

**COVID-19 Webinar - Self-Direction Services**  
**Recorded Friday, May 29, 2020 10:30am**

Good morning, everyone, and welcome to today's Webinar.

My name is Briana (unleg) , Program Associate with the NYU McSilver Institute and Partner of the Managing Care Community of Practice. And I would like to welcome you to today's Webinar, "COVID-19 Webinar: Self Direction Services."

Before we get started and as folks continue to join today's Webinar, I just want to take a moment to orient everyone to the Webex system, if it is your first time participating in one of our events. So, I want everyone to know that upon joining you have been placed on mute, and I am sorry there is a little background noise coming from outside my window. I am not on mute. So, to avoid background noises like that we just ask that everybody put themselves on mute so that it doesn't distract others from listening to today's presentation.

We have noticed recently that due to the increased traffic of Webex, some folks' audio is leaked during the presentation. So, if you can just take a quick second to check to make sure that your own personal microphone is muted whether you are connected today by phone or through the computer audio, please just ensure that you are muted on your end.

So, in order to communicate with us, please use the chat-box feature. It should be located on the right-hand side of your screen to the right of the presentation slides. If it is currently not visible to you, please just hover over the presentation slide with your mouse then you will see a row of bubbles appear at the bottom like a task bar. You can then select the dialog bubble, it will turn blue and the chat box should appear on the right hand side of your screen.

Today's Webinar is being recorded and the Webinar recording and slides will be posted to MC-COP.com or mc-cop.com in two to three business days.

And lastly, if you come across any technical issues during today's event, please use a chat box and chat to the host or McSilver admin and she will assist you.

So, with that I will pass it over to my colleague Michael Seereiter from the New York Alliance. Thanks, everyone.

**Michael Seereiter:** Thank you, Briana. Good morning everybody. My name is Michael Seereiter. I am the president and CEO of the New York Alliance for Inclusion and Innovation. We are pleased to have the opportunity to redeploy our managing care community of practice projects to provide support associated with the COVID-19 response to the IDD sector during this time.

As Briana said today's Webinar focuses on the OPWDD Self-Directed Services. And while many of the previous Webinars have been focused on the Information for Providers during this COVID-19 crisis, we know that today's audience includes individuals using self-directed services, family members, as well as FI's and brokers and others. And, so we welcome these new stakeholders.

As all of the MC-COP Webinars this one is indeed focused on getting the policy guidance from OPWDD out to the field as clearly and quickly as possible. Also, with all previous MC-COP webinars, the information shared today is accurate as of this time and date. This is a rapidly changing dynamic and it continues to be. So we encourage everyone to continue to check the OPWDD website for the latest guidance and updates and as well as the Managing Care Community of Practice website, where we continue to post updates from OPWDD and other related guidance that's available for the field. That is also where you will find the archive of all such webinars and the PowerPoint decks associated with the Webinars that we have done to date.

Questions today are encouraged and welcome and they should be submitted via the chat box to the host where we will try to address as many as possible within our designated time. We are looking to keep the focus of the questions on today's content, specifically around self-direction and not on the other COVID-19-related policies or guidance that either come out already or that has not yet been clarified. Questions will be collected, sorted and shared with OPWDD and if you have questions after the webinar that you didn't think of during the webinar you can also submit them using the

following email address which is [mccop.info@nyu.edu](mailto:mccop.info@nyu.edu). I will repeat that it's [mccop.info@nyu.edu](mailto:mccop.info@nyu.edu).

Lastly, I just want to take a moment to thank everyone who is going above and beyond during this extraordinary time, whether they be direct support professionals, family members, FI's, brokers and others, we continue to see amazing demonstrations of commitment and dedication to people with IDD, some of which has involved people in support roles putting themselves in harm's way for the benefit of our family members, our friends and our neighbors with IDD. So, I just want to say thank you to everyone who is going the extra mile during this extraordinary time.

With that said, I am going to pass the baton over to Chad Colarusso from OPWDD to walk through the slide presentation today. Chad?

**Chad Colarusso:** Thank you, Michael. Can you hear me OK?

**Briana:** Yes, we can hear you.

**Chad Colarusso:** Ok, great, thank you. Just a quick thank you to the Managing Care Community of Practice and to McSilver for facilitating this webinar. We are grateful to have the opportunity to share information as related to self-direction as impacted by the COVID-19 emergency. (Next slide, please)

The goal of this presentation is to provide an overview of the current information on the self-direction direction service model during the COVID-19 emergency. Much of the existing guidance that's been published and shared in other webinars does pertain to self-direction and our intention here is to not revisit those in totality but rather to demonstrate how they relate to self-direction. We are also going to use this opportunity to answer some of the frequent questions that we have been receiving regarding self-direction and the COVID-19 emergency. (Next slide, please)

For written guidance that is available, including that which relates to self-directed services, we encourage people to regularly visit the OPWDD website at the link provided here, but also reiterate that this guidance is periodically updated in response to questions and new policies and issues that arise. So we highly recommend that people regularly visit the website and download the latest versions of the guidance when looking at it, rather than downloading the guidance once and considering it a static document. (Next slide, please)

Today's agenda is covering a few specific items, including the remote delivery of services as related to self-direction, self-direction billing and self-direction budget process modifications. We are also going to talk about retainer payments for self-hired community habilitation staff, as well as some staffing issues as they relate specifically to self-hired staff and a section on personal protective equipment for self-hired staff within self-direction. And then, as time allows, we will provide some additional information and take questions. (Next slide, please)

The first item we want to discuss is the remote delivery of services that are self-directed. (Next slide)

The primary document to refer to regarding remote service delivery is the interim guidance regarding the use of Telehealth that was developed in response to concerns and pursuant to Executive Order number 202.1. There is also a webinar that's available from April 17<sup>th</sup>, and the recording and the PowerPoint are available on the MCCOP website.

So, for a really robust total perspective on remote service delivery, we do encourage people to either take a look and be familiar with the entire interim guidance regarding the use of telehealth, as we will not be revisiting here but rather talking about how that relates specifically to self-directed services. (Next slide, please.)

Self-directed services that are impacted by the interim guidance on telehealth are those that have face-to-face requirements. Some services are specifically noted in that guidance as being allowed for telehealth or over-the-phone delivery and those include community habilitation, supported employment and support brokerage. That would be inclusive of self-hire community habilitation and supported employment. Respite, including self-hired respite, is unique in that it may be delivered via telehealth when using live audio and video type of technology. However, it is not allowable to deliver respite via only over the telephone or with one-way video. A live-in caregiver, on the other hand, is a self-direction specific service that, due to the nature of the live-in caregiver service, it may not be delivered remotely via telehealth or other means. (Next slide, please)

When using technology to deliver community habilitation, supported employment and support brokerage, there is not a requirement for prior OPWDD approval. However

there are some aspects that fiscal intermediary must cover and that is where the fiscal intermediary is the provider of these services, they need to work with the circle of support to ensure that when the services are delivered via telehealth they are using good clinical judgement to determine that the telehealth encounter is appropriate and are verifying the service can be delivered effectively via verbal or cueing-type method only and of course critically that the person's health and safety will continue to be met when the service is delivered remotely. (Next slide, please.)

A lot of questions on the telehealth service delivery that have come to us relate to how the interim guidance regarding the use of telehealth COVID-19 is applicable to the support broker face-to-face meeting requirement in ADM 2019-06. This is the billing requirement wherein support brokers are specifically required to meet face-to-face with the circle of support. Specifically, the person receiving services and the support broker must be physically present in the same location at the time of the meeting.

We have determined that the interim guidance regarding the use of telehealth does in fact apply to these circle of support meetings. Therefore, where the fiscal intermediary, as the provider of Support broker services, exercises good clinical judgement and determines it is appropriate to substitute a telehealth type meeting for the face-to-face meeting. During the timeframe of the interim guidance, the telehealth circle of support meetings may count towards the annual face-to-face billing requirement. As a reminder that annual requirement begins on the signature signing of the initial support broker agreement between the person and the support broker and until the anniversary of that signature date. (Next slide, please)

Another area that a lot of questions have been received regarding the use of remote service delivery in self-direction is community classes within individual-directed goods and services. We recognize that community classes are a very frequently utilized category within individual-directed goods and services, and typically the classes are received live and in person. Due to the COVID-19 emergency, many people will have found that their classes have either migrated to be some type of remote class or have been cancelled and people are looking to use remote type classes due to meet their needs for classes that are no longer available. So, we want to share that it is allowable for IDGS community classes to be delivered by remote means. However, there needs to

be an interactive component to the class that is delivered by remote means. And this relates back to the IDGS Administrative Memoranda which is 2015-05, wherein there is a requirement that there is a promotion of opportunities for community living and inclusion.

Applying that standard to community classes, we have said that as long as the class meets all of the other requirements, including things like being open to the public and having published fees, additionally for online classes there needs to be some interactive component and whether that is a chat feature or a video aspect or over-the-phone where the person can interact with other class members or the instructor. As long as that is present, then it is permissible to use IDGS funds for remote-delivered community classes. (Next slide, please)

The next item on today's agenda that we want to cover has to do with modifications to aspects of self-direction billing and the self-direction budget. (Next slide, please)

So, the following temporary modifications to be described will be in place throughout the state of emergency. They are intended to allow providers and staff involved with self-direction to continue to meet the needs of people they support to the greatest extent possible. However, we need to note that all of the current self-direction-related Administrative Memorandum and the self-direction guidance for providers does remain in force throughout the duration of the state of emergency unless there are specific aspects that are amended by the temporary provisions of the COVID-19-related directives issued for services. (Next slide, please)

One area that has driven many, many questions has been the use of services, including self-directed services, during what would normally be school hours and it was determined that while New York State has mandated school closures, community habilitation and respite, including those services when they are a part of self-direction budgets or self-hired, as well as services that may be delivered through IDGS or Other Than Personal Services (OTPS) during the state of emergency and mandated school closures these services may be delivered temporarily during weekday, daytime hours, to students who are authorized to receive these services. And they are authorized to receive these services at the amount they were previously authorized for at the

beginning of the State of Emergency and we are going to talk in a few slides a little bit about what that authorization level is. (Next slide, please)

Delivering services and maintaining social distancing is another important modification that applies to self-hires and other self-direction services including community habilitation, respite and supported employment. And this is distinct from remote or telehealth delivery of these services wherein services that maintain social distancing or services that support the person and this allows that services can be done on behalf of the person but not face-to-face with the person. A very ubiquitous example of this the self-hired staff may deliver groceries or other supplies. They can also do things like assisting with outdoor household chores and when these services are delivered in such a way that they are done to maintain social distancing, typically non-face-to-face services for non-face-to-face time within these services would be considered indirect or something that was not directly billable. However, with this modification it is permissible for time that is consistent for maintaining social distancing to be directly billed as part of the appropriate service as per the service that is listed in the person's self-direction budget. (Next slide, please)

To provide a little more detail on the billing aspects of self-hired services some of the questions we have received had to deal with what the current service rates are, and we want to reiterate that for self-hired services the effective reimbursement rate cap continues to be the prevailing rate per the Department of Health website, notwithstanding some of the aspects of the retainer payments we will discuss a little bit later. So, where self-hired services are being calculated in general, the cap is the prevailing rate.

However, a very important distinction as mentioned on the last slide is that the time self-hired staff spend that is consistent with using technology to deliver the service remotely or delivering the service while maintaining social distancing, may be counted towards the total billable service. In self-direction this is also referred to as direct service time when fiscal intermediaries are calculating the effective reimbursement rates. So, in other words, in that part of that effective reimbursement rate calculation formula, typically the non-face-to-face service time that might be something done remotely or on behalf of the person, but the employee is required to work, would normally be

considered an indirect service time and the cost would be factored in in the numerator of the effective reimbursement rate formula. But during the COVID-19 emergency, that service time, as converted into service units, can be accounted for as part of these total billable service units, which is the denominator of the effective reimbursement rate formula for self-hired staff. (Next slide, please)

An area that drove several questions that we wanted to respond to here came from the interim COVID-19 guidance regarding Community Habilitation, which is a useful guidance, that does apply to self-hired services, self-direction Community Habilitation and a question that arose is that there is language in that document that speaks to a limit on Community Habilitation to six hours of service day during weekdays, and we wanted to make sure that we were explaining that, that language is applicable only to people who live in certified residences, so that would be places including Individualized Residential Alternatives and community residences. That limit from the interim COVID-19 guidance regarding Community Habilitation is not applicable to people who live in non-certified homes, such as their own apartment or a family member's home. (Next slide, please.)

The bullets on this slide represent a significant change in the approvals of self-direction budgets during the COVID-19 emergency. The background for this change, and to provide some context, it is important to understand that as part of OPWDD's COVID response, we have provided flexibility in the delivery of services. Things like remote service delivery via telecommunication and telehealth, also flexibilities around the allowing of non-face-to-face service delivery for things like household chores and errands. And there is further flexibility related to OPWDD day services that may be within or without of self-direction budgets. In instituting these types of options, there is a need for self-direction to be consistent with the practices that allow for these additional flexibilities within the OPWDD service system. Whereas increases to service authorizations are currently restricted outside of self-direction, per the rules relating to the day service retainer program, within self-direction, this means that at this time services must remain within existing levels. When we say existing levels, that means the total services amount from self-direction budgets. Where self-direction is designed to provide maximum flexibility as possible for people receiving OPWDD services, people

can still amend their self-direction budgets and redistribute funds to meet their needs through budget amendments.

However, when submitting budget amendments, the total service amount in the budget as displayed on the budget summary page, may not be increased from the previous budget. The date this is applicable is March 18<sup>th</sup>. So, any self-direction budget amendment that was submitted since March 18<sup>th</sup>, unless it has already been approved by OPWDD, if that budget amendment seeks to increase total services, it will be denied at this time. Budget amendments again must not increase the total services amount on the budget summary page.

One crucial exception to increasing total services amount, relates to amendments for people who are graduating out of school. Of-course we are coming into that time of year when many people are graduating from school or otherwise aging out of the school system. Those people will be considered net new and they will be allowed to amend their self-direction budget within their non-school-age PRA. So for somebody coming from school services who is no longer receiving school services due to graduation or because they are aging out of school services, they will be able to increase their total service amount based on their new personal resource account.

I would also like to provide a reminder that when modifying services via budget amendments, if the change involves increases to agency-supported or direct provider purchased services, those budget amendments must also include a Service Amendment Request that is submitted in conjunction with the Care Manager. And this is a standing practice, but we did want to reiterate it because those services will be looked at through a similar lens as service amendments outside of self-direction.

In terms of people who are submitting self-direction budgets, new self-direction budgets, as in they had not previously self-directed their services, people who are new to OPWDD and had not previously been receiving any OPWDD services, their request will be reviewed through the Front Door and can be approved and they will be looked at with their PRA level. For people who are looking to transition from non-self-directed services and start self-direction services for the first time, it is possible for them to be approved for self-direction. However, the expectation is that they first explore using the flexibility of any interim guidance documents as applicable to meet their needs. Those

budgets and service plans will be reviewed through the Front Door and if self-direction is needed so the person can have their service needs met, those budgets can be approved. (Next slide, please)

Another billing question that has come up frequently pertains to an IDGS category of community memberships. There are billing rules that require a service to be utilized in the timeframe through which it is billed in order for it to be reimbursed for IDGS that is within the month of service. So if the membership service cannot be utilized at all due to COVID-19, that means that it is not something that can be reimbursed and we would advise people in those situations to cancel their memberships even if they are temporary cancellations until such a time when they can participate again. However, before doing so we would look and see if it was possible to participate in the membership remotely, similar to community classes. Remote participation in a community membership would be allowable.

Another question on IDGS services that has come up, and self-direction in general, are questions with school closures, and people have wanted to know if academic tutoring is something that self-directed services could assist with. And this item is addressed in the IDGS chart on page 10. It is not something that has been modified and academic tutoring is not funded through IDGS. It is a service that does need to be pursued through a school district or college setting. Academic tutoring, homework assistance is also not an appropriate task for self-hired staff. (Next slide, please)

Another area in the realm of compliance and billing for self-directed services that has raised a lot of questions has been concerns around service documentation signatures for self-directed services. There are some self-directed services that do require the signature of the person receiving services, and most of the questions we have received were framed with concerns about the person receiving services having to give a paper and ink-type signature. But we want to remind people that while the service-specific ADMs remain in place, unless they are amended, there actually are very few areas where the signature of the person receiving services is required by OPWDD. The support broker agreement is one of those limited areas. However, we expect that to be more of a long-term agreement and document rather than something that is updated on a daily or weekly basis. And where those requirements exist, we encourage people to

use safe practices and look at other options. We know many fiscal intermediaries have electronic systems that are compatible with our electronic signature requirements. However, the majority of the instances we have looked at regarding signatures being required actually relate not to the OPWDD requirements, but more so where many fiscal intermediaries have implemented business practices in where the person who is self-directing is the manager of their own services. There is requirements where before the services can be billed for, the person who is self-directing or their designee as the manager needs to sign off on things like self-hire staff time sheets or individual directed goods and services vouchers, and this is analogous to supervisors and other areas non-self-directed services signing off on staff time sheets and it makes sense and is generally a good practice. However, we just wanted to remind people that those are not OPWDD compliance requirements, and it is something that fiscal intermediaries may consider waving in terms of their own policies regarding requiring signatures of the person who is self-directing. (Next slide, please)

This section of slides we are going to describe how a fiscal intermediary will administer retainer payments for self-hired staff who will deliver community habilitation services to a person who is self-directing with budget authority during the COVID-19 state of emergency. (Next slide)

Retainer payments are available when a person cannot receive services because they are directly affected by COVID-19. Being directly affected by COVID-19 means the person receiving services or a family member with whom they live are under orders of isolation or quarantine because of COVID-19. Retainer payments may made in situations where the person cannot be safely served in a face-to-face manner and remote delivery of the service is not occurring or is happening on a limited basis. The earliest date for which retainer payments may be made is March 18<sup>th</sup>, 2020. (Next slide, please)

There are some really important aspects that are unique to self-direction in terms of these retainer payments. And where this is self-direction, one of the big ones is that it is the person who is self-directing who needs to make the decision of whether or not to use their budget to provide retainer payments to staff who are currently providing less services than usual or no services. When a person does elect to provide retainer

payments to their self-hired community habilitation staff, the hours billed for both services delivered, and the retainer payments, cannot exceed the schedule of services in the person's approved budget. That is the weekly hour amount on the self-hired tab of the self-direction budget. And it really important to know in making the decision about these retainer payments that, retainer payments will impact the person's personal resource account just as if they were services being delivered and are something that must be reflected on the fiscal intermediary expenditure report as services being utilized.

Finally, in no instance can a retainer payment be made for a person's staff person if that staff person is receiving unemployment benefits relating to these lost hours of work.

(Next slide, please)

When the fiscal intermediary is billing for retainer payments for self-hired community habilitation staff, they will use the same rate code they would have normally used for billing for those staff but apply a special revenue code to identify the claim as a leave of absence. And that Revenue Code is: 0180.

When calculating the claim amount for submission of the retainer payment, the fiscal intermediary is to use the staff wage, fringe and total hours planned for work. There is not a need to calculate in direct time, that may have been typically part of the planned work hours. So, this in a way similar to looking at the telehealth or services that maintain social distancing in that for retainer payment all of the retainer time would be considered billable service units or part of the denominator of the effective reimbursement rate calculation. Currently, OPWDD has the authority to make retainer payments at up to 80 percent of the published fee. In the event this changes, guidance will be updated and provided. (Next slide, please)

So, this chart is provided to help see what the caps for retainer payment would look like. So, where the retainer payment cap will serve as the effective reimbursement rate limit, that is the hourly retainer limit or 80 percent of the regular hourly amount from the Department of Health website. And that hourly retainer payment limit for retainer payments will serve as the cap on the effective reimbursement rate as does the prevailing rate when billing for non-retainer payments. (Next slide, please)

As far as timeframes go, the federal rules state that the payment of retainer day is currently limited to 14 consecutive day period. However, there may be more than one 14-day consecutive periods for retainer payments. But prior to initiating additional 14-day periods, the person who is self-directing must confirm that they have an ongoing need for the retainer payments to continue. Retainer payments for self-hired community habilitation staff are time limited. They are effective as of March 18<sup>th</sup> and they will be effective until such time as they are withdrawn or amended. (Next slide, please)

The next area we want to talk about are some other staffing issues and responsive to questions that have come up regarding self-hired staff.

A couple of really valuable resources that can be used during the COVID-19 emergency that do apply to self-hired staff are the Interim Guidance Regarding Modified Background Check Requirements for Existing and New Staff Members, as well as the Interim Guidance Regarding Abbreviated/Refresher Training and Recertifications. These are pretty dense guidance documents and there was a Webinar that gets into some of this, so, I am not going to cover these in details but wanted to remind the audience that these are applicable to self-directed services, including self-hired staff, and we would anticipate this being very useful as there has often been requests for more flexibility in terms of staff transitioning from providers.

The interim guidance regarding modified background check requirements especially could be helpful wherein it allows OPWDD-approved providers, and that would include fiscal intermediaries, to hire a staff member who is currently employed by another OPWDD provider, again including fiscal intermediaries, without the need to perform certain background checks such as the criminal background checks, staff exclusion list, state central register, mental hygiene law check. That's in accordance with some of the technical requirements that are specified in that interim guidance regarding background check requirements.

The abbreviated training requirements can also be very helpful where people may be seeking to onboard new staff or staff need refresher trainings and that document and webinar provide some useful information and guidance regarding how abbreviated and trainings such as trainings through online modalities may be used at this time. (Next slide, please)

A question that has come up frequently related to self-direction of hired staff and COVID-19 has been how to account for paid time off that's being requested and utilized in light of the COVID-19 emergency. OPWDD's standing guidance from the Self-Direction Guidance for Providers on this prevails in that our guidance is that paid time off for self-hired staff should be captured in the fringe rate for the self-hired staff or out of the fringe pool. We recognize some providers have elected to utilize an indirect service method to account for self-hired staff and where that is the case there are not a mechanism to provide relief in terms of the extra time off being used that cannot be accounted for through direct service time and as such we would advise those fiscal intermediaries and people who are managing their staff's time off to manage accrual usage within their own policies regarding approval of time off.

Another item that has been asked many times has been people concerned about losing their support broker as a result of the emergency, whether something's happened whether the support broker is not able to deliver services to the person because of the emergency. And we would like to remind people that there is an existing mechanism that can provide some relief around this and that is where it is permissible for people to have more than one support broker. That is, they may have a support broker who is in a backup capacity. Some people who have brokers who provide specialized tasks. This allowable; there is no requirement that people are limited to one support broker.

However, where there are multiple support brokers and multiple support agreements, we would remind people that any backup or additional support brokers do need to meet the same requirements as per the support broker authorization standards and the service documentation requirements from ADM 2019-06 would also apply to any backup support broker coverage and services provided by a backup support broker.

Another area that's been asked about has been the concern over self-hired staff who are not working at this time because perhaps because a person who is self-directing has decided that for their own safety or for the staff's safety or for any reason that it is in their best interest not to receive services and that the remote service delivery is not something they are interested in. And so looking at utilization of those staff, we would like to remind everybody that self-hired staff are designed to be fully-trained direct support professionals, and one viable option might be identifying and offering them

alternative assignments where deployed self-hired staff or in other capacities. (Next slide, please)

The next area we want to talk about is Personal Protective Equipment (PPE) as specifically pertaining to self-hired staff. (Next slide)

One question that's come up frequently is who should be assisting them in obtaining personal protective equipment for their self-hired staff. The fiscal intermediary is the employer of record for self-hired staff and as such they should be the entity that is assisting people with obtaining appropriate PPE and/or face coverings.

Another question that has come up frequently has been if, other than personal services or OTPS, funds can be used to purchase things like gloves and face masks for self-hired staff. And the answer is to that is yes. PPE and things like gloves and face masks for self-hired staff in many cases are available directly from fiscal intermediary agencies. They can also be funded within other than personal services as an item that is related to health and safety.

Another question that has come up a lot has been people concerned about wanting or needing PPE at present and concerned that having to wait for a budget approval before there is OTPS funds available in that items related to health and safety line could be problematic. And that we would like to remind people that there is a mechanism that can provide some relief here wherein Cost Neutral Budget Amendments or CNBAs are something that can be approved retroactively as far back as the beginning of the month prior to approval. So that is if somebody has an item they need at the beginning of June, as long as they have OPWDD Regional Office approval of that CNBA to move funds to cover the health and safety item by the end of July, they would be fully covered through their budget.

There is a couple caveats to that to keep in mind is that it is always a good practice to try to get verbal acknowledgement and make sure that there is in fact funds available to be shifted over to this line and other aspects like the OTPS cap cannot be exceeded so certainly it's a good idea to reach out verbally at first, but the point being that you don't necessarily have to wait for the final approved budget amendment because there is a retroactive allowance. (Next slide, please)

So, we are just going to provide one bit of additional piece of information and then we will have a few minutes for questions. (next slide)

A lot of questions do come up regarding life plans and staff action plans so we wanted to provide a couple notes on this area. Guidance on life plans and staff action plans for self-direction falls within the overall guidance. There is an interim guidance regarding care planning activities that details these aspects out. There is also another recorded webinar that was recorded on May 22 that's available for additional information on this topic.

In general, the person's current life plans and staff action plans remain in place until changes are made in accordance with the COVID-19 guidance from OWPDD. Providers should focus on ensuring staff know how to safely serve the person, but the formal update of the Life Plan and staff action plan can occur later. There are some specific modified timeframes wherein life plan changes related to the COVID-19 emergency can be retroactive. And they have 60 days from the date of the change to be made before they actually have to be formalized in the life plan. With the staff action plan, where changes are needed to reflect life plan changes during the COVID-19 emergency, these may be deferred until 60 days after the end of the state of emergency.

There's also some information in this interim guidance regarding care planning activities that specify some flexibility around signatures and how life plan meetings are conducted. And again, would encourage people with questions in that area to refer to that guidance document. (Next slide, please)

Other resources that are important to refer to as people are looking for information, we of course have the OPWDD issued guidance available on the OPWDD's coronavirus webpage, Department of Health has a coronavirus page that has a lot of valuable information, as does of course the Centers for Disease Control and Prevention.

Again, I will finish the way I started which is to say that these guidance documents are updated frequently, and we would strongly recommend people to refer back to the websites for the most recent version as things are changing quickly. Also for people who are having questions there is the standard resources are there brokers and fiscal intermediaries and of course the local self-direction liaisons. We also have a central

mailbox at [self.direction.redesign@opwdd.ny.gov](mailto:self.direction.redesign@opwdd.ny.gov) where people can submit questions and receive answers.

And at that we will shift over to...we have a few minutes for questions.

**Michael Seereiter:** Chad, thank you. That was a lot of great information you provided, a lot to digest here. Certainly, a lot of questions that have come in. Here are a few I think might be appropriate to try to answer here.

So, here is one questions specifically asking is only support brokerage allowed by a telehealth or can start-up brokerage also be provided by a telehealth?

**Chad Colarusso:** Thanks, that's a good question. From a Medicaid perspective, brokerage is brokerage. So, while there a two very distinct phases of support brokerage, the ongoing and the startup, both are considered support brokerage, and both would be allowed to be delivered via telehealth.

**Michael Seereiter:** Great, thank you. Another question here says that during your presentation you stated that com hab staff can now bill for non-in-person time. Picking up groceries for the individual or other activities to assist the individual in social distancing. However, regulations say that they cannot bill for mileage if the individual isn't with them in the car. Can you speak to this about how the mileage issue may be addressed during this COVID-19 crisis?

**Chad Colarusso:** Yes, certainly. That is a very good point. That refers to the individual directed goods and services, the IDGS category of transportation, which is intended as transportation for the person receiving services and is frequently used to reimburse the person's mileage, staff's mileage, family, friend's mileage. The nuance there again is that it is for the person who receives services' transportation. But we would like to remind people where they are looking to use staff mileage for staff time that's not part of IDGS, there is a mechanism for this wherein the self-direction budget self-hired staff page allows for non-IDGS mileage to be accounted for within the affected reimbursement rate and if people anticipate their staff having to do a lot of driving on their behalf, but is not IDGS reimbursable, that looking at using the mileage as part of the effective reimbursement rate that is again through the self-hired staff tab, is likely their best option for finding a mileage reimbursement there.

**Michael Seereiter:** Got it. Thank you. Another question here: Will a budget be processed if an individual is moving from a certified site to an independent setting?

**Chad Colarusso:** So, I think that would go back to the guidance that we've shared where, assuming this was somebody who was already self-directing but who now is looking to expand their self-directed services through a budget amendment that would take them from a other than residential to perhaps a both-type budget. And again, that would be reviewed through the Front Door and it is something that may be approvable if it is something that it is established that it is what is required to meet the person's needs. Although again, the general expectation is that the people are first using those existing flexibilities to try to have their needs met.

**Michael Seereiter:** Thank you. Another question here is when an agency receives its retainer rates, will the units used in self-direction be included in the rates received or will they be separated since they all have the same com hab code?

**Chad Colarusso:** I might have to defer that one to some of our billing experts and take a look at the individual situation because recognizing where many providers are using multi-line claiming and combining units there could be some significant variances used. So I am not certain if you would need to separate out those in a multi-line to do the category differently based on the fact that you actually have a separate rate cap for the retainer rate. So we will have to get back on that one.

**Michael Seereiter:** Ok. Fair enough. Thank you. Another question here is related to DDP scores. So if an individual's DDP score has been updated and it increases their PRA does this guidance mean that the individual will not essentially receive the money associated with that increased PRA?

**Chad Colarusso:** Right, the hold on service authorizations is not at the PRA level but at the total services amount, which is a separate line on the budget summary page of the self-direction budget. So even if a person's PRA increased, we would be looking at the total services amount.

**Michael Seereiter:** OK. Thank you. A clarification question: Is there any differentiation between a backup broker and an affiliated broker as listed on the agreement?

**Chad Colarusso:** Not as such. The primary distinctions would be the expectations to be delivered. Generally, a backup broker is somebody who would be expected to come

in and provide services in the absence of a primary broker. Whereas an affiliated broker may be somebody who has specialized skills or it could be simply different language to describe the same thing. But the point we really want to drive home is that where it is certainly permissible for a person to have more than one broker, each broker has to independently meet the standards in both the authorization ADM, which is 2019-05 and billing ADM, which is 2019-06.

**Michael Seereiter:** In our last couple of minutes here, a couple more questions I think we have time for. If people have used up their OTPS, can PPE – personal protective equipment – be funded through the IDGS as an item needed for health and safety?

**Chad Colarusso:** I would have to look at that. There is not a specific category within IDGS that would generally pay for resources related to that, but if somebody had a specific need for PPE and did not have OTPS funds available and it was not something the FI could provide, I think we would want to look at that on a specific basis. But at a glance I don't see a category of IDGS that would fit that well.

**Michael Seereiter:** OK. And another quickly related to PPE: This question says that they had been charging staff PPE to the OTPS staff activity fees as many of the individuals that they support have that available in their budget. But it sounds like they should actually be having brokers put in CNBAs and move those funds to OTPS, related to health and safety. Is that accurate?

**Chad Colarusso:** Yeah, in general, it's all OTPS funding. But in general, the best category fit would be items related to health and safety.

**Michael Seereiter:** Thanks. Really appreciate that. I know that there are many, many, many other questions, literally over 100 that have been submitted at this point. But we don't have more time to go through those. As I said we will be categorizing these and getting these over to OPWDD. I do want to thank Chad and OPWDD for this webinar. It's very instructive. It's been long sought after by many people. We have received many requests for this kind of information, so we want to take this opportunity to thank you and to thank everybody for listening in. Again, this webinar will be archived on the Managing Care Community of Practice website, along with the PowerPoint presentation. That's MC-COP.com and once again I want to thank Chad and his

colleagues at OPWDD for this presentation. Thanks a lot, Chad and thanks everybody for tuning in.