



Plan of Care Support Services Requirements Amendment to 14 NYCRR Subdivision 635-10.5(a)

Comments Due: Tuesday, September 4, 2012

- **Subparagraph 635-10.5(a)(1)(i) is amended as follows:**
 - (i) Provider. [OMRDD] OPWDD or an authorized vendor of Medicaid service coordination (MSC) (see Subpart 635-5 of this Part), which has also been specifically authorized by [OMRDD] OPWDD to deliver the HCBS waiver service known as plan of care support services (PCSS).
- **Subparagraph 635-10.5(a)(1)(iii) is amended as follows:**
 - (iii) Plan of care support services. Activities and assistance necessary to conduct timely reviews and updates of a person’s individualized service plan (ISP), [and] to maintain the documentation supporting the person’s HCBS waiver level of care eligibility determination and to meet the needs of the individual. PCSS shall be provided during at least two months each year spaced at appropriate intervals. For individuals who have not been enrolled in the HCBS waiver or in MSC prior to receiving PCSS, PCSS may also include activities and assistance necessary for initial service plan development and implementation.
- **Subparagraph 635-10.5(a)(1)(iv) is amended as follows:**
 - (iv) Qualified service coordinator. Someone who meets the requirements of either clause (a) or (b) of this subparagraph:
 - (a) he or she:
 - (1) was providing [OMRDD] OPWDD-sponsored comprehensive Medicaid case management or HCBS waiver service coordination on 2/29/00; and
 - (2) attends [annually]:
 - (i) 15 hours of professional development annually for the first three years (starting from the date of hire); and
 - (ii) 10 hours of professional development annually after the first three years.
 - (b) he or she:

- (1) has at least an associates degree, or equivalent accredited college credit hours, in a health or human services field or is a registered nurse;
- (2) has at least one year experience working with persons with developmental disabilities or at least one year experience providing service coordination to any population;
- (3) [has completed] completes an [OMRDD] OPWDD-approved core service coordination training program prior to providing PCSS or within six months after the service coordinator begins to provide PCSS; and
- (4) attends [annually]:
 - (i) 15 hours of professional development annually for the first three years (starting from the date of hire); and
 - (ii) 10 hours of professional development annually after the first three years.

- **Subparagraph 635-10.5(a)(2)(ii) is amended as follows:**

- (ii) In order for the service to be reimbursable, the person receiving the service shall:
 - (a) [have received a minimum of 90 days of Medicaid service coordination (see Subpart 635-5 of this Part);] meet the requirements of either subclause (1) or (2) of this clause as follows:
 - (1) he or she is not eligible to receive MSC; or
 - [(b)] (2) he or she is eligible for MSC but has chosen not to receive MSC and OPWDD has approved the person's receipt of PCSS based on the person's needs [have subsequently chosen not to continue to receive Medicaid service coordination (said decision to be reviewed by OMRDD prior to effectuation)]; and
 - [(c)] (b) not be concurrently enrolled in any other comprehensive Medicaid long-term service coordination program/service including care at home waivers.

- **Paragraph 635-10.5(a)(3) is amended as follows:**

- (3) Method of reimbursement and payment.
 - (i) Reimbursement to a provider of [plan of care support services] PCSS shall be on a fee for service basis.

- (ii) [The fee paid shall equal the historical payment for HCBS waiver service coordination.] The unit of service for PCSS is one month. Effective April 1, 2010, the fee for PCSS is \$238.99 per unit of service.
- [(iii) Effective November 1, 2009. In addition to the health care enhancements (HCE) I through III and health care adjustments (HCA) IV and V prospective add-ons to the fees which will be effective on January 1, 2010 as described below in subparagraph (iv) of this paragraph, providers may be eligible to receive HCA IV and HCA V funding according to the catch-up provision described in subparagraph (n)(4)(ii) of this section.]
- [(iv) Fees effective January 1, 2010. Effective January 1, 2010, there shall be an add-on to the fees described in subparagraph (ii) of this paragraph. The plan of care support services fees shall incorporate health care adjustments (HCE I through III and HCA IV and V) equivalent to a 1.0 percent funding increase per adjustment applied to the fees sequentially to effect compounding of the adjustments. Non-benchmark providers (see paragraph [n][2] of this section) should use the increase in their fees attributable to HCA to support health care related benefits for their employees.]
- [(v)] (iii) Effective February 1, 2010, the fee will be subject to a trend factor if one is specified in paragraph (i)(4) of this section.
- [(vi) Effective October 1, 2010, there shall be an add-on to the fees described in subparagraph (ii) of this paragraph. The plan of care support services fees shall incorporate health care adjustment (HCA) VI funding equivalent to a 1.0 percent increase applied to the fees in effect on April 1, 2010. Non-benchmark providers (see paragraph [o][2] of this section) should use the increase in their fees attributable to HCA VI to support health care related benefits for their employees.]
- [(vii) Effective October 1, 2010, in addition to the prospective add-on for HCA VI, providers shall receive HCA VI funds in an amount that they would have received if the health care adjustment VI had been in effect for the period from April 1, 2010 through September 30, 2010.]
- (iv) A maximum of four PCSS units of service per person are reimbursable on an annual basis.
- [(viii)](v) [One unit of service shall be reimbursed every six months,] PCSS shall be provided during two months each year for the purpose of reviewing and updating the person's individualized service plan, related records, and ensuring that the annually required HCBS waiver level of care eligibility determination is completed.
- (vi) PCSS provided during an additional month in a year is reimbursable if additional service coordination activities and assistance are provided during that month and are necessary to

meet the needs of the individual. A provider shall not be paid for more than two units of PCSS per year for such additional services.

[(ix)](vii) Reimbursement for [plan of care support services] PCSS shall be contingent upon the services being delivered by a qualified service coordinator [, as specified in the person's individualized service plan].

[(x)] The fee determined in accordance with this subdivision shall not be effective unless approved by New York State Division of the Budget (DOB).]

- **A new paragraph 635-10.5(a)(4) is added as follows:**

- (4) Initial PCSS.

- (i) If a provider provides initial PCSS to an individual, the provider shall receive an initial PCSS payment. Initial PCSS is PCSS that is provided to an individual who has not been enrolled in the HCBS waiver or in MSC prior to receiving PCSS and that includes activities and assistance necessary for initial service plan development and implementation.

- (ii) The fee for initial PCSS is equal to three times the PCSS fee as described in paragraph (3) of this subdivision.

- (iii) A provider shall only be paid for initial PCSS once for an individual. If a provider provides PCSS described in paragraph (3) of this subdivision in the same month during which it provides initial PCSS, the provider shall only be paid for initial PCSS.