, but they need to be reimbursed differently.
 - These services cannot be separately billed to Medicaid, these need to be part of the Residential Habilitation funding.
- Services for People who Live in their Own Home, or their Family are not Changing.
- Termination of Individual Day Habilitation



Today's Topic – Part 2: 1/1/16 Changes

- Changes to clinical services that an Article 16 clinic may be providing Off-site.
- CON Satellite Space Guidance distributed on 9/16/15.
- CONs are due 10/19/15.
- Elimination of Direct, Hands-On Therapies (PT, OT, SLP) provided in Supervised IRAs and Day Habilitation sites.
- State Plan Preventive (Independent Practitioner) Services – 1/1/16.



Rationale for Changes

- The policy regarding 10/1 changes reflects CMS' view that Res Hab services should fully meet the care needs of residents while they are in the residence and also meet all habilitative, recreational, and community integration needs of the residents during weekends and on weekday evenings.
- The policy regarding 1/1/16 changes reflects CMS' view that direct provision of therapy services funded in Supervised IRA rates or in Day Habilitation sites must be provided either in a certified Article 16 satellite clinic, main clinic, or through the new Preventive Services (Independent Practitioner) state plan option.



SUPPORTIVE IRA & CR, AND FAMILY CARE HOME CHANGES – 10/1/15



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Number of People and Services Affected (2014 data)

Service Type	Individuals	Service Units	Dollars
<u>Family Care Residences</u>			
CERT HOME HEALTH	8	1159	\$ 163,989.83
PERSONAL CARE	2	697	\$98,734.18
SUPPL DAY HAB	33	2876	\$364,078.59
VOFC SUBTOTAL			\$626,802.60
<u>Supportive IRAs</u>			
CERT HOME HEALTH	27	1796	\$226,425.38
PERSONAL CARE	31	6712	\$727,827.56
SUPPL DAY HAB	125	8570	\$1,012,815.06
VOIRA-SUPRT SUBTOTAL			\$1,967,068.00



Supportive IRA/CR & Family Care Changes

-- Aide Services

After October 1, 2015, Residential Habilitation Provider must pay for all Aide Services in the Residence:

- **Personal care services**
- **Home health aide services**
- **Homemaker services**
- **Consumer directed personal assistance programs.**



Supportive IRA/CR & Family Care Changes

-- Day Habilitation & Community Habilitation Services

- After October 1, 2015, Residents of Supportive IRAs and CRs and Family Care Homes can continue to attend Supplemental Day Habilitation services, but the service must be reimbursed by the Residential Provider.
- Similarly, Residents of Supportive IRAs and CRs and Family Care Homes can continue to receive Community Habilitation Services on weekends and weekday evenings, but the service must be reimbursed by the Residential Provider.



What Do we Mean by Weekday 'Evening' Services

- Weekday Evening Services are Day Habilitation or Community Habilitation services with a 'service start time' of 3:00 p.m. or later.
- This is the same definition we use to identify 'Supplemental' Day Habilitation from 'Regular' Day Habilitation.



SUPERVISED IRA/CR CHANGES

– 10/1/15



Rationale

- We need to be clear about the therapies that are part of residential habilitation and therapies that are provided to a person and available through the State Plan (separately billed to the Medicaid card).
- Nutrition and Psychology services delivered in the residence are critically important to the provision quality Residential Habilitation and therefore should be included in Residential Habilitation funding.

Supervised IRA/CR Changes

- Effective 10/1/15 Supervised IRA and CR providers are responsible for paying for and providing the following services that are related to Residential Habilitation:
 - Nutrition
 - Psychological services (Behavioral Intervention and Support Services delivered by a Licensed Psychologist, Licensed Clinical Social Worker, or Behavioral Intervention Specialist)
- No separate Medicaid billing allowed for these services when it is related to Residential Habilitation.



Nutrition

- The Supervised Residence is responsible for the nutritional needs of the people who live in the certified residence.
- The nutritional services that are related to residential habilitation after 10/1/15 include meal planning and monitoring, assessment of dietary needs and weight changes, development of specialized diets, diet education, and food safety and sanitation training.



Psychology Services related to Residential Habilitation:

- Psychology services such as behavioral assessment and intervention planning, delivery and review or monitoring of behavioral interventions, and behavior support services that are directly related to residential habilitation.
- These services must be provided by Licensed Psychologists, Licensed Clinical Social Workers, and Behavioral Intervention Specialists.
- Beginning 10/1/15, behavioral intervention and support services related to Residential Habilitation must be paid for by the Residential Provider.



Supervised IRA/CR Clarification on Nursing Services

- Nursing services delivered in the residence by a Registered Nurse may be billed separately to the Medicaid card using State Plan Nursing under the following conditions:
 - Authorized by a physician.
 - Health care needs of person cannot be met with residential staffing alone – both direct support professionals and clinicians employed by the residential habilitation provider.
 - Registered Nurse who delivers State Plan Nursing service cannot be employed by the agency providing the residential habilitation service to the individual.



INDIVIDUAL DAY HABILITATION TERMINATION – 10/1/15



Individual Day Habilitation (IDH) Termination

- The termination of IDH is necessary due to the recent expansion of Community Habilitation services.
- IDH is duplicative of two other Home and Community Based Waiver services available: Community Habilitation and Group Day Habilitation.
- An individual can choose to receive either CH or GDH or a combination of both services in order to meet their service needs.
- Impacts approximately 450 individuals and 11 providers
- Since March, OPWDD has been working with providers and districts on this transition.
- As stated in MSC E-Visory updates in June and September, MSCs need to complete an ISP update or addendum prior to 10/1 or no later than the next ISP update indicating the service transfer.



ARTICLE 16 CLINICS OFFSITE SERVICES CHANGES – 1/1/16



Rationale for Changes

The Centers for Medicare and Medicaid Services (CMS) has directed two fundamental changes in the way that OPWDD currently funds the delivery of direct clinical services (OT, PT, SLP, Psychology)

- 1) **Article 16 Clinic Offsite Services** – Delivery of services may continue, but NYS cannot continue to bill these services as “clinic” services. Must be provided in a certified main or satellite Article 16 clinic.
- 2) **Direct Clinical Services in Waiver Habilitation Rates** – Many Day and Residential Programs mix direct and indirect clinical staff duties within their rates to fund FTEs for licensed clinical titles, this cannot continue.
 - A meeting with Supervised IRA and Day Hab providers is scheduled for Friday, September 25. Supervised IRA and Day Hab rates will be revised to remove funding of direct service FTEs from the rates.



Creating Article 16 Satellite Clinics

- Guidance distributed to Article 16 Clinics on September 16, 2015.
- To accommodate a new Article 16 clinic satellite location in an existing Day Habilitation side, the DH provider must submit a PPA.
- Satellite clinic space at the Day Hab is NOT dedicated space; can be shared with the Day Hab for provision of DH services.
- CON Applications are due 10/19/15.



Article 16 Satellite Clinics Follow-Up

10/19/15

- Clinic CON Applications Due – Initial Space & Units Assessments.
- ESTIMATED PPA Due: Revised Day Hab property to account for new satellite clinic space.

1/1/16

- New satellite clinics up and running.

4/1/16

- Clinic Service Utilization Updates (CON) Due from Providers. Providers may submit requests to amend service utilization units based on prior 3 months experience.

7/1/16

- Providers must complete cost verification related to estimated Day Habilitation PPA.

9/1/16

- Day Habilitation PPA finalized

1/1/17

- Rates revised retroactively effective 1/1/16 for Day Hab property.

Therapy Services Not at a Main Clinic or Satellite after 1/1/16: 2 Options

- 1) Provision of clinical services moves to certified on-site Article 16 clinic -- satellite or main.
- 2) Provision of clinical services transitions to Preventive Services (Independent Practitioner).



STATE PLAN – PREVENTIVE SERVICES (INDEPENDENT PRACTITIONER) – 1/1/16



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State Plan – Preventive Services (Independent Practitioner)

- Creation of Preventive Services (Independent Practitioner) - State Plan Amendment (SPA) for Delivery of Off-site Clinic Therapies and Therapies delivered at Day Habilitation program sites.
- NYS will enroll Preventive Services (Independent Practitioner) Therapists as MMIS providers; services will be claimed as independent practitioner professional claims, or as “group practice” claim.
- Subject to NYS Dept. of Health MMIS programming requirements.
- Effective 1/1/2016.



Preventive Services (Independent Practitioner) Therapies

- Similar to what is permitted in an Article 16 clinic or as an offsite service currently, the allowable therapies are:
 - OT, OTA
 - PT, PTA
 - Speech Language Pathologist (SLP)
 - MSW, LCSW
 - Licensed Psychologist, Applied Behavior Sciences Specialist (ABSS)
- Exceptions are: Nutrition, Rehabilitation Counseling

State Plan – Preventive Services (Independent Practitioner)

- Clinics act as a “group” to bill preventive services on behalf of practitioners in their employ, but true independent practitioners (i.e., those not affiliated with a clinic) must also be permitted to enroll as providers.
- Services could be available as independent practitioner services through the Preventive Services (Independent Practitioner) SPA.



State Plan – Preventive Services (Independent Practitioner) Reimbursement Methodology

- Article 16 clinic services – both onsite and off-site, are currently reimbursed under APG methodology.
- Offsite services are currently reimbursed at amounts equivalent to services delivered in certified clinic locations.
- A separate fee schedule for OPWDD Preventive Services (Independent Practitioner), with fees less than the current Article 16 APG schedules, is being developed.
- NYS Dept. of Health Rate Setting will establish fees for OPWDD Preventive Services.

Next Steps

- WebEx on identifying Clinical Therapies in Supervised IRAs and Day Hab sites – scheduled for Friday, September 25th (Survey D).
- CON Applications Due 10/19/15.
- Survey results will be sent to the Department of Health for revised rate setting process:
 - Survey A – To Clinics; Identify Location of Offsite Claim
 - Survey B – To Supervised IRAs/CRs: Identify psychology or nutrition services are related to residential habilitation.
 - Survey C – To Supportive IRAs/Family Care homes: survey of personal care; home health aide; supplemental group day habilitation claims.



Questions



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