

**From:** Kirk Lewis <KirkL@SarcNY.org>  
**Subject:** Update For Tomorrow's call

Good afternoon—Just a reminder that we will have an update call with the Arc NY tomorrow morning, at 9 am. So everyone is on the same page when we talk, I wanted to send a quick update on the most recent calls with OPWDD, so we don't have to spend the first half of the call getting up to date.

First, a big shout out to Mark, Cyndi and the Arc NY staff for their work in procuring surgical masks. We took delivery of 2000 for Schenectady, and they are greatly appreciated. Mark raised the PPE issue with the Commissioner on the call Saturday, and it continues to be a challenging issue for all providers, but particularly the downstate providers who are actively dealing with positive cases. The Commissioner's response was not reassuring—he focused on the “correct” use of PPE, suggesting that providers may be over-using PPE, or using it when it's not called for. I think for most of us, we want to have the PPE available for when it is definitely needed, and we would like to be able to offer it when staff feel it is necessary.

Some of the new items coming from OPWDD:

First, on Friday afternoon Kate Marley provided more detail on the kind of funding support they are looking for to support our provider system. What they are working on (and none of this has been approved yet, but Kate believes they have had a positive response from CMS) is a two-tier approach to supporting agencies. The first tier is the payment of retainer days, as has previously been described, for a period of 30 days from when OPWDD shut down day habs (to April 17). These are payments of your day hab rates, based on the schedule that people normally attend the day program. These are payments to “retain staff”—we are still working on clarifying exactly what kind of documentation would be required from providers to support these payments; we believe that OPWDD will be requiring some documentation to establish that day DSPs have been redeployed to support people during this crisis. With these payments, providers who are providing residential support to individuals who attend some other provider's day hab would be entitled to an enhanced residential rate to recognize the fact that the residential provider is supporting that individual for a full day. Details on how that rate will be calculated, and on how it will be paid, have not been finalized.

The second phase of retainer payments would start on April 17, and (presumably) would extend for the duration of the coronavirus emergency. The second phase involves a different type of retainer payment. OPWDD is proposing looking at the total amount an agency would be paid for Day Hab, Com Hab, PreVoc and respite and then paying an agency 80% of that amount for a new service that they are calling a “COVID Response Service.” To be entitled to receive that payment, agencies would have to show that staff from those programs have been deployed, or are helping to respond in some way to support people both in the community and in our certified sites during the crisis. In addition, agencies will have the ability to receive up to 100% of their projected billings for this time if they actually provide up to 20% of their billable services to individuals during this time period. There are many details to be worked out with this proposal—how the 100% will be calculated, what kind of documentation will be required, what kind of services will qualify as “COVID response services”, etc. There are also

active discussions about bringing other services into this concept, such as SEMP and our article 16 clinics. Discussions about this concept continued through the weekend and involve dialogue between OPWDD and the Provider Associations and OPWDD and CMS.

One other concept that many of us have been talking about, and that OPWDD seems to be moving forward on, is developing emergency housing capacity among the voluntary providers. In the call Saturday evening, the Commissioner said that they would be looking at developing emergency medical units with providers, housing that would be available for individuals with an active case of COVID 19 but who do not require intensive care in a hospital. This would be available to individuals who live in your own sites as well as from other sites. It was clear from the commissioner's presentation that they are looking at this as a way to help hospitals keep beds available for critical cases—there was some debate about whether this service would be available only for people who were discharged from hospitals, but who still needed a higher level of care, or if it would be available for others who are symptomatic and needing care. Again, many details need to be resolved. However, they are looking at providers getting reimbursed for this service at the enhanced respite rate, which is close to \$900 per person per day downstate. We are looking for details on what kind of physical plant requirements they envision, as well as other details as to what a provider would need to show to be identified as a provider of this service. Significantly, the regular residential provider would be able to bill the place vacated by the individual while they were getting this more intense service as a medical leave day.

This proposal does not address housing for individuals who have an emergency need but who are not COVID positive; that continues to be a topic of discussion between OPWDD and the Pas. There continue to be many other moving pieces—Erik and Josh have been working on getting a more reasonable reporting/tracking procedure, and members of the Pas have been working on getting recognition of the challenge providers may face meeting staffing ratios in a crisis situation. I have not been trying to update as frequently, as the updates from Kate have covered the details very well as well as providing other information.

Looking forward to talking to everyone tomorrow—stay healthy, wash your hands!

**Kirk Lewis**  
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