

FROM: Tom McAlvanah
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After a presentation by OPWDD, Kate Marlay, et. al. and Donna Cater from DOH, we have the framework that will be presented in long form next week, hopefully Thursday as Kate hopes.

I can list some of the points presented in the presentation, but of course, there are many questions that you may have that need a level of detail we do not have at this point.

This will be my attempt to lay out some of the principles and concepts where OPW, DOH and DOB have reached a consensus.

It was mentioned throughout today's meeting that some of the flexibility that they had intended in the first go-round of presentations have been removed. It is not clear how much of it was CMS and how much was the State's own fiscal constraints.

With that, the first element is there will be no change to the Supervised IRA billing at this time. The previously released draft Enhanced IRA rate will not be used.

There will be a new mechanism to support services in the residence for individuals previously identified for Enhanced IRA billing, Community Habilitation-R, CH-R. Again, this new billing pathway is for individuals served by another provider's Residential and Day Hab or Pre Voc agency; the service can only be billed on weekdays.

What hasn't changed is the 80% Retainer Payment, with a 100% cap on units, to include Retainer Payment plus Services. Providers are expected to support individuals through these services, must sign an Attestation, (they're working on it), enter to the extent possible in shared staffing agreements and include all three eligible services it provides, including Day Hab, Pre Voc and Com Hab.

What has changed is the billing method. There will not be a semi monthly payment unit as originally proposed. There will be limits on retainer units for the three eligible services and a cap on total units, not to exceed 100%. There will be a separate Retainer allocation for each of those service units: one each for Day Hab; Site based Pre Voc; Community based Pre Voc; Community Hab.

The Retainer Payments will commence retroactively. For Day Hab and Pre Voc, it commences on 4/16/20. For a Com Hab, it begins retroactively on 3/18/20.

The calculation of each agency's Retainer Units is occurring as we speak and will be sent to each provider; the calculation will be based on 80% of the average monthly paid claims from 7/1/19 to 12/31/19. NYS will notify each provider of their retainer (leave day claims) and service unit caps. Again, OPW will limit each provider's retainer units to 80% of an agency's six month unit average.

Providers will bill eMedNY for their Retainer plus Service Units combined, upon NYS notifying each provider of their maximum number of total monthly units.

Each provider will be directed to identify their "Productivity," aka services delivered, then bill the balance using their Retainer Units up to the limits set by NYS.

For Community Hab only, there is the new ability to deliver services to individuals and families in their homes. While each agency can bill up to its Unit limits, (service units +retainer units), you may exceed those limits if your agency delivers Day Hab and Site-based Pre Voc Services and you can deliver Com Hab for individuals living at home who attended your site based program, and the monthly revenue does not exceed the 100% average of the 2019 calculation for all three services. If it does, it will be reconciled.

In most cases, you can deliver a Service Day or a Retainer Day, but not both. However, you can bill for Day Hab or Pre Voc and up to two hours of Com Hab if the person lives at home.

Some other caveats -

No duplication of Res Hab and Day Hab delivered in the same residence

Each person's schedule of services prior to the pandemic is in effect.

For Community Hab, you may bill either Retainer or service units not both on the same day.

All Com Hab delivered to a person on the same day, will be rolled up into one billing submission.

A Residential agency cannot bill for both Day Hab Retainer Units and Com Hab Group Units on the same day. However, the Residential agency can bill for Com Hab even as the Day Hab agency bill for a Retainer Day.

For agencies who opt into the Retainer Program, they have the flexibility to meet the needs of the individual regardless of previously authorized levels without seeking additional authorization through the DDROs, this includes increase in hours and/or new services. Those who do not opt into the Day Services Retainer Program will not have that flexibility.

Agencies in the Retainer Program will be able to offer any amount of the Day Hab, Pre Voc or Com Hab services In any amount to meet the needs of the individual without seeking prior authorization of the DDRO or submitting a DDP 1.

They are still working on Care Planning and the updates that will need to be included down the road.