

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.

Agency Name:		Agency ID Code:	
Agency Address:			
Date of Review:			
Reviewer Name:		Team #:	

The following protocol contains the review procedure for a vendor-level review of the MSC services being provided by an agency (vendor.)

CODE	CITE	REVIEW	NOT MET	COMMENTS
MVGCR17 AUTOSOD MV11	2011 Vendor Manual, Ch 2 pg 16	1. The vendor has a system to ensure that MSCs meet the educational and experiential requirements prior to their hire date or acceptance of MSC responsibilities.		
<p><u>Guideline:</u> The Vendor must have established criteria for educational and experiential requirements for MSCs</p> <p><u>MSCs must possess the following minimum education:</u></p> <p>An associate’s degree in a health or human services field (see text box) from an accredited college or university or a degree in nursing as a Registered Nurse (RN).</p> <p>An individual with credits toward a bachelor’s degree may meet this educational requirement by providing a letter from his or her college verifying that he/she has completed course work equivalent to an associate’s degree both in the total number of credits received and the number of credits earned in a health or human services field. An associate’s degree is usually equal to 60 credits.</p> <p>An individual with an associate’s degree or a bachelor’s degree or who has a minimum of 60 credits toward a bachelor’s degree in a field other than health or human services may meet this educational requirement if a minimum of 20 of his/her college credits are in health and human services. The vendor agency should review the individual’s college transcript to verify that the educational requirements have been met and retain this documentation.</p> <p>WB: Service coordinators who serve Willowbrook Class members must be Qualified Intellectual Disabilities Professionals (QIDP).</p> <p><u>At a minimum, MSCs must possess the following experience:</u></p> <p>One year experience working with people with developmental disabilities, or</p> <p>One year experience as a service coordinator/case manager with any population.</p> <p>The minimum experiential level does not have to be met if the person has a master’s degree in a health or human services field.</p> <p>The Vendor must have procedures for verifying the employee’s college diploma and/or transcripts, including the accreditation of the college and the completion of required coursework. For example, if an applicant produces a diploma from a foreign country, how does the agency verify that the college/university is accredited in the United States?</p>				

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<p>The vendor must have procedures for verifying the candidates prior work experience and it's applicability to the minimum experiential requirements described in the MSC Vendor Manual.</p>				
MVGQC10	QI	<p>2. The system for verifying the MSCs educational and experiential requirements are met is effective.</p>		
<p><u>Guideline:</u> This question will be answered with consideration of the findings from Standard 1 on the Routine Review. If one MSC does not meet the requirements for the position, the answer here is no. Documentation that the service coordinator meets the minimal educational and experiential requirements must be retained for review by OPWDD and other applicable entities. This documentation will indicate the vendor is completing verification procedures, and will most likely be found when reviewing personnel records. An effective system will filter out unqualified applicants. It may be instructive to ask the vendor if their process has uncovered any unqualified applicants.</p>				
<p>MVGCRO1</p> <p>AUTOSOD code MV01</p>	<p>2011 Vendor Manual, Ch 1 & Ch2, p 15</p>	<p>3. The vendor has established performance standards for the provision of service coordination by its MSCs.</p>		
<p><u>Guideline:</u> The vendor has established performance standards for the provision of effective service coordination. The standards include agency criteria for those values that are intrinsic to MSC such as:</p> <ul style="list-style-type: none"> ▪ advocacy, ▪ informed choice, ▪ community inclusion, ▪ person-centered planning, ▪ the ISP, ▪ maintenance of the MSC record, ▪ monitoring of health, safety <u>and</u> services, ▪ maintenance of benefits and entitlements, <p>assessment of an individual's need for health and safety monitoring (and associated need for face to face visits, in-home visits or phone contacts) for each unique individual? This would include guidance to service coordinators on assessment methods/ways to use their professional judgment effectively, etc.</p>				
MVGQC01	Quality Indicator	<p>4. The standards are written</p>		
<p>The standards can be written in any form or document determined by the agency to be the most useful. (e.g., policy/procedures, conduct requirements, job duties, performance standards, etc.)</p> <p><u>Guideline:</u> The key is that the agency has written criteria for what they expect from their MSCs in their performance of the areas listed above. The surveyor should ask to see a sample of the document but does not need to review the document. Whether the written standards are effective will be assessed based on the effectiveness of service coordination being provided and</p>				

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individuals' satisfaction with the services.				
MVGCQ02	Quality Indicator	5. The standards are communicated to service coordinators and their supervisors.		
<u>Guideline:</u> Communicating performance standards in writing is a best practice. The agency may communicate standards verbally or through a training curriculum. Ask MSCs and MSC supervisors if they are aware of the standards for their job duties. Ask what those standards are and how they were informed. The answers should match the answers you received in questions #3 and #4 above. If the answer to #3 is "not met," the answer to this question must also be "not met."				
MVGCR04 AUTOSOD code MV02	633.8(b)(2) Vendor Manual Pg 81	6. The vendor has a mechanism to identify the training needs of service coordinators and service coordination supervisors and to provide the training to meet identified needs.		
<u>Guideline:</u> The vendor has assessed what knowledge and skills its service coordinators must have in order to provide effective services and the priority order for when training should be provided. This would include knowledge and skills needed by new MSCs who are providing training prior to receiving the required Core training. <ul style="list-style-type: none"> ▪ The agency provides training and re-training for its service coordinators as needed. ▪ The agency has a mechanism to track that MSCs are participating in required professional development. 				
MVGCR05 AUTOSOD code MV03	633.8(b)(2)(i)	7. The mechanism or system is documented.		
<u>Guideline:</u> The agency's listing of required training; skills and knowledge for its service coordinators are documented. For training provided by the vendor, there are curricula for trainers to follow. The vendor maintains training records for each service coordinator.				
MVGCQ03	Quality Indicator	8. The mechanism is effective.		
<u>Guideline:</u> This question can only be answered at the completion of all review activities. The answer should be based on the results of record reviews and interviews of MSCs, individuals who receive services and their advocates. This question will be answered with consideration of the findings for Standards 2-24 of the Routine Review.				
MVGCR07 AUTOSOD code MV04	2011 Vendor Manual, Ch 3, pp 42 - 44	9. The vendor has a system to provide supervision and monitoring of service coordinators in the performance of their job duties.		
<u>Guideline:</u> The agency has determined how its supervisors and administrators will supervise and monitor the performance of service coordinators in terms of work products (the ISP and MSC record), interactions with individuals being served, and implementation of agency standards for MSC as described in question #3.				
MVGCQ04	Quality Indicator	10. The mechanism or system is documented.		
<u>Guideline:</u> The system used to supervise and monitor service coordinators is written. The system can be written in any form or document determined by the agency to be the most useful. (e.g., policy/procedures, conduct requirements, job duties, performance standards, etc.) The results of reviews of the MSC record and the MSC's performance are documented.				
MVGCQ05	Quality Indicator	11. The mechanism is effective.		
<u>Guideline:</u> This question can only be answered at the completion of all review activities. The answer should be based on the results of record reviews and interviews of MSCs, individuals				

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who receive services and their advocates. This question will be answered with consideration of the findings for Standards 21-59 of the Routine Review.				
MVGCR10 AUTOSOD code MV05	2011 Vendor Manual Pg 21- 22	12. The vendor guards against conflicts of interests in service coordination.		
<p><u>Guideline:</u> Clinicians, habilitation staff, direct care staff and any other staff providing direct services to the individual, including the individual's Family Care home liaison, cannot also serve as the individual's service coordinator. Residential and day program managers or other types of service managers with direct (first-line) administrative control over an individual's services or programs may not supervise the individual's service coordinator</p> <p>Does the individual receive all other services from the same agency as the MSC Vendor? If so, how does the MSC Vendor ensure that the individual knows they can make other choices of waiver service providers or MSC Vendor? How does the vendor avoid conflicts of interest such as compelling the person to receive the services they provide? Is there evidence based on your reviews of MSC records that individuals are not receiving wanted services because they are not provided by the agency?</p>				
MVGCQ06	Quality Indicator	13. The vendor has a mechanism to obtain information from individuals and their advocates regarding their satisfaction with services		
<p><u>Guideline:</u> The agency has established a means to obtain reliable information about individuals' satisfaction with the MSC services they receive and the performance of their MSCs. The information is documented, and trended by the agency. Use interview Questions # 1 to # 14 to obtain the information needed to answer 13 to 16 on this protocol.</p>				
MVGCQ07	Quality Indicator	14. The vendor has a mechanism for responding timely and respectfully to complaints or concerns expressed by individuals and their advocates.		
<p><u>Guideline:</u> none provided</p>				
MVGCQ08	Quality Indicator	15. The vendor has a mechanism for remediating areas of dissatisfaction systemically.		
<p><u>Guideline:</u> If the satisfaction data maintained by the agency identifies systemic areas of poor performance, the agency takes action to remediate program-wide. The action is documented and reviewed for effectiveness.</p>				
MVGCQ09	Quality Indicator	16. Individuals and advocates interviewed state that the MSC and vendor agency respond to their concerns in a respectful and positive manner.		
<p><u>Guideline:</u> none provided</p>				
MVGCR15 AUTOSOD code MV06	633.22(d)(2)(i) (g)	17. The vendor has ensured that service coordinators and supervisors hired after April 1, 2005, have received required criminal background checks		

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<p><u>Guideline:</u> Utilize the central CBC protocol</p>				
				<p>This question was removed from the protocol in early 2013. It appears blank in the Protocol Database and no data collection is required.</p>
<p><u>Guideline:</u> For MSC's hired since the last review visit who provide services to children, verify that their names have been submitted to the State Central Register and they have been cleared.</p>				
<p>MVCCR01 AUTOSOD code MV08</p>	<p>2011 Vendor Manual Pg 22</p>	<p>MSC CASELOAD 19. The maximum caseload size for service coordinators who do not serve Willowbrook class members is 40 units</p>		
<p><u>Guideline:</u> Review the MSCs' caseloads. There is a weighting factor of 0.8 for individuals residing in Supervised CRs and Supervised IRAs (1 individual = .8 unit). There is no weighting factor for individuals residing in Supportive CRs and Supportive (IRAs), in Family Care, or living on their own or with family members or others (1 individual = 1 unit).</p>				
<p>MVCCR02 AUTOSOD code MV09</p>	<p>2011 Vendor Manual Pg 23</p>	<p>20. The maximum caseload size for a service coordinator serving at least one Willowbrook Class member is 20 units</p>		
<p><u>Guideline:</u> When an MSC service coordinator serves even one member of the Willowbrook class, his or her maximum workload is 20 units. OPWDD is obligated to provide service coordination at the equivalent of 1:20 for class members. The MSC weighting factor of 0.8 for people who live in certified supervised settings does NOT apply when calculating Willowbrook workload. Each person receiving Plan of Care Support Services, regardless of whether or not the person is a class member, also counts as one (1) work unit.</p>				
<p>MVCCR03 AUTOSOD code MV10</p>	<p>2011 Vendor Manual Pg 42</p>	<p>21. The vendor has a mechanism to ensure that MSC's caseloads are manageable.</p>		
<p><u>Guideline:</u> This question should be answered after completion of all MSC review activities and based on the following probes:</p> <ul style="list-style-type: none"> ▪ Do all MSCs have the maximum caseload size? ▪ Do all MSCs have the same caseload sizes? ▪ Are caseloads based on the need for services of each individual on the caseload and the skills and abilities of each service coordinator? In other words, how does the vendor ensure case mix and case size are appropriate? ▪ Based on your review of MSC services and interview of the MSC, how does the service coordinator appear to be handling their caseload? ▪ Based on your interviews of individuals and advocates, the MSC is able to meet their service needs and respond to them in a timely manner. 				