



**Office for People With
Developmental Disabilities**

Workforce and Talent Management
Training Curriculum Series



**Medicaid Service Coordination
The Individualized Service Plan**

Instructor's Manual

Education and Training Online Resource Library



Agency Requirements for MSC Course Delivery

The MSC curricula found on OPWDD's website www.opwdd.ny.gov may be delivered by provider agencies that meet certain specified conditions.

For information, please go to:

http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/documents/msc_agency_requirements_train

If you have any questions, please contact OPWDD Talent Development and Training at (518) 473-1190.



Instructor Requirements for MSC Delivery

Instructors must be an employee of, or affiliated with, an approved Agency/Provider Association operated or certified by OPWDD or other organization associated with the OPWDD service system.

In order to present training in Medicaid Service Coordination (MSC) Monthly Note Training, instructors must have a minimum of two years experience with people with developmental disabilities and providers of developmental disabilities services.

Instructors must have a minimum of two years of Medicaid Service Coordination work experience, or in another title with comparable working knowledge of Medicaid Service Coordination.

Instructors must be permitted by their agency sufficient time to participate in the requirements of this role.

Instructors must regularly monitor OPWDD's online curriculum for updates.

The Instructor or the Instructor's agency is responsible for retaining the signed, original sign-in documents for a period of six years from the date of training.

If you have any questions, please contact OPWDD Talent Development and Training at 518-473-1190.



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Symbol Legend:



Prepare for next slide



Activity



Participant Manual



Overview and Introduction

Course Outline:

- **Section 1:** Introduction to the MSC Monthly Note: “The Basics”
 - Why write a Monthly Note?
 - Quality and Fiscal Standards
 - Quality Standards
 - Fiscal Standards
 - Meeting both the Quality and Fiscal Standards
- **Section 2:** Purpose and Outcome
- **Section 3:** Payment Standard
 - Willowbrook Class Members
 - List A
 - List B
 - Definition of a Qualified Contact
- **Section 4:** The MSC Monthly Note
- **Section 5:** Examples
- **Section 6:** Key Quality Considerations
- **Section 7:** Frequently Asked Questions
- **Additional Resources**

Purpose:

This course is an overview of the fiscal and quality standards related to MSC Service Note Documentation.

Course Objectives:

- Understanding the fiscal standards
- Understanding the quality standards
- Understanding how to complete a MSC Monthly Note



Format:

- Facilitated discussion including questions/answers.
- **Trainer Note:** Encourage participants to ask questions as you go along with the training. Answer questions throughout or direct participants that a particular question will be answered later in the session.

Materials:

- Participant Manual (set up as a PowerPoint slide handout pages; exercises)
- PowerPoint (optional)

Introduction:

- Personal introduction by instructor (name, background, experience).
- Course introduction, purpose and objectives
 - “Welcome, and thank you for coming!”
 - Present that the format of the course is presentation style with questions and answers throughout.
 - **Discuss:**
 - As MSCs, you are responsible for documenting service coordination activities that you provide. Today we are going to review the MSC Note, which is the required contemporaneous note necessary to substantiate billing for MSC. There are two formats of the note (the MSC -10 or the MSC-10b); either format can be used depending on the choice of your agency.
 - The MSC notes provide a chronological written record of services provided by the service coordinator during a month. The notes must indicate the types of services provided and whether the billing standard has been met for the month.
 - This training is an overview of the fiscal and quality standards related to MSC service note documentation.
 - Examples of MSC Notes will be included.
 - **Review:** At the end of this training you will have information about MSC Monthly Note documentation, answers to frequently asked questions about the MSC Monthly Note, and additional resources.
 - Go over: Logistics/Ground Rules
 - i.e.: The session will end at _____
 - Please be sure you signed the sign in sheet.
 - Rest rooms are located _____.

- Everyone should have a copy of their participant manual. It is put together as “slides” with a section for taking notes. In the back are example notes that we will look at later.
- Icebreaker (optional)

Icebreaker

Trainer Note: the icebreaker is “optional”.

To get an idea of the participant’s background, you might ask (by a show of hands) their role – e.g. “How many are MSCs? MSC Supervisors? Other (state role)?”

Introduction to the Course:



Refer to Participant Materials slide #2

Review the outline for the training: MSC Monthly Note Training Agenda

Note: It is not necessary to go into detail here. This is just an outline.

- Introduction to the MSC Monthly Note: “The Basics”
 - Why write a Monthly Note, Quality/Fiscal Standards
- Purpose and Outcome
- Payment Standard
 - List A, List B, Qualified Contact
- The MSC Monthly Note
- Examples
 - **Explain:** We will be looking at examples of monthly notes.
- Key Quality Considerations
- Frequently Asked Questions (and the answers)
- Additional Resources

Provide a transition to topic areas:

You might say: Next we’re going to review why we need to write a note in the first place. We’ll talk about reasons for writing the note, including quality and fiscal considerations.



SECTION 1: Introduction to the MSC Monthly Note – “The Basics”



Refer to Participant Materials slide #3 and give participants time to review the information.

Why write a Monthly Note?

- Bullet 1: Good clinical practice
 - Provides pertinent historical and clinical information about the person and offers greater continuity of care of services
- Bullet 2: Required to support billing
 - Our documentation has to prove to Medicaid that we are meeting the minimum standards

Discuss:

This slide discusses the importance of writing a monthly note. Besides that the note is required for billing, it is good clinical practice. You need to prove to Medicaid that you are meeting required minimum standards.

Elaborate: Some of the things you can explain are as follows:

- Notes are helpful in that they offer a recap of what the service coordinator has done
- They show a history – historical perspective – something to refer back to
- They show progress the person has made with their valued outcomes and overall progress.
- They can be used as a reference at a later date – for the service coordinator, for a service coordinator/supervisor who is covering or taking over for the individual and allow for greater continuity of service if the person changes service coordinators or MSC Vendors.
- They show a continuity of service and service coordination.
- They show the efforts the service coordinator has made in helping the person to maintain health and safety.
- It describes satisfaction with services.
- It is a record of what the service coordinator did for the person.

Make the Point:

Remember:

- Quality first – not just the minimum



- If you meet quality standards, you are most likely meeting the minimal fiscal standards

Transition to the next topic area:

You might say:

Next we'll talk about the quality and fiscal standards related to the MSC Note and the importance of meeting criteria of both.

Quality and Fiscal Standards

Refer to Participant Materials (slide #4) and give participants time to review the information.

- Bullet 1: Quality Standards – OPWDD's Division of Quality Improvement (DQI) audits the services provided to ensure they meet quality standards set by OPWDD.
- Bullet 2: Fiscal Requirements – the State Office of Medicaid Inspector General (OMIG) is responsible for fiscal audits.

Discuss the following:

This slide points out that there are entities or potential entities out there to be aware of. A simple way to think about it is that there are "Two Worlds": "quality" and "fiscal". For each, there are different aspects that are needed. Here are some of those entities:

- OPWDD's Division of Quality Improvement (DQI)
 - **Discuss:** OPWDD's DQI Survey Protocol for MSC, items 46-50. These items are looking to make sure that we are monitoring for satisfaction, health and safety, face-to-face visits, progress towards valued outcomes, etc.
 - **Highlight each of the items:**
 - (46) The MSC record includes MSC notes that contain information needed to provide continuity of services.
 - (47) The MSC note indicates that the MSC meets with the individual when/if needed.
 - (48) The Monthly notes document that the Willowbrook class member receives monthly face-to-face meetings with the MSC.
 - (49) The MSC notes indicate that the MSC meets with the individual in his/her home when/if needed.
 - (50) For each Willowbrook Class member, the MSC notes document that the face-to-face service meeting occurs in the individual's home at least quarterly.

- The State Office of Medicaid Inspector General (OMIG):
 - **Discuss:**
 - They look at records from a fiscal perspective.
 - There could be a fiscal payback/remediation.
 - They are looking that you have met the minimum fiscal standards.
 - Elaborate on OPWDD's Administrative Memorandums (ADMs) which describe minimum standards for billing. ADMs can be found on the OPWDD website at www.opwdd.ny.gov



Refer to Participant Materials slide #5 and give participants time to review the information.

- Bullet #1: Have to meet both.
- Bullet #2: We are here to provide quality services not to merely meet minimum standards in order to bill.
- Bullet #3: Start with quality in mind while making sure you meet the minimum standards in order to bill.
- Bullet #4: In most cases, meeting the quality standard will mean meeting the minimum fiscal standard.

Make the following points:

- We want to strive to meet the best of both worlds – Quality and Fiscal.
- The goal is for providers to provide quality services – not to take money away.
- OPWDD is concerned with quality aspects: how agencies are doing with the delivery of services.

Transition to the next topic area:

You might say:

We discussed quality and fiscal considerations. Next we are going to discuss how you can meet both these standards and the importance of doing so.

“The Basics”



Refer to Participant Materials slide #6 and give participants time to review the information.

The monthly note must contain the following required elements:

- The individual's name



- Identification of the service provided
- Identification of the vendor providing MSC
- The month and year that the MSC service was provided
- The full name, title and signature of the MSC service coordinator delivering the service. Initials are permitted if a “key” is provided, which identifies the title, signature and full name associated with the staff initials.
- The date the note was written (i.e., the signature date) which must include the day, the month, and the year.

Review all elements (as indicated):

- This slide (and the next one) lists the required elements of the MSC note.
- Required elements are non-negotiable: these things need to be on the note.
- Note: The MSC Vendor Manual discusses MSC documentation elements and associated requirements that support payment of MSC service claims. These are considered “billing standards” or “payment standards”. Payment standards establish the minimum service parameters that must be documented in order for MSC vendors to receive reimbursement for a particular service claim.
- MSC payment standards are in Administrative Memorandum (ADM) #2010-03: MSC Documentation Requirements for Billing.

Required monthly note elements continued.....



Refer to Participant Materials slide #7 and give participants time to review the information.

- Bullet #1: A description of the activity(s) provided by the service coordinator, which serves to develop, monitor, or implement the valued outcomes in the person’s ISP.
 - If the activity is a face-to-face service meeting with the individual then the purpose and outcome of the contact must be included, as well as the location of the service meeting.
 - If the activity is contact with a qualified contact then the purpose and outcome of the contact must be included. The identity of the qualified contact and the relationship to the person should also be included.
- Bullet #2: A monthly summary that includes the person’s satisfaction with services along with any follow-up taken, changes in the person’s life, and any issues or concerns, including health and safety.

Discuss:

- The basic required monthly note elements are listed on the slide(s).

- In the summary section, include any health and safety concerns noted during the month. This includes any actions taken by the service coordinator to rectify the situation. If there were no concerns about health and safety during the month, this should be noted.
- Also include information about the person's satisfaction or dissatisfaction with the supports and services they receive (as outlined in the ISP). Any actions the service coordinator takes in regard to this should be noted.
- Any significant events in the person's life should be noted as well as any follow up actions the service coordinator has taken.

More basics.....



Refer to Participant Materials slide #8 and give participants time to review the information.

- Bullet #1: Agencies must use all of the elements in the OPWDD developed Note format.
- Bullet #2: Agencies may not remove any elements, but may add additional elements or convert the note into an electronic format.
- Bullet #3: the monthly service note, including a monthly summary, must be completed by the **15th day** of the month following the service month.
- Bullet #4: Service Documentation must be retained for a period of at least six years from the date the service was delivered or from the date the service was billed, whichever is later.

Discuss:

- The date the note is written must be “contemporaneous”, which means “at the time the service was delivered or shortly after” the date the MSC activity was provided. For MSC, contemporaneous is defined as having a monthly service note, including the documentation of service coordination activities and a monthly summary, completed and signed by the 15th day of the month following the service month. Best practice is to complete the form at the time that a service is provided.
- If you add any additional pages to the note, make sure that each page contains all the identifying elements (name of person, month of service).
- The documentation requirements for service coordination are met by completing a note using the MSC note format developed by OPWDD.
- Service Coordination notes are “REQUIRED” to ensure quality and continuity of services, as well as to substantiate the MSC billing.



- The note must be retained in the person’s service coordination record for review by OPWDD and other authorized entities. Auditors may examine vendor service documentation for MSC claims made for six years from the date the services was delivered or billed, whichever is later.

Transition to the next topic area:

You might say:

Now that we discussed why a note is important and what elements are necessary, we are going to look at “purpose and outcome” and what that means. Simply, there must be a purpose to the service coordination activities that you are doing and there must be an outcome, or something that occurs, as a result of the service coordination activity. We’ll elaborate further in the next section.

SECTION 2: Purpose and Outcome



Refer to Participant Materials slide #9 and give participants time to review the information.

- Bullet #1: The goal is to describe....
 - What you did
 - Why you did it
 - What was the result
- Bullet #2: All Medicaid services have to have a purpose.
- Bullet #3: Outcome refers to the result of the action; it does not mean that a particular “Valued Outcome” from the ISP has to be met.

Make the point:

Tell them that they are billing Medicaid; therefore there must be a purpose and an outcome to what they are billing for.

Provide some examples of “Purpose”:

- Assessment
 - Actions taken to determine a person’s functional status, service needs, personal goals and preferences.
- Service Plan development and implementation
 - Actions taken to develop the individualized service plan (based on assessment) and to coordinator service provision.
- Linkages and referrals to services
 - Actions taken to assist the individual and his/her advocate to identify and access specific serviced providers.
- Monitoring and follow-up
 - Actions taken to oversee the individual’s participation in the needed/desired HCBS waiver services, supports and activities, according to the individualized service plan.

Elaborate further:

Remember:

- Activities must have a purpose and outcome



- There may be multiple actions related to the same outcome. For example, Respite. The service coordinator is working on setting up Respite for someone. The MSC calls around to several places seeing if there is availability. With each contact, the MSC
- documents this as a “List B” activity. The service coordinator follows up with the individual, and documents this, which also a “List B” activity. In this scenario, there were multiple actions that happened in order to meet the outcome of obtaining Respite.
- Activities must demonstrate that the purpose of the activity is related to referral/linkage, or monitoring to ensure that the ISP is implemented and addresses the needs of the person
- Contacts must be an exchange, i.e. there is a response from the person contacted, and
- The person contacted is directly related to the identification of the individual’s needs and care and who can help the service coordinator with the assessment, care plan development, referral, monitoring, and follow-up activities for the individual.

Transition to the next topic area:

You might say:

We’ve now discussed that in order to bill for MSC, the actions that the MSC documents must have a purpose and outcome. Next we’ll be looking at the actual payment standard for MSC services. In other words – we want to discuss what things qualify as a Medicaid Service Coordination billable service.

SECTION 3: Payment Standard



Refer to Participant Materials slide #10 and give participants time to review the information.

To bill for a month of service, the service coordinator must deliver and document a certain number of activities from the following lists:

- Bullet 1: List A:
 - When a service coordinator delivers and documents an activity from this list, only **one** activity is necessary to meet the billing minimum.
- Bullet 2: List B:
 - When a service coordinator delivers and documents an activity from this list, **two** activities are necessary to meet the billing minimum.

Explain:

- To bill for a month of service, the service coordinator must deliver either one activity from List A or two activities from list B.
- This is the minimum for billing.
- Additional activities beyond the minimum should also be documented.

Transition to the next topic area:

You might say:

The next few slides describe MSC Billable Services – specifically, what qualifies for “List A” and what qualifies for “List B”.

Special Note for Willowbrook Class Members



Refer to Participant Materials slide #11 and give participants time to review the information.

- Bullet #1: To bill for a month of service for a member of the Willowbrook Class, service coordinators must continue to deliver and document a minimum of one face-to-face service meeting per month.
- Bullet #2: DQI surveys to ensure the monthly notes document that the Willowbrook Class member receives monthly face-to-face meetings with the MSC and that a face-to-face meeting occurs in the individual’s home at least quarterly.



Discuss:

- Please note that for a Willowbrook class member, in order to bill, there must be a face-to-face service meeting. Of course, you might do list B activities, but without a face-to-face meetings, a provider cannot bill for the month.
- For Willowbrook class members, the semi-annual must be a face-to-face.
- The face-to-face is to monitor status and satisfaction with services. There are things you get from the person face-to-face that you can't get from other collateral contacts.

Make the point:

Remember to list the purpose – not just meet the standard.

List A



Refer to Participant Materials slide #12 and give participants time to review the information.

- Bullet #1: Face-to-Face service meeting with individual
- Bullet #2: Semi-annual ISP review
- Bullet #3: Annual ISP meeting with the service coordinator, individual, parent/advocate (if appropriate), and major service providers
- Bullet #4: Updates (addendum) to the ISP
- Bullet #5: Completion of the ICF/MR level of care eligibility determination and redetermination

Discuss:

Examples of some “List A” activities are on the slide. Explain what each means.

- Face-to-Face is exactly what it says. The service coordinator and the person are together in the same room for the service meeting. Conference calls and other technology (i.e. webcams) do not qualify as a face-to-face service meeting.
- A semi-annual review of the ISP is a “List A”. Semi-annual does not have to mean every 6 months – it means twice in the year (best practice is 6 months).
- Addendums: An addendum that describes a significant change for a person would be a “List A” billable service.
- It is not the actual writing of the addendum that is the billable activity but the actions, effort, and review that lead to the addendum.

- NOTE: Not every addendum should be considered billable. For example, an addendum written to correct a “typo” in the ISP would not be considered a billable activity.

List B



Refer to Participant Materials slide #13 and give participants time to review the information.

- Bullet #1: Non-face-to-face contacts with the individual (e.g. phone calls)
- Bullet #2: Direct contact with other agencies to maintain benefits eligibility or to obtain referrals for services that might be appropriate for the individual. This can include:
 - Phone call or personal contact
 - Email exchange
 - Letter/Correspondence exchange

Discuss:

This slide lists what would qualify as a List B activity:

- For example, completing and sending a referral package is not in itself a List B activity. There must be an exchange which could include confirming receipt of the referral with the service provider.
- Phone calls, e-mails, letters, and texts: The medium does not matter so long as there is a true exchange.



Refer to Participant Materials slide #14 and give participants time to review the information.

- Bullet #3: Direct contact with a qualified contact during which the service coordinator gathers information to assess or to monitor the status of the individual. This can include:
 - Phone call or personal contact
 - Email exchange
 - Letter/Correspondence exchange

Note:

For activities from List B, two are necessary to meet the billing minimum.

Reiterate this point:

Remember – there has to be an exchange that occurred to qualify.



Transition to the next topic area:

You might say:

List B criteria discusses the term “qualified contact”. The next slide elaborates on the definition of a qualified contact.

Definition of a Qualified Contact



Refer to Participant Materials slide #15 and give participants time to review the information.

- Someone directly related to the identification of the individual’s needs and care and who can help the service coordinator with the assessment, care plan development, referral, monitoring, and follow-up activities for the individual.
 - Examples include family members, medical providers, social workers, educators, and service providers, including direct support professionals.

Discuss:

This slide explains the definition of a qualified contact.

- Basically, the qualified contact is someone who can help the service coordinator with the identification of the person’s needs and care and who can help in the assessment, care plan development, referral, monitoring and follow-up activities of the person.
- Examples of qualified contacts are listed on the slide.
- This information is included in ADM#2010-03.

Transition to the next topic area:

You might say:

We’ve talked about the purpose of the MSC note, quality and fiscal standards that need to be met and the required elements of the note. In order to bill for a month of service under MSC, at least one activity from “List A” or two activities from “List B” need to be documented. We’ve discussed that activities need to have a “Purpose” and “Outcome” and what that means. Next, we’re going to look at the MSC Note format and ways you can determine if an activity meets the standard.

SECTION 4: The MSC Monthly Note



Refer to Participant Materials slide #16 and give participants time to review the information.

Questions to consider when determining if an activity meets the standard:

- Activities must have a purpose and outcome,
- Activities must demonstrate that the purpose of the activity is related to referral/linkage, or monitoring to ensure that the ISP is implemented and addresses the needs of the person,
- Contacts must be an exchange, i.e. there is a response from the person contacted, and
- The person contacted is directly related to the identification of the individual's needs and care and who can help the service coordinator with the assessment, care plan development, referral, monitoring, and follow-up activities for the individual.

Discuss:

Some things you can ask yourself about whether an activity is meeting the List B standard:

- Is there a purpose and outcome?
- Does the activity relate to a referral/linkage or monitoring to ensure the ISP is being followed and the needs of the person are being met?
- Is there an exchange of information?

Is the contact directly related to the identification of the person's needs, care, etc.?

Transition to the next topic area:

You might say:

Next we're going to look at the MSC Note formats, which defines the necessary elements in order to bill for MSC.

MSC Note Format (MSC 10)



Refer to Participant Materials slide #17 and give participants time to review the information.

This is an example of the actual form that has been designed to capture all these elements discussed.

This is the MSC -10: MSC Monthly Note.

- Agencies must use the OPWDD developed note format.
- Agencies may not remove any elements.



- Agencies may add additional elements or convert the note into an electronic format.
- Additional sheets can always be added or supplemented to this form.

Make the point:

- OPWDD tried to capture all the required elements in a way that would minimize any of the required elements from being left off a note.
- This note format requires the service coordinator to document each service activity with initials and dates.

Transition to the next slide:

You might say:

The next slide is another version of a MSC Note: The MSC 10b

MSC Note Format (MSC 10-b)



Refer to Participant Materials slide #18 and give participants time to review the information.

This form is another version of the MSC Note. This is called the MSC 10b: MSC Monthly Note. The main difference: It does not require initials/dates for each activity. One signature/date is all that is required.

- Agencies must use the OPWDD developed Note Format
- Agencies may not remove any elements.
- Agencies may add additional elements or convert the note into an electronic format.
- Additional sheets can always be added or supplemented to this form.

You should see that OPWDD tried to capture all the required elements in a way that would minimize any of the required elements from being left off a note. With sections for ISP, semi annual review, basic agreement and LCED review, the face-to-face contacts and Non face-to-face contacts. There is also space for a monthly summary; of course additional sheets can always be added or supplemented to this form.

Make the point:

- Again, OPWDD tried to capture all the required elements in a way that would minimize any of the required elements from being left off a note.
- The MSC-10b allows only one staff member to complete and sign the form.
- If for some reason more than one agency service coordinator or supervisor provides services to the same individual in a given month, each service coordinator or supervisor will have to



complete an MSC 10b or use the original MSC 20 which allows for completion by multiple qualified staff members.

- The MSC-10b format allows for the service coordinator to sign the monthly note only once rather than initialing and dating each individual activity, as required on the MSC-10 format.
- With this format, MSC-10b, the service coordinator must still indicate the date of service activity.



Refer to Participant Materials slide #19 and give participants time to review the information.

The MSC Note (MSC-10 or MSC-10b) must be signed and dated by the 15th of the month following the service activity month.

This slide discusses that the MSC Note (MSC 10 or 10b) must be signed and dated by the 15th of the month following the service activity month.

Make the point:

- MSCs need to get input from their supervisor as to which form to use or if to use both forms when documenting MSC activities.
- Don't leave the monthly summary blank. If no concerns were expressed during the month, indicate so.
- Addendums:
 - If the addendum is to correct something, such as a typo, this is not billable.
 - If the addendum is to make a change such as a change in a service or valued outcome) then it could be a List B activity.

Transition to the next topic area:

You might say:

Now let's look at some examples.



SECTION 5: Examples



Refer to Participant Materials slide #20

At this point, please **direct participants to their participant manuals** for examples of monthly notes.

Make sure this point is made clearly:

- These are for training purpose only.
- These are meant to demonstrate the **MINIMUM** requirements **ONLY** and should therefore not be used as models for a high quality note.
- Some of the examples may even have **MISSING** required elements and are examples of notes that do not meet the minimum standard.

No more slides until after EXAMPLES.

Then resume with slide # 21.

Trainer Note:

This section has examples of MSC Notes. Four examples are presented. Each example is presented in both the MSC 10 format and the MSC 10b format. Example #1a is in the MSC 10 format; Example #1b is generally the same scenario, but in the MSC 10b format. It is the similar scenario for examples 2a and 2b, 3a and 3b and 4a and 4b. Examples 1a and 1b and 2a and 2b, are examples in which the **MINIMUM** billing standard for MSC has been met.

After the first four examples, there will be examples 3a and b, 4a and b. For these examples, there is missing or incorrect information, in which the minimum billing standard has not been met or there is a problem with the quality of the note.

This activity should be as interactive as possible.

Start with the first four examples (1a and 1b and 2a and 2b). Give a few minutes for participants to look over the notes individually or in a small group (trainer's choice). Ask them to jot down some things they notice that would qualify this note as meeting the minimum billing standard. Ask for input from the group.



Elaborate:

For each example, provide suggestions where there could have been more information provided, from a quality perspective.

Example 1a:

- The MSC signed the top of the form.
- There was no ISP review during the month.
- There was no Service Coordination Agreement review.
- No LCED review.
- The MSC did have a face-to-face service meeting with the individual. This would substantiate billing for the month.
- To show good activity documentation, the MSC also included the one activity from List B, however, billing would be based on List A (the face-to-face activity).
- The MSC summarized the activity in the summary note.
- The MSC initialed and dated each box.
- The form was signed and dated.

Example 1b:

- On this form MSC 10b there is no requirement to initial each box.
- The MSC signed and dated the form thus fulfilling the requirement.
- The signature date is prior to the 15th of the month following the service month.
- Location of Darren's home (street) is not necessary, but ok.

Example 2a:

- In this example the MSC did an ISP review.
- The MSC reviewed the Service Coordination Agreement.
- No LCED was completed this month.
- Because the ISP meeting was face-to-face and a Service Coordination Agreement was reviewed, the activities are billable.

Example 2b:

- What you see is the same example of the previous form, however there is only one person filling it out. Therefore the MSC would sign and initial the form.
- You will notice that even though the activity took place on 8/12/11 the MSC signed the note on 9/1/11. This is before the cutoff date of 9/15.

**Trainer Note:**

For the next 4 examples, as indicated before, something is wrong or missing and these notes would not meet fiscal or quality standards, or both.

You might say:

Examples 3 and 4 are examples in which the **MINIMUM** billing standard for MSC has NOT been met. The top of the form (for training purposes) says, “What is wrong with this example?”

Give a few minutes for participants to look over the notes individually or in a small group (trainer’s choice). Ask them to jot down some things they notice that would:

1. be a reason that this note does not meet the minimum billing standard;
2. be issues from a quality standard.

Elaborate:

Give examples in which more information could have been included and what would be needed.

Example 3a:

- The MSC did an LCED review.
- There was only one List B activity, but no outcome is listed. This indication was initialed, but not dated.
- Doing the LCED is considered a List A activity.
- However, you will notice that though the MSC initialed the activity, he didn’t date it.
- Also you should note that the MSC dated the bottom of the form but didn’t indicate the year! Since this is an incomplete date, this claim may be disallowed. Remember: 3 part date: month/day/year.
- Note of interest: The summary was signed before the LCED was completed. The service coordinator should wait until all activities are done before writing the summary note.

Example 3b:

- Everything looks fine in this example until one notices that the MSC indicated that the individual was present at a review that according to the box above, didn’t occur.
- However, in this case it might be overlooked as the LCED was completed during the month and this is considered a List A activity.
- Remember you only need one list A activity in order to bill.
- However, one has to ask themselves, is it quality to not have made contact with the individual during the month?
- Should add relationship of Jane Rogers.



- No ISP but it indicates the person was there.
- No result on list B.
- The note is signed before the LCED was completed. This is an obvious error.

Example 4a:

- In this example there are no list A activities, but there is “one” list B activity completed by the MSC supervisor.
- You will note that the dates of service were 9/20/11 and the signature initialing is 10/4/11.
- It is important to note the date of service and complete all initialing and signing by the 15th of the month following the month of service.
- In this case there are two errors on the note:
 - The activity for the month cannot be billed as you need two non face-to- face activities in order to bill in a given month and the MSC supervisor did not use a 3 part date on the signature line and it appears to be signed AFTER the 15th of the month.
- This billing would be disallowed.

Example 4b:

- In this example, using the MSC 10-b form, there doesn't have to be initials and dates, but there needs to be a complete signature, title and date.
- What's missing is the date the note was completed. In this case, the individual is indicating they signed the note sometime in September of 2011, but not which day. This is not acceptable. Otherwise, the note is viable.

Transition to the next topic area:

You might say:

Now that we've had a chance to look over some examples of notes, some good and others not so good, we are next going to discuss some key quality things to look for when doing service documentation.

SECTION 6: Key Quality Considerations



Refer to Participant Materials slide #21 and give participants time to review the information.

Bullet #1: Major events, changes, issues in person's life?

Bullet #2: Response to person's needs, issues and concerns (include safety concerns)?

Bullet #3: Valued Outcomes being addressed?

Bullet #3: Enough information to provide continuity in the event of change in service coordinator.

Bullet #4: Face-to-Face and home visits – meeting the minimum and responding to additional need

Bullet #5: Satisfaction with services

Discuss:

This slide shows some quality considerations for filling out the monthly note.

Make the point:

Remember: it is not only about meeting the minimum requirements to bill for MSC services, but more important, it's the quality considerations.

The quality considerations should be the heart of good service coordination notes.

Transition to the next topic area:

You might say:

In the next section we will be going over some frequently asked questions about MSC service documentation and the MSC Note.

SECTION 7: Frequently Asked Questions



Refer to Participant Materials slide #22 and give participants time to review the information.

Trainer Note:

For this section, you will explain that here are some frequently asked questions on the MSC Note. Ask the question and encourage responses from members of the class. Remember to praise for correct responses. For responses that are incomplete or incorrect, the trainer will provide the answer that is listed in this manual. Remember to elaborate, giving some specific examples. You should also, after discussing the questions listed, if time permits, open the floor for discussion of other questions and answers.

- Bullet #1: Do I have to write a note even if I didn't bill for that month?
 - Answer: From a billing perspective, no. Since there is no claim, there is no required documentation. However, from a quality perspective, if there was activity that occurred or a change in the person's life, it is important to document this in the person's record.
- Bullet #2: Can Signatures and initials be typed?
 - Answer: No, unless it is an electronic signature. Allowable e-signatures must meet certain standards, including password protection.
- Bullet #3: Do I have to initial and date in the "ISP Review" section if no ISP review was held and I checked "no"?
 - Answer: No.
- Bullet #4: Can we attach additional notes, such as progress notes to the Monthly note?
 - Answer: Yes. But make sure any additional pages have the person's name, service month, and indication of page (i.e. page 2 of 2).



Refer to Participant Materials slide #23 and give participants time to review the information.

- Bullet #1: What if the “outcome” isn’t achieved? Is the activity still “billable”?
 - Answer: Yes. The “outcome” simply means the result of the activity. It is not referring necessarily to achieving a valued outcome in the ISP.
- Bullet #2: May I count multiple activities toward the same “purpose”?
 - Answer: Yes. Often times you may perform multiple activities toward achieving the same outcome or purpose, such as making multiple referrals to multiple providers for a service.
- Bullet #3: What do I write in the summary if there was no contact with the person that month?
 - Answer: “No concerns identified” – or something to that effect.
- Bullet #4: Do I have to rewrite everything I did in the summary even if I wrote it above?
 - Answer: No, as long as all of the required information is contained in the balance of the note. Be sure to not leave the summary blank – refer the reader to the note above, if necessary.



Refer to Participant Materials slide #24 and give participants time to review the information.

- Bullet #1: Where would you note that an addendum was completed?
 - Answer: Check ISP review and note any significant details in the summary.
- Bullet #2: In the initial and date box, do I put the date the service was provided or the date I initialed it?
 - Answer: Put the date you initialed it.
- Bullet #3: How much “quality” information really needs to be in a note? Isn’t the purpose of a MSC note really to support billing?

- Trainer Note: Ask this question of the audience. The answer to this question was reviewed throughout this training.

Transition to the next topic area:

You might say:

The next slide lists some resources you should have in your MSC toolbox!

ADDITIONAL RESOURCES:



Refer to Participant Materials slide #25 and give participants time to review the information.

- ADM #2010-03: Medicaid Service Coordination (MSC) Documentation Requirements for Billing
 - [Medicaid Service Coordination \(MSC\) Documentation Requirements for Billing](#)
 - [MSC Service Notes Format \(MSC 10\)](#)
 - [MSC Service Notes Instructions \(MSC 10\)](#)
 - [MSC10b-MSC Service Note: Instructions](#)
 - [MSC10b-MSC Service Note: July 2011-07-11 \[pdf\]](#)
- MSC Vendor Manual
http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/medicaid_service_coordination_vendor_manual
- DQI Protocol
http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/division_of_quality_improvement_protocols

Discuss:

All these resources can be found on the OPWDD website.

