

## ICF Conversion Webinar – February 5, 2016

### Questions and Answers

#### ICF Conversions

**Q: Is there a deadline for completion of the conversions?**

A: The 5 year ICF Transition Plan ends on October 1, 2018. OPWDD recognizes that downsizing and closure of some of the ICFs in the system will require extensive planning and investment in new properties that could extend activity beyond the 10/1/18 date. Nonetheless, OPWDD has not amended the timeline of the Plan, and the ICF Transition Plan remains a priority transformation initiative for the agency,

**Q: Can providers work on multiple conversions simultaneously?**

A: Yes.

#### CON/Operating Certificates

**Q: How is OPWDD addressing the downsizing of residences and the loss of residential capacity with the local counties? Do providers need county approval to downsize or just to inform the counties of the impact of downsizing on capacity?**

A: Agencies need to apply for a Certification of Need (CON), which will allow impacts on capacity to be reflected and shared with the county. Agencies should work with the local DDRO staff to undertake the CON process as described in the ICF Conversion guidance.

**Q: Will providers get a new Operating Certificate number or will the existing Operating Certificate be re-issued to reflect the change to an IRA?**

A: Any ICF that converts in place keeps its Operating Certificate number after it has converted to an IRA setting. When an agency is creating a new IRA in a different location, a new Operating Certificate number will be issued.

**Q: How many CON applications are needed when converting one ICF into one IRA?**

A: A separate CON application is required for every ICF operating certificate that will change. Therefore, only one CON application is required for converting one ICF to an IRA

#### Due Process/Notification

**Q: Do people who are remaining at a converting ICF receive notification and the individuals who are leaving that location receive due process notifications?**

A: Notification is sent to those individuals who will remain in the location, but these individuals are not entitled to due process. Individuals leaving the site receive due process notification as they are considered to be discharging from the setting.

**Q: In order for an individual to remain in the same residence after it is converted from ICF to IRA will they be required to sign the standard OPWDD form stating that they choose HCBS?**

A: Yes. If they do not choose HCBS, the individual will be unable to remain in that setting and would need to transfer to another ICF location.

**Q: What are the specific requirements for agencies that wish to serve as an individual's Medicaid Service Coordinator as well as his/her residential provider?**

A: The requirements for determining when an agency can request to serve as an individual's Medicaid Service Coordinator as well as his/her residential provider can be found at: [http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF Transitions](http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions).

## Fees/Funding/Rates

**Q: How can providers be expected to provide person-specific activities in a 10-person site with the funding that is available? We don't have 1:1 staffing in every program to accommodate person-specific activities.**

A: One resource is ADM # 2014-04, available on the OPWDD website (<http://www.opwdd.ny.gov/node/5760>), which discusses expectations for residential settings in meeting HCBS standards. Expectations for habilitation planning are included. OPWDD asks providers to work with the person through the person-centered planning process and find out what his/her priorities are for meaningful community access. Not every personal desire can be fully met, so it is important in the planning process to determine what the person's priorities are and to identify some possible ways to begin to support that person to pursue those interests and move toward the goals.

Providing high-quality and person-specific activities in a larger setting can be a challenging task. Activities should be developed around each person's individualized preferences and goals, but sites can sometimes be limited in their ability to provide these activities at the frequency desired by each person. Agencies should use resources creatively and consider alternative solutions. Here are some examples:

- If a person wants to go to a local community club once/week, is there another member of that club that can pick the person up and transport them rather than staff?
- Perhaps a resident at another agency site has a mutual interest and can be paired up with someone who shares those interests?
- If a site is struggling to have enough staff available to carry out community activities, perhaps it's possible to stagger the shift schedule to overlap during the peak evening hours when more staff are needed?
- A person's goal may be more long-term in nature, but goals can often be broken down into more achievable short-term steps. For example, if someone wants to learn to use the bus independently, there might be a need for many shorter-term steps first to help achieve that goal, such as street safety or learning how to navigate addresses.

Not every personal desire can be met for each person all of the time, but focusing on the quality of each person's experience, not just the relative frequency of activities, is a critical aspect to implementation of effective person-centered planning that is carried out in a meaningful way.

**Q: How do the new direct clinical services rules for residential and day habilitation effective April 1 impact the ICF conversions?**

A: Included in the IRA rate (post conversion) are nutrition services that are related to the person's Residential Habilitation plan as well as certain psychological services (behavioral intervention and support services) that are related to the person's Residential Habilitation plan. These changes are effective 10/1/15. Additional clinical services such as speech language pathology, physical therapy and occupational therapy, can be accessed in the community via State Plan providers, Article 16 main or satellite clinics or through the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) State Plan option. Effective 4/1/16, clinical services funded through IPSIDD can be delivered in IRAs, CRs or Family Care Homes certified by OPWDD, or private residences; in certified day habilitation, pre-vocational and day training facilities, in community settings as deemed appropriate by the clinician, including community settings where OPWDD services may occur, or in clinician's private offices.

Additional information on the 10/1/15 Outside Services changes can be found at the following link:  
<http://www.opwdd.ny.gov/node/6097>

Additional information on the 4/1/16 clinical services IPSIDD changes can be found here (scroll to bottom):  
[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/people\\_first\\_waiver/HCBS\\_services/service\\_changes](http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_services/service_changes)  
and here: <http://www.opwdd.ny.gov/node/6450/>

**Q: How long will the state supplemental funding be in effect for those agencies that are considered eligible for this funding?**

A: A provider will receive the calculated supplemental payment until there is an acuity-based rate methodology in place. Please see the Fiscal Policy for ICF Conversions ([http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF\\_Transitions](http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions)).

**Q: Are all people transitioning from an ICF and a skilled nursing facility eligible for template funding based on their living arrangement currently?**

A: No. Individuals residing in ICFs are not eligible for template funding when transitioning to waiver settings. OPWDD has a separate fiscal policy to support people transitioning from an ICF (see [http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF\\_Transitions](http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions)). Individuals residing in skilled nursing facilities are eligible for template funding upon moving to a community-based setting.

**Q: How long will template funding be available to providers overall?**

A: Per amendment 07 to OPWDD's HCBS waiver, template funding will be available through June 20, 2017.

**Q: Is there any discussion of assistance with capital costs for downsizing of ICFs of less than 14 beds?**

A: The Fiscal Policy for ICF Conversion only applies to conversions with no change in capacity or location. There are no designated funds for new property needed for ICF downsizing. If any provider has a proposal to downsize an ICF, the provider should notify OPWDD about their plans for obtaining the property that will support those individuals. OPWDD will review these proposals and determine if capital funds will be authorized through the established PPA process, or whether additional information is required. Proposals should identify, among other things, the number of new homes needed, their capacity, estimated gross cost of the proposal, and how the existing asset (i.e., the ICF to be downsized) will be reinvested to support OPWDD services (either through sale or some other re-use).

**Q: I understand that during an ICF conversion, providers will receive the higher rate whether it is the ICF Rate or the Supervised IRA rate. Are providers eligible to receive a highly complex rate, and what would be the criteria for approval of such an enhanced rate?**

A: The Fiscal Policy for ICF Conversions (<http://www.opwdd.ny.gov/node/5671>) is intended to ensure that the same level of supports the ICF residents currently receive are provided post conversion in the waiver setting. This policy describes the rates that are used for the revenue neutrality calculation through which OPWDD determines the rate and any supplemental payment that will be used to support a converted ICF. Individuals residing in ICFs are not eligible for template (highly complex) funding when transitioning to community settings.

## Front Door

**Q: How long should it take for the agency to receive the Preliminary ISP?**

A: A PISP should be turned around very quickly unless there are unusual circumstances. If a PISP is not received within two weeks of submission of the waiver packet, providers should contact the Regional Office Front Door staff.

## HCBS Settings Rule/Heightened Scrutiny

**Q: If the HCBS Settings rule impacts such that more services/supports/staff are needed, is there funding for this?**

A: The revenue neutral fiscal policy ensures that the provider can continue to provide the same level of support to individuals in the converted IRAs as they were providing in the ICFs. Providers must conduct comprehensive person-centered planning prior to conversion and identify steps that can be taken within the funding that will be available through the rate and any supplemental payment identified during the conversion process to support the person to work toward his/her personal goals and enjoy activities related to his/her identified preferences.

Providing high-quality and person-specific activities in a larger setting can be a challenging task. Activities should be developed around each person's individualized preferences and goals, but sites can sometimes be limited in their ability to provide these activities at the frequency desired by each person. Agencies should use resources creatively and consider alternative solutions. Here are some examples:

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## HCBS Waiver

**Q: What happens if families refuse to sign the Waiver forms?**

A: An authorized party's signature on the Waiver form is required for OPWDD to enroll the individual in HCBS waiver services and to bill Medicaid for the same. In the event that an individual remains at an IRA after conversion and will not sign the Waiver form, OPWDD can advise the family that the individual will receive waiver-like services and that billing arrangements can be made for the individual or family to pay for services.

**Q: What happens if families choose to continue ICF services?**

A: It is not an option for an individual to continue to receive ICF services in a converted IRA. The individual would need to temporarily remain in the IRA or return home, and a referral could be made to the Front Door so that the individual could be placed on a waiting list for available ICF services.

**Q: The Willowbrook class counsel insisted on the additional assurances in a special attachment to the Preliminary ISP in order to protect their clients against diminution in services. Why are the same assurances not given to the non-Willowbrook individuals? Are their services being diminished?**

A: Individuals affected by ICF conversions will not experience diminished services whether they are a Willowbrook class member or not.

## MSC

**Q: Who is MSC since there is none in an ICF?**

A: The treatment coordinator fulfills this function while an individual resides in an ICF. When a person leaves the ICF, he or she will select an agency to provide Medicaid Service Coordination.

**Q: Does OPWDD have lists of available MSCs for the people who are currently residing in ICFs?**

A: The DDRO has a list of active MSC agencies who have openings to provide MSC services.

## Miscellaneous

**Q: How can there be less IRAs now than in 2015?**

A: There are more people residing in supervised IRAs now than there were in 2013 when the ICF Transition Plan was initiated, but there are fewer people residing in Supportive IRAs today. OPWDD recognizes that a range of support is needed in the Supportive IRA model to make this residential option appropriate for more individuals and responsive to individuals as their support needs change. OPWDD is discussing this programmatic need with its stakeholders.

## Money Follows the Person

**Q: What is the benefit for the provider to enroll someone in the MFP Demonstration?**

A: There is no financial benefit to the provider, but there is value to being part of a demonstration that documents improved quality of life for individuals who transition from institutional settings to community-based settings. However, enrollment into MFP is the individual's choice, not the provider's.

**Q: Is it optional to enroll someone in MFP Demonstration?**

A: It is *the individual's* option to enroll in the MFP Demonstration. Agencies should notify the OPWDD MFP Unit if someone is moving/transitioning to a qualifying community setting and qualifies for MFP. The MFP unit will then notify the statewide contractor (New York Association for Independent Living) so that Transition Specialists can reach out to the provider and set up a time to meet with the individual and his/her advocates. Willowbrook Class members do not participate in MFP. Questions and/or comments may be submitted to the MFP Unit at [community.transitions@opwdd.ny.gov](mailto:community.transitions@opwdd.ny.gov).

## Provider Experience

**Q: How long did it take AIM Services to convert seven ICFs to IRAs?**

A: AIM Services reports that it took roughly seven months to convert seven houses. The conversion process started in the beginning of May and was completed by the end of November.