



**Office for People With  
Developmental Disabilities**

# **Updates on Approaches for Community Living: 1915 (c) HCBS Waiver Overview**

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**Cerebral Palsy of New York State  
Annual Conference  
October 18, 2016**

# Public Comment Process

August 1,  
2016

- Proposed “Amendment 01” posted

August 1 –  
September 9,  
2016

- Written comments accepted via e-mail or mail

September  
30, 2016

- Clarifications made to Amendment based upon comments received
- Revised proposed “Amendment 01” posted to OPWDD website at: [http://www.opwdd.ny.gov/opwdd\\_services\\_supports/people\\_first\\_waiver/HCBS\\_waiver\\_services](http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_waiver_services)
- Sent to CMS for approval requesting January 1, 2017 effective date



# Where can I find OPWDD's response?

## ➤ September 30, 2016:

- Clarifications made to Amendment based upon comments received
- Revised proposed “Amendment 01” posted to OPWDD website at:  
[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/people\\_first\\_waiver/HCBS\\_waiver\\_services](http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_waiver_services)
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# OVERVIEW OF CHANGES



# Waiver Amendment “01”

- New State and Federal Policies
  - Conflict-Free Case Management (CFCM) Transition Plan
  - New Respite Categories
  - Community First Choice Option (CFCO)
  - Nurse Practice Act
- Rate Setting Proposals
  - Special Populations Funding Extension
  - High Cost Individuals
  - Respite Fees
  - “Take Over” Funding
- Clarifications Based on Public Comment
  - CFCM Exemption Requests
  - High Needs Funding Processes
  - Supported Employment Limits
  - Prevocational Services Oversight



# NEW STATE AND FEDERAL POLICIES



**Office for People With  
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# CONFLICT FREE CASE MANAGEMENT



# Conflict-Free Case Management (CFCM) Transition Plan

- Effective March 17, 2014 - Federal Home and Community-Based Settings rule, as described in 42 CFR 441.301(c)(1)(vi), require States separate case management from service delivery functions
- CMS required that OPWDD submit a transition plan to comply with conflict free standards for service coordination by October 1, 2016.





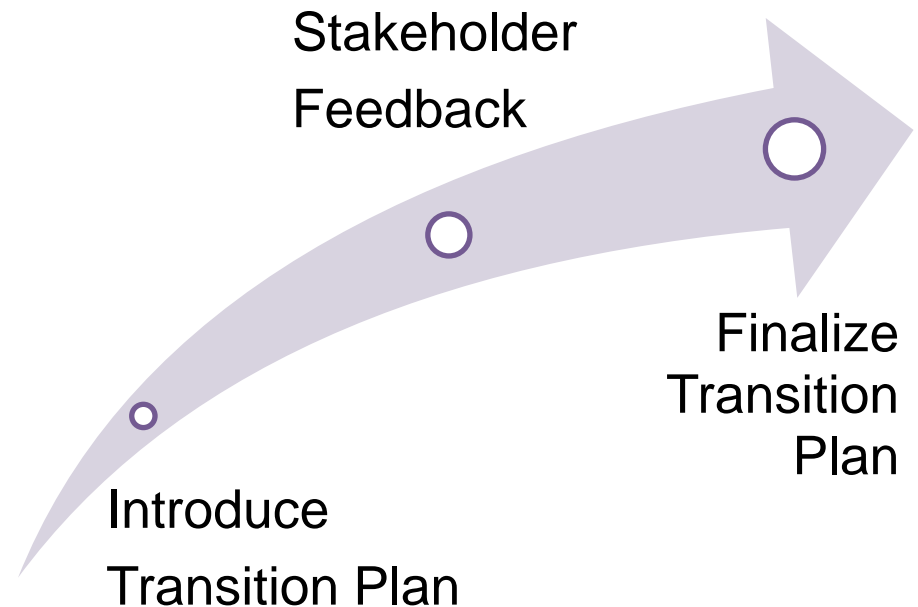
# What does the Rule require?

- The same organization shouldn't deliver both **case management** (person-centered service plan development) and **HCBS services** to the same person.
- This rule aims to ensure that case management is person-centered and promotes the person's interest - not that of the agency providing case management and HCBS services



# Creation Of Conflict-Free Transition Plan

- Multi-phased approach, spanning over several years
- Plan integrates some of the Transformation Panel's recommendations related to managed care and value based payment models
- Transition plan includes an exception request process
- OPWDD will be seeking feedback from stakeholders in the next several months and throughout the process
- Appendix D, pages 131-134



# Conflict Free Case Management (CFCM) Timeline

- Multi-phased approach spanning over several years
- Allowing OPWDD to transition into a CFCM system that can operate in both the fee-for-service system and in Managed Care

## Phase One – 2016:

- Communication with stakeholders on the concept of CFCM - set a foundation for understanding needed changes
- CMS and the State publish a detailed plan for stakeholder input

## Phase Two – 2017:

- OPWDD will use a competitive procurement/ bidding process to ensure individuals and families have choice of new conflict free case management organizations

## Phase Three – 2017-18:

- The award of contracts will begin during this phase and may be 'rolled out' on a regional basis



# OPWDD's Objective for Obtaining Conflict Free Case Management

- An opportunity to assess the way the OPWDD system delivers case management now, and to begin implementing the recommendations of the Transformation Panel:
  - to design service coordination in a way that fosters a more robust role for service coordinators and incorporates the expertise of, and relationships of individuals with, Medicaid Service Coordinators
  
- Supports the development and testing of quality outcomes, enhancement of service delivery for high needs individuals, and refinement of the care management model prior to moving to managed care

# OPWDD's Commitment to Delivering Improved Coordination & Better Outcomes

- Strive to develop service that is person-centered and person driven
- In designing CCO approach, OPWDD will address policy objectives:
  1. Meet and maintain federal requirements
  2. Minimize service disruption to individuals and families
  3. Support the establishment of a system transitioning to managed care, quality monitoring and value-based payments, and
  4. Maintain individual choice, to the maximum extent possible
- Design improved career path for service coordinators
- All phases of the CCO plan development will include stakeholder involvement, outreach and planning
- CFCM is the action step, enhanced care coordination is the goal



# Next Steps / Considerations

## ➤ Transition Time Frame

## ➤ Key Elements of a Federally Compliant System:

### ➤ Case Management Entity must provide

- Annual Re-Assessment (further discussion -- independent initial or 'baseline' assessment);
- Service Plan development; and
- Service Plan monitoring
- Referral and related activities to help an individual obtain needed services and supports must exist independently of an agency providing services
- Recognizes the need for an exceptions process that anticipates the possibility of insufficient access to independent case management services

## ➤ Public Engagement

## ➤ Cost Considerations



# MSC Responsibilities Continue to Include:

Developing the  
ISP using a PCP  
Process

Writing the ISP

Monitoring  
and  
implementing  
the ISP

Inviting the circle of support and providers to ISP review meetings and working with them when they cannot attend to ensure services are coordinated

Reviewing and revising the plan twice annually or when a change is needed, or when the individual requests one

Following up  
to ensure that  
all needed  
attachments  
are received

Ensuring  
meetings occur  
when and  
where it is  
convenient to  
the individual;

Following up to  
ensure that the  
plan is being  
implemented as  
written

Ensuring that the individual has determined who receives the whole plan or parts of the plan, based on the level of need of the individual, the scope of the services and supports being provided, and any applicable state and federal laws concerning privacy and confidentiality



# MSC Now and Future Focus

## MSC Current Approach

1. Strong emphasis on advocacy – actively supporting, encouraging, and/or negotiating on behalf of the individual
2. Required Professional Development Training/Courses – 10 to 15 hours of additional professional development training to enhance ability to service individuals with developmental disabilities

- 1. Coordinate and arrange provision of services**
- 2. Support adherence to treatment recommendations**
- 3. Monitor and evaluate individual's needs**
- 4. Identify community based resources**

## New Paradigm Includes

1. Use of Health Information Technology – to link services, and enhance communication between providers
2. Coordinate and provide access to wellness chronic disease support to individuals and families
3. Coordinate access to mental health and substance abuse services
4. Establish continuous quality improvement program – to collect and report on data that permits an evaluation of increased coordination of care



# CCO Implementation Timeline

RFP Development & Publish Response to Public Comment re Amendment #1 (Sept - Nov 2016)

**Phase 1 (short-term):**  
Work Groups convene and produce initial deliverables for RFP

Publish OPWDD response to public comment on HCBS Waiver Amendment #1

Implementation Planning (Nov 2016 – March 2017 & beyond)

**Phase 2:** Plan for operationalization based on DRAFT RFP and early public input

Share RFP DRAFT for Stakeholder Input (Jan 2017)

**Phase 3:** Conduct outreach and education for public input on elements of the DRAFT RFP

Finalize and Publish RFP (Spring 2017)

**Phase 4:** Finalize RFP and initial implementation plan

Publish RFP



# NEW RESPITE SERVICE CATEGORIES



# Respite Categories

- Effective 1/1/2017, Respite services will be categorized as:
  - In-Home
  - Site-Based
  - Intensive
  - Camp
  - Recreational
  - School-Age
  
- Appendix C, pages 65-68

# 6 Respite Categories

## In-Home:

Provided in the person's family home and may include staff accompanying the person to community (non-certified) settings.

## Site-Based:

Provided in OPWDD-licensed Free Standing Respite facilities or in other community sites.

## Intensive:

Authorized for individuals with high medical or behavioral needs that preclude their participation in other Respite Services. Based upon the unique needs of the individual, services may be provided by licensed professionals such as RNs, LPNs or are Behavioral Intervention Specialists (BIS).

## Camp:

Services that are delivered at site based locations that have been permitted under subpart 7-2 of the NYS sanitary code.

- Overnight Camp Respite Services: no more than 14 days of Camp Respite Services per Calendar year may be billed for an individual.

## Recreational:

services focused on recreational activities and community integration activities.

- Daily cap: billing limited to no more than 6 hours per day.

## Services provided to school age children outside of the child's home.

- Daily cap: billing limited to no more than 4 hours of service per day.



# COMMUNITY FIRST CHOICE OPTION



# Introduction to Community First Choice Option (CFCO)

- Expansion and enhancement of State Plan Home and Community-Based attendant services and supports to individuals in need of long term care
- Focus on Person-centered, individually directed services to maximize independence and participation in the community
- Governed by the Department of Health – available to people with need for an institutional level of care (not just ICF level of care)
- More information available at:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/community\\_first\\_choice\\_option.htm](https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm)



# What is a State Plan Option?

- There are two ways a State can operate their Medicaid Program
  - State Plan Agreements (e.g. Physician Services)
  - Waiver Agreements (e.g. OPWDD HCBS Comprehensive Waiver)
  
- Community First Choice Option is a newly approved State Plan option that brings in certain OPWDD Home and Community Based Services.

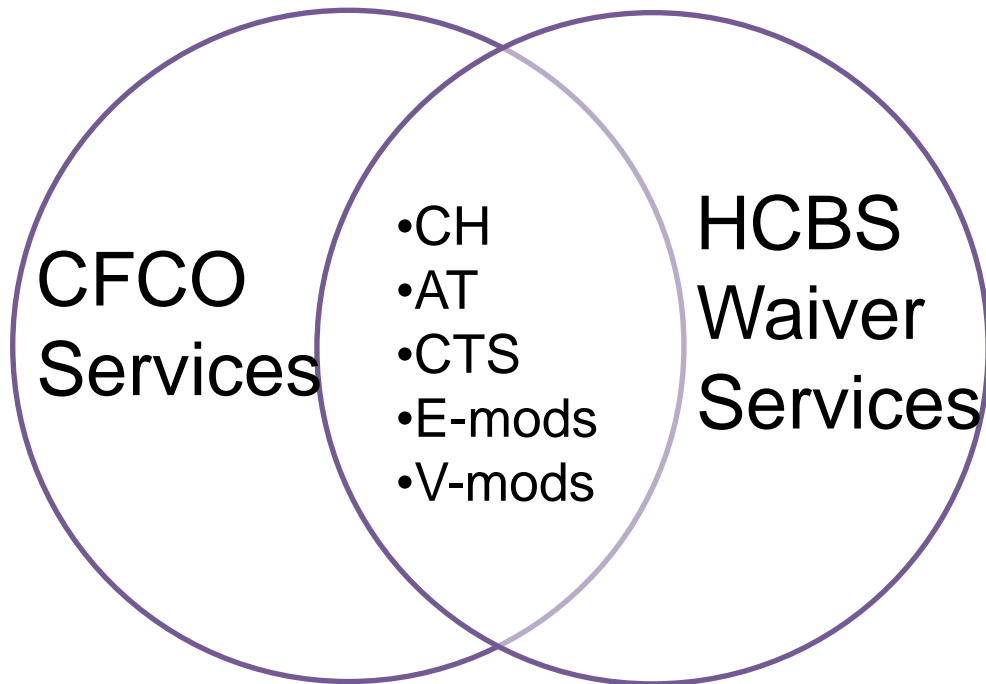


# What Does Community First Choice Option (CFCO) Mean?

- If you are eligible for CFCO, you don't have to be enrolled in the HCBS Waiver to get services like Community Habilitation, E-Mods, Assistive Technology or Community Transition Services and other.
- For people who are already in the HCBS Waiver – no change to your Community Habilitation services...you will also have new State Plan service Options (e.g., Home Delivered Meals)



# CFCO Waiver Impact



- **Changes to OPWDD Waiver Effective January 1, 2017**
  - Vehicle Modifications (V-mods) will be separate from Assistive Tech
  - Service limits will align with CFCO limits:
    - Assistive Technology (AT)
    - Community Transition Services (CTS)
    - Environmental Modifications (E-mods)
  - “Soft limits” which may be exceeded due to medical necessity
- Appendix C, pages 73-75, 83-89, 89-91, 103-105
- Addendum A, pages 361-363

# NURSE PRACTICE ACT



# Nurse Practice Act (NPA)

- Delivery of delegated nursing services by approved direct care staff in the community
  - e.g. during Community Habilitation delivery
- In addition to OPWDD's long standing policy of allowing such delegation of nursing services in certified sites.
- Appendix G, pages 191-195

# Nurse Practice Act (NPA)

- OPWDD Division of Quality Improvement (DQI) required agencies to submit written policies and procedures that will ensure safe delivery of services, training, and monitoring by a Registered Nurse.
- As of June 2016:
  - 33 agencies expressed interest
  - 11 agencies submitted policies and procedures for DQI review
  - 6 agencies have been authorized at this time.



# RATE SETTING PROPOSALS



# Rate Setting Proposals

## Special Populations Funding Extension

- Technical Change affecting State-Federal claiming – special availability to individuals transitioning from Institutions beginning 4/1/2014 through 12/31/2016.
- Addendum A
- Pages 316-317

## High Cost Individuals

- Proposal to address new and existing service recipients who have a change in needs that drive new higher staffing costs.
- Addendum A
- Pages 351-354

# Rate Setting Proposals

## Respite Fee Methodology

- Proposal implements transitional period to a new fee methodology to replace rate reform methodology.
- 6 Respite Categories
- Addendum A, pages 350-351

## “Take Over” Funding

- Proposal for the State to pay the ‘higher of’ calculated rate when non-State associated programs are ‘taken over’ by another non-State provider.
- Addendum A
- Page 354

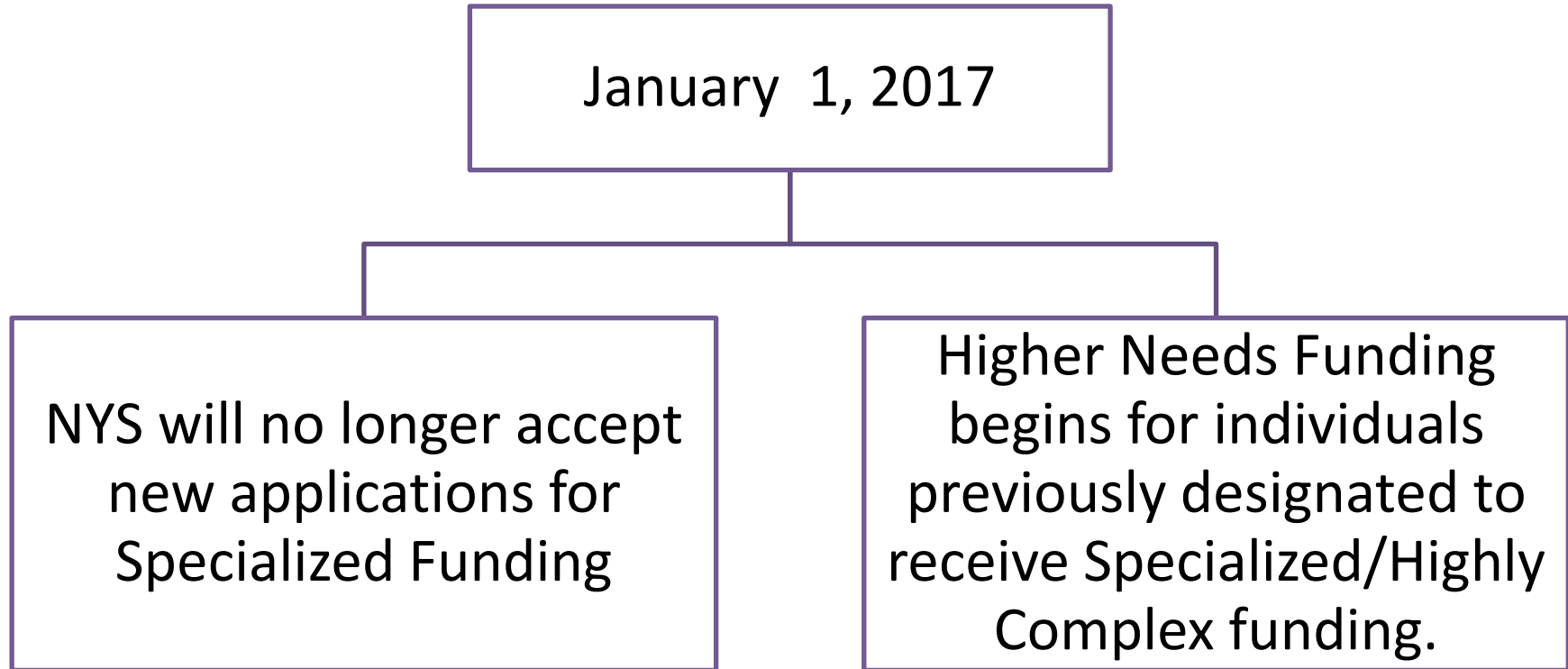
# CLARIFICATIONS FROM PUBLIC COMMENT



# CFCM Rural & Cultural Exemption Requests

- OPWDD elaborated the rural and cultural exemption requests.
  - Rural: For providers in an area where there is only one available agency to who provides Case Management and HCBS Waiver Services to individuals with developmental disabilities.
  - Cultural: For providers that serve individuals who need linguistic or culturally competent care that can only be provided by a particular provider.
- Appendix D, page 133

# High Needs Funding Processes



Enhanced reimbursement will end once the costs for serving the individual with Higher Needs appears in an agency's CFR and is included in the rebase of the methodology. Addendum A, page 316

# Supported Employment (SEMP) Limits

- Intensive SEM: no more than 250 hours can be billed in a 365 day period.
- Extended SEM: no more than 200 hours can be billed in a 365 day period.
- A service provider may submit a written request to OPWDD in accordance with the guidelines established in 14 NYCRR Part 635 regulations effective July 1, 2015, if an individual requires more than 365 days or 200/250 hours of Intensive/Extended services.
- Appendix C, page 71



# Prevocational Services Oversight

- Removal of the OPWDD Division of Quality Improvement (DQI) assessment to determine the prevocational or vocational intent of the service delivered by a provider agency.
- This assessment was removed from DQI's annual provider survey as this is not a requirement imposed on other employment services.
- Appendix C, page 59



# Contact Us

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