

# OPWDD/Provider Association Partnership

## Monthly Meeting – April 18, 2011

### Meeting Notes

OPWDD Attendees: Commissioner Courtney Burke; Jim Moran; Jay Kiyonaga; Sheila McBain; Jill Gentile; Kate Marlay; Joanne Howard; Ceylane Meyers; Donna Cater; Barbara Brundage; Karisa Capone; Anne Swartwout; and topic-specific staff

Provider Association Attendees: Wafa Abboud (Multi-culture Council); Jan Abelseth (COMPASS Agencies); Stephen Boese (LDA of NYS); Sue Constantino (CP Association of NYS); Patricia Dowse (NYS Rehabilitation Association); Mark Foley (DDAWNY); Ann Hardiman (NYSACRA); John Kemmer (NYSARC); Ed Matthews (CP of NYC); Anne Ogden (NYS Catholic Conference); Peter Pierri (Inter Agency Council); Seth Stein (Long Island Alliance); Barbara Wale (EDA NYSARC); Yvette Watts (NY Assoc. of Emerging & Multicultural Providers, Inc.);

### Welcome/General Remarks

- Commissioner Burke's official appointment was acknowledged by the group.
- OPWDD's Incident Management Unit is up and running but will be supported with additional resources.
- 1115 Waiver materials are now available on OPWDD's website.

### Proposed Rate Actions

- *ICFs* - Concerns were raised over the final language for the administration cut to ICFs and the way the screen will be applied. OPWDD will report back to Provider Associations the net impact of the administration cut. Additional concerns were raised over the need for flexibility and methods to find additional funding for high needs individuals during the gap between the removal of the appeals system and the implementation of a new system.
- *Prevocational Transportation* - OPWDD clarified that to/from transportation was not included in the revised prevocational rate adjustment methodology.
- *Article 16 Clinics* – An issue was raised about the language used relating to property add-ons. The language mirrored DOH regulations but may not be consistent with actual practice. OPWDD will look into this and modify as appropriate.

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- *Funding Impacts* – Preliminary rate sheets are to be released June 1. To give agencies a better idea of what to expect, OPWDD will share estimates of their funding reductions with providers around May 1.
- *Additional Topics* – The group discussed the disproportionate impact OPWDD agencies will bear relating to Medicaid reductions compared to other health care entities that do less business in Medicaid and the need to collaborate on ways to reduce major operational costs, such as insurance; and flexibility around HCE funding.

#### Early Alert

- *Indicators of Providers at Risk* – Sheila McBain presented on the need to improve OPWDD's early alert process. In the past OPWDD has gone to great lengths to support failing agencies. From a resource perspective alone, this can no longer continue. Additionally, it was recognized that maintaining these agencies or these agencies specific programs may be a detriment to the quality of services system wide. An older draft document listing potential indicators of providers at risk was shared with Provider Association members. Provider Association members were invited to form a sub-group to review the document and finalize recommendations for what indicators should be used to determine at risk providers.

#### Efficiency Work Group Update

- This work group is being formed to look at ways providers can work together to identify efficiencies. Deliverables will include ideas for efficiencies and processes to implement these ideas. Provider Association members were invited to contact Jay Kiyonaga to join this work group if they have not done so already.

#### Oversight and Accountability Update

- OPWDD is creating a dedicated unit at Central Office under the direction of Leslie Fuld to review incidents of abuse at macro and micro levels. This group will also conduct trend analysis. This new unit will work in conjunction with the State-wide Incident Review Committee. DDSOs will still be responsible for incident reporting and local management and review.

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- New efforts are underway to improve timeliness and reliability of incident data, including improvements to Incident Reporting and Management Application (IRMA) which will be rolled out over time including making the use of the IRMA system mandatory for all providers.
- A draft regulation is being developed that will require an annual positive behavior and incident reporting refresher course to be taken by all staff. Training materials are available on OPWDD's website now.
- Kerry Delaney is in communication with State Police representatives to get State Police sign-off on a protocol for reporting incidents involving possible crimes to State or local police.
- The OMIG has asked how it can assist with resolving issues portrayed in the New York Times article. Kerry Delaney is in talks with OMIG Counsel regarding this matter.
- OPWDD will be seeking to apply fines on agencies that do not maintain regulatory compliance in the area of incident management.

#### Introduction to the 1115 Waiver

- Kate Marlay, who is leading the OPWDD Project Team for Commissioner Burke, presented on the objectives of and process for the 1115 Demonstration Waiver. The application process for the 1115 Waiver was launched when CMS received the concept paper. The concept paper and other 1115 Waiver materials are available online: [http://www.opwdd.ny.gov/2011\\_waiver/index.jsp](http://www.opwdd.ny.gov/2011_waiver/index.jsp)
- The 1115 Waiver is “a very timely opportunity to redesign the OPWDD service system for improved outcomes, increased efficiency and accountability within a larger State system of coordinated care.”
- The 1115 Waiver allows MA funds to be used in ways not otherwise allowed under federal rules. It is a “research and demonstration project” that will contain benchmarks. The 1115 Waiver requires budget neutrality, meaning that the cost of providing services under the waiver can be no more than the costs without the waiver.
- The three guiding principles for the 1115 Waiver are respect for individuals and families, care coordination and fiscal integrity.

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- The steering committee for the 1115 Waiver will be kept small in order to hasten progress; however, service design teams will be inclusive and there will be plenty of opportunity for feedback and input.
- The application process will be transparent with multiple listening sessions and at least three public forums across the state as well as an online solicitation for comments.

#### **Discussion of Implementing Utilization Based Reimbursement in Article 16 Clinics (MRT#26)**

- Karla Smith presented to the group on targeted Medicaid reimbursement thresholds that must result in a reduction to Article 16 clinics of no less than \$2.4 million (gross). Thresholds will be calculated based on CY 2009.
- The thresholds are being determined by DOH with DOB approval. OPWDD has been asked for recommendations on whether to use an individual based option or provider based option. The recommendation must go to DOH by April 27. Karla will set up a meeting with the Provider Associations to discuss this topic further and come up with a recommendation.

#### **Wrap Up**

- The next meeting of the Provider Association will be Monday, May 23, 2011.