Continuity of Care
Habilitation & Therapy Services Changes
effective January 1, 2016

November 6, 2015
Today’s Topic: 1/1/16 Changes

• Elimination of Direct, Hands-On Therapies funded within Supervised IRA and Day Habilitation Rates:
  • Physical Therapy (PT)
  • Occupational Therapy (OT)
  • Speech Language Pathology (SLP)

• Off-site Clinic Services & the Establishment of Article 16 Satellite Clinics

• Implementation of Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), also known as the Preventive Services state plan option- 1/1/16
The Centers for Medicare and Medicaid Services (CMS) has directed two fundamental changes in the way that the Office for People with Developmental Disabilities (OPWDD) currently funds the delivery of direct clinical services (PT, OT, SLP, Psychology):

1. **Article 16 Clinic Offsite Services:**
   - Delivery of services may continue, but NYS cannot continue to bill these services as “clinic” services. These services must be provided in a certified main or satellite Article 16 clinic.

2. **Direct Clinical Services in Waiver Habilitation Rates**
   - Many Day and Residential Programs mix direct and indirect clinical staff duties within their rates to fund FTEs for clinical titles, **this cannot continue.**
   - Supervised IRA and Day Habilitation rates will be revised to remove funding of direct clinician therapy FTEs from the rates.
For Both Therapy Types of Therapy Services: Off-Site Clinic Services & Therapies funded within Waiver rates

Two Options:

1. Provision of clinical services moves to certified on-site Article 16 clinic -- satellite or main.

2. Provision of clinical services transitions to Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDDD), Preventive Services state plan option.
Habilitation Services

Identifying where therapies are Delivered today
So, What’s Happening with Residential Habilitation rates?

- Effective 10/1/15 Family Care Fees are already adjusted to reflect the costs of certain “outside” services (personal care, supplemental Group Day Habilitation).

- Other changes will be made for Supportive IRAs (based on Survey C) also effective 10/1. Surveys sent on 9/3/15.
So, What’s Happening with Residential Habilitation rates?

• **New Rule:** Effective 10/1/15, the residence is responsible for **Nutrition services** related to residential habilitation and **certain Psychology/Social Work Services**

• **Discovery Process:** Survey of Supervised Residential Providers regarding Psychology/Nutrition Services - **Survey (B)** *To identify nutrition services and certain psychology services that pertain directly to residential habilitation. These nutrition and psychology services/costs will be added to Residential Habilitation rate.*
  
  • Distributed in August to Providers, Responses received
• **Nutrition**: The nutritional services that are related to residential habilitation after 10/1/15 include meal planning and monitoring, assessment of dietary needs and weight changes, development of specialized diets, diet education, and food safety and sanitation training.

• **Psychology services** Beginning 10/1/15, behavioral intervention and support services related to Residential Habilitation must be paid for by the Residential Provider. Services include behavioral assessment and intervention planning, delivery and review or monitoring of behavioral interventions, and behavior support services that are directly related to residential habilitation. These services must be provided by Licensed Psychologists, Licensed Clinical Social Workers, and Behavioral Intervention Specialists.
Survey “B” and Supervised IRA Rates

• Where agencies now access outside (separately billed) clinics for these Nutrition & Psychology/Social Work services
  • Survey B describes the extent of these services provided by an outside provider
  • Survey Results Received & under Analysis
  • Rates will be adjusted with utilization data generating additional clinical “hours” where needed.
January 1, 2016 Changes & Day Habilitation “Carve In”

- Same 10/1 Nutrition & Psychology “Carve In” for Supervised IRA Residential Habilitation takes effect on 1/1/16 for Day Habilitation. Data being gathered regarding clinic services delivered in Day Habilitation Services.

- The other 1/1/16 Change: Clinician ‘direct, hands-on’ services that are funded within HCBS Supervised Residential and Day Habilitation Rates must be removed from Waiver Rates. The Clinician hours that we cannot associate with Habilitation service operations/oversight/training can no longer be funded in the waiver rates.
### Survey D

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<th>OT/PT/SLP</th>
<th>Direct Clinical Service</th>
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**Notes:**
- **OT**: Occupational Therapy
- **PT**: Physical Therapy
- **SLP**: Speech Language Pathology
- **CFR**: Community Faculty Resources
- **IRA**: Independent Residential Assistant
OT, PT, and SLP Services

• **Direct Services**- Licensed clinical staff delivering face-to-face clinical interventions, identifiable by CPT codes, directly provided to participants.
  o Discrete Services (Identifiable by a CPT code)
  o Described in a Treatment Plan
  o Progress Notes are Maintained.

• **Indirect Services**- Licensed clinical staff assisting in the development and oversight of habilitation service plans and also training, assistance, and oversight of non-licensed direct care staff.
  ➢ *Example:* A PT is employed by the IRA and provides training to non-licensed direct care staff on the proper way to lift and transfer a non-ambulatory individual from their wheelchair to their bed.
<table>
<thead>
<tr>
<th>Psychology/Social Work</th>
<th>223-Day Hab Services (includes supplemental day hab)</th>
<th>IRA-Supervised</th>
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<td>CFR Program Codes 0223 &amp; 0224</td>
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<td>Survey Info-distribution of hours by activity</td>
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<tr>
<td>Total</td>
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**Please input numbers only on cells highlighted in yellow.**
Psychology/Social Work – Direct Service Examples

• **Direct Services** - Licensed Psychologist/Licensed Clinical Social Worker or Masters level clinician (psychology/behavior specialist) delivering face-to-face psychotherapy services which are **NOT related to the person’s need for Habilitation-related Behavioral Intervention and Support**.

  ➢ *Example:* The resident of an IRA has a diagnosis of Major Depressive Disorder. The licensed psychologist provides individuals psychotherapy services to the individual.

• **Indirect Services & Habilitation- Related Behavioral Intervention and Supports.** Licensed or Certified clinical staff assisting in the development and oversight of habilitation service plans, providing training, assistance, and oversight of non-licensed direct care staff.

  ➢ *Example:* A person who participates in a Day Hab has a behavior support plan to address anxiety related to a day programming activity. The Day Hab staff psychologist works with Day Hab staff to implement and document a behavior plan which includes behavioral support interventions.
Clarification for Identifying Clinical Staff who Perform Non-Direct Therapy Duties

• Examples: Conducting assessments in the IRA for meal planning or a feeding plan; conducting assessments for the purpose of training direct care staff on how to properly feed an individual.

• These activities would be considered part of the development of the Residential Habilitation plan.

• Identify time spent by clinical staff on these activities as non-direct hours to be included in the revised Residential Habilitation rate.
Implications of Survey D

• Clinical staff can transition to:

  • Article 16 Clinic Services

  • Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), also known as the Preventive Services state plan option
Article 16 Services

Identifying where therapies are Delivered today
• An e-mail was sent to Local Government Units to advise them of the upcoming certification activities

• Central Office is working with DQA & Regions to coordinate applications and upcoming site visits

• 333 Total Letters of Intent received by agencies, So far CONs received for over 300 Satellites
  • Majority are existing Article 16 clinics (with existing Operating Certificates) requesting to create new satellite locations
  • 5 are brand new Article 16 requests.

• Regional breakdown:
  • Region 1 Letters of Intent- 99
  • Region 2 Letters of Intent- 14
  • Region 3 Letters of Intent- 107
  • Region 4 Letters of Intent- 101
  • Region 5 Letters of Intent- 12
Creating Article 16 Satellite Clinics

• Guidance distributed to Article 16 Clinics on September 16, 2015.

• To accommodate a new Article 16 clinic satellite location in an existing Day Habilitation site, the Day Habilitation provider must submit a Prior Property Approval (PPA).

• Satellite clinic space at the Day Habilitation is NOT dedicated space; can be shared with the Day Habilitation for provision of Day Habilitation services.

• CON Applications are due 10/19/15, submitted to clinic.services.information@opwdd.ny.gov
<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>10/19/15</td>
<td>• Clinic CON Applications Due –Initial Space &amp; Units Assessments.</td>
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<td>• ESTIMATED PPA Due: Revised Day Hab property to account for new satellite clinic space.</td>
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<tr>
<td>1/1/16</td>
<td>• New Satellite Clinics up and running.</td>
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<tr>
<td>4/1/16</td>
<td>• Clinic Service Utilization Updates (CON) Due from Providers. Providers may submit requests to amend service utilization units based on prior 3 months experience.</td>
</tr>
<tr>
<td>7/1/16</td>
<td>• Providers must complete cost verification related to estimated Day Habilitation PPA.</td>
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<tr>
<td>9/1/16</td>
<td>• Day Habilitation PPA finalized.</td>
</tr>
<tr>
<td>1/1/17</td>
<td>• Rates revised retroactively effective 1/1/16 for Day Hab property.</td>
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Independent Practitioner Services

Option for C
State Plan-Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDDD)

• Effective 1/1/2016.

• Creation of Preventive Services (Independent Practitioner) - State Plan Amendment (SPA) for Delivery of Off-site Clinic Therapies and Therapies delivered at Day Habilitation program sites.

• NYS will enroll Preventive Services (Independent Practitioner) Therapists as Medicaid Management Information Systems (MMIS) providers; services will be claimed as independent practitioner professional claims, or as “group practice” claim.

• Subject to NYS Dept. of Health MMIS programming requirements.
• Similar to what is permitted in an Article 16 clinic or as an offsite service currently, the allowable therapies are:
  – OT, OTA
  – PT, PTA
  – Speech Language Pathologist (SLP)
  – MSW, LCSW
  – Licensed Psychologist, Applied Behavior Sciences Specialist (ABSS)

• **Exceptions are:** Nutrition, Rehabilitation Counseling
• Clinics act as a “group” to bill preventive services on behalf of practitioners in their employ, but true independent practitioners (i.e., those not affiliated with a clinic) must also be permitted to enroll as providers.

• Services could be available as independent practitioner services through the Preventive Services (Independent Practitioner) SPA.
Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)- Reimbursement Methodology

• Article 16 clinic services – both onsite and off-site, are currently reimbursed under APG methodology.

• Offsite services are currently reimbursed at amounts equivalent to services delivered in certified clinic locations.

• A separate fee schedule for OPWDD Preventive Services (Independent Practitioner), with fees less than the current Article 16 APG schedules, is being developed.

• NYS Dept. of Health Rate Setting will establish fees for OPWDD Preventive Services.
Clarification for IPSIDD Group Practice Billing

• There are two separate rules that must be met:

1. The IPSIDD provider cannot violate the prohibition of the "corporate practice of professions" in accordance with State Education Law.

2. There is a Federal Medicaid rule allowing assignment of billing in specific circumstances only.
• Clinicians may establish a Group Practice such as a Professional Corporation (PC) in a way that complies with the corporate practice rules and in accordance with New York State Law.

• Two different ways to comply with the anti-assignment rule:
  • Clinicians are employees of the Article 16 clinic and the clinic bills as a clinic.
  • Clinics bill on behalf of independent practitioners under a contractual agreement.

• If more than one specialty clinical service is provided (PT & OT), the PC will need to arrange for the oversight of a Medical Director (MD).