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Sent: Monday, January 24, 2011 11:58 AM

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Cc: Moeser, Maryellen, E.; BaumJakubiak, Lynda, A.; Pasternak, Eric, A.; Downes, Patricia, A.

Subject: MSC Enrollment Clarification

To: Provider Associations
Executive Directors of Voluntary MSC and HCBS Waiver Providers

From: Suzanne Zafonte Sennett

Date: January 24, 2011

Subject: MSC Allocation Policy Clarification Distributed to DDSOs

The attached memo was distributed to all Central Office and DDSO Leadership and staff involved in the Medicaid Service Coordination (MSC) Program. The intent of the memo is to reiterate the policy position of OPWDD with regard to MSC allocations. OPWDD's policy direction is that MSC allocations are a planning tool and are not intended to cap MSC enrollment of otherwise eligible individuals or to limit a participant's free choice of available and qualified MSC providers. We are providing you with a copy of this memo for your information and clarification of this policy framework. Please distribute this to appropriate individuals in your organizations that have responsibility for MSC. This memo will also be posted on OPWDD's website under MSC Redesign. Questions on this policy should be directed to your local DDSO first. Thank you for your continued partnership with OPWDD in ensuring that individuals with developmental disabilities have sustainable services and supports that they need to live a rich life.

Bertha Moore

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Deputy Commissioner

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Suzanne Zafonte Sennett, Deputy Commissioner

Memo

To: DDSO Directors

From: Suzanne Zafonte Sennett 

Cc: OPWDD Leadership Team
DDSO Leadership Team
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DDSO MSC Personnel
DDSO HCBS Waiver Coordinators
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Date: January 5, 2011

Subject: Clarification on enrolling eligible individuals in Medicaid Service Coordination (MSC) and ability of participants to transfer between available and qualified MSC providers

Purpose:

This memo is written to clarify OPWDD policy and expectations on the MSC enrollment and portability (transfer between providers) process. This material was reviewed during the December 14, 2010 DDSO video conference.

There has been confusion regarding new business practices associated with MSC unit allocation and enrolling new individuals in MSC. There has also been confusion regarding the ability of enrolled MSC participants to transfer to other MSC Vendors that may not have sufficient MSC units allocated to accommodate the transfer.

To reiterate OPWDD policy expectations, there is **No CAP** on enrolling **eligible** individuals in MSC. New MSC participants have free choice of available and qualified providers regardless of the number of units allocated to a particular provider at a given point in time. Likewise, MSC participants already enrolled in MSC may transfer between available and qualified MSC providers whenever the person exercises their free choice to do so regardless of the number of units allocated to their provider of choice.

Clarification:

As previously discussed, the MSC Unit Allocations are meant to be used as a planning tool only and are not meant to restrict the ability of otherwise eligible individuals to receive MSC. Likewise, the MSC unit

allocations are not meant to restrict the ability of MSC participants to exercise their free choice of available and qualified MSC providers.

We ask DDSO Leadership to clarify this policy with all individuals responsible for managing the MSC program in their respective districts and make any modifications necessary to DDSO business practices associated with MSC unit allocation to ensure that otherwise eligible individuals are not restricted from enrolling in MSC. As a reminder, the following is MSC eligibility criteria:

MSC Eligibility Criteria:

MSC is a State Plan Service. As such, all individuals who apply to receive MSC who meet the eligibility criteria must be served. There is no “cap” on MSC. In order to be considered eligible for MSC, the person must:

- Be enrolled in Medicaid
- Have a documented diagnosis of a developmental disability as defined by Mental Hygiene Law and OPWDD guidelines
- Demonstrate a need for “ongoing and comprehensive” service coordination*
- Not reside in a Medicaid institutional setting that provides case management/service coordination (e.g., ICF)
- Not be enrolled in any other comprehensive long-term care service which includes case management/service coordination.

We also ask DDSO Leadership to review business practices related to portability (i.e., transfer of individuals between available and qualified providers). MSC participants have free choice of MSC providers and as such may transfer to available and qualified providers whenever they wish. MSC Unit Allocation should not be used to restrict the free choice of provider for MSC enrollees. DDSOs must honor this free choice.

Next Steps:

As many of you know, OPWDD is in the process of developing additional guidance to assist DDSOs and provider agencies in determining whether individuals already enrolled in MSC continue to meet the eligibility criteria of needing “ongoing and comprehensive” service coordination. This guidance will also assist DDSOs and MSC Vendors to determine whether individuals seeking to enroll in MSC demonstrate a need for ongoing and comprehensive service coordination. We expect to be able to issue and implement this guidance in early 2011.

In addition, a series of resource management tools will also be made available. These will include periodic reports on agency-specific unit utilization and reports listing individuals who require review for continued need for Medicaid Service Coordination.

In the meantime, DDSOs should continue working with MSC Vendors to offer the option of Plan of Care Support Services (PCSS) to appropriate HCBS Waiver enrolled individuals who do not need ongoing and comprehensive service coordination.

Thank you for your cooperation during this very important process.