

Outside Services WebEx Sessions - Questions and Answers July 17, 2015

This document describes changes in the way certain services will be reimbursed for people who live in Individual Residential Alternatives (IRAs), Community Residences (CRs) and Family Care Homes effective 10/1/15.

The information below reflects changes since the May 2015 WebEx sessions.

Overview of Changes:

1. What are the changes for people in Supportive Individual Residential Alternatives (IRAs), Community Residences (CRs), and Family Care (FC) Homes?

- After October 1, 2015, Residential Habilitation providers must pay for all aide services in the residence including personal care services, home health aide services, homemaker services, and consumer directed personal assistance programs. The residential provider is also responsible for these services that are delivered on weekends and weekday evenings in the residence and in community locations.
- Residents can continue to attend Supplemental Group Day Habilitation services provided on weekday evenings or on weekends, but the service must be reimbursed by the residential provider.
- Residents can continue to receive Community Habilitation services on weekends and weekday evenings, but the service must be reimbursed by the residential provider.
- There is an exception for Community Habilitation and personal care services that support the person at an integrated job site where he/she is competitively employed. When these services support the individual to maintain competitive employment, the service may be delivered on weekends and weekday evenings and be separately billed to Medicaid.

2. What are the changes for people in Supervised IRAs and CRs?

- After October 1, 2015, Supervised IRA and CR providers are responsible for paying for or providing nutrition services that are related to the person's residential Habilitation services as well as certain psychological services (behavioral intervention and support services) that are related to the person's residential Habilitation services. These behavioral intervention and support services are delivered by licensed psychologists, licensed clinical social workers, or behavior intervention specialists.

3. Since the Webex presentation, has there been a change in the planned rules for Nursing Services delivered in the Supervised IRA after October 1, 2015?

- Yes, see response to Question #5. In short, a Supervised IRA resident may receive State Plan Nursing in the Supervised IRA when his or her need for direct provision of nursing services exceeds

the RN staffing level of the residence. The requirements for prior authorization of services remain in place.

4. Is there any change to services for people who live in their own home or with their own family?

- There is no effect on services provided to individuals who live outside of a certified setting (independently in their own home, with a roommate, or in their family home).

QUESTIONS REGARDING SUPERVISED RESIDENTIAL SERVICES & CLINICAL SERVICES:

5. Please describe the Nursing services that will be allowed in the residence and under what circumstances will Medicaid Card billing be allowable?

The following services are considered part of Residential Habilitation and separate Medicaid card billing will be prohibited:

- Training and supervision of direct support staff who perform health-related and delegated nursing tasks that include, but are not limited to, observation for illness and injury, medication administration, tube feeding, and colostomy care;
- Development and monitoring of written plans of nursing services that identify interventions direct support staff carry out to address individuals' health care needs;
- Availability of nursing supervision, by a Registered Nurse, on site or by telephone, at all times to respond to direct support staff in order to address individuals' ongoing and immediate health care needs;
- Coordination of individuals' health care services, including, but not limited to, arranging for needed medical appointments and diagnostic testing, interfacing on behalf of individuals with community-based healthcare providers, and ensuring that treatments are carried out in accordance with physicians' orders; and
- Provision of direct nursing care that cannot be delegated to direct support staff and that is available within the staffing plan at the residence and/or is not available through other sources.

Professional services of a Registered Nurse, delivered in the residence, may be billed separately to the Medicaid card using State Plan Nursing services under the following conditions:

- Nursing services are authorized by a physician and the health care needs of the person cannot be met with residential staffing alone (both Direct Support Professionals and clinicians who work for the Residential Habilitation provider).
- The Registered Nurse who delivers the State Plan Nursing service is not employed by the agency providing the Residential Habilitation service to the person.

Nursing services will not be prior-authorized when the need for the Skilled Nursing service could be met by a trained Direct Support Professional (e.g., Private Duty Nursing will not be authorized for medication administration only).

6. How will Off-site Article 16 clinic services be affected?

An Article 16 clinic is an OPWDD certified clinic that presently delivers clinical services in two ways – 1) at a main clinic site or a satellite clinic site, or 2) off-site. An ‘off-site’ service is a clinic service that is delivered in a location that is not a certified clinic site nor a clinic satellite.

Changes discussed during the WebEx sessions held on May 13 and May 26, 2015 affect nutrition services that an Article 16 clinic may be providing that relate to the provision of the Supervised IRA or Supervised CR residential habilitation services. It also affects certain psychology services that relate to the person’s residential habilitation services and his or her behavioral support needs. For additional information, the May 13, 2015 WebEx PowerPoint presentation is available at http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/news/Outside_Services.

OPWDD will be conducting a survey of off-site clinic services to learn more about how and where these services are provided. We will convene a meeting with Article 16 clinics to review the survey in mid-late July.

Article 16 clinic services that are not related to the provision of Residential Habilitation will not be impacted by these changes. There are other changes that will affect Article Clinic services on 1/1/16, and these changes will be described in a separate document.

7. Does this change include OT, PT, and Speech services held offsite in Day Habilitation sites and Supervised IRAs?

The May 13, 2015 WebEx presentation focuses on changes pertaining to certain psychology and nutrition services delivered to individuals who live in certified supervised residential settings. There will be more information on Article 16 services in the near future.

8. How will Psychotherapy services be affected?

Psychotherapy services such as behavioral assessment and intervention planning, delivery and review or monitoring of behavioral interventions, and behavioral support services that are directly related to an individual’s Habilitation Plan will be required to be reimbursed by the residence rather than directly billed to Medicaid by the Article 16 clinic. These services must be delivered by a licensed psychologist, licensed clinical social worker, or behavioral intervention specialist.

9. If a residence serves also as a satellite for a mental health provider, can one-on-one psychotherapy be provided on site?

An Article 16 clinic satellite site must be accessible to people living in other community locations. Therefore, it is not appropriate for a satellite site to be located at an OPWDD certified residence.

10. Can any behavior support services be billed by a clinic to Medicaid?

Behavior support services that are not related to Residential Habilitation and do not involve training of Residential Habilitation staff can be separately billed by the clinic. For example, if a person has a job and has specific behavioral needs in that employment setting, then services may be provided by an Article 16 clinic and billed to Medicaid.

11. How will you differentiate between cognitive behavioral therapy and behavior supports?

Cognitive Behavioral Therapy (CBT) is a form of psychotherapy. CBT is “problem focused” and “action oriented.” The therapist and person work together to identify negative patterns of thinking and behavior. The goal is to replace these with more positive thoughts and productive behaviors. CBT often takes place in a one-to-one therapeutic setting. It is not likely to be provided in an IRA setting.

Behavioral Supports is a function-based approach to eliminate challenging behaviors and replace them with more positive, prosocial skills. While CBT focuses on a person’s thoughts and choices, behavioral supports focus on a person’s environment by making changes that result in positive outcomes. Examples include changing environmental variables such as physical setting, task demands and individualized reinforcement. This can be provided in an IRA setting.

12. Can an individual still receive counseling from a Licensed Clinical Social Worker (LCSW) at a clinic site and be billed by the clinic?

Yes. A one-on-one direct clinical service provided by an LCSW can be billed by the clinic. Further, psychotherapy services delivered by a licensed psychologist or applied behavior sciences specialist (ABSS) that are not related to Residential Habilitation and do not involve training of Residential Habilitation staff can also be billed by the clinic.

13. Can psychological services be provided by Licensed Mental Health Counselors (LMHC)?

If the LMHC meets the criteria to be qualified as an ABSS (see NYCRR 679), then billing for their services through the Article 16 clinic can occur under the Licensed Psychologist who is providing them with supervision.

14. Can nutritional counseling continue to be provided? What types of nutritional services are allowable in the residence?

Nutritional counseling can be provided one-on-one, but cannot relate to the provision of residential habilitation. A one-on-one service needs to be justified in terms of not being related to Residential Habilitation services and the Supervised Residences requirement to meet the nutritional needs of individuals in the residence. The nutritional services that are related to residential habilitation after October 1, 2015 include nutrition services that consist of meal planning and monitoring, assessment of dietary needs and weight changes, development of specialized diets, diet education, and food safety and sanitation training.

15. When you say that a Residential Provider will have to pay for a clinic service, does this mean for someone that lives in a State-Operated IRA (SOIRA), OPWDD has to pay for service?

Yes, OPWDD will need to pay for the nutrition and psychological services that relate to the Residential Habilitation plan for people who live in a State Operated RAs) or FC Homes. The rules for State provided Residential Habilitation will follow the same parameters/restrictions as a voluntary provided services.

16. How are hospice services affected?

Hospice services are not part of this change. Hospice services are an end of life service that continue to be available in any setting.

QUESTIONS REGARDING SUPPORTIVE RESIDENTIAL SERVICES & FAMILY CARE HOMES:

17. Can you please elaborate a bit more about future Community Habilitation services provided in the evening in a Family Care setting?

Community Habilitation cannot be delivered in a certified setting, except in very limited circumstances. This is not a new requirement and it is described in current guidance (ADM #2015-01).

Community Habilitation is available outside the residence as an alternate to a day program. For example: A Family Care resident could participate in Community Habilitation one or two days a week during the day time.

Residents of Supportive IRAs, 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. For example, if a person lives in a Family Care home and receives Community Habilitation for two hours on a Saturday, the Family Care provider would be required to pay the

Community Habilitation provider for the service. The only exception is for Community Habilitation services that support the person's integrated, competitive employment.

- 18. If someone is employed in the evening or weekend and is supported by Community Habilitation as of 10/1/15, will this need to be reimbursed by the residential provider? SEMP is sometimes not sufficient alone to meet the person's needs.**

OPWDD and CMS are in agreement that supports provided while the person is competitively employed in an integrated setting are exempt from the limitation of separately billed habilitation or personal care services on evenings and weekends. For example, people who live in a certified residences may need Personal Care or Community Habilitation services while working at their integrated job where they are competitively employed. In these cases, the Personal Care or Community Habilitation services may be separately billed to Medicaid and the Residential provider does not need to pay for the service.

- 19. Can the Community Habilitation or Day Habilitation staff for an individual living in a Supervised IRA or CR also be an employee at the IRA/CR?**

If the same staff are providing Residential Habilitation and another service to the same person, an agency must be prepared for a high level of scrutiny from an audit perspective. Agencies must be prepared to document that staff time is accurately reported between the different services categories in the Consolidated Fiscal Reporting and that service times are accurately reported to Medicaid for payment purposes.

RATE SETTING QUESTIONS:

- 20. Will there be negotiations for additional dollars in the Supervised IRA if services were previously billed to the Article 16 clinic?**

OPWDD will be studying the utilization service data and sharing reports with providers and regional offices and then DOH will integrate those dollars into the IRA rate as appropriate.

- 21. Will current services that were billed by the Article 16 clinic be reimbursed at the Medicaid current APG rate if contracted with an Article 16 clinic?**

For behavioral supports related to the Supervised IRA or CR Residential Habilitation service, this is an extension of Residential Habilitation. Various payment arrangements could be made – it could be the same APG rate or a contract staffing agreement.

22. Will Family Care providers receive an add-on to be able to pay for Supplemental Group Day Habilitation (SDH)? Will the SDH agency need to bill FC providers separately to get paid?

Yes, the intent is to provide an add-on payment to the Residential Habilitation rate to pay for the Supplemental Group Day Habilitation. DOH and OPWDD are looking at a methodology to do this now. OPWDD will work with providers to identify where this is happening and where the supplemental payment needs to be provided. The Supplemental Group Day Habilitation agency will need to bill Family Care providers separately to get paid.

23. Will reimbursement rates be increased if a new service need emerges where an individual require services not being paid for now in the residence?

OPWDD is looking at the methodology used to discuss future service needs. Once this is finalized, additional details will be provided. The most urgent need is to ensure there is continuity of care; future service needs that have not yet emerged will be included once finalized.

GENERAL QUESTIONS:

24. Can rosters of individuals who live in supportive Individual Residential Alternatives (IRAs) and Family Care be created so that the Regional Offices can follow up?

Yes, OPWDD is working on reports to share with Regional Office to ensure awareness in the transition activities and ensure continuity of care after 10/1/15.

25. Can this model be used to enhance community access for individuals in more individualized ways?

OPWDD will be looking at how the methodology will be used more broadly. However, today the focus is on continuity of care for the 10/1/15 transition.

26. When do you anticipate follow-up webinars for Article 16 Clinics?

OPWDD will begin the transition process by sending surveys to clinic providers to better understand where and what types of clinical services are being provided off site. Conference calls with clinics will be scheduled in July. OPWDD plans to conduct outreach to other types of providers via surveys as well.