

MSC E-VISORY

Issue #12-11

May 9, 2011

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

The MSC E-Visory is an electronic advisory which 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 share this issue with all MSC Service Coordinators and others as appropriate.** In order to receive an email notification when a new MSC E-Visory is posted, please sign up for our mailing list (listserv). Listserv information and past issues can be accessed via the following link: http://www.opwdd.ny.gov/wt/publications/wt_publications_mscevisories_index.jsp

In This Issue:

MSC Restructuring Unit Management – Portability and Attrition

The “MSC Restructuring Unit Management – Portability and Attrition” document, dated May 3, 2011, clarifies the policy expectations and rules for unit allocation management for the MSC program following the restructuring that went in to effect on October 1, 2010. As a reminder, there is no cap on enrolling eligible individuals in MSC and participants are expected to have free choice of available and qualified provider. To view the document, go to:

http://www.opwdd.ny.gov/images/MSC_restructuring_unit_mgmt_may_2011.pdf

Revised Level of Care Eligibility Determination (LCED) Form and LCED Instructions

ADM #2011-01 “Revised ICF/CR Level of Care Eligibility Determination Form, dated April 29, 2011 and a newly revised LCED Form and LCED Instructions has been posted on the OPWDD website. This information is available for all individuals enrolled in OPWDD’s HCBS Waiver or those who are seeking to enroll in the waiver. Providers may phase in the use of the revised form and instructions by utilizing them the next time the annual redetermination of the LCED is due for each HCBS waiver enrolled individual. To download a copy of the form and instructions, please go to the following web page:

<http://www.opwdd.ny.gov/wt/memoranda/index.jsp>

New Protocols and Procedures For Review of Medicaid Service Coordination

Attached to this e-visory is a memorandum from OPWDD’s Division of Quality Management (DQM) announcing new protocols and procedures for review of Medicaid Service Coordination (MSC). The revised DQM procedures include a vendor level review of an MSC provider, a routine MSC service review, and an interview of MSC service recipients and their advocates, if appropriate, regarding their satisfaction with the service coordination they are receiving.

New MSC Training Delivery Model – MSC Core Training

OPWDD, in cooperation with provider associations and voluntary agencies, has announced a new model for the delivery of training courses to Medicaid Service Coordinators. This model will allow Provider Associations, COMPASS Agencies and pre-approved voluntary agencies the ability to provide the MSC Core Training to their own employees, and employees of other agencies, if they so choose. OPWDD will no longer provide MSC Core Training once this new model is in place. Please see the attached letter dated April 28, 2011 for further information on this initiative.

Statewide MSC Supervisors Video Conference: June 10, 2011

The next MSC Supervisors Video Conference is scheduled for June 10, 2011. The video conference is being broadcast to multiple DDSO sites in the morning (9:30am – 12:00 pm) and multiple DDSO sites in the afternoon (1:00 pm -3:30 pm). This should provide the opportunity for all MSC Supervisors working for a voluntary agency or for a DDSO to participate in either a morning or afternoon session. MSC Supervisors can earn 2.5 hours of professional development credits. Registration information is on the OPWDD Website at:

http://www.opwdd.ny.gov/wp/wp_catalogc1310.jsp

The agenda for the June 10th session includes:

- MSC Update
- MSC Training Initiatives and MSC E-Visory Listserv
- New MSC Survey Protocols
- MSC Withdrawal/Termination Process and Notice of Decisions (NODS)
- Level of Care Eligibility Determination (LCED)
- Habilitation Plan ADM
- Unit Allocation Refresh
- Willowbrook Due Process

NOTE: Materials will be distributed via the MSC E-Visory prior to the sessions.

Department of Health (DOH) Emergency Rules on Medicaid Benefit Limits for Certain Items

DOH has filed an emergency rule which establishes benefit limits for Enteral Formula, Prescription Footwear, and Compression Stockings. This rule may affect Medicaid reimbursement for these items for individuals and may result in the need for providers (both state and voluntary) to pay for these items instead of Medicaid. For more information, go to the following link and click on "Rule Making Activities, pages 10-13:

<http://www.dos.state.ny.us/info/register/2011/apr27/toc.html>

Quality Management

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M E M O R A N D U M

TO: DDSO Directors
Executive Directors of Provider Agencies

FROM: Sheila McBain 
Division of Quality Management

DATE: April 22, 2011

SUBJECT: New Protocols and Procedures for review of Medicaid Service Coordination

The purpose of this memo is to share with you the new protocols and procedures DQM intends to use for the review of Medicaid Service Coordination (MSC.) 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 MSC Vendor Manual, and to measure whether MSC services meet OPWDD's mission and vision for MSC services. Billing and claiming requirements will not be included in the revised protocols. Each MSC Vendor will be required to monitor billing and claiming requirements as part of its agency 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.

Attached to this letter are three (3) documents that will comprise the revised DQM procedures for the review of Medicaid Service Coordination:

1. **A vendor level review of an MSC provider:** This protocol may be used once yearly for agencies that provide MSC services. It reviews whether a MSC vendor has systems and/or mechanisms to ensure the quality of the MSC services it provides. The protocol focuses on a vendor's ability to self assess and self-correct the quality of its services. The protocol looks at four (4) key areas:
 - a. The vendor has established performance standards for service coordination and those standards are communicated to staff who provide the services.
 - b. The agency has identified the skills and knowledge needed by its service coordinators to provide quality services and it ensures that its service coordinators have the necessary skills and knowledge.
 - c. The agency has a mechanism to provide supervision and monitoring of service coordinators in the performance of their job duties.
 - d. The agency has a system to obtain information from individuals and advocates regarding their satisfaction with services and it has a mechanism to respectfully address areas of dissatisfaction both individually and systemically.
2. **A routine MSC service review:** This is a fifty-eight (58) question protocol (reduced from the previous 88 question protocol). It will be used by DQM surveyors for the routine reviews of MSC services provided to individuals. The review questions in this protocol do not measure whether the program meets Medicaid billing requirements. 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, as well as to required monitoring by the service coordinator of individuals' safety and welfare. 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. When possible, based on the NCI sample criteria, a NCI interview will be conducted in lieu of a specific MSC interview. When a NCI interview will not be used, DQM has developed a list of questions surveyors will use during an interview of individuals and advocates to obtain the information needed to answer quality questions on the Vendor & routine MSC service review protocols.

A full Medicaid Service Coordination protocol will be transmitted to you under separate cover. That protocol will contain quality, as well as billing and claiming requirements for MSC. Each MSC vendor is welcome to use the full protocol as part of its Medicaid compliance plan, but DQM will not use it for routine MSC reviews.

The MSC protocols were developed from recommendations made by committees comprised of multiple Divisions of OPWDD as well as provider agencies, self-advocates, and advocates.

DQM intends to begin using the revised MSC protocols in May 2011 as an extended state-wide pilot. When the MSC Vendor Manual is finalized, the protocols will be amended to include a reference for each question on the routine service protocol. Based on the results of the pilot and comments from MSC vendors, the protocols will be revised again in November 2011. MSC vendors should send comments regarding the protocol to quality@opwdd.ny.gov

CC: Provider Associations
Central Office Staff
DQM Staff

| | |
|------------------------|------------------------|
| 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.) It will be answered one (1) time yearly unless review findings indicate a need for additional reviews and can be reviewed as part of a central review of an agency.

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| MV | <p>VENDOR REVIEW</p> <p>1. The vendor has established performance standards for the provision of service coordination by its MSCs.</p> | | | | <p>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, ▪ 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. |
| MV | <p>2. 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.) The key is that the agency has written criteria for what they expect from their</p> |

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| | | | | | MSCs in their performance of the areas listed above. |
| MV | 3. The standards are communicated to service coordinators and their supervisors. | | | | 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 #1 and #2 above. If the answer to #1 is "not met," the answer to this question must also be "not met." |
| MV | 4. 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. | | | | <ul style="list-style-type: none"> ▪ 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.. ▪ 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. |
| MV | 5. The mechanism or system is documented. | | | | 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. |
| MV | 6. The mechanism is effective. | | | | 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. |
| MV | 7. The vendor has a system to provide supervision and monitoring of service coordinators in the performance of their job duties. | | | | 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 #1.. |
| MV | 8. The mechanism or system is documented. | | | | <p>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.)</p> <p>The results of reviews of the MSC record and the MSC's performance are documented.</p> |

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| M V | 9. The mechanism is effective. | | | | 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. |
| M V | 10. The vendor guards against conflicts of interests in service coordination. | | | | 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 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? |
| M V | 11. The vendor has a mechanism to obtain information from individuals and their advocates regarding their satisfaction with services | | | | 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. |
| M V | 12. The vendor has a mechanism for responding timely and respectfully to complaints or concerns expressed by individuals and their advocates. | | | | Use interview Questions # 1 to # 14 to obtain the information needed to answer 11 to 14 on this protocol. |
| M V | 13. The vendor has a mechanism for remediating areas of dissatisfaction systemically. | | | | 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. |
| M V | 14. Individuals and advocates interviewed state that the MSC and vendor agency respond to their concerns in a respectful and positive manner. | | | | |
| MV | 15. The vendor has ensured that service coordinators and supervisors hired after April 1, 2005, have received required criminal background checks | | | | Utilize the central CBC protocol |

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| MV | 16. Service coordinators who provide MSC services to children have been cleared by State Central Register for Child Abuse | | | | For MSCs 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. |
| MV | MSC CASELOAD 17. The maximum caseload size for service coordinators who do not serve Willowbrook class members is 40 units | | | | 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). |
| WB | 18. The maximum caseload size for a service coordinator serving at least one Willowbrook Class member is 20 units | | | | 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. |
| MV | 19. The vendor has a mechanism to ensure that MSC's caseloads are manageable. | | | | This question should be answered after completion of all MSC review activities and based on the following probes: <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. |

The following protocol contains the review procedure for a routine service review of the direct MSC services being provided by an agency (vendor.) **The protocol does not review for Medicaid billing requirements.** The vendor agency is responsible for developing and implementing a Medicaid compliance plan. As part of its limited fiscal reviews, the Bureau of Compliance Management will review a provider agency's Medicaid compliance plan and its implementation. This protocol is intended to measure the quality of MSC services being provided to individuals.

When conducting certification visits to certified IRAs, 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 IRA certification sample, you must use the MSC interview questions to answer the protocol. Use the NCI sample to determine who will receive at least one of the MSC reviews during a certification review to an IRA. For individuals who do not live in IRAs, the MSC protocol interview questions will be completed.

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. Survey staff will monitor at subsequent visits that the agency has taken action to correct deficient practices. 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.

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 no less than 1 and no more than 2 Willowbrook class members in a single IRA that serves Willowbrook class members. All other class members for whom a MSC protocol is completed will be asked the protocol interview questions.

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

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| | | <p>QUALIFIED PROVIDER</p> <p>1. MSC(s) have attended the OPWDD-approved Core service coordination training within 6 months of assuming MSC responsibilities</p> | | | | <p>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> |
| | | <p>2. The MSC has participated in professional development training as appropriate</p> | | | | <ul style="list-style-type: none"> ➤ During the first 3 years of employment, the MSC must attend 15 hours of professional development annually ➤ After 3 years, the MSC must attend 10 hours of professional development annually. ➤ Proof of attendance at professional development training must be kept on file and be available for OPWDD review. ➤ 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. ➤ During the first 2 training years, the MSC must attend 4 of the following 6 professional development programs: <ul style="list-style-type: none"> ○ Waiver Services; ○ Introduction to Person-Centered Planning; ○ The Individualized Service Plan; ○ Self-Advocacy/Self-Determination; ○ Benefits and Entitlements; and, ○ Quality Assurance. <p>The above programs count toward the required 15 hours.</p> |
| | | <p>3. MSC(s) who serve Willowbrook class members have attended fifteen (15) hours of professional development during every training year.</p> | | | | <p>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>4. MSC(s) have been trained and understand incident management requirements outlined in Part 624</p> | | | | <p>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 52 and 53.</p> |
| | | <p>5. MSC(s) have been trained and understand abuse prevention, identification, reporting, and processing of allegations of abuse.</p> | | | | |
| | | <p>6. The MSC has the skills and</p> | | | | <p>Answer this question after interview of the MSC regarding</p> |

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| | | knowledge needed to assess the individualized needs for MSC services for persons on their case load. | | | | 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 44, 47 & 49 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. |
| | | 7. The MSC has the skills and knowledge needed to assist the individual to make an informed choice | | | | 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 # 15 and 16 on this protocol. |
| | | 8. The MSC has the skills and knowledge needed to implement person centered planning | | | | 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. |
| | | 9. The MSC has the skills and knowledge needed to maintain the service coordination record. | | | | This question should be answered based on your interview of the MSC and your findings during your review of the MSC record. |
| | | <p style="text-align: center;">ELIGIBILITY AND NEED FOR MSC SERVICES</p> <p>10. 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> | | | | 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 prior to the provision of services. |
| | | 11. 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>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 Mental Retardation Professional (QMRP) 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 prior LCED.</p> <p>MSC ADM 2010-03: <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</i></p> |

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| | | | | | | <p><i>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: “Optional Change: <i>Effective immediately, a Qualified Mental Retardation Professional (QMRP) 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 QMRP, please see the definition of a QMRP contained in 42 CFR Part 483.</p> |
| | | <p>12. LOC determinations in sampled MSC records meet waiver requirements for appropriate forms and processes</p> | | | | <p>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>13. 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>Please note: Any decision, a denial or termination, of need for MSC, must ultimately reside with the DDSO. 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"> ▪ 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 to explore services/supports that will likely result in more individualized and less restrictive services/support options ▪ 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 ▪ In the absence of service coordination, the person would be prevented from accessing and maintaining needed community resources necessary for health, safety, |

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| | | | | | | <p>community integration, and quality of life and therefore health services, residential placement, and other needed supports/services would be jeopardy</p> <ul style="list-style-type: none"> ▪ The person’s needs are so significant as to require the ongoing assistance of a service coordinator to maintain/prevent setbacks ▪ The individual does not have natural supports that can do the things the service coordinator does for the person |
| | | <p>CHOICE</p> <p>14. MSC record contains correctly completed documentation of choice form. (complete and signed Freedom of Choice (FOC) form that specifies that choice was offered between waiver services and institutional care)</p> | | | | <p>Look at the form. Make sure that it is filled out completely, signed and dated by all required parties.</p> |
| | | <p>15. Interview of individual and advocate, if applicable, verifies that person made an <u>informed</u> choice of services & service providers</p> | | | | <p>Use interview questions 30 to 41 to help you answer questions 15 and 16 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>16. Interview of individual and advocate, if applicable, verifies that person has made <u>informed</u> life choices.</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</p> |

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| | | | | | | 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>RIGHTS</p> <p>17. There is evidence that the MSC or MSC vendor informed the individual of his/her rights.</p> | | | | 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. |
| | | 18. The Willowbrook class member has a Willowbrook Notice of Rights in Section 1 of the MSC record. | | | | 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. |
| | | 19. There is evidence that the MSC ensured that the individual was informed of the process to express complaints, concerns or objections. | | | | <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ Individuals and advocates must be advised of their right to object to changes and the procedures for doing so. ▪ The vendor must have a mechanism for resolving objections, and ▪ A hearing will be held when an objection cannot be resolved by the MSC vendor or DDSO. <p>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.</p> |
| | | 20. The MSC ensures that individuals are afforded their rights and live free from abuse or intimidation | | | | 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. |
| | | <p>RIGHTS RESTRICTIONS</p> <p>21. The MSC ensures that no rights limitations occur without a current clinical justification</p> | | | | 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. |
| | | 22. The MSC ensures that no rights limitations occur without a time | | | | 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 |

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| | | limit for the restriction. | | | | for the restriction and a scheduled review of whether the restriction continues to be appropriate. |
| | | 23. The MSC ensures that no rights limitations occur without a plan to eliminate the need for the restriction | | | | 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. |
| | | THE ISP 24. The MSC record contains a current ISP. | | | | <p>The ISP 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.</p> <p>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.</p> <p><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.</p> |
| | | 25. ISP is developed and reviewed by the individual, advocate (if applicable) & MSC | | | | <p>Use interview questions # 22-29 to help you answer this question.</p> <ul style="list-style-type: none"> ▪ 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. ▪ 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? ▪ 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 & advocate.. |

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| | | <p>26. Other persons of the individual's choice are invited to develop the ISP.</p> | | | | <p>Use interview questions # 22-29 to help you answer this question. 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 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> |
| | | <p>27. The ISP contains a general description of the person (PROFILE.)</p> | | | | <p>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"> ▪ Likes and preferences and how they are communicated ▪ Dislikes and how they are communicated ▪ Demonstrated hobbies and expressed interests ▪ Organized activities he/she participates in (e.g., clubs, groups, teams, chorales, faith communities) ▪ Routines and habits important to the individual ▪ Values and cultural traditions important to the person ▪ 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>) ▪ The person's strengths and accomplishments ▪ What is important to the individual in the following areas: <ul style="list-style-type: none"> ○ Home and Home Life ○ Health, Nutrition and Health Care ○ Communication ○ Community Life ○ Social Life, Leisure Time, Travel |

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| | | | | | | <ul style="list-style-type: none"> o Spiritual Life o Money and Finances o Work and Alternatives to Work o Learning Pursuits <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? Is the profile kept up-to-date as changes occur in the person's life?</p> |
| | | <p>28. ISP clearly identifies the individual's valued outcomes.</p> | | | | <p>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 # 6 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>29. ISP includes information about the Natural Supports and Community Resources available to the person.</p> | | | | <p>Natural supports and community resources exist in the community for everyone. They are the outline 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>30. If individuals have assessed food, medication or environmental allergies, corresponding allergy safeguards are documented in the ISP</p> | | | | <p>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</p> |

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| | | | | | | <p>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>31. Health care needs, supports and services are identified in the ISP</p> | | | | <p>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>32. ISP clearly identifies the individual's safeguarding needs.</p> | | | | <p>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"> • Interview the MSC to ascertain how safeguarding needs are assessed. • 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. • The MSC must identify the individual's safeguarding needs on the ISP. • Read the safeguard section of the ISP and any referenced documents. The ISP should thoroughly document the relevant individualized safeguards that need to be in place to ensure the individual's health and welfare, including, but not limited to: <ul style="list-style-type: none"> ○ 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 |

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| | | | | | | <p>environments</p> <ul style="list-style-type: none"> ○ Health-related needs and protocols re: medical diagnoses, medication, allergies, nutrition etc. See also Question 14. ○ Behavioral health needs and support ○ Money and finances <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> |
| | | 33. ISPs document required fire safety safeguards. | | | | <ul style="list-style-type: none"> • For individuals in Certified Residences, 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.) • For individuals in non-certified residences, 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. • 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. |
| | | 34. ISP clearly identifies the individual's need for services. | | | | <p>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> |
| | | 35. ISPs clearly identify the individual’s need for services, valued outcomes <u>and</u> safeguarding needs. | | | | <p>This question is an aggregate of questions #28, 32, and 34.. We need to identify the total number of deficient records/the number of records reviewed. For example, if you reviewed 6 records and 1 record did not clearly identify safeguarding needs and need for services, you would enter 6 records reviewed, 1 record deficient, that is the the total number of records that contained one or more deficiencies divided by the total number of records reviewed...</p> |
| | | For all funded services and supports, (i.e., Medicaid State Plan | | | | <p>e.g., Southern DDSO, York County ARC, etc. Note: for individuals receiving CSS, the agency providing Financial</p> |

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| | | <p>Services, Federal, State or County Funded Services, HCBS Waiver Services and Other Services, including 100% OPWDD Funded Services), the ISP must document the:</p> <p>36. Name of the Provider or Agency</p> | | | | <p>Management Services should be listed here.</p> |
| | | <p>37. ISP documents the specific type of each <u>waiver</u> service provided.</p> | | | | <p>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.</p> <p>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).</p> |
| | | <p>38. The MSC record contains copies of all of the individual’s Waiver service plans.</p> | | | | <p>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 pans to the MSC.</p> |
| | | <p>39. MSC record contains a service coordination agreement with the MSC vendor.</p> | | | | <p>The Medicaid Service Coordination Basic Agreement 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.</p> |
| | | <p>40. For all individuals, the service coordination agreement is reviewed with the individual</p> | | | | |

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| | | annually as part of the ISP review | | | | |
| | | <p style="text-align: center;">AVAILABILITY/ RESPONSIVENESS OF MSC</p> <p>41. 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.</p> | | | | <p>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>Use the findings from interview questions # 15 to 21 to answer questions 41 & 42.</p> |
| | | 42. The individual, and advocate if applicable, can reach the services coordinator when needed in a timely manner. | | | | |
| | | 43. The ISP is reviewed twice annually and at least one time a year the review is a face-to-face meeting. | | | | <p>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> |
| | | 44. The ISP is revised <u>whenever</u> there is a significant change in the individual’s life. | | | | <p>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> |
| | | 45. The Willowbrook class member has an activity plan. | | | | <p>All Willowbrook Class Members must have an Activity Plan. 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</p> |

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| | | | | | | the service coordination notes. |
| | | 46. The MSC record includes MSC notes that contain information needed to provide continuity of services | | | | 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. |
| | | 47. The MSC note indicates that the MSC meets with the individual when/if needed. | | | | 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 ongoing 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. Use the findings from interview questions # 15 to 21 to answer this question |
| | | 48. The monthly notes document that the Willowbrook class member receives monthly face to face meetings with the MSC. | | | | For Willowbrook Class members , a service coordinator must conduct a face-to-face meeting with the class member during each calendar month in order to bill for services for that month. |
| | | 49. The MSC notes indicate that the MSC meets with the individual <u>in his/her home</u> when/if needed. | | | | Use the findings from interview questions # 15 to 21 to help answer this question 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. |

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| | | | | | | <p>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> |
| | | <p>50. 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.</p> | | | | <p>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 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> |
| | | <p>51. For the Willowbrook class member, there is evidence that a Service Coordination Observation Report (SCOR) was completed at least twice yearly.</p> | | | | <p>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>ADVOCACY & MONITORING 52. MSC has taken action to affirm that all allegations of abuse were investigated as appropriate.</p> | | | | <ul style="list-style-type: none"> ▪ 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 agency's incident management process, follow the procedures in the Universal Protocol. ▪ There are 2 general situations when a MSC will be aware of alleged abuse: <ul style="list-style-type: none"> ○ 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. ○ 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- |
| | | <p>53. If abuse was substantiated, MSC advocates for the safety of the individual.</p> | | | | <ul style="list-style-type: none"> ○ 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. ○ 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- |

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| | | | | | | <p>certified site, the MSC should report 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 inform the responsible agency/program of the alleged abuse and monitor that it will be reported, and investigated and that the agency has assumed responsibility for correcting the situation.</p> <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>54. 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> | | | | <ul style="list-style-type: none"> ▪ 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. ▪ Review the MSC notes to verify that examples of these explained actions are completed and documented. ▪ 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. ▪ 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> ▪ 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. ▪ If MSC review activities occur concurrently with observation and documentation review of other services, note whether the valued outcomes are being |

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| | | | | | | addressed and the individual is receiving the services requested and identified in the ISP. |
| | | 55. MSC monitors that the individual is receiving the services he/she needs. | | | | <ul style="list-style-type: none"> ▪ 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. ▪ These actions should also include monitoring for any unmet needs, needs that have newly arisen or had not been previously identified. ▪ 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. ▪ If MSC review activities occur concurrently with observation and documentation review of other services, watch for whether individuals' needs have been identified and addressed. ▪ Be alert to whether an unmet need for services is preventing the individual from progressing toward attainment of valued outcomes. |
| | | 56. The MSC monitors that the individual's natural supports are being maintained and/or increased. | | | | <p>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>Use the information obtained by asking interview questions 50 to 57 to help answer this question.</p> |
| | | 57. MSC monitors that the fire safety safeguard identified in the ISP are in place. | | | | <p>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"> ▪ 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. ▪ 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.) <p>NOTE: Service Coordinators are not required to</p> |

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| | | | | | | <p><i>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.</i></p> <p><i>NOTE:</i> <i>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.</i></p> |
| | | <p>58. The MSC monitors that individuals receive the health care services identified in their ISP.</p> | | | | <p>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>Note: 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> |

Interview With Individual And Advocates Regarding MSC Services

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

Complete the following:

| Name of Individual Interviewed | Name of Advocate Interviewed | Relationship To Individual* | Service Coordinator | Willowbrook Class Member? |
|--------------------------------|------------------------------|-----------------------------|---------------------|---------------------------|
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* **Relationship To Individual:**
 I = Individual
 G= Legal Guardian
 P = Parent, but not legal guardian
 F = Family Member, but not parent
 S = Staff

Interview With Individual And Advocates Regarding MSC Services

- For individuals who live in certified residential sites, excluding family care, an NCI interview may be conducted in lieu of a MSC review and used to answer the protocol questions.
- For all other individuals in the MSC sample, conduct interviews of the individual, and the advocate if appropriate, to obtain the answers to the protocol questions as noted in the Guideline/Probe section.

| CODE | QUESTIONS | # INTRVWD | # Not OK | COMMENTS | PROBES/GUIDELINES |
|------|--|-----------|----------|----------|---|
| | <p style="text-align: center;">SATISFACTION WITH MSC SERVICES, ADVOCACY</p> <p>1. Do you know who your service coordinator is? Have you met him/her?</p> | | | | These first 14 questions should be asked to obtain the information needed to answer protocol questions # 11 to 14 on the MSC Vendor Protocol and questions #54 and 55 on the <u>Routine</u> Review Protocol. |
| | 2. Do you see or talk to your service coordinator as often as you like? | | | | |
| | 3. Do you know what your services are? | | | | |
| | 4. What is important to you to learn or do? | | | | |
| | 5. Are your services helping you to do what you want to do with your life? | | | | |
| | 6. What is a new thing you have learned or done recently? (this year) | | | | |
| | 7. Is there anything about your services you would like to change? | | | | |
| | 8. Have you asked for a change? | | | | |
| | 9. What happened? | | | | |
| | 10. Does anyone ask you if you like your services? | | | | (besides friends or advocates) |
| | 11. Does anyone ask you if you like your service coordinator? | | | | (besides friends or advocates) |
| | 12. If you have a complaint about your services or your service coordinator, what do you do? | | | | |
| | 13. Does anyone listen to your complaint or concern? | | | | (besides friends or advocates) |
| | 14. Does anyone try to help you take care of your complaint or make it better? | | | | (besides friends or advocates) |
| | <p style="text-align: center;">AVAILABILITY/RESPONSIVENESS OF MSC</p> <p>15. Can you talk to your service coordinator when needed either in person or by phone?</p> | | | | Ask these questions (15 – 21) to get the information you need to answer questions # 41, 41, 47 and 49 on the routine MSC protocol. |
| | 16. If you feel you need to see your service coordinator face to face or you need your service coordinator to come to your home, will your service coordinator do so? | | | | |

Interview With Individual And Advocates Regarding MSC Services

4/13/11, Page 3 of 5

| CODE | QUESTIONS | # INTRVWD | # Not OK | COMMENTS | PROBES/GUIDELINES |
|------|---|--------------|-------------|----------|---|
| | 17. Do you think it is OK to ask your service coordinator to meet with you in person? | | | | Can you ask for a meeting or can only the service coordinator do so? Who schedules your meetings? What do you do if you want to see your service coordinator but no meeting is scheduled? |
| | 18. Do you know how to reach your service coordinator when you need to do so? | | | | When you call your service coordinator do you feel like you are bothering him/her? Do you feel like he/she is happy to hear from you? |
| | 19. Do you think it is OK to call your service coordinator when you need to talk to him/her? | | | | |
| | 20. If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away? | | | | |
| | 21. Have you been given a phone number to reach your service coordinator after regular hours in an emergency? | | | | Have you ever called the emergency number? Does a real person answer the phone? |
| | PARTICIPATION IN ISP DEVELOPMENT | | | | Ask these questions (22 - 29) to get the information you need to answer questions # 25 and 26 on the routine MSC protocol |
| | 22. Do you have a service plan (do you have a list of services your case manager service coordinator will help you get)? | | | | |
| | 23. If yes, did you help make your service plan? How? | | | | |
| | 24. Do you get to invite people to your meetings who you want to help you make your plan? | | | | Who have you invited? How would/did you let your service coordinator know to invite |
| | 25. Do your planning meetings focus on what you would like to do with your life? | | | | |
| | 26. Does your service coordinator ask you what you want? | | | | |
| | 27. Do you feel OK about telling your service coordinator about the things you want and need? | | | | Is it easy to talk to your service coordinator? Can you talk about your life? Do you feel good about yourself when you talk to your service coordinator? Does your service coordinator treat you with respect when you talk about your life choices? |
| | 28. Do people listen to you when you talk about what you want? | | | | |
| | 29. If you ask for something, does your | | | | Can you tell me about some things |

Interview With Individual And Advocates Regarding MSC Services

| CODE | QUESTIONS | # INTRVWD | # Not OK | COMMENTS | PROBES/GUIDELINES |
|------|---|--------------|-------------|----------|--|
| | service coordinator help to get it for you? | | | | your service coordinator has helped you with? |
| | CHOICE | | | | Ask these questions (30 - 41) to obtain the information you need to answer questions # 15 & 16 on the routine MSC protocol |
| | 30. How did you choose your services or your job? | | | | |
| | 31. Did someone help you choose? | | | | |
| | 32. If yes, how were you included in making the choices? | | | | |
| | 33. How did you decide these were the services you want? | | | | |
| | 34. How did you choose the people who provide your services? | | | | |
| | 35. How did you decide these were the people you wanted to work with you? | | | | |
| | 36. Does anyone tell you about all the services that are available to you? | | | | |
| | 37. Does your service coordinator tell you about other services or jobs you could have or other people who could work with you? | | | | |
| | 38. Who chose where you live? | | | | |
| | 39. Did anyone show you or talk to you about different places you could live? | | | | |
| | 40. Who chose your work? | | | | |
| | 41. Did anyone show you or talk to you about different jobs you could have? | | | | |
| | 42. If you could change your home or work, is there something you would like better? | | | | |
| | ADVOCACY/MONITORING – Health Services | | | | Ask questions # 43 – 45 to get some of the information you will need to determine whether/how the MSC advocates for or monitors health services (Question #58 on the routine MSC protocol) |
| | 43. Do you like your doctor(s)? | | | | |
| | 44. Can you see your doctor(s) when you need to? | | | | Does your doctor call you by name & talk to you? |
| | 45. Does someone talk to you about things to do to stay healthy? | | | | Ask if anyone (could be a MSC or Dr. or RN or PA or clinician) talks to the person or advocates about preventative medical tests or screenings, healthy eating or Exercise. |
| | ADVOCACY/MONITORING – Fire Safety | | | | Ask these questions (# 46 – 49) to get some of the information you |

Interview With Individual And Advocates Regarding MSC Services

| CODE | QUESTIONS | # INTRVWD | # Not OK | COMMENTS | PROBES/GUIDELINES |
|------|---|--------------|-------------|----------|---|
| | 46. Do you know what to do in a fire? | | | | will need to determine whether/how the MSC advocates for or monitors the person's fire safety (Question #57 on the routine MSC protocol.) |
| | 47. Is there a smoke detector in your home? | | | | |
| | 48. If there was a fire in your home, would you be able to escape? | | | | |
| | 49. Does anyone talk to you about what to do in a fire or what you need to be safe? | | | | |
| | ADVOCACY/MONITORING – Natural Supports 50. Do you have family who help you choose your services and make sure you are safe? | | | | Ask questions # 50 – 57 obtain information you will need to answer Question # 56 on the routine MSC protocol |
| | 51. Do you visit with your family when you want to? | | | | |
| | 52. Do you have friends you can call to do things with or who call you? | | | | |
| | 53. Can you see your friends when you want to? | | | | |
| | 54. Do any of your friends help you choose your services? | | | | Home? Job? Hobbies? |
| | 55. Are there places you like to go in your community? | | | | Clubs? Church? Stores? Restaurants? Gym? Other? |
| | 56. Do people at these places know you and say hello? | | | | Do people talk to you and ask how you are doing? |
| | 57. Do you go to these places as often as you would like? | | | | What would stop you from going to places you like? |

April 28, 2011

Dear Colleagues:

The Office for People With Developmental Disabilities (OPWDD), in cooperation with provider associations and voluntary agencies, is announcing a new collaborative model for delivery of training courses to Medicaid Service Coordinators (MSC).

Developed over the past few months, this model will allow Provider Associations, COMPASS Agencies and pre-approved voluntary agencies the ability to provide the MSC Core training to their own employees, and employees of other agencies, if they so choose. This model will also allow greater flexibility and more opportunity for Medicaid Service Coordinators to receive the necessary training within their first six months of hire. As a result, OPWDD will no longer provide MSC Core training once this new model is in place.

OPWDD will make the MSC Core training materials, the instructor manual and participant manual, available on the agency's Web site. There will be instructions on the site for voluntary agencies to request to use the curriculum. Additional information for instructor selection and evaluation will be available on the Web site to ensure that high-quality training programs are offered in a consistent manner across the statewide developmental disabilities system.

To maximize training resources, procedures to add provider-sponsored training courses to the OPWDD Catalogue of Training and Development will also be available on the Web site. It is envisioned that the MSC Core curriculum will be the first of many training curriculums that will be made available for agencies to help meet their workforce's talent development requirements.

We will continue to update you on the progress of this new training delivery model and welcome any feedback you care to provide. Thank you for your cooperation as we work together in new ways to provide the highest quality supports and services to individuals with developmental disabilities.

Sincerely,



Suzanne Zafonte Sennett
Deputy Commissioner
Policy & Enterprise Solutions



John A. Monteiro
Deputy Commissioner
Workforce & Talent Management