

**GENERAL INFORMATION/GUIDELINES**

The revised MSC protocol is different from previous protocols used by the Division of Quality Management. This protocol is intended to measure whether MSC services comply with the quality requirements contained in our HCBS waiver and the Medicaid Vendor Manual and to measure whether MSC services meet OPWDD's mission and vision for MSC services. **Billing and claiming requirements are not included in the revised protocols.** Each MSC Vendor is required to monitor billing and claiming requirements as part of its Medicaid compliance plan. The Bureau of Compliance Management will continue to conduct limited fiscal reviews at selected agencies. As part of the limited fiscal review, the Bureau of Compliance Management will review the implementation of an agency's Medicaid Compliance Plan

The revised MSC review procedures are comprised of three (3) documents that will be used for the review of Medicaid Service Coordination:

1. **A vendor level review of an MSC provider:** This protocol will be used once yearly for agencies providing MSC services. The vendor review can be started at any time during the annual review cycle but it cannot be completed until all service reviews and interviews are completed. It reviews whether a MSC vendor has systems and/or mechanisms to ensure the quality of the MSC services it provides.
2. **A MSC service review:** This protocol will be used by DQM surveyors for the routine reviews of MSC services provided to individuals. The protocol will collect data regarding the quality and effectiveness of MSC services being provided. The quality indicators used in the protocol relate to OPWDD's mission and vision for MSC services. That data will be used to determine whether an agency's systems, reviewed at the vendor review, are effective. It will also be used by OPWDD to measure the quality of MSC services system-wide, and identify areas in need of systemic remediation.
3. An **interview** of MSC service recipients, and their advocates if appropriate, regarding their satisfaction with the service coordination they are receiving. Interview questions will be used to obtain the information needed to answer quality questions on the Vendor & routine MSC service review protocols. When conducting certification visits to certified residential programs, a NCI interview will be conducted for at least one (1) individual in the MSC sample in lieu of the MSC interview. For others in the review sample, the surveyor will use the MSC interview questions to answer the protocol. The surveyor should use the NCI sample to determine who will receive at least one of the MSC reviews during a certification review at a residential program..

The analyst must complete a routine MSC review for five per cent (5%) of the individuals who receive MSC from an agency. The sample used should be representative of people who live in certified sites, people who live independently and people who live with families. The sample should also be representative, if possible, of assorted age groups and functioning levels and should include a review of as many Medicaid Service Coordinators employed by an agency as possible.

Unless the MSC review results in a finding of immediate danger to the health and safety of individuals being served, it is not expected that a statement of deficiencies will be issued. It is expected that at the conclusion of each MSC review, the MSC vendor will be provided with a report of the findings from the visit. At the conclusion of all of the MSC reviews conducted at an agency during the fiscal year, the agency will be provided with an aggregated summary of the findings of all MSC reviews. If systemic or pervasive deficient practices that would affect the renewal of the vendor's MSC contract have been identified during the review of MSC services, the agency will be given the opportunity to develop and implement a quality improvement plan or plan of corrective action. During subsequent MSC reviews, DQM will monitor implementation of the plan and evaluate whether it is improving the MSC services that are being provided by the vendor. If the vendor is unable to correct deficient practices, DQM will recommend non-renewal of the MSC contract or renewal with limitations in accordance with the provisions in the Vendor Manual.

In any case when a deficiency is found that presents a potential significant risk to the health or safety of an individual, DQM can issue a written statement of deficiencies and require a written plan of correction. For deficiencies that present an immediate danger to an individual, DQM will require immediate correction at the time the deficiency is identified.

**Special Instructions For MSC Reviews for Willowbrook Classmembers:**

**Please note:** An MSC protocol must be completed annually for all Willowbrook class members who reside in an OPWDD certified IRA. In addition, for all Willowbrook class members who reside in an OPWDD certified IRA, a statement of deficiencies must be generated for all regulatory deficiencies found. The questions designated “WB” must be answered for all Willowbrook class members. However, in order to prevent skewing our NCI data, an NCI interview protocol will be completed only when the person is listed in the NCI protocol sample and for 1 Willowbrook class member in a single IRA that serves Willowbrook class members. For other class members for whom a MSC protocol is completed the protocol interview questions may be used.





The protocol should be completed for each person in your sample.

CODE	CITE	REVIEW	NOT MET	COMMENTS
<b>QUALIFIED PROVIDER</b>				
MRQCR10  <b>AUTOSOD Code MR59</b>	2011 Vendor Manual Pg 16	1. The MSC met the educational and experiential requirements for the position at the time of hire.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> Minimal education requirements:</p> <ul style="list-style-type: none"> <li>• An associate’s degree in a health or human services field from an accredited college or a degree in nursing as a Registered Nurse (RN)</li> <li>• Credits towards a bachelor’s degree may meet this requirement if a letter from the college verifies that course work completed is equivalent to an associate’s degree in a health or human services field.</li> <li>• An associate’s or bachelors degree in a field other than health or human services may meet this requirement if a minimum of 20 college credits are in health and human services.</li> <li>• Service Coordinators who serve Willowbrook must be a Qualified Intellectual Disabilities Professional (QIDP)</li> </ul> <p>The MSC must also have:</p> <ul style="list-style-type: none"> <li>• One year experience working with the developmentally disabled or</li> <li>• one year experience as a sc/case manager with any population.</li> <li>• These experiential requirements may be waived if the SC has a master’s degree in health or human services field.</li> </ul> <p>Documentation that the service coordinator meets the minimum, educational and experiential requirements must be retained for review by OPWDD and other applicable entities. <b>Any deficiency noted here should be considered when determining your response to Question #2 on the Vendor Review.</b></p>				
MRQCR01  <b>AUTOSOD Code MR01</b>	2011 Vendor Manual Pg 17 <i>Waiver App C: Qualified Providers, (a)(i)(c)</i>	2. The MSC has attended the OPWDD-approved Core service coordination training within 6 months of assuming MSC responsibilities		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> The service coordinator must attend an OPWDD-approved Core service coordination training program within six months (180 days) of assuming MSC responsibilities, unless the person can produce a certificate verifying past attendance at a Core training.</p> <p>A copy of the service coordinator’s Core training certificate must be kept on file and be available for OPWDD review.</p>				
MRQCR02  <b>AUTOSOD Code MR02</b>	2011 Vendor Manual Pg 18 <i>Waiver App C: Qualified Providers, (a)(i)(c)</i>	3. The MSC has participated in professional development training as appropriate		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p>➤ <u>Guideline:</u></p> <p>➤ During the first 3 years of employment, the MSC must attend 15 hours of professional development annually</p>				

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<p>➤ After 3 years, the MSC must attend 10 hours of professional development annually.</p> <p>➤ Proof of attendance at professional development training must be kept on file and be available for OPWDD review.</p> <p>➤ Annually means within a 12 month period called the training year. It is the 12 month period following the month that the MSC began providing services.</p> <p>➤ During the first 2 training years, the MSC must attend 4 of the following 6 professional development programs:</p> <ul style="list-style-type: none"> <li>○ Waiver Services;</li> <li>○ Introduction to Person-Centered Planning;</li> <li>○ The Individualized Service Plan;</li> <li>○ Self-Advocacy/Self-Determination;</li> <li>○ Benefits and Entitlements; and,</li> <li>○ Quality Assurance.</li> </ul> <p>The above programs count toward the required 15 hours.</p>				
<p>MRQCR03</p> <p><b>AUTOSOD Code MR03</b></p>	<p>2011 Vendor Manual Pg 19</p>	<p>4. The MSC, if serving Willowbrook class members, has attended fifteen (15) hours of professional development during every training year.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Service coordinators serving Willowbrook class members must attend 15 hours of professional development training annually no matter how long they have been employed. See training requirements listed above.</p>				
<p>MRQCR04</p> <p><b>AUTOSOD Code MR04</b></p>	<p>2011 Vendor Manual Pg 30 <i>Waiver App C: Qualified Providers, (a)(i)(a):</i></p>	<p>5. The MSC has been trained and understands incident management requirements outlined in Part 624</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Training in incident management and the identification of abuse should be provided within 3 months of employment as a MSC. These 2 questions should be answered based on a review of training records, interviews of MSCs regarding their knowledge and your findings for questions 53 and 54.</p>				
<p>MRQCR05</p> <p><b>AUTOSOD Code MR05</b></p>	<p>2011 Vendor Manual Pg 30-31 <i>Waiver App C: Qualified Providers, (a)(i)(c)</i></p>	<p>6. The MSC has been trained and understands abuse prevention, identification, reporting, and processing of allegations of abuse.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> none provided</p>				
<p>MRQCR06</p> <p><b>AUTOSOD Code MR06</b></p>	<p>2011 Vendor Manual Pg 15 <i>Waiver App C: Qualified Providers (a)(i)(c)</i></p>	<p>7. The MSC has the skills and knowledge needed to assess the individualized needs for MSC services for persons on their case load.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>

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<p><u>Guideline:</u> Answer this question after interview of the MSC regarding how he/she assesses the service coordination needs and desires of persons on his/her caseload and after interview of the individual and his/her advocate and answering questions 45, 48 &amp; 50 on this protocol. Ask the MSC about his/her knowledge of how to identify and mitigate potential risks to an individual, and how he/she determines how much advocacy and monitoring, including types and frequency of contacts, a person needs.</p>				
<p>MRQCR07  <b>AUTOSOD Code MR07</b></p>	<p>2011 Vendor Manual Pg 15 <i>Waiver App C:Qualified Providers (a)(i)(c)</i></p>	<p>8. The MSC has the skills and knowledge needed to assist the individual to make an informed choice</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Answer this question after interview of the MSC regarding how he/she obtains and provides information to the individual so that he/she can make informed life choices, including choices about services, and after interview of the individual, and advocate if applicable, and answering questions # 16 &amp; 17 on this protocol.</p>				
<p>MRQCR08  <b>AUTOSOD Code MR08</b></p>	<p>2011 Vendor Manual Pg 15 <i>Waiver App C:Qualified Providers (a)(i)(c)</i></p>	<p>9. The MSC has the skills and knowledge needed to implement person centered planning</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Answer this question after interview of the MSC regarding his/her knowledge of person-centered planning, after review of the ISP and after interview of the individual and advocate, if applicable, regarding the responsiveness of the ISP to his/her needs and choices.</p>				
<p>MRQCR09  <b>AUTOSOD Code MR09</b></p>	<p>2011 Vendor Manual Pg 16 <i>Waiver App C:Qualified Providers (a)(i)(c)</i></p>	<p>10. The MSC has the skills and knowledge needed to maintain the service coordination record.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> This question should be answered based on your interview of the MSC and your findings during your review of the MSC record.</p>				
<p><b>ELIGIBILITY AND NEED FOR MSC SERVICES</b></p>				
<p>MRECR01  <b>AUTOSOD Code MR10</b></p>	<p>2011 Vendor Manual Pg 46 <i>Waiver App. B: Level of Care B(a)(i)(a)</i></p>	<p>11. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. There is evidence that an initial LOC determination was completed.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> It is the responsibility of the service coordinator to ensure the timely completion of the LOC eligibility process. The initial process requires that a local office of OPWDD (DDSO) has made a determination that the individual seeking enrollment in the waiver has a developmental disability. The reviewer should see <u>documentation in the MSC record</u> that the DDSO has determined that the individual is eligible for services. The initial LCED form will continue to require the signature of a review physician and the DDSO Director / designee. The effective date of the initial LCED can precede the signature date of the DDSO Director/designee, but it can be no earlier than the date the physician reviewed/ signed the LCED form.</p>				

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<p>MRECR02</p> <p><b>AUTOSOD Code MR11</b></p>	<p>2011 Vendor Manual Pg 46</p> <p>Waiver App. B: Level of Care B(a)(i)(b)</p>	<p>12. The level of care eligibility of enrolled participants is reevaluated at least annually or as specified in the HCBS waiver. There is evidence in the MSC record of a current LCED (level of care eligibility determination.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> It is the responsibility of the service coordinator to ensure the timely completion of the LCED redetermination process. The annual LCED redetermination must be reviewed and approved by a Qualified Intellectual Disabilities Professional (QIDP) who is familiar with the participant's functional level <u>or</u> a physician (or physician's assistant or nurse practitioner if so authorized by a physician). The redetermination must be completed <u>and</u> signed within 365 days of the previous LCED authorization.</p> <p><b>MSC ADM 2010-03:</b>  <i>"If the individual is enrolled in the HCBS waiver, a copy of the individual's ICF/MR level of care eligibility determination (LCED) annual redetermination that has been completed and signed within 365 days from the prior review and authorized signature date."</i></p> <p>Per the December 2009 memorandum from Gary Lind: <b><i>Optional Change:</i></b> <i>Effective immediately, a Qualified Intellectual Disabilities Professional (QIDP) who is familiar with the HCBS waiver participant's functional level may review and sign the annual LCED <u>redetermination</u> form in place of a physician (or physician's assistant or nurse practitioner if so authorized by a physician) for all individuals enrolled in the HCBS waiver <u>except residents of Community Residences</u> subject to Part 671.4 which explicitly requires the signature of a physician's assistant/nurse practitioner on the LCED (671.4 (5)(b)(1)(ii).</i></p> <p>For questions regarding requirements to be considered a <b>QIDP</b>, please see the definition of a QIDP contained in 42 CFR Part 483.</p>				
<p>MRECR03</p> <p><b>AUTOSOD Code MR12</b></p>	<p>2011 Vendor Manual Pg 37</p> <p>Waiver App. B: Level of Care B(a)(i)(c)</p>	<p>13. LOC determinations in sampled MSC records meet waiver requirements for appropriate forms and processes</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Look at the form. Make sure that it is completed, signed and dated by all required parties. The LCED must be done annually within 365 days of the prior determination.</p>				
<p>MRECR04</p> <p><b>AUTOSOD Code MR13</b></p>	<p>2011 Vendor Manual Pg 10</p>	<p>14. Based on a review of the MSC record, the ISP, MSC notes, and based on interview with the individual and MSC, the person appears to need on-going and comprehensive service coordination.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Please note: <b>Any decision, a denial or termination, of need for MSC, must ultimately reside with the DDSO.</b> If a surveyor finds that an individual appears not to need comprehensive and on-going MSC services, the surveyor should notify the area director in writing of the name of the person, the agency providing MSC services and the reasons for the finding. The area director will forward the findings to the appropriate DDSO with a copy to the OPWDD Policy Unit.</p> <p>The MSC record indicates that:</p> <ul style="list-style-type: none"> <li>▪ The ongoing assistance of a service coordinator is necessary for the timely and effective arrangement of needed services/supports and helping to sustain those services/supports and/or the ability</li> </ul>				

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<p>to explore services/supports that will likely result in more individualized and less restrictive services/support options</p> <ul style="list-style-type: none"> <li>▪ The person needs the relationship, ongoing assistance, and encouragement provided by a service coordinator to be challenged to think about and explore more individualized and/or less restrictive service options</li> <li>▪ In the absence of service coordination, the person would be prevented from accessing and maintaining needed community resources necessary for health, safety, community integration, and quality of life and therefore health services, residential placement, and other needed supports/services would be jeopardy</li> <li>▪ The person’s needs are so significant as to require the ongoing assistance of a service coordinator to maintain/prevent setbacks</li> </ul> <p>The individual does not have natural supports that can do the things the service coordinator does for the person</p>				
<b>CHOICE</b>				
<p>MRCCR01</p> <p><b>AUTOSOD Code MR14</b></p>	<p>2011 Vendor Manual Pg 46</p> <p><i>Waiver App. D: service Plans D(a)(i)(e)</i></p>	<p>15. The MSC record contains a correctly completed Documentation of Choices form.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Look at the form. Make sure that it is filled out completely, signed and dated by all required parties. (Completed and signed “Documentation of Choices” form specifies that choice was offered between waiver services and institutional care, that choice of whether to receive MSC services was provided and that choices made were informed choices.)</p>				
<p>MRCCR02</p> <p><b>AUTOSOD Code MR15</b></p>	<p>2011 Vendor Manual Pg 11</p> <p><i>Waiver App D: Service Plans D(a)(i)(e)</i></p>	<p>16. Interview of individual and advocate, if applicable, verifies that person made an <u>informed</u> choice of services &amp; service providers</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Use interview questions 30 to 41 to help you answer questions 16 &amp; 17 here.</p> <p>A person has made an informed choice when he or she has made a decision based on a good understanding of the options available and a good understanding of how that choice may affect his or her life.</p> <p>A person can make an informed choice on his/her own or may ask family members, friends or others for assistance if the individual needs help making a good decision. Informed choices can be about everyday things, like what to wear, or big life changing things like where to live, what kind of work to do, or who to be friends with. These decisions can also be about the kinds of services or supports someone wants or needs, and where and how to get them.</p> <p>When making an informed choice, a person should understand the possible risks involved and what can be done to reduce the risks. A person should also realize that his/her ability or desire to make choices may change over time, or may be different for different kinds of decisions.</p> <p>Personal choices should be respected and supported by others involved in the person’s life. Personal choices for services and service providers may be constrained by a lack of availability of the services. Personal life choices may also be constrained by the individual’s financial status, current skill level, knowledge of what’s available to him/her, etc. In this case, the MSC should continue to advocate to obtain the desired services as well as present alternative solutions to the individual and help to expose the individual to new experiences that could enhance his/her choices.</p>				
<p>MRCCR03</p> <p><b>AUTOSOD Code MR16</b></p>	<p>2011 Vendor Manual Pg 11</p>	<p>17. Interview of individual and advocate, if applicable, verifies that person has made <u>informed</u> life choices.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> none provided</p>				

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<b>RIGHTS</b>				
MRRCR01  <b>AUTOSOD Code MR17</b>	2011 Vendor Manual Pg 49	18. There is evidence that the MSC or MSC vendor informed the individual of his/her rights.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The MSC is the primary agent for the person. There should be evidence in admission documents that the MSC or MSC vendor informed the individual of his/her rights guaranteed by Part 633.4 initially and whenever the individual needs or requests such information.				
MRRCR02  <b>AUTOSOD Code MR18</b>	2011 Vendor Manual Pg 46	19. The Willowbrook class member has a Willowbrook Notice of Rights in Section 1 of the MSC record.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> For Willowbrook class members, there must be the Notice of Rights for Willowbrook class members. Paragraph 17 of the Permanent Injunction requires that all providers maintain the “Notice of Rights” statement in each Class Member’s MSC record.				
MRRCR03  <b>AUTOSOD Code MR19</b>	633.12(a)(5)	20. There is evidence that the MSC ensured that the individual was informed of the process to express complaints, concerns or objections.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The MSC must ensure that the individual, and advocate if appropriate, initially and when any changes occur, are notified that he/she can express complaints, concerns or objections, including requesting a change of MSCs, and the process to do so. The notification can be made by the MSC vendor or the MSC directly.  Under NYCRR 633.12 the ISP along with its attachments constitutes a “plan of service.” Any changes to the ISP and any of its attachments are subject to the requirements of this regulation: <ul style="list-style-type: none"> <li>▪ Individuals and advocates must be advised of their right to object to changes and the procedures for doing so.</li> <li>▪ The vendor must have a mechanism for resolving objections, and</li> <li>▪ A hearing will be held when an objection cannot be resolved by the MSC vendor or DDSO.</li> </ul> In addition, individuals and advocates must be informed that they cannot be discharged from MSC services without being provided with the opportunity to object to the discharge in accordance with 633.12.				
MRRCR04  <b>AUTOSOD Code MR20</b>	2011 Vendor Manual Pg 29 <i>Waiver App G Safeguards G(a)(i)</i>	21. The MSC ensures that individuals are afforded their rights and live free from abuse or intimidation		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The MSC, when he/she meets with the person should be alert to evidence of abuse or intimidation and take appropriate action if such is suspected. If abuse or intimidation is suspected, there should be evidence in MSC notes of the suspicion and actions taken.				
<b>RIGHTS RESTRICTIONS</b>				
MRRCR05	633.4(a)(3)	22. The MSC ensures that no		(Be sure to include the name of the MSC or Individual if a deficiency is found)

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AUTOSOD Code MR21	<i>Waiver App G Safeguards G(a)(i)</i>	rights limitations occur without a current clinical justification		
<u>Guideline:</u> The MSC, through observation and record review, should be alert to limitations of the individual’s rights. If rights are limited, the MSC must ensure that there is a current, written clinical justification for the limitation.				
MRRCR06  AUTOSOD Code MR22	633.4(a)(3)  <i>Waiver App G Restrictive Interventions G-2-b-ii</i>	23. The MSC ensures that no rights limitations occur without a time limit for the restriction.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The MSC, through observation and record review, should be alert to limitations of the individual’s rights. If rights are limited, the MSC must ensure that there is a time limit for the restriction and a scheduled review of whether the restriction continues to be appropriate.				
MRRCR07  AUTOSOD Code MR23	633.4(a)(3) <i>Waiver App G Safeguards G(a)(i)</i>	24. The MSC ensures that no rights limitations occur without a plan to eliminate the need for the restriction		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The MSC, through observation and record review, should be alert to limitations of the individual’s rights. If rights are limited, the MSC must ensure that there is a clear plan that describes the restriction and provides training to eliminate the need for the restriction.				
<b>THE ISP</b>				
MRICR01  AUTOSOD Code MR24	2011 Vendor Manual Pg 47 Appendix D: Service Plans (a)(i)(a)	25. The MSC record contains a current ISP.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<u>Guideline:</u> The <b>ISP</b> is a personal plan written by the MSC service coordinator. It describes the person, identifies the person’s valued outcomes and aspirations, and details the supports and services the person chooses, with the service coordinator’s assistance, to achieve these valued outcomes.				
An initial ISP is developed within 60 days of the HCBS enrollment date or within 60 days of the MSC enrollment date, whichever is earlier.				
<u>An ISP does not expire.</u> If there are no changes when a review is conducted, the MSC must document the ISP review date and his/her initials on the header section of the ISP to indicate that a review occurred. If a review results in changes to the ISP, a revised ISP should be developed within 45 days of the review and distributed within 60 days of the review.				
MRICR02	2011 Vendor	26. ISP is developed and		(Be sure to include the name of the MSC or Individual if a deficiency is found)

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<b>AUTOSOD Code 25</b>	Manual Pg 28 <i>Waiver App D: Service Plans (a)(i)(b)</i>	reviewed by the individual, advocate (if applicable) & MSC		
<p><b>Guideline: Use interview questions # 22-29 to help you answer this question.</b></p> <ul style="list-style-type: none"> <li>▪ Based upon interview with the individual, the advocate/family member (as applicable) and the MSC, and documentation either in the ISP or the MSC notes, determine whether the individual contributes to his/her Service Planning. This does not require that the individual attend an Individualized Services Planning meeting if he/she chooses not to, but rather that the MSC meets with and works with the individual, in the manner convenient to and requested by the individual, to develop the plan. The individual's participation should be clearly documented.</li> <li>▪ Ask the individual and advocate if applicable how they participated in the development or revision of the ISP. Were they listened to? Does the ISP reflect the individual's input?</li> <li>▪ The participation of the individual (and advocate, if applicable) in the Service Plan development should also be evidenced by the valued outcomes identified and service and supports to be provided. Ensure these correlate with the information in the ISP profile and the information obtained during interview of the individual &amp; advocate.</li> </ul>				
<b>AUTOSOD Code MR26</b>	2011 Vendor Manual Pg 28	27. Other persons of the individual's choice are invited to develop the ISP.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><b>Guideline: Use interview questions # 22-29 to help you answer this question.</b></p> <p>Based upon interview with the individual, the advocate/family member (if applicable) and the MSC; and review of documentation either in the ISP or the MSC notes, verify that the individual was asked whom he/she would like to support him/her in service planning. Ensure that the persons chosen by the individual are invited to participate in the service planning either through attendance at a planning meeting or by other means of input. The service planning process is meant to promote coordination and regular communication among the MSC, the individual, the person's service providers and the person's natural supports in the community (people who support the person in his/her life.) This is a primary and important function of the MSC. Ask the MSC how he/she involves other service providers in the review/revision of the ISP. Ask the MSC how he/she involves persons who support the individual in the review/revision of the ISP. If possible, ask another service provider if he/she receives regular communication from the MSC and has valued input into the ISP process</p> <p>The participation of these individuals in the on-going review and revision of the individual's support and services should be evident in either the ISP or the service coordination notes.</p>				
<b>AUTOSOD Code MR27</b>	ISP Instructions revised 12/10/10 Pg 1	28. The ISP contains a general description of the person (PROFILE.)		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><b>Guideline:</b> The ISP Profile is a narrative about the person. It should describe the individual clearly and uniquely. A good profile may provide the following information, <u>as applicable</u>, about the person:</p> <ul style="list-style-type: none"> <li>▪ Likes and preferences and how they are communicated</li> <li>▪ Dislikes and how they are communicated</li> <li>▪ Demonstrated hobbies and expressed interests</li> <li>▪ Organized activities he/she participates in (e.g., clubs, groups, teams, chorales, faith communities)</li> <li>▪ Routines and habits important to the individual</li> <li>▪ Values and cultural traditions important to the person</li> <li>▪ Relationships: Valued friends and family and staff who support the individual (<i>may be in the profile but should definitely be in the natural supports section of the ISP.</i>)</li> <li>▪ The person's strengths and accomplishments</li> <li>▪ What is important to the individual in the following areas:                         <ul style="list-style-type: none"> <li>○ Home and Home Life</li> <li>○ Health, Nutrition and Health Care</li> </ul> </li> </ul>				

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<p>o Communication                      o Community Life                      o Social Life, Leisure Time, Travel                      o Spiritual Life                      o Money and Finances                      o Work and Alternatives to Work                      o Learning Pursuits</p> <p>Read the profile in the ISP. Does it provide a good enough description of the person that other service providers can develop services, supports and activities that will be valuable to the individual? <b>Is the profile kept up-to-date as changes occur in the person's life?</b></p>				
<p>MRICR05</p> <p><b>AUTOSOD Code MR28</b></p>	<p>ISP Instructions revised 12/10/10 Pg 2</p> <p>Appendix D: Service Plans D(a)(i)(a)</p>	<p>29. ISP clearly identifies the individual's valued outcomes.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> An individual's Valued Outcomes should be personal and specific to the person, rather than generalized values that could be applied to anyone. Valued outcomes should evolve and change as the person grows and develops. As described in #28 above, the profile will provide information about what is important to the person. From that information, the individual, his/her advocate(s) if applicable and the MSC will determine the person's valued outcomes. The MSC will write the valued outcomes into the ISP. The Valued Outcomes may describe Short Term Life Goals seen from the individual's perspective. The person's advocate, guardian, and/or family member may help the person state his/her valued outcome(s). The Valued Outcomes may also describe a Long Term Life Vision. A Waiver Service is "authorized" only when the service relates to at least one of a person's valued outcomes.</p>				
<p>MRICR06</p> <p><b>AUTOSOD Code MR29</b></p>	<p>ISP Instructions revised 12/10/10 Pg 3</p>	<p>30. ISP includes information about the Natural Supports and Community Resources available to the person.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Natural supports and community resources exist in the community for everyone. They are the routine and familiar supports that help a person be a valued member of his/her community and be successful at home, at work at school and at other community locations. The ISP should list people, places or organizational affiliations that are a resource to the person by providing supports and services such as family, friends, neighbors, associations, spiritual groups, school groups, clubs, volunteer services, etc. Assistance provided by natural supports or community resources related to valued outcomes should be noted. It is not required to include frequency, duration or effective dates.</p>				
<p>MRICR07</p> <p><b>AUTOSOD Code MR30</b></p>	<p>ISP Instructions revised 12/10/10 Pg 2</p> <p>Waiver App G Safeguards G(a)(i)(10)</p>	<p>31. If individuals have assessed food, medication or environmental allergies, corresponding allergy safeguards are documented in the ISP</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>

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<p><u>Guideline:</u> Review the ISP for documented allergies and related safeguards, refer to appended documents as directed. Are allergies identified and addressed? Have appropriate risk situations been identified and addressed? Are needed protections identified? There will be situations when a person’s medical history will list a suspected allergy from his/her past that has resolved or never was an allergy. For example, an old physical or ISP might list a suspected allergy or sensitivity to tomatoes, but interview with the MSC and/or person finds he/she eats tomatoes with no adverse effect. Please do not ask the MSC to include this information in the ISP. The key here is that information about real allergies to foods, medications, insect bites or environmental factors are included in the ISP or addenda and that the information is communicated to programs/persons who will be providing services to the individual.</p>				
<p>MRICR08  AUTOSOD Code MR31</p>	<p>ISP Instructions revised 12/10/10 Pg 2  <i>Waiver App G Safeguards G(a)(i)</i></p>	<p>32. Health care needs, supports and services are identified in the ISP</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Review the ISP for documented health care needs, supports and related services. Refer to appended documents as directed. Are health care needs identified? Are services listed to address the health care needs? Health care needs and supports may simply be the need for routine physicals or dental exams or evaluation by a doctor for preventative health care screenings that might be needed. If the ISP references an appended document for health care information, the document should be present and current for that individual. The MSC should be alert to newly emerging medical issues and the ISP should be revised to note new medical concerns and related services. Whether the MSC includes the information directly in the ISP or references an addendum, the information must be provided to all appropriate persons/programs who will be providing services to the individual.</p>				
<p>MRICR09  AUTOSOD Code MR32</p>	<p>ISP Instructions revised 12/10/10 Pg 2  <i>Waiver App D: Service Plans (a)(i)(a)</i></p>	<p>33. ISP clearly identifies the individual's safeguarding needs.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> Service providers who will work with the individual must have information about the individual’s safeguarding needs so that they can provide services safely.</p> <ul style="list-style-type: none"> <li>• Interview the MSC to ascertain how safeguarding needs are assessed.</li> <li>• Verify through interview and documentation review that adequate assessment of an individual's risks and need for safeguarding supports has been completed. Assessment may occur through interview with the individual, family/advocate, and people who work closely with the individual. It may also occur through formal assessments, and medical/clinical reports.</li> <li>• The MSC must identify the individual’s safeguarding needs on the ISP.</li> <li>• Read the safeguard section of the ISP and any referenced documents. The ISP should thoroughly documents the relevant individualized safeguards that need to be place to ensure the individual’s health and welfare, including, but not limited to:             <ul style="list-style-type: none"> <li>○ Environmental considerations, adaptive supports and supervision needs for safety and welfare in the home, community and work/work alternative, transportation, and during routines and activities that occur in those environments</li> <li>○ Health-related needs and protocols re: medical diagnoses, medication, allergies, nutrition etc. See also Question 14.</li> <li>○ Behavioral health needs and support</li> <li>○ Money and finances</li> </ul> </li> </ul> <p>If the safeguarding section of the ISP references addenda, make sure they are present, current and sent to providers of services with the ISP.</p>				

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MRICR10  <b>AUTOSOD Code MR33</b>	ISP Instructions revised 12/10/10 Pg 2  <i>Waiver App G Safeguards G(a)(i)(11)</i>	34. ISPs document required fire safety safeguards.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<ul style="list-style-type: none"> <li>• <u>Guideline:</u></li> <li>• For individuals in <b>Certified Residences</b>, supports that need to be in place to ensure an individual’s safety in the event of a fire must be identified in the Safeguard Section of the ISP or attached to the ISP. (For individuals, who live in IRAs, the Individual’s Plan of Protective Oversight may adequately address this requirement, if the content is appropriate.)</li> <li>• For individuals in <b>non-certified residences</b>, verify that the results of the fire safety discussion between the service coordinator and the individual/family/support person is summarized in the Safeguard Section of the ISP and includes any actions taken and supports that need to be in place to address identified fire safety needs.</li> <li>• Supports/safeguards may include supervision requirements, adaptive equipment, environmental modifications, etc. Information should be written in such a way that service providers and other responsible persons know exactly what to do in an emergency to ensure the individual’s safe evacuation.</li> </ul>				
MRICR11  <b>AUTOSOD Code MR34</b>	Waiver App D: Service Plans (a)(i)(a)	35. ISP clearly identifies the individual's need for services.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> Once the individual and MSC have identified the person’s strengths, needs and values as described above, they will use that information to decide what services and supports are needed by the individual if he/she is to attain those things he/she values. The MSC will record the information in the ISP.</p>				
MRICR12  <b>AUTOSOD Code MR35</b>	ISP Instructions revised 12/10/10 Pg 2  <i>Waiver Subassurance Service Plans D(a)(i)(a)</i>	36. ISPs clearly identify the individual’s need for services, valued outcomes <u>and</u> safeguarding needs.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> This question is an aggregate of questions # 29, 33 &amp; 35.</p>				
MRICR13  <b>AUTOSOD Code MR36</b>	ISP Instructions revised 12/10/10 Pg 4	<b>For all funded services and supports, (i.e., Medicaid State Plan Services, Federal, State or County Funded Services, HCBS Waiver Services and Other Services, including 100% OPWDD Funded Services), the</b>		(Be sure to include the name of the MSC or Individual if a deficiency is found)

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		<b>ISP must document the:</b> 37. Name of the Provider or Agency		
Guideline: e.g., Southern DDSO, York County ARC, etc. Note: for individuals receiving CSS, the agency providing Financial Management Services should be listed here.				
MRICR14  <b>AUTOSOD Code MR37</b>	ISP Instructions revised 12/10/10 Pg 4 <i>Waiver App D: Service Plans (a)(i)(d)</i>	38. ISP documents the specific type of each <u>waiver</u> service provided.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<b>Guideline:</b> Note: This is a federal requirement. HCBS Waiver services are not eligible for payment unless the Name of the Provider, Type of Service, Frequency of Service, Duration of Service, and Service Effective Date are accurately recorded for each service on the ISP. <b>This is a federal requirement. For each ISP reviewed, data must be entered on the Waiver database regarding whether that ISP listed the <u>specific type</u> of Waiver service to be provided. (e.g., residential habilitation, community habilitation).</b>				
MRICR15  <b>AUTOSOD Code MR38</b>	2011 Vendor Manual Pg 47	39. The MSC record contains copies of all of the individual’s Waiver service plans.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<b>Guideline:</b> If the individual is enrolled in the HCBS Waiver, all of his or her Waiver habilitation plans must be attached to the ISP. Some examples of Waiver services include: residential habilitation, day habilitation, prevocational, supported employment, and consolidated supports and services. Please note: waiver service providers have 30 days from an ISP revision to send completed waiver plans to the MSC.				
MRICR16  <b>AUTOSOD Code MR39</b>	2011 Vendor Manual Pg 49	40. MSC record contains a service coordination agreement with the MSC vendor.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<b>Guideline:</b> The <b>Medicaid Service Coordination Basic Agreement</b> does not have to be attached to the ISP. A copy of the Basic Agreement should be given to the person, family/ advocate, and a copy should be placed in the first section of the Service Coordination Record. (For individuals newly enrolled to MSC after September 30, 2010, a Medicaid Service Coordination Agreement should be completed before an individual first begins receiving service coordination services. However, the agreement must be completed within 60 days of a person’s enrollment in the MSC program.. For individuals already enrolled in MSC prior to October 1, 2010, the MSC basic agreement should be updated to the new format at the next ISP review after 10/1/2010.) The key here is that there is a MSC agreement in the MSC record and that the person and the MSC understand their responsibilities as outlined in the agreement.				
MRICR17  <b>AUTOSOD Code MR40</b>	2011 Vendor Manual Pg 49	41. For all individuals, the service coordination agreement is reviewed with the individual annually as part of the ISP review		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<b>Guideline:</b>				
<b>AVAILABILITY/ RESPONSIVENESS OF MSC</b>				

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MRACR01  <b>AUTOSOD Code MR41</b>	2011 Vendor Manual Pg 31	42. The MSC record contains a phone number at which the MSC or substitute can be reached after hours in the event of an emergency. There is evidence that the number has been provided in writing to the individual and advocate.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> The MSC vendor must provide the individual, and advocate if applicable, with a phone number that will reach the MSC or agency designee 24 hours a day. The number must be current and answered by a person, not a recording or answering machine. The agency may use what ever form or format it chooses to provide the phone number.</p>				
<p><b>Use the findings from interview questions # 15 to 21 to answer questions 42 &amp; 43.</b></p>				
MRACR02  <b>AUTOSOD Code MR42</b>	2011 Vendor Manual Pg 16, 31 by inference	43. The individual, and advocate if applicable, can reach the service coordinator when needed in a timely manner.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u></p>				
MRACR03  <b>AUTOSOD Code MR43</b>	2011 Vendor Manual Pg 34 <i>Waiver App. D: Service Plans D(a)(i)(c)</i>	44. The ISP is reviewed twice annually and at least one time a year the review is a face-to-face meeting.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> It is recommended that the reviews occur every six months unless there is a reason that is in the best interests of the individual to do it on a different schedule. The schedule for ISP reviews should not be done at the convenience of the service coordinator or vendor agency. If the reviews are not done every six months or at reasonable intervals to ensure appropriate monitoring, read MSC notes and interview the MSC and individual to verify the reason for this. Be alert to whether the lack of timeliness of reviews is a one-time occurrence or a pattern of doing business. The minimum requirement is that at least one review annually is a face-to-face meeting. However, this not preclude a face-to-face meeting at other reviews of the ISP, depending on the choice of the individual, the significance of changes in the individual’s life and the professional judgment of the MSC.</p>				
MRACR04  <b>AUTOSOD Code MR44</b>	2011 Vendor Manual Pg 28 <i>Waiver</i>	45. The ISP is revised <u>whenever</u> there is a significant change in the individual’s life.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> Changes to the ISP may be necessary as a result of the ISP review. In addition, changes may be necessary if there are significant changes in a person’s life. Revisions are made as often as needed to maintain a current plan. Changes can be made to the ISP by either rewriting the ISP or adding an addendum to the existing ISP.</p>				
MRACR05  <b>AUTOSOD Code MR45</b>	2011 Vendor Manual Pg 50	46. The Willowbrook class member has an activity plan.		(Be sure to include the name of the MSC or Individual if a deficiency is found)

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<p><u>Guideline:</u> All Willowbrook Class Members must have an Activity plan completed within 60 days of a person’s enrollment into the MSC program. The Activity Plan must be reviewed and updated at least every six months. New activities the individual would like completed may be added at any time. This review should be documented in the service coordination notes.</p>				
<p>MRACR06 <b>AUTOSOD Code MR46</b></p>	<p>2011 Vendor Manual Pg 53</p>	<p>47. The MSC record includes MSC notes that contain information needed to provide continuity of services</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> The service coordination notes must track relevant information about the person’s life. This allows the service coordinator to maintain a written record of major events, changes and issues, as well as to follow the progress made by the person in attaining his/her valued outcomes. The tracking of this information allows the service coordinator to provide person centered services. It also provides adequate information about the person and services to allow for continuity of services should service coordinators change.</p>				
<p>MRACR07 <b>AUTOSOD Code MR47</b></p>	<p>2011 Vendor Manual Pg 32</p>	<p>48. The MSC note indicates that the MSC meets with the individual when/if needed.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> The minimum number of face-to-face meetings in a year is 3. If the needs of the individual warrant more face-to-face meetings than the required minimum of 3, the service coordinator should meet with the individual more frequently. It is the responsibility of the MSC to use his/her professional judgment, in consultation with the individual and others as appropriate to determine when more frequent meetings are needed. The assessment of whether a face-to-face meeting is needed should be on-going and based on the unique circumstances and needs of the person. Keeping the individual healthy and safe should always remain the most important goal. Be watchful for circumstances when an individual has asked to meet or is having issues in his/her life that require in-person help from the MSC. Did they meet? Also be alert for communications that limit the number of face-to-face visits a person may have. This would not be an allowable practice.</p>				
<p><b>Use the findings from interview questions # 15 to 21 to answer this question</b></p>				
<p>MRACR08 <b>AUTOSOD Code MR48</b></p>	<p>2011 Vendor Manual Pg 34</p>	<p>49. The monthly notes document that the Willowbrook class member receives monthly face to face meetings with the MSC.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> <b>For Willowbrook Class members</b>, a service coordinator must conduct a face-to-face meeting with the class member during each <b>calendar month</b> in order to bill for services for that month.</p>				
<p>MRACR09 <b>AUTOSOD Code MR49</b></p>	<p>2011 Vendor Manual Pg 31-36</p>	<p>50. The MSC notes indicate that the MSC meets with the individual <u>in his/her home</u> when/if needed.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u> <b>Use the findings from interview questions # 15 to 21 to help answer this question</b> The MSC must meet with the individual in his/her home at least one time a year. A service coordinator may have more in-home meetings than the minimum of 1 if the service coordinator feels that it is needed for the individual’s health and safety or if the individual and the service coordinator agree to additional meetings in the individual’s home. The visit to the individual’s home allows the service coordinator to identify potential hazardous conditions in the home, as well as cleanliness or maintenance problems. It is the responsibility of the MSC to use his/her professional judgment to determine when more frequent in-home meetings are needed. Be alert to MSCs who provide only one in-home visit to every individual on his/her caseload regardless of the individual’s needs. Be alert for agency policies that limit the MSCs ability to conduct more frequent in-home visits if needed.</p>				

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MRACR10  <b>AUTOSOD Code MR50</b>	2011 Vendor Manual Pg 36	51. 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.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> For Willowbrook Class members, a face-to-face service meeting in the person’s home is required at least once during each three-month quarter of a calendar year. A calendar year is divided into four, three month quarters:                      1st quarter – January through March                      2nd quarter – April through June                      3rd quarter – July through September                      4th quarter – October through December</p> <p>Note: If a person is enrolled in MSC during the last month of a calendar quarter, an in-home service meeting does not have to occur until sometime during the next calendar quarter</p>				
MRACR11  <b>AUTOSOD Code MR51</b>	2011 Vendor Manual Pg 36	52. For the Willowbrook class member, there is evidence that a Service Coordination Observation Report (SCOR) was completed at least twice yearly.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u> A Service Coordination Observation Report (SCOR) <u>must</u> be completed for all Willowbrook Class members living in certified settings, except those living in Developmental Centers and ICFs. A SCOR must be filed at least two times in a calendar year, not in consecutive quarters, even if there is no issue to report.</p>				
<p><b>ADVOCACY &amp; MONITORING</b></p>				
MRMCR01  <b>AUTOSOD Code MR52</b>	2011 Part 624 Handbook Pg 265 Waiver Appendix G: Participant Safeguards G(a)(i)	53. MSC has taken action to affirm that all allegations of abuse were investigated as appropriate.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><u>Guideline:</u></p> <ul style="list-style-type: none"> <li>▪ These 2 incident management questions deal directly with the actions of the MSC to advocate for the safety of the individual. For a review of the MSC agency’s incident management process, follow the procedures in the Incident Management review protocol..</li> <li>▪ There are 2 general situations when a MSC will be aware of alleged abuse:                             <ul style="list-style-type: none"> <li>○ If the person is receiving services from an OPWDD authorized or certified program, the MSC will be notified if the alleged abuse occurs while under the auspices of the program. In this case, the MSC should verify that the program/agency is conducting an investigation into the circumstances and that the responsible agency/program has taken action to protect the individual and prevent the situation from re-occurring.</li> <li>○ The MSC may become aware of or observe potential abuse in the course of performing his/her MSC duties. If the alleged abuse has occurred in the community and the individual does not live in an OPWDD-certified site, the MSC should follow Part 624 reporting requirements, <u>report</u> the allegation to his/her agency and ensure that the appropriate law enforcement and protective authorities are notified. The MSC should advocate for an investigation and protective action for the person. If the person lives in a certified site, or the alleged abuse occurred in an OPWDD authorized or certified program, the MSC should report the alleged abuse to the responsible agency/program and monitor that it will be investigated and that the agency has assumed responsibility for correcting the situation.</li> </ul> </li> </ul>				

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<p><i>Note: It is not expected that the MSC investigate allegations. It is also not expected that the MSC would know or monitor what specific internal actions an agency might take to correct the situation or prevent re-occurrence. The MSC should talk to the person and/or advocate if appropriate to ascertain whether they are satisfied with the actions taken by the agency and during face to face meetings or observations of services being provided note that the situation that caused the allegation to be made is not continuing to occur.</i></p> <p><i>If a MSC finds that a provider is not investigating an allegation of abuse or if the individual indicates that actions have not been taken to protect him/her, the MSC should provide that information to the Incident Coordinator at the local DDSO for appropriate follow-up.</i></p>				
<p>MRMCR02  <b>AUTOSOD Code MR53</b></p>	<p>2011 Part 624 Handbook Pg 265 Waiver App G Safeguards G(a)(i)</p>	<p>54. If abuse was substantiated, MSC advocates for the safety of the individual.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u></p>				
<p>MRMCR03  <b>AUTOSOD Code MR54</b></p>	<p>2011 Vendor Manual Pg 27-28</p>	<p>55. MSC monitors that the individual is receiving the services he/she wants and that those services are helping the individual to attain his/her valued outcomes and life goals.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u></p> <ul style="list-style-type: none"> <li>▪ Interview the Service Coordinator, asking them to explain what actions they take to ensure the individual is receiving the services wanted/requested/identified in the ISP.</li> <li>▪ Review the MSC notes to verify that examples of these explained actions are completed and documented.</li> <li>▪ When reviewing notes look for documentation of MSC contacts and advocacy with the service providers regarding status of delivery of services and with the individual/advocate regarding delivery of services.</li> <li>▪ Interview the individual receiving services and/or the family member/advocate (if applicable). Ask if services being received are satisfactory. Ask whether the MSC talks to him/her about services and whether the MSC acts if the individual expresses concerns about the services. <u>See interview questions 1 to 14.</u></li> <li>▪ Verify through record review, interview of the MSC and interview of the individual, and advocate if appropriate, that the services the individual is receiving is helping the person to attain his/her valued outcomes and/or life goals. Be alert to whether services and valued outcomes are static with no change or progress for several years.</li> <li>▪ If MSC review activities occur concurrently with observation and documentation review of other services, note whether the valued outcomes are being addressed and the individual is receiving the services requested and identified in the ISP.</li> </ul>				
<p>MRMCR04  <b>AUTOSOD Code MR55</b></p>	<p>2011 Vendor Manual Pg 27-28</p>	<p>56. MSC monitors that the individual is receiving the services he/she needs.</p>		<p>(Be sure to include the name of the MSC or Individual if a deficiency is found)</p>
<p><u>Guideline:</u></p> <ul style="list-style-type: none"> <li>▪ Using interview questions 1 – 14 and the strategies noted above, verify that the MSC is taking appropriate actions to identify that services are being delivered and are effective in meeting the person's needs.</li> <li>▪ These actions should also include monitoring for any unmet needs, needs that have newly arisen or had not been previously identified.</li> <li>▪ Verify through documentation and interview that if unmet needs are communicated to the service coordinator or identified by the service coordinator, the MSC has taken action to ensure the needs are assessed and addressed.</li> <li>▪ If MSC review activities occur concurrently with observation and documentation review of other services, watch for whether individuals' needs have been identified and addressed.</li> </ul>				

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<ul style="list-style-type: none"> <li>Be alert to whether an unmet need for services is preventing the individual from progressing toward attainment of valued outcomes.</li> </ul>				
MRMCR05  <b>AUTOSOD Code MR56</b>	2011 Vendor Manual Pg 27-28	57. The MSC monitors that the individual’s natural supports are being maintained and/or increased.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><b>Guideline:</b> An important part of the role of service coordination is to help the individual be included as a member of his community and to maintain the individual’s relationships with family and community members who provide support to the individual. Verify through review of the ISP, interview of the MSC and interview of the individual that natural supports are being maintained or increased.</p> <p><b>Use the information obtained by asking interview questions 50 to 57 to help answer this question.</b></p>				
MRMCR06  <b>AUTOSOD Code MR57</b>	2011 Vendor Manual Pg 30, 81	58. MSC monitors that the fire safety safeguard identified in the ISP are in place.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><b>Guideline:</b> Using the information obtained from interview questions 46 to 49, as well as discussion with the MSC, review of documentation, and observation if appropriate, verify that the fire safeguards (personnel, environmental modifications, equipment, etc.) identified in the ISP are in place and being implemented.</p> <ul style="list-style-type: none"> <li>Verify through interview and review of MSC notes that the Service Coordinator follows up with the person, family and/or residential providers if applicable, to be sure that actions and recommendations from the fire safety assessment are implemented and appropriate.</li> <li>If possible, verify through interview, and observation and documentation review that each individual’s fire safety needs are being met. (i. e., If a residential site review is occurring, verify that the person can and is being appropriately assisted in fire evacuation.)</li> </ul> <p><b>NOTE:</b> Service Coordinators are not required to routinely read fire drill reports or be present for fire drills. However, if the Service Coordinator determines that the person is in imminent danger due to lack of a current fire safety assessment or actions needed for fire protection, the Service Coordinator should contact his/her supervisor, as well as the individual responsible for fire safety at the residential site.</p> <p><b>NOTE:</b> If the reviewer determines that an individual is in immediate danger due to lack of a current assessment or inadequate fire safety protections, call the appropriate Area Director immediately.</p>				
MRMCR07  <b>AUTOSOD Code MR58</b>	2011 Vendor Manual Pg 27-28 Appendix G: Part Safeguards G(a)(i)	59. The MSC monitors that individuals receive the health care services identified in their ISP.		(Be sure to include the name of the MSC or Individual if a deficiency is found)
<p><b>Guideline:</b> Use information obtained from interview questions 43 to 45 to help answer the question. The MSC is responsible for monitoring an individual’s healthcare services in an ongoing, timely and proactive manner. Review the ISP for identified health care needs and services. The MSC should monitor that if an individual has an identified health need, he/she is receiving appropriate services unless the individual is a competent adult who has chosen not to obtain the identified health care service. In that case, the MSC notes should indicate that the MSC is continuing to advocate with the person and has offered to help to obtain the service. If the individual wants and needs assistance, the MSC should monitor that medical appointments (both routine and PRN) are occurring and that medical recommendations are being acted upon. The MSC notes should reflect the monitoring and follow-up to healthcare related concerns.</p> <p><b>Note:</b> The MSC notes may not reflect all of the monitoring and follow-up of health care related concerns for individuals that live in certified settings where a health care professional (registered RN) would be responsible for the follow-up and documentation of these issues. In these cases, the MSC may note that the residential RN is following up on health care concerns. This would be acceptable as long as adequate health care follow-up is being provided.</p>				