



Department
of Health

Long-Term Care Workforce and Value-Based Payment Readiness Implementation

Provider Webinar

January 2022

About this Webinar

Agenda:

- DOH presentation
- Address pre-submitted questions
- Answer questions from the Q&A function

Attendees:

- This webinar is intended for licensed home care services agencies (LHCSAs) potentially eligible for the Workforce and Value-Based Payment Directed Payment, to the extent the funding is approved by the Centers for Medicare and Medicaid Services (CMS).
- Representatives from provider associations and participating managed care organizations are also in attendance.

Logistics:

- All participants will be muted throughout the webinar to reduce background noise.
- Please use the Q&A function to submit any questions or comments. These will be saved.
- Answers provided for questions during this webinar may not be the complete and final answer. FAQs will be posted following the webinar.
- The presentation will be recorded. The recording and slides will be sent to attendees and potentially eligible LHCSAs following the call.

Key Parties and Approval

Who is involved in the directed payment process?



NYS DOH



MAP/MLTCP Plans



Eligible LHCSAs



CMS

This process and funding is contingent upon CMS approval.

- New York State is currently seeking approval from CMS for a directed payment to LHCSAs.
- **All funding is dependent upon CMS approval of this investment.**
- DOH is beginning the process before receiving CMS approval in order to expedite the distribution of funding once approval has been received.

Funding

What is the value and timing of the directed payment?

The State is splitting its workforce investments across two fiscal years to allow flexibility in appropriately directing funding based on lessons learned and assessed need.

Current Directed Payment

Timing: January 1, 2022 – March 31, 2022

Amount: \$361 million

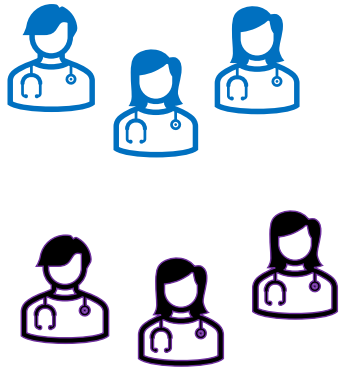
New Workforce Investments

Timing: April 1, 2022 – March 31, 2023

Amount: TBD

Directed Payment Process

Eligible LHCSAs (~235)



- LHCSAs submit attestations and surveys to DOH to qualify for awards



State



- State determines provider awards and pays MAP and MLTCP plans



Plans

MAP
Plans
(~8)



MLTCP
Plans
(~25)



- MAP and MLTCP plans distribute funding to the LHCSAs within defined contractual requirements



Eligible LHCSAs



- LHCSAs use funding in SFY22 and SFY23 to strengthen their workforces and prepare for VBP arrangements, with reporting to DOH

Provider Class



- Provider class is limited to licensed home care services agencies (LHCSAs).
- Only LHCSAs with managed care revenue* that meets or exceeds the revenue threshold in their respective regions are included in the provider class (approximately 235 LHCSAs).
- The threshold is set at the 66th percentile of providers in each region based on provider revenue, meaning that the third of providers with the highest managed care revenue in each region will be included in the provider class.
- DOH developed unique revenue thresholds for each region to account for regional variation.
- LHCSAs are required to submit attestations and completed surveys to DOH to be included in the provider class.

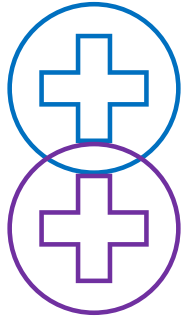
*Managed care revenue is defined as 2019 managed care revenue received from MLTCP and MAP plans

State Responsibilities



1. State determines provider payments based on utilization from the first two quarters of SFY22 and compliance with attestation and survey requirements.
2. State oversees the provider attestation and reporting processes.
3. State communicates provider payments to providers and plans.
4. Upon receipt of CMS approval, State coordinates plan payment process, including any coordination with CMS, prior to making payments.

Plan Responsibilities



1. Plans receive payment amounts per provider from the State.
2. Plans receive copies of provider attestations and spending reports.
 - Allows plans to understand how providers are using the funding and provides a foundation for a future VBP arrangement or supporting a stronger workforce.
3. Pending approval from CMS, plans remit funding to providers following receipt from the State.
 - Plans must pay providers within thirty days to ensure that providers receive funding promptly.
 - Prompt distribution of funding will also enable early tracking of funding toward approved program expenditures.

Provider Responsibilities

Expectations for Initial Rewards:

1. In order to qualify for funding, providers must attest to planned use of ARPA HCBS funding on HCBS workforce development and/or preparation for VBP arrangements.
 - DOH has identified categories of expenditures on which agencies can choose to spend their awards (see slide 11). Agencies must spend their awards on at least one of these categories.
 - Attestation forms include a request for spending plans and budgets to ensure spending is appropriately allocated to funding opportunities.
2. In order to qualify for funding, providers must complete an initial survey.
 - The survey will provide the State with data to measure the impact of these investments.

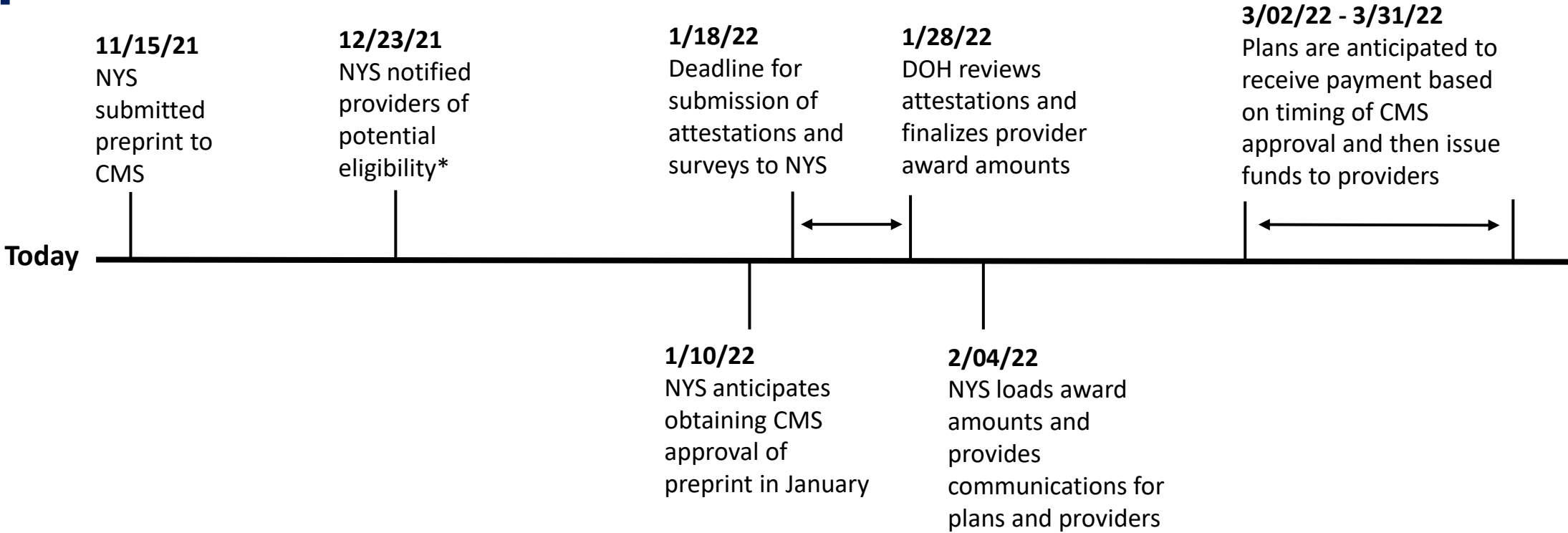
The attestation and survey must be submitted by January 18, 2022.

Provider Responsibilities (Continued)

Attestation Commitments:

1. Providers will commit to reporting quarterly on actual and projected spending.
 - Provides the State and plans with further insight into how providers are spending their awards and enables opportunities for monitoring and subsequent policy making.
2. Providers will commit to completing quarterly surveys.
 - Follow-up surveys will provide data to measure the impact of investments.

Anticipated Timeline for Directed Payment Implementation










*Eligibility is contingent on CMS approval; there is no guarantee of funding

Provider Investment Categories

How must providers spend their awards?

Awards must be used for at least one of the following areas:

-  • Adopting workforce retention and job satisfaction strategies
-  • Developing and promoting completion of training programs
-  • Utilizing innovative technologies that assist with VBP contracting and increasing employee satisfaction
-  • Developing or utilizing strategies to recruit and retain a racially and ethnically diverse and culturally competent workforce
-  • Implementing strategies for effective care management and reductions in health care spending associated with effective service delivery
-  • Planning for emergencies and building appropriate personal protective equipment (PPE) stockpiles from state authorized sources
-  • Preparing for participation in value-based payment arrangements

Budgeting Considerations

- Funding must be spent by March 31, 2023.
- Providers must implement their efforts in the regions in which they qualified for funding and may use the funding to implement efforts across their full New York service area.
- Providers may use their awards to fund recruitment, retention, and training for personal care aides, home health aides, and nurses who directly provide, or supervise the provision of, personal care or nursing services. Funding cannot be used to pay for current wage levels for any employees or salary increases for administrative staff, managers, and executive staff.
- Funding cannot be used to supplant current or already planned expenses.
- Providers that fail to expend funds, or expend funds on non-approved uses, will be ineligible for future awards and/or subject to recoupment of their award.

Keep in Mind

Attestation and Survey Submission Deadline:

- Providers must submit the online questionnaire containing attestations and survey responses by 11:59 PM on January 18, 2022.
- Any provider that fails to submit the questionnaire by the date determined by DOH will not be eligible for funding from this directed payment.

Quarterly Spending Reports and Surveys:

- Surveys and spending reports will be collected every quarter starting July 1, 2022.
- Providers must complete these activities quarterly in order to retain their awards and maintain eligibility for future HCBS enhanced FMAP funding opportunities.
- More information regarding the quarterly reports will be provided following the release of provider awards.

All funding is contingent on CMS approval of this process.

FAQs

Eligibility Determination

Q: How did DOH develop the unique revenue thresholds for each region?

A: Revenue thresholds were set at the 66th percentile of the 2019 managed care revenue received from providers by MAP and MLTCP plans in each region. Given that there is regional variation in the spread and range of provider revenue, the 66th percentile results in a different dollar value in each region.

Q: How were the regions determined?

A: Regions are consistent with the four Managed Long-Term Care rate regions, which are NYC Area, Mid-Hudson/Northern Metro, Northeast/Western, and Rest of State. LHCSAs were assigned to regions based on the service location of member claims. For example, if the LHCSA billed for a member in the NYC Area region and a member in the Mid-Hudson/Northern Metro region, the LHCSA would be assigned to both regions.

Q: How did DOH decide to only consider MAP and MLTCP revenue?

A: Revenue from MAP and MLTCP plans was selected because 95% of the largest LHCSAs in each region do business with these programs. In addition, the MAP and MLTCP product lines account for the majority of the Medicaid expenditures in Long-Term Care.

Award Structure

Q: How were the provider awards calculated?

A: Provider awards were calculated based on each agency's managed care utilization during the first six months of SFY22 (4/1/21 – 9/30/21), limited to personal care services provided to Medicaid enrollees in MLTCP and MAP plans from April 2021 through September 2021. This is a requirement of the directed payment process.

Q: How many LHCSAs are included in the provider class?

A: There are 212 unique LHCSAs included in the eligible provider class for this current directed payment. Some LHCSAs met the eligibility criteria in multiple regions, resulting in a total of 235 potential awards.

Q: What is the breakdown between the regions?

A:

Region	# of LHCSAs in Top Third
NYC Area	154
Mid-Hudson/Northern Metro	28
Northeast/Western	30
Rest of State	23
Total	235

Q: Will DOH recoup funds from LHCSAs who fail to satisfy the requirements?

A: Agencies may be subject to audit, which could result in recoupments. Agencies must keep track of spending and clearly document all award expenditures. Agencies will not be required to provide documentation in their quarterly reports but must keep documentation available until March 31, 2028.

Spending – Recruitment and Retention

Q: Can agencies use their awards to raise wages or incentivize recruitment?

A: Agencies can use their awards to raise wages or incentivize recruitment of direct care workers and nursing staff providing, or supervising the provision of, personal care or nursing services. DOH recognizes that one of the key elements in strengthening the workforce is increasing the number of direct care workers in the system. This will require recruiting new direct care workers to the HCBS system and retaining direct care workers who are already part of the system.

Q: Are signing bonuses or reimbursement of a new employee for the completion of a PCA/HHA training program that occurs just prior to their hiring allowable?

A: Signing bonuses are allowable for new employees as long as they are not being hired from another LHCSA. Reimbursement for the completion of a PCA/HHA training program that occurs just prior to the hiring of a newly certified employee is allowable.

Spending – Allowable Expenses

Q: Can funds be used toward existing programs that fit the categories or do all funds need to go to new programs?

A: Funding cannot be used to cover existing expenses or legal requirements, even if they fall into the allowable categories. Funding must be spent on new or augmented programs, services, and/or purchases.

Q: What qualifies as a new or improved program or service?

A: A new program or service is one that is not currently being offered by the agency or required by law. For example, if an agency does not currently offer health insurance to direct care workers, providing health insurance would qualify as a new expense. An improvement to a program or service would involve an agency augmenting, expanding, or updating a program or service that it already provides. For example, an agency might expand transportation assistance for only full-time staff to also include part-time staff. These funds must be allocated to the expansion.

Q: Can agencies use this funding to hire consultants to help implement new programs and strategies?

A: Funding can be used to pay for consultant fees as long as the scope of work being covered is strictly focused on one of the approved investment areas.

Spending – Allowable Expenses

Q: Can agencies use this funding to pay for capital expenses that further one of the approved investment areas?

A: Capital expenses are not allowable uses of this funding.

Q: What investments require individual approval from DOH?

A: Only investments that do not fall within an area or category provided in the guidance require individual approval from DOH. To request approval for an investment that is not included in the guidance, please email DOH at LHCSA.FMAP@health.ny.gov by January 14, 2022.

Q: Can funding be used for Consumer Directed Personal Assistance Program (CDPAP) expenses?

A: Funding cannot be used for CDPAP expenses.

Q: Agencies must implement their efforts in the regions in which they qualified for funding and may use the funding to implement efforts across their full New York service area. Does this mean that an organization can set up programs in regions where they are licensed even if they did not receive funding for that region?

A: Agencies must spend in the regions for which they were awarded funding, but do not have to spend all of the funding in those regions. Agencies may spend funding in regions where they did not receive funding. For example, an agency may offer a new training program across all their licensed counties despite only receiving funding in one region.

Budget and Spending Narrative

Q: Does DOH have a preference for awardee spending?

A: DOH shared guidance with potentially eligible LHCSAs that provides descriptions of each spending category as well as investment examples. LHCSAs have flexibility to spend their awards in ways that are most appropriate for their agencies while staying within the bounds of the spending categories DOH has identified.

Q: Is the approximate award amount listed in the award letter the exact amount that will be awarded or will the amount change? Is the budget that agencies submit final?

A: The award amount provided in the letter is approximate. Please use this amount as the basis for your budget. Agencies will be able to adjust their budgets in quarterly reports and will need to justify any changes in their spending plans.

Q: How detailed does the spending plan narrative need to be?

A: The narrative should provide a comprehensive overview of your spending plan but does not need to include specific details such as vendor names. Narratives should be as accurate as possible, though changes can be made in subsequent quarterly reports.

Survey

Q: Will all LHCSAs complete the survey?

A: Only eligible LHCSAs will complete the survey.

Q: My organization also provides Consumer Directed Personal Assistance Services (CDPAS). Should I include workforce data for this program in my survey responses?

A: Survey responses should only include data regarding LHCSA services. If your agency operates other programs or services, they, and relevant staff, should be excluded from your survey responses.

Q: How many hours are considered full-time?

A: The number of hours that qualify an employee as full-time is determined by individual employers.

Q: Is this survey related to any other data collection DOH currently requires?

A: This survey is separate from other data collection DOH currently requires.

Additional Questions?

- Please enter any questions in the Q&A function. We will do our best to address all questions as time permits.
- We will release an FAQ including answers to questions we were unable to address today.
- For the webinar, please focus your questions on those that apply to multiple LHCSAs. For questions regarding your individual situation, please email LHCSA.FMAP@health.ny.gov.

Thank You!

Reminders:

- Online questionnaires must be submitted by 11:59PM on January 18, 2022.
- Please email any questions or comments regarding the directed payment process or policies to LHCSA.FMAP@health.ny.gov.
- Please remember that successful submission of the attestation and survey does not guarantee funding. All funding is contingent upon CMS approval of this process.