

# SPA & HCBS Draft Rates, Codes, and Modifiers

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## Part 1: Rate Methodologies

# Introduction & Housekeeping

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## Housekeeping:

- Slides and recording will be posted to [ctacny.org](http://ctacny.org) within 2-3 days of the presentation

**Reminder: Information and timelines are current as of the date of the presentation**

# Overview

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- ▶ To support the FFS rate analysis and development for consolidation of historical 1915(c) waivers into a single 1115 waiver, we worked collaboratively to collect data, information, and considerations that will impact the final FFS rates set at the rate code level for HCBS services. Below are the key components of our review and analysis.

# Information & Data Collection

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# Engagement

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- ▶ **Engaged team members across OMH, OPWDD, and OCFS to collect information such as:**
  - Program considerations under the new 1115 waiver and how they differ from historical 1915 waivers
  - Perspective on differences in 1115 service array as compared to historical services provided under each 1915 waiver and what that may mean to their given populations
  - Areas of special interest that required additional consideration so as to account for population specific needs

# Collected data from the State

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- ▶ Historical service utilization and paid claim amounts in aggregate by provider and rate code
- ▶ Rate development documentation and workbooks for historical 1915 waivers rolling into the 1115
- ▶ Rate development workbooks for the historical development of the OPWDD comprehensive waiver
- ▶ Waiver applications, amendments, and other documents that provided details on services offered, staff qualifications, billing units, allowable locations/facilities for service delivery, etc.
- ▶ Crosswalk of historical rate codes by waiver to the 1115 services

# Collected other relevant data and information

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- ▶ Fee schedules for other comparable states with comparable services
- ▶ Information and data needed to analyze the potential impact of adjustments such as the minimum wage phase in
- ▶ Data on wage relativities and geographic cost factors across New York regions and education levels from sources such as the Bureau of Labor Statistics (BLS) and Centers for Medicare and Medicaid Services (CMS)

# Rate Analysis

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# Historical Perspective

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- ▶ Reviewed alignment of historical 1915 rates to 1115 required rates to determine potential alignment as well as gaps that may exist
- ▶ Conducted a review of the materials and workbooks collected to develop historical rates to determine feasibility of utilizing information from these processes for the current rate analysis
- ▶ Reviewed available data by service to determine what could be relied upon based on the volume and appropriateness to determine its credibility

# Rate Alignment & Adjustment

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- ▶ Compared service definitions and staff qualifications to understand which rates were best aligned to the new 1115 services and if the historical rates could be leveraged for the transition period
- ▶ Where available, reviewed cost data to understand the breakdown of the service costs between key components such as employee wages, facility costs, service hours provided, etc.

# Rate Alignment & Adjustment

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- ▶ Leverage effective rates for certain services, trended forward to account for anticipated increases in the underlying cost of service delivery not otherwise included
- ▶ Where applicable, analyzed adjustments to be factored into the final rate for things such as changes in wages (e.g. minimum wage as well as additional direct care and clinical care wage increases)

# Estimated future service payment review

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- ▶ Held a preliminary discussion with the waiver development team responsible for calculating the budget neutrality component of the waiver application to understand their process and assumptions applied
- ▶ Compared historical payments for 1915(c) services to potential 1115 payments based on the 1115 waiver rates by service
- ▶ Analyzed comparisons to understand the potential movement of payments across services at an aggregate waiver level and across historical waivers to determine if adjustments are required to meet program goals

# Next Steps

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- ▶ **Finalize rates to be shared during 10/24 meeting**
- ▶ Work with DOH and sister agencies to finalize all outstanding internal questions, as well as any stakeholder feedback/questions from the 10/10 meeting
- ▶ Make final adjustments to rates for outstanding questions
- ▶ Review rates with DOH and sister agencies to determine if additional adjustments are required
- ▶ Communicate rates on 10/24

# Next Steps

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- ▶ **Respond questions & set final rates**
- ▶ Review and respond to questions from stakeholders
- ▶ Make final rate adjustments (if needed) based on questions/feedback from stakeholders
- ▶ Submit the rates to DOB and CMS as an addendum to the previously submitted waiver application
- ▶ Review and respond to questions from DOB and CMS

# Upcoming Offerings

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- ▶ **Part 2: Children's SPA and HCBS Draft Rates, Codes and Modifiers Webinar**
- ▶ November: MCO Contracting Fairs
  - 11/6 Albany
  - 11/8 NYC
  - 11/16 Rochester
  - Registration Information Coming Soon
- ▶ December: Revenue Cycle Management Training
  - 12/6 Rochester
  - 12/12 Albany
  - 12/15 NYC
  - Registration Information Coming Soon



# Questions and Discussion

**Please send questions to:  
mctac.info@nyu.edu**

Logistical questions usually receive a response in 1 business day or less.

Longer & more complicated questions can take longer.

**We appreciate your interest and patience!**



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