

OPWDD/Provider Association Partnership

Monthly Meeting – June 25, 2012

Meeting Notes

OPWDD Attendees: Commissioner Courtney Burke; Jim Moran; Kate Bishop; Barbara Brundage; Kerry Delaney; Helene DeSanto; Jill Gentile; John Gleason; Henry Hamelin; Jenny Haneman; Joanne Howard; Jerry Huber; Kurt Maurer; Ceylane Meyers-Ruff; Maryellen Mosier; Megan O'Connor-Hebert; Mark Pattison; Jill Pettinger; Caryn Scott; Karla Smith; Bob Vasco; and topic-specific staff

Provider Association Attendees: Waffa Abboud (Human First, Inc.); Jan Abelseth (COMPASS Agencies); Sue Constantino (CPA of NYS, Inc.); Pat Dowse (NYS Rehab Assoc.); Ann Hardiman (NYSACRA); Mark Keegan (NYS Catholic Conference); John Kemmer (NYSARC); Kirk Lewis (EDA NYSARC); Ed Matthews (UCP of NYC); Gary Milford (LDA of NYS); Seth Stein (Long Island Alliance); Yvette Watts (NY Assoc. of Emerging & Multicultural Providers, Inc.)

Welcome/General Remarks

- The commissioner noted that a conference call has been scheduled this week to update the PA Group about the latest developments with CMS. She thanked the group for their help with the Justice Center informational sessions and noted that over 1,000 people attended the 12 sessions. The commissioner also mentioned that three “Innovation Ideas” workshops will be held. One on June 26, 2012, with the remaining workshops scheduled for July 17 and the other will be in September (date TBA).
- OPWDD is moving along with its internal DDSO restructuring, and the commissioner noted that letters went to affected staff, indicating their new supervisor. Helene DeSanto also reported that OPWDD is on target for reporting structure changes within the Division of Service Delivery and that a communication plan is being developed. Mark Pattison noted that the divisions are on target for centralizing back office functions.

Open Discussion

- *People First* Waiver – Maryellen Moeser gave a report on the status of the People First Waiver and stated that the Information Technology grant was not funded in the latest round but that OPWDD was pursuing further with CMS and other potential funders. She outlined via a PowerPoint presentation tentative timeframes and milestones regarding the FIDA and DISCO Pilots, and also

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explained preliminary details about four short-term targeted work teams (Access, Enrollment and Advocacy; Modernization of the Financial Platform; Regulatory Reform and Care Coordination). The focus of these workgroups will be to develop key recommendations for DISCO Pilots.

The short-term work teams need to get started in order to initiate DISCO Pilots with their time frame being 8/2012 to 10/2012 and noted that the OPWDD Commissioner's DD Advisory Committee will now serve as the external Steering Committee for the Waiver.

The group stressed that it is critical for people to understand that the developmental disabilities population is different from other Managed Care populations and that these unique aspects must be understood and respected in the managed care transition and that OPWDD's managed care must include elements necessary for quality of life for people with developmental disabilities.

- One PA member pointed out that requiring the DISCOs to meet Article 44 requirements will have a profound impact on agencies going forward because of capitalization requirements. He urged OPWDD to have further discussion on this requirement, since it is a state requirement rather than a federal one.
- *Reorganization Plan and Voluntary Providers* – Helene DeSanto spoke briefly about the reorganization plan and indicated she is open to further discussion with the group. Jim Moran indicated that while we are still in the process of hiring staff for Leadership positions, we will be sure to have at least “acting” staff available to respond to questions. The new regions mirror OMH regions and to alleviate confusion, OPWDD regions will be numbered rather than named. All Incident management activities will be centralized and consolidated within OPWDD's Incident Management Unit, contacts will remain the same for now and Jim said that if there are any changes notifications will be provided.
- *Justice Center Legislation* – Kerry Delaney reported that provider records related to abuse will need to be released the same way that State agencies release such records under FOIL pursuant to the Justice Center legislation. The Justice Center will review requests for documents and promulgate regulations detailing the process. As a general matter, OPWDD does not release individual-specific information for abuse and neglect cases (i.e., 147 reports or investigatory reports) but will release general reports, aggregate data and statistics to the extent no

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individual privacy rights are compromised. Employee discipline records in abuse and neglect cases are released to the extent employee's privacy rights are not compromised. It was pointed out that in the statute there is no provision to notify the individual and his/her family if a record is requested pertaining to him or her. Draft regulations on the original bill requiring the release of summary reports of abuse and neglect will be reviewed in light of passage of Justice Center bill which modified the effective date and scope of that bill.

- *Dual Eligible Proposal* – Jerry Huber reported that the Fully Integrated Duals Advantage (FIDA) pilot on Long Island continues to make progress in its development. OPWDD participation in DOH's FIDA initiative will have no regional restrictions and anticipates up to three plans enrolling up to 10,000 individuals in total.
- *InterRAI Update* – Kate Bishop reported that the draft OPWDD version of the InterRAI assessment tool has been completed and indicated that the core tool along with five additional supplements are now at University of Michigan (interRAI) for review. The next phase will be to begin building the automated system based upon agreement from interRAI on the tool design. Discussion on a short term solution for this automation has taken place with vendors. Bob Vasco noted that OPWDD is going to go forward with electronic records regardless of grants, but we may have to proceed more slowly.

OPTS Phase Out Strategy

- Mark Pattison discussed the reasons behind the Options for People through Services (OPTS) phase out, noting that not only is this a streamlining and workload reduction strategy, it is also being done at provider request due to the OPWDD calendar reductions necessitated by the change in DOH billing timeframes. Karla Smith stated that there are three approaches to the phase out: looking at contracts as they come up for renewal; look for cancelation of contracts recently renewed; or amending a contract to remove some services but not all.

Due to the variety of contracts, Karla stated that the phase-out will be done in four stages. Phase one will include providers with one OPTS contract consisting of one service (excluding Blends, E-SEMP, Intensive Behavioral, Comprehensive Supportive IRA, and General DD per Unit and Hourly). Phase two will consist of providers with one contract containing multiple services; with the same

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excluded services identified in phase one. Phase three will include providers with multiple contracts, with the same exclusions as phases one and two. Phase four will include Blends, Comprehensive Supportive IRA and the remaining General DD services. It was noted that once Monthly Community Habilitation is implemented, it may be easier to phase out Supervised Comprehensive IRA.

Further analysis needs to be done to see where services fit with the funding shift. Karla reiterated that the calendar reductions takes effect in September 2012, and that providers have to work with their districts to make certain renewals are in place in a timely manner so they can continue to get funding under the reduced calendars. With the calendar reductions, best practice for service recording will be to record service provided during prior month in the current month or, record August service in September.

OPWDD Waiver Billing Changes

- *MSC Sole Provider Change* – Jim Moran stated that OPWDD will be putting forth a new state plan on MSC, and indicated that going forward, OPWDD will no longer be listed as the sole provider. The tentative transition date for this change is January 2013 but additional analysis still needs to be done. More information will be forthcoming as to what effect if any this will have on providers. Jim stated that there will need to be changes to eMedNY and requested feedback from the providers regarding additional areas to consider.
- *ICF and Day Habilitation* – Jim also spoke about the expanding population of residents living in an ICF receiving day hab services, and indicated that it has become unsustainable for OPWDD to continue to initially monetarily support this practice. In the future, ICF providers will need to reimburse day providers for the service. OPWDD is looking to change this practice by October 2012. The idea was presented to allow an ICF provider assign the MA day portion of their billing via eMedNY to a day provider thereby by-passing billing and claiming between providers. Jim said OPWDD would research this possibility and hopes to have more information at the next provider meeting.

Forensic Population Information

- Helene DeSanto gave a presentation on OPWDD's forensic population. There are six sites doing intensive treatment, and the majority of the population is male and on a voluntary/non-objecting status. Many are enrolled as a condition of

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parole. Most of the information presented can also be found on the Department of Criminal Justice Services (DCJS) web site at:

http://www.criminaljustice.ny.gov/nsor/som_mythsandfacts.htm.

Tracking Use of Restraints Reporting

- Jill Pettinger reported on the newly released ADM on restrictive physical intervention policy clarifications and reporting requirements. The Restrictive Intervention Application (RIA) is a newly designed application based on the IRMA platform that will be used to capture information regarding usage of restrictive interventions to manage challenging behaviors on the part of individuals served in certified residential and day program settings. A similar electronic reporting requirement was piloted on the state side using a fillable PDF form, with good results. There will also be a paper form for providers whose staff doesn't have access to a computer.

Reporting must be done within 5 business days and the application will be ready on June 26, 2012 for staff being trained. The health care reviews must be initiated beginning July 30, 2012, but if there has been a physician sign-off, the nursing review is not required. The PA group voiced concern that the new mandates are becoming a challenge for providers, and requested that future ADMs is vetted through the group prior to promulgation. Further questions/concerns can be submitted directly to Jill Pettinger.

Provider Capability Reviews for Long-Term and Managed Care

- Mark Pattison and Donna Cater presented a PowerPoint on Provider Capacity Assessments, which will allow OPWDD to understand the capacity and readiness of existing DD provider entities. The three assessment levels will initially establish a profile, and then proceed to a more in-depth analysis.

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MSC Ongoing and Comprehensive Reviews

- Eric Pasternak reported on the efforts to come up with a standardized procedure for determining the “Ongoing and Comprehensive” need for MSC services when a person first applies for MSC, noting that each district has their own procedure. The standardized O&C format will be used for new individuals (not ongoing reviews) and anytime an MSC-1 (application for participation in MSC) is completed. This new format will be required to be attached to the MSC-1. Eric also reported that ISP training will be one of the four mandatory trainings that MSCs and MSC Supervisors must take, and mentioned that the ISP curriculum is on the OPWDD web site.

Updates

- *Community Habilitation (CH) Funding* – Joanne Howard reported that the final regulations will be filed by July 3, and noted that the only change is that the documentation for clinical oversight is not required if an individual has not been receiving CH services for 12 months. Mark stated that as of October 1, 2012, providers must spend 90% of the dollars received for this service on CH.
- *Regulatory Reform Workgroup* – Megan O’Connor gave a quick update on provider association representatives to this workgroup and is in the process of setting up the first meeting. She requested more PA representatives and is working on adding additional family and self-advocate members. A conference call will be held on July 1, followed by an in-person meeting on September 7. Interested parties can get in touch with Megan.

Wrap Up

- The next meeting of the Provider Association will be Monday, July 23, 2012.