



**Office for People With  
Developmental Disabilities**

# Outside Services

Supervised and Supportive IRA/CR, Family Care  
Residential Habilitation

May 13, 2015

# Today's Topic

- 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
  - Needed funding changes will take effect 10/1/15 to allow Residences to Pay for or Directly Provide these Services
- Services for People who Live in their Own Home, or their Family are not Changing.
- The changes will take place on 10/1/15



# Rationale for Changes

- This new policy 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 memo that was sent to residential providers will start the process of OPWDD working with residential providers to make arrangements for the continuation of existing, needed services.



# SUPPORTIVE IRA & CR, AND FAMILY CARE HOMES



# Number of People and Services Affected (2014 data)

Service Type	Individuals	Service Units	Dollars
<b><u>Family Care Residences</u></b>			
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
<b><u>Supportive IRAs</u></b>			
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



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# 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).
- Nursing, Nutrition and Psychological 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 delivered within the certified residence:
  - **Nursing (RN, LPN)**
  - **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 the services take place in the Supervised IRA/CR.



# Nursing

The following new rules will go into effect on 10/1/15:

- The Residence is responsible for meeting the Long-term Nursing needs of IRA Residents in the certified residence, and
- The Nursing needs of residents on weekday evenings and weekends at any location (i.e., not okay to use the Medicaid Card for Nursing services on a community outing)
- Short-term, one-on-one Nursing may be authorized (e.g., post hospitalization).



# Nutrition

- The Supervised Residence is responsible for the nutritional needs of the people who live in the certified residence. (14 NYCRR 633.1(a)(4)(xvii), 14 NYCRR 633.10 and 14 NYCRR 686.7).
- After 10/1/15, the Supervised Residence must meet the needs of all residents for Nutritional Services in the residence.



# ‘Psychological’ Services in the Residence Include:

- Person-centered behavioral intervention and support services that are provided by Licensed Psychologists, Licensed Clinical Social Workers, and Behavioral Intervention Specialists.
- Beginning 10/1/15, behavioral intervention and support services delivered in the Residence must be paid for by the Residential Provider.



# Types of 'Psychology' Services delivered in the Residence

- Conducting functional behavioral assessments and collecting data pertinent to identified challenging behaviors in order to develop individualized Behavior Support Plans (BSP) with a goal to improve habilitation skills
- Identification of **replacement behaviors** that are incompatible with an individual's challenging behaviors
- Outlining **specific interventions** designed to support, develop or increase replacement behaviors
- Training the direct support professionals who provide services to the individual, about how to use the behavioral supports, interventions and strategies that are specified in the BSP



# Types of 'Psychology' Services delivered in the Residence

- Training the individual on using the behavioral supports, interventions and strategies that are specified in the BSP
- Follow up with the individual and/or staff as to the effectiveness of the supports, interventions and strategies
- Update the BSP to remove supports, strategies and interventions that are not effective, and/or to include new supports, strategies and interventions
- Document progress toward achievement of relevant habilitation goals



# NEXT STEPS

# Next Steps

- Each DDRO will have a point person for local issues
- A separate conference call will be held with providers
- Data will be shared regarding the usage of these services.
- Survey will be conducted -- We need to understand where off-site Article 16 Clinic Services Occur.



# Questions

