

MSC E-VISORY

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State of New York Office of Mental Retardation and Developmental Disabilities
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The MSC E-Visory is an electronic advisory intended to provide timely information to Medicaid Service Coordination Supervisors and their staff.

Questions and comments should be directed to Carol Kriss, MSC Statewide Coordinator via e-mail: Carol.Kriss@omr.state.ny.us

Each E-Visory has pertinent information on programs and services available to individuals receiving Medicaid Service Coordination (MSC). Announcements about MSC training, conferences and meetings appear regularly in issues of the MSC E-Visory. Please forward this issue to all Medicaid Service Coordinators and MSC Supervisors.

In This Issue:

- Submitting a Bill for MSC Transition Payment
- Change in MSC Provider Agency or Withdrawal from MSC and Enrollment in Plan of Care Support Services (PCSS)

The two attached documents provide clarification on billing for MSC when there has been a change in an individual's service needs.

The first document provides information on the allowable circumstances for a vendor to bill at the transition payment level for an individual receiving MSC. It clarifies the rules for submitting a bill for transition payment based on when a person moves during the month to a qualifying residential environment.

The second document provides the billing procedure when an individual changes to a new MSC service provider. It also gives the rules for billing when an individual receiving an HCBS Waiver service withdraws from MSC after the required 90 days and enrolls in the required Plan of Care Support Services (PCSS).

Submitting a Bill for MSC Transition Payment

Q. What is MSC transition payment?

A. An MSC vendor is eligible to receive a special, higher level of payment for the provision of MSC when people are “in transition.” In recognition of the additional service coordination workload, the MSC vendor may bill the transition payment level, in lieu of the regular monthly payment levels for two months. Transition may be billed for/when:

- ❖ the first two months the person initially receives MSC
- ❖ begins adult service
- ❖ the first two months following the person’s move to a more independent residential environment or from his/her family home to a certified environment.

Please refer to the MSC Vendor Manual, Chapter Six, page 3 for a complete explanation of MSC transition payments and Chapter Twelve, page 2 for information on the billing process for MSC.

Q. For what months do I bill transition and at what rate when a consumer has a qualifying change of residential status?

A. 1. If a person *moves on the first day of the month*, bill transition for that month and the following month at the rate appropriate to the new residence.

Example: An individual moves from their own home into an IRA on 10/1/08. The MSC agency will bill October services (11/1/08 date of service) and November services (12/1/08 date of service) at the transitional level. December services (1/1/09 date of service) will be reimbursed at the regular payment level. The example below indicates the payment for this scenario:

<u>Service Date</u>	<u>Rate Code</u>	<u>Payment Level</u>	<u>Locator Code</u>	<u>Transition (yes/no)</u>
11/1/08	5212	Intermediate	004	yes
12/1/08	5212	Intermediate	004	yes
11/1/09	5212	Intermediate	003	no

2. If a person *moves on any other day than the first of the month*, bill the month of the move reflecting the residential status the person is moving from, and bill the next two months at the transition level for where the person moved to.

Example: An individual moves from their own home into an IRA on 10/5/08. The MSC agency will bill October service (11/1/08 date of service) at the regular payment level associated with the setting the individual is moving from. November service (12/1/08 date of service) and December service (1/1/09 date of service) will be reimbursed at the transitional level. January service (2/1/09 date of service) will be reimbursed at the regular payment level. The example below indicates the payment for this scenario:

<u>Service Date</u>	<u>Rate Code</u>	<u>Payment Level</u>	<u>Locator Code</u>	<u>Transition (yes/no)</u>
11/1/08	5213	Enhanced	003	no
12/1/08	5212	Intermediate	004	yes
1/1/09	5212	Intermediate	004	yes
2/1/09	5212	Intermediate	003	no

Please refer to the MSC Vendor Manual, Appendix One, Page 48 for the current MSC Billing Chart.

Change in Medicaid Service Coordination (MSC) Provider Agency Or Withdrawal from MSC and Enrollment in Plan of Care Support Services (PCSS)

Change in Medicaid Service Coordination (MSC) Provider Agency

Medicaid Service Coordination (MSC) is a monthly service. The service provider will bill for the month of service following the conclusion of a month, using the 1st of the subsequent month as the “date of service.” A provider’s claim for reimbursement assumes that all billing requirements have been met during the month, including the requirement for at least one face-to-face visit by the service coordinator with the individual.

When an individual requests a change in his/her MSC provider, the effective date for the new MSC provider should be based on when the request is approved, with an effective date the 1st of the month following the month in which the MSC provider change is approved. For example, if an individual asks on January 10th for an MSC provider change and approval of the MSC provider change is given on January 20th, the effective date for the new provider should be February 1st and the last date of authorization for the former MSC provider should be January 31st.

Withdrawal from MSC and Enrollment in Plan of Care Support Services (PCSS)

If, after receiving MSC for at least 90 days, an individual wishes to withdraw from MSC and opt into the Home and Community Based (HCBS) Waiver Plan of Care Support Services (PCSS), the effective date for the individual opting out of MSC should be determined based on when the request is approved.

The effective date for the MSC withdrawal should be effective the last day of the month, and the PCSS effective date should be the 1st of the month following the month in which the MSC withdrawal is approved. This will allow the MSC service provider to complete their billing for the service, and the PCSS provider can begin service as of the 1st of the subsequent month.

The maximum number of PCSS services that can be billed for an individual is two services per year. The date of service billed for PCSS should correspond with the date the individual’s Individualized Service Plan (ISP) review occurred.