

1915c Waiver Review Webinar Q&A

Q: *Will rate adjusts/reconciliation be done on an individual provider bases or all providers?*

A: **It will be based an aggregate reconciliation, not provider specific.**

Q: *Will the cost report require a CPA certification sign off?*

A: **No, it will only require a CFO certification**

Q: *If there is no CFO, who else can certify the CFR?*

A: **Owner, President or CEO**

Q: *Where can I locate the forms for the annual cost you are requesting, or are we creating the forms?*

A: **The forms will be provided to you for review. They are standardized and required to be submitted as they are received. Please do not make any format changes to the excel form for CFR reporting. Any forms submitted other than the Excel form provided will not be accepted**

Q: *Can agencies that already submit through the DOH portal use this data to comply? What if the version of excel is different that could have an impact on your ability to keep data consistent. Which version of excel is this built on?*

A: **You cannot use the Cost Report portal to complete this cost report. This cost report must be returned in the same format you receive it. The version of Excel should not have any significant impact on the reports submitted. This report was built on Version 1708 using Microsoft 365 ProPlus. NYSDOH asks Providers of OPWDD services to complete reports using excel templates and has never run into an issue with accessibility.**

Q: *We do file calendar year CFR with OPWDD currently. Are we getting a copy of the PowerPoint presentation?*

A: **This is a separate CFR. A copy was emailed out.**

Q: *Operationally: an hourly staff would have to break-up their time over multiple services in the same day. Is there any advice on how to handle PTO or to make sure that all the hourly time is in the correct cost center? (one example: A provider is going to one house to provide three services - How would they break up their drive time?*

A: **They would allocate their travel time based on the amount of time spent on each service.**

Q: *Does the cost report require an external audit?*

A: **No. A sample of submitted Cost Reports may be subject to NYSDOH internal audit.**

Q: *Is there a limit on Admin?*

A: **Admin follows the directions in the cost report.**

Q: *Are the Services going to be reported individually, i.e. Prevocational vs Day Habilitation?*

A: **Yes, the services will be reported individually on CFRs 1, 4 and 4a. You will have the ability to select the programs relevant to you.**

Q: *What are the CMS estimates of costs and rates if government provides the service?*

A: CMS does not estimate costs and rates.

Q: What are the columns of financial data that need to be reported? DO WSP services need to be reported separately - i.e. 14 columns? Also, is the reporting required by Region?

A: You will need to report on CFR schedules 1-4a. The specific financial data required is outlined in the cost report manual. Not all services will need to be reported separately. Reporting is required by program.

Q: If one component has a surplus and another has a deficit, do we need to give back the surplus?

A: No, A surplus would be offset by a deficit.

Q: Going back to the previous question...would you have to give back the surplus in the one service?

A: Yes

Clarification on Reporting Periods for NHTD and TBI

Due to the reporting period questions, we have adjusted the requirements.

If you are a calendar year filer, you may report for the six-month period 7/1/18-12/31/18. This means your report would be due 90 days after the close of the period with a 30-day extension, if granted.

Fiscal year filers will still report 7/1/18-6/30/19.

DUE DATES:

CALENDAR YEAR FILERS- Reporting Period 7/1/18-12/31/18

- Cost Report due to DOH- **March 31, 2019**
- Cost Report with approved extension due to DOH- **April 30, 2019**

FISCAL YEAR FILERS- Reporting Period 7/1/18-6/30/19

- Cost Report due to DOH- **September 30, 2019**
- Cost Report with approved extension due to DOH- **October 31, 2019**

DOH will include a section to report which period you are filing for on the Cost Report.

GOING FORWARD:

Calendar Year Filers will report a full year after the initial cost reporting period.

CALENDAR YEAR FILERS- Reporting Period 1/1-12/31

- Cost Report due to DOH- **March 31**
- Cost Report with approved extension due to DOH- **April 30**

FISCAL YEAR FILERS- Reporting Period 7/1-6/30

- Cost Report due to DOH- **September 30**
- Cost Report with approved extension due to DOH- **October 31**

We hope this satisfies any questions regarding Calendar Year filers meeting the previous reporting standards.

Bridges to Health Program Specific Q&A

Q: *Staffing ratio for Care Integrators of 1:10 are mandated or suggested?*

A: **Per CMS Reauthorization, the 1:10 (HCI:Child) ratio is required.**

Q: *In the past we have submitted OCFS SSOP cost reports. What is the difference?*

A: **(The major difference between the SSOP and these new cost reporting requirements is the level of detail. B2H providers that are also Voluntary Foster Care Agencies need to complete both the OCFS SSOP and the new B2H Cost Reporting forms.)**

Q: *If and when rates are approved will they be retro back 11/1/17?*

A: **Yes**

Q: *Will we continue to receive the old rate until at least 6/30/2018? We are currently being overpaid.....*

A: **When the new rates become active, you will receive a retroactive adjustment.**

Q: *Will the rate change payments be retroactive?*

A: **Yes, effective 11/1/17**

Q: *Does cost reconciliation translate into recovery of any surplus funds during the FY 18-19 fiscal year?*

A: **Yes.**

Q: *Medicaid is still paying the old rates even though we have been submitting the new rates?*

A: **When the new rates become active, you will receive a retroactive adjustment.**

Q: *We are currently billing at the old rates. How will this be impacted once the new rates go into effect? When the new rates become active, you will receive a retroactive adjustment.*

Q: *Is it expected that B2H will move out of "Other" programs in the CFR to its own segregated columns after the initial cost reporting period? Will cost reporting follow 7/1/18-6/30/19 for calendar year filers as well?*

A: **B2H will be its own column in the initial cost reporting period. We are not using the CFR software, this is separate.**

Q: *Will HCIs do cost reporting or will sub-contractor WSPs be required to do cost reporting also?*

A: **All HCIAS and subcontractor WSPs will be required to do cost reporting.**

NHTD/TBI Program Specific Q&A

Q: *When will the HCSS rate increase be effective and when will providers be paid this new rate?*

A: **NYSDOH is working with CMS to get approval for FLSA increase retroactive to 10/13/15.**

Q: What are the effective dates of these rates?

A: **4/1/15**

Q: We are a provider of assistive technology - personal emergency response systems and medication dispensers. Would we be asked to do a cost report or will the cost report be done by the Agencies requesting the assistive technology from us?

A: **From the Agencies requesting assistive technology.**

Q: Why is this rate lower than what we currently receive?

A: **We are not quite sure what this means. We would need to know what service they are referencing and if it is an upstate or downstate rate. None of the rates presented in the power point were less than the current rates.**

Q: You said that the waiver rates have not changed. It looks to me that the rate for assistive technology has changed. My understanding is that the rate is vendor cost X 1.5 and then approval. Are you saying that we no longer need to follow the cost X 1.5 calculation?

A: **Previously, the TBI waiver application allowed the Assistive Technology provider to include a 10% administrative fee. This is no longer permissible. However, Assistive Technology providers are allowed to include a project management fee in the final cost approval. NHTD currently does not have this provision.**

Q: Will this replace Executive Order 38 or will 38 still exist?

A: **Executive Order 38 exceeds waiver services. Governor Cuomo's Executive Order #38 "prevents(s) public funds from being diverted to excessive compensation and unnecessary administrative costs, and ... ensure(s) that taxpayer dollars are being used to help New Yorkers in need" (Governor Andrew Cuomo, Executive Order #38). This website serves as a source of information for providers receiving State funds and State-authorized payments and allows providers the opportunity to apply for a waiver from the limitations of the Executive Order and accompanying regulations. The provider is referred to: <https://executiveorder38.ny.gov/>**

Q: What happens if long term care takes over waiver services as planned?

A: **Providers contract with managed care plans. The provider is referred to the MRT#90 website for information related to the waiver transition process: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/**

Q: Is the HCSS increase just for TBI?

A: **No, it will be applied to NHTD once rates are approved.**

Q: What is the current NHTD HCSS rate? I have been billing \$23.53/hr to Medicaid?

A: **That is the current rate.**

Q: Clarifying the FLSA retro will apply only to TBI dates of service or both waivers (TBI and NHTD) please clarify - were the NHTD rates also approved by CMS. We service HCSS in Upstate.

A: **TBI providers should receive the FLSA increase effective 10/13/15. NHTD providers would receive this on the same effective date if the NHTD waiver application is approved by CMS.**

Q: For clarity sake, I understand that by 3/31/18 the department plans to have an answer for FLSA associated costs and that that rate will be backdated to 10/13/15 correct?

A: **Yes**

Q: Would we need to reprocess and re send the claims or would they be automatically retro process with the new rates?

A: **No. This will happen automatically with the retro process of the new rates.**

Q: There was a document titled "TBI Rates" effective 9/1/17 where the rate for upstate services for HCSS was \$23.76 per hour. When will this be paid out, as the old rate was \$23.42?

A: **When approved by CMS.**

Q: Will providers who operate both TBI and NHTD complete a cost report for each waiver program?

A: **Yes, but they will be on the same cost report.**

Q: Clarifying the FLSA retro will apply only to TBI dates of service or both waivers (TBI and NHTD)

A: **Both when the NHTD waiver rates are approved.**

Q: Can you please show the slide with upstate rates for TBI again, or will this power point be emailed?

A: **The PowerPoint presentation was sent out via email.**

Q: Where can we find a list of the rates on your slide?

A: **The slides were made available through an email.**

Q: Do you know anything regarding the Minimum Wage retro increase as well?

A: **We do not know what the minimum wage increase will be but it could be effective from 1/1/17 or 1/1/18.**

Q: With the rapid increases in minimum wage occurring over the next couple of years, how will the rates be adjusted until the cost reporting process has been fully implemented. Was the rate sheet you had shown in the beginning the new rate sheet and can you show it again?

A: **There will be an add-on to rates until the minimum wage increases are reflected in the CFR cost report data.**

Q: When would CMS complete review of NHTD new rate. Does the department have a plan to address the costs associated with minimum wage increases prior to 7/1/2020?

A: **DOH is working on any possible minimum wage impact effecting providers.**

Q: There was a document titled "TBI Rates" effective 9/1/17 where the rate for upstate services for HCSS was \$23.76 per hour. When will this be paid out, as the old rate was \$23.42?

A: **When approved by CMS.**

Q: Who would then be doing the cost report and would it be done by individual agencies?

A: **It is required individual agencies submit the cost report.**

Q: Will providers need to do separate reports from each waiver region as well?

A: **No. The Cost Report will be based on the Administrative headquarters' region.**

CAH I & II Program Specific Q&A

CAH I & II questions addressed above.