MSC E-VISORY

Issue # 07-11 **March 3, 2011**

State of New York Office for People With Developmental Disabilities
Jim Moran, Acting Commissioner
Distributed by: Division of Policy and Enterprise Solutions
Suzanne Zafonte Sennett, Deputy Commissioner

The MSC E-Visory is an electronic advisory distributed to MSC Supervisors. Each issue provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please forward this issue to all MSC Service Coordinators and others as appropriate.** Past issues of the MSC E-Visory can be accessed via the following link:
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In This Issue:

Materials for Spring MSC Supervisors Video Conference – March 9, 2011

The Spring MSC Supervisors Video Conference is being held on March 9, 2011.

AM Session 9:30 am – 12:00 pm
PM Session 1:00 pm - 3:30 pm

Topics include:

- MSC Update
- Informed Choice MSC Training
- Willowbrook Active Representation
- MSC Unit Allocations and Portability
- MSC Service Documentation

NOTE:
There will be no handouts. The PowerPoint that will be referenced during the video conference is attached.

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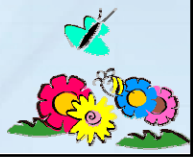
MSC Supervisors
Spring Video Conference
March 9, 2011



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Agenda

- MSC Update
- Informed Choice MSC Training
- Willowbrook Active Representation
- MSC Unit Allocations and Portability
- MSC Service Documentation

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MSC Update

Eric Pasternak, MSC Statewide Coordinator

- Welcome
- Evaluations from December Video Conference
- Feedback on MSC redesign
- Listening Forums
- MSC Redesign Training Materials and Resources
- Waiver Service Listing in ISPs
- Department of Health Annual ISP Audit
- MSC Credentials

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Informed Choice MSC Training

Presented by Shelly Okure
Director – Innovation and Practice Development

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What is Informed Choice?

- This was a very fundamental question posed by our administration.
- If the mission is to increase the capacity of the OPWDD system to support people to have richer lives, don't they need to be supported to understand the service options - along with the responsibilities – in determining the appropriate supports and services for them.
- If yes, then how?

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- An Informed Choice Design Team was chartered in 2008
- Members: state and local MSC agents, individuals and families who utilize the MSC service, self advocates, administrators and policy makers.

- Their charge: to explore ways to increase the capacity of OPWDD's system to support an informed choice concept for individuals and families we support.
- Where to begin: logically, with the MSC Program.

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OPWDD MSC Redesign and Informed Choice

- Then came significant changes to the OPWDD MSC service!!!
- Change, even if it's welcome change, can be a difficult transition.

- There was recognition among many stakeholders that the quality of the MSC service ensures that people we serve "lead richer lives".
- How to ensure that the changes did indeed support PEOPLE still lingered.....and the fundamental concept of informed choice took on renewed importance.

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The Informed Choice Concept Defined

- 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.
- 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 what kinds of services or supports someone want or needs, and where and how to get them.

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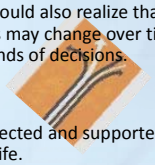
The Informed Choice Concept con't

- 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.



- Personal choices should be respected and supported by others involved in the person's life.

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How do we actualize this concept?

- OPWDD Leadership was committed to this concept.
- Sought ways to engage people in dialogue around it.
- Other committees working on similar agendas.
- Combined efforts to develop an Informed Choice training curriculum.

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We Got Assistance

- We were fortunate to collaborate with a very experienced trainer, Jeff Kober, who has created and facilitated training curricula for a number of public and private organizations including Disney, Inc.
- Jeff also spent a good deal of time conversing with many people throughout our system before developing this curriculum.

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Primary Objectives

The training is designed to help participants:

- Understand the difference between "Choice" and "Informed Choice".
- Understand the rights, risks, and responsibilities associated with informed choice decision making and develop strategies to address them.
- Demonstrate techniques to assist and support people to make informed choices that balance the right to choose with the right to be protected.
- Strengthen the capability for individuals and families to identify and utilize all available supports and services: paid, natural and generic.
- Develop effective strategies for the continued promotion of the Informed Choice concept in all areas of our system.

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Participants will also be able to understand:

- The array of service options available through OPWDD and the right of choose the supports and services that best meet individual needs.
- How the informed Choice concept supports the OPWDD mission and vision.
- The value of partnerships with sister agencies and generic community organizations.
- Understand the importance of effective, on-going person centered planning.

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- Last week we piloted the training curriculum to about 20 participants including state and voluntary Medicaid Service Coordinators and Medicaid Service Coordination Supervisors.
- We are collating results now and will be meeting with the consultant next week to learn how to conduct this training ourselves.
- Our overall intent is to make this training available to every DDSO region during this current catalog period.
- Dates have been identified and are currently in the OPWDD training catalog.

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Overall Goal

- Feedback will help ensure that this training curriculum will be an effective tool that assists service coordinators in helping support individuals and families from various backgrounds and experiences, with differing needs and situations in making informed decisions regarding the individualized supports and services they need to truly lead richer lives.

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Willowbrook
Active Representation

Presented by Denise Pensky

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Per the Injunction, Active Representation IS…

- Correspondent participation with the program planning team in planning and evaluating the person's plan of services; and/or visits the class member <u>at least annually</u>

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Active Representation

- If the family is not meeting the standard of active representation, for whatever reason, and the class member cannot self-advocate, then the class member should be referred to CAB

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Willowbrook Concerns

- The parties feel that OPWDD is not ensuring that class members receive active representation when the individual is not able to be their own self advocate
  - ✓ They feel providers are not taking timely steps to involve CAB when class member family members retire/relocate out of state/age and/or die

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Willowbrook Concerns

- The parties feel that DDSOs and agencies do not understand the role of CAB and the different functions of the local representatives and the Board itself
  - ✓ The local representative serves as the point person for DDSOs and voluntary agencies BUT the BOARD is the deciding body
  - ✓ For example, when surrogate name is requested, enter "Consumer Advisory Board," never name of local representative

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Willowbrook Expectations for Active Representation Monitoring

- Teams should discuss active representation status for each class member at the semi-annual update and annual review
- The plan of services should reflect whether the class member self-advocates or whether family member(s) or the CAB serve as sole advocate or co-representative on their behalf

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Willowbrook Expectations for Active Representation Monitoring

- If family is involved, the plan of services and follow up documentation should include:
  - frequency of visits and/or participation with team members

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OPWDD follow up on CAB involvement for class members

- *WillowBrook CAB Active Representation* system has been developed to maintain information on CAB involvement
  - ✓3 question survey is underway which will be updated quarterly along with caseload reporting
  - ✓DDSO Willowbrook liaisons have access to enter information for class members in each district
  - ✓Other DDSO staff may have access; please submit name, DDSO and user ID

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Correspondent Contact Regarding CAB Availability

- Correspondence sent by service coordinator/case manager
- Adapt the SAMPLE LETTER FORMAT located at http://www.opwdd.ny.gov/willowbrook/images/hp_willowbrook_samplelettter.pdf
- Use ACTIVE REPRESENTATION RESPONSE FORM located at http://www.opwdd.ny.gov/willowbrook/images/hp_willowbrook_responseform.pdf
  - ✓ Active Representation Form options CANNOT be changed
- Copies of correspondence and completed response form must be forwarded to DDSO Willowbrook Liaison and CAB Executive Director

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Coming soon

- Two Versions: Sample Letters and Active Representation Response Form
  - 1st Version for when CAB is "no rep"
  - 2nd Version for when CAB already provides co-representation
  - You will still attach the Responsibilities of Correspondent/Definition of Willowbrook Active Representation

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For more about Willowbrook informed consent…

- Reference the document, *Willowbrook Informed Consent for Class Members Fully Represented by the Consumer Advisory Board*, updated 1/26/2011
- Available on OPWDD's website as follows:
  - Go to http://www.opwdd.ny.gov/
  - Select "News & Publications"
  - Select "Publications"
  - See "CAB Informed Consent"

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CAB is not authorized to give informed consent for class members…

- who are able to give informed consent on their own behalf;
- who have a legal guardian, health care agent [person appointed pursuant to a health care proxy executed by the individual] or other actively involved family member to act as surrogate decision maker; or
- when CAB provides co-representation.

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CAB will NOT give informed consent…

…when the class member or an involved family member is available and willing to give consent or has objected to the proposed treatment

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For Incident Reporting

- If the CAB is the correspondent, it must receive the notification, with offers and Report on Actions Taken (OPWDD 148 or equivalent).
- If the CAB is co-representative, the CAB and the other correspondent must both receive the notification, with offers and OPWDD 148 or equivalent.
- CAB does not need to make a request for the OPWDD 147; it is to be sent automatically.
- When not represented by CAB, the OPWDD 147 is still sent to Central CAB

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CAB as a Surrogate for DNR Orders

- The law has changed regarding the issuance of DNR orders.
- Effective 6/1/10, the HCDA process must be followed for all decisions involving the withholding or withdrawing of life-sustaining treatment, including DNR orders.
- As a result of this change, there is now one set of medical criteria and one surrogate list for all such decisions.
- DNR orders issued prior to June 1, 2010 remain effective.

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Questions?

Contact
DDSO Willowbrook Liaison
OR
Denise Pensky, OPWDD Willowbrook Liaison

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MSC Unit Allocations and Portability

Presented by OPWDD Central Operations

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MSC Redesign

- Allocation of units to agencies – no "CAP" on enrolling eligible individuals
- Agencies are expected to manage allocations – planning tool only – NOT meant to restrict ability of otherwise eligible individuals to receive MSC
- Allocations are NOT meant to restrict individual choice of transfer to available and qualified MSC providers

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Key Points

Allocation methodology based on where individual lives or if Willowbrook Class Member

6 units if live in Supervised IRA or CR

10 unit if live in Supportive IRA or CR

12 units for all others, including all Willowbrook Class

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More Key Points

Allocations = annual values for State Fiscal Year (SFY)

Unused units are not held against a provider at SFY End – other reasons may result in allocation decrease for next SFY though

April 2011 refresh of base allocation – will revise allocation given in Sept. 2010, will NOT reflect changes since 10/1/10 – eg, new enrollments, living setting changes, etc.

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MSC Authorization

DDSO authorization to serve an individual is still required, and is expected to occur BEFORE agency begins to provide service

DDSO must process TABS enrollment in agency's MSC program code so agency will be recognized as the authorized service provider when billing is submitted

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MSC Portability

Portability – means individual can choose to receive service from another available and qualified provider → units move with the individual AT THE TIME OF THE CHANGE

* Move to another provider within same district
* Move to another provider in another district
* Move to another district to stay with same provider (units need to shift between districts)

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More on MSC Portability

What happens **in the fiscal year** an individual leaves Agency A and goes to Agency B?

- Agency A would have only units already billed for service provided.
- Agency B's allocation would increase on a **PRORATA** basis for the remainder of the year based on the individual's living setting.
- Allocations are always adjusted for portability!

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More on MSC Portability

What happens in the **next fiscal year** if an individual leaves Agency A and goes to Agency B?

- Agency A's allocation for the **next fiscal year** is decreased by full annual units based on the individual's living setting.
- Agency B's allocation for **next fiscal year** is increased by full annual units based on the individual's living setting.

(Allocations are full annual)

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MSC Attrition

- Attrition is different from portability
- Attrition applies when the individual will no longer be receiving MSC
- Attrition can occur due to –

  Individual changes to PCSS

  Individual dies or loses Medicaid

  Individual is no longer qualified for MSC (becomes resident of ICF, enrolled CAH, etc.)

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MSC Attrition – WARNING !!

The information presented in the remaining slides with "MSC Attrition" as part of the slide title should be considered DRAFT as the final guidance has not yet been issued

Information could change before the final guidance is issued.

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More on MSC Attrition

What happens to units allocated to agency when attrition of individual from MSC program occurs?

For a limited period (maximum 9 months), the agency may have the units in *reserve* – district may ask agency to give up some/all of *reserve* prior to 9 months

Intent of *reserve* is to facilitate authorization of **new** individuals to the agency not enhancing.

DRAFT GUIDANCE – SUBJECT TO CHANGE

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More on MSC Attrition

Example of how *reserve* will work –

Individual living in family care home (agency received 12 units in allocation to serve) decides he only needs PCSS

12 annual units go into agency reserve with MSC remove

Three months later new individual, lives with family, is requesting service from agency and DDSO authorizes

Agency allocation does NOT need adjustment, 12 units in reserve would be attributed per allocation methodology

DDSO funds the PCSS units

DRAFT GUIDANCE – SUBJECT TO CHANGE

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More on MSC Attrition

On last slide individual from At-Home went to PCSS. What if no new individual to associate reserve units with is found within 9 months?

Agency allocation DECREASE by 12 units – to DDSO for reallocation as needed

DRAFT GUIDANCE – SUBJECT TO CHANGE

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More on MSC Attrition

Individual living in Supportive IRA (agency received 10 units in allocation to serve) decides he only needs PCSS

10 annual units go into agency reserve with MSC remove

Three months later new individual, lives with family, is requesting service from agency and DDSO authorizes

Agency reserve would not have enough units to serve

DDSO would need to allocate an additional 2 units for the new individual authorized

DRAFT GUIDANCE – SUBJECT TO CHANGE

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Additional Allocation Units

Limited situations (exceptions) when agency will get additional units even if Agency has units in reserve – if individual

- Moves to a less restrictive setting (Supervised IRA to Supportive, allocation increase of 4 units)
- Program conversion to Waiver (ICF to IRA)
- Community Placement Plan (DC, Nursing Home, etc.) placement
- Ages out of RESIDENTIAL school

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Important Points for Allocations

- MSC agencies must submit appropriate MSC form(s) timely so program adds and removes can be reviewed and processed
- Encourage submission of DDP-1 timely if individual is changing living setting

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MSC Billing Reminders

- Service month October 2010 and forward, only two Rate Codes appropriate for billing
  - 5214 if Willowbrook Class Member
  - 5211 for all others
- Locator 004 appropriate only if individual qualifies for Transition Billing (brand new to OPWDD Service Coordination)
- Date of Service on claim is 1st of month after

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MSC Billing Restrictions ??

There are NO eMedNY edits on MSC billing to restrict an agency to the allocation given

There will be monitoring of billed units against allocations, agencies will need to explain billed services in excess of their allocation

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Contact Information

- OPWDD Central Operations
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  Karla.Smith@opwdd.ny.gov

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MSC Service Documentation

Reminders & Key Points

Presented by OPWDD Medicaid Standards

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Development of the ISP

- An individual's first ISP must be written and signed by the service coordinator within 60 days of the HCBS Waiver enrollment date or of the MSC enrollment date, whichever comes first.

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Distribution of ISP

- If a service coordinator writes a new ISP, re-writes the ISP or writes an addendum to the ISP, and it reflects a new service or a change in service provider, the service coordinator must show evidence that the new or rewritten ISP or addendum was distributed within 60 days from the date of the ISP review or addendum or later if the 60 day timeframe cannot be met.

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Distribution of ISP Continued

- If the ISP was reviewed and there were no changes made to the ISP, an agency does not have to show evidence that an ISP or addendum was distributed.

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Distribution of ISP Continued

- Evidence of distribution may include
  - a sheet stating when the document was distributed
  - a monthly service note indicating that the document was distributed
  - a page attached to the ISP indicating when it was distributed
  - a notation on the ISP or addendum indicating when it was distributed.
- Documentation must include the parties to which the ISP was sent and the date(s) on which it was sent.

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Distribution of ISP Continued

- If distribution exceeds the 60 day limit, the service coordinator must document the reason for the delay, and then sign and distribute the ISP or addendum.

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Caseload Limits

- Each MSC service provider must ensure that a service coordinator's maximum caseload is not exceeded.
  - The maximum caseload is 40 units. There is a .8 weighting factor for individuals residing in an OPWDD certified Supervised CR or IRA. For all other individuals, including Family Care, there is no weighting factor (one individual = one unit).
  - Maximum caseload is 20 units if an MSC serves a Willowbrook class member

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Training

- Evidence that the service coordinator attended basic (i.e., core) training or received instruction using an approved OPWDD curriculum. Evidence may include, but is not limited to, a training certificate or an attestation from OPWDD that the service coordinator attended training.
- Attendance at basic training must occur within six months (180 days) of assuming MSC responsibilities.

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Experience/Education

- Each MSC service provider must ensure that each service coordinator and service coordination supervisor meets minimum qualifications (i.e., education and experiential requirements).

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Experience/Education Cont.

- MSCs must possess the following minimum education:
  - An associate's degree or the equivalent to an associate's degree in a health or human services field from an accredited college or university
  - A degree or 60 credits toward a degree in a field <u>other</u> than health or human services if at least 20 of the college credits are in health and human services.

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Experience/Education Cont.

- MSCs must possess the following minimum experience:
  - One year experience working with people with developmental disabilities, or
  - One year experience as a service coordinator with any population.
  - 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.
- Service coordinators who serve Willowbrook Class members must be Qualified Mental Retardation Professionals (QMRP).
- MSC Supervisors have other requirements

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LCED

- 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.
- See ADM #2009-05

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Other Items

- The monthly service note must be completed and signed by the 15th day of the month following the service month.
- Evidence that the person's ISP has been reviewed twice annually. These two reviews must be completed within 12 months prior to or by the end of the service month under review.

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Contact Information

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Please register:
MSC Supervisors
Summer Video Conference

Friday June 10, 2011

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