

**APD AFH Collective Bargaining Agreement
Summary of Substantial Changes – Sept 2017**

Article 9 – Service Fees

9.2 Use of Resident Assessment Tool for Rate Determinations

- Providers will not receive initial copies of the assessment documents and rate tool summaries on the day of assessment [*i.e., the SDS 001N*]; a copy of these documents must be mailed or emailed to the provider no later than ten (10) business days after the assessment is finalized
- Providers are not required to sign a copy of the assessment [***Working on a Letter of Agreement to change this provision, as it is a CMS requirement***]
- The individual's care plan will be adjusted to reflect any service need changes identified in new assessments [***This is mainly for ODDS program***]

9.3 Investigation Processes

- Required, written information about each individual [i.e., service rate showing amounts for base rate, supports/add-ons & exceptions; service and support needs; completed assessment and approval authorizing an add-on or exception] must be given to providers prior to the individual's admission to an AFH, *unless the AFH chooses to accept the individual without that information in an emergency situation*

9.8 Changes to Service Plan and Payments

- If a resident's reassessment (CAPS) results in different service needs, the care plan will be adjusted accordingly
- Removed sentence about approved funding increases for residents being retroactive to the date the reassessment was requested (so long as the provider could demonstrate that the additional service was provided in the interim)
- If resident's support needs increase after hospitalization, a reassessment must be conducted within 30 days after discharge back to the AFH
- If the provider determines they cannot meet the resident's care needs under the current care plan, they may issue a move-out notice per applicable program rule [***This is mainly for the ODDS program***]

9.__ COLAs [new section]

- COLA increases to service payments for all providers in Appendix C, as follows:
 - 2% effective 2/1/18
 - 4.5 % effective 1/1/19

9.__ Resident Manager Schedules [new section]

- Providers may apply for and get variances to the specific day per week Resident Manager requirement

9.__ Compliance with OARs [new section]

- When admitting a resident from another licensing group, providers are only required to comply with the OARs under which they are licensed, except when the requirement to comply with additional OARs has been specified in the individual's care plan and funded accordingly
- The State will provide standardized list of applicable rules for the other program (ODDS or OHA) to the provider when an individual from another program is being admitted

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Article 9, Appendix C – Service Rates for AFHs Serving Individuals in APD Programs

- APD rates and AFH-Specific Needs Contract & Exceptional rates, including approved additional hours of service rate, will be adjusted in accordance with the COLA in Article 9
- Exceptional rates above the SNP rate chart can be established between providers and the State in order to meet any complex Resident needs
- For the SNP Compliance Process, the State will maintain and distribute a checklist of items that will be reviewed during the routine Contract Compliance Process at least once a year

Article 11 – Union Representation

11.2 Contested Case Hearings

- Allows provider to represent him/herself in a contested case or be represented by an attorney; no one else, not even the Union, can represent them

11.3 Investigation Processes (effective no later than 1/1/18)

- DHS will notify provider of any abuse/neglect investigation opened against the provider, license or home
- DHS will inform provider of nature of investigation, including OARs potentially violated and general rights/responsibilities of provider
- DHS will allow provider an opportunity to offer additional information or evidence; the outcome of the investigation will not be finalized until such information has been reviewed
- Union Representatives are not allowed to participate in witness interviews, even if the witness is an employee of the provider and is involved in the investigation as a potential perpetrator