

MSC E-VISORY

Issue #18-11

July 11, 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:

Revised MSC Monthly Note (MSC-10b)

Attached please find a memo dated July 11, 2011 by Eric Pasternak containing information related to a newly revised and optional MSC Monthly Note Form (MSC-10b). This new format allows for the service coordinator to sign the monthly note only once rather than initialing and dating each individual activity as previously required. This new note format is in response to service coordinators concerns regarding the frequency in which they are required to initial and date items on the form.

The MSC-10b and instructions are attached to this e-visory and will be available on the OPWDD website at: www.opwdd.ny.gov.

Revised MSC Vendor Manual

Attached please find a memo dated July 6, 2011 by Suzanne Zafonte Sennett regarding a revision to the MSC Vendor Manual pages 29-31, published May 23, 2011. A change was implemented under the header "Monitoring Health and Safety" where as staff are no longer required to provide prior notification or obtain approval of supervisors before reporting to the State Central Register of Child Abuse and Mistreatment. A revised MSC Vendor Manual, dated June 20, 2011, is on the OPWDD website at: www.opwdd.ny.gov.



To: Executive Directors of MSC Vendors
DDSO Directors

From: Eric Pasternak 
OPWDD Statewide MSC Coordinator

Subject: Revised MSC Monthly Note (MSC-10b)

Date: July 11, 2011

Suggested Distribution:

**DDSO Medicaid Service Coordination Coordinators
MSC Service Coordinators and Supervisors
Quality Management and Corporate Compliance Personnel**

Applicability:

This information is applicable for all vendor agencies authorized to provide OPWDD Medicaid Service Coordination. The information in the attached materials is effective as of the date of this memorandum; however, the use of this particular format is optional.

Background:

On October 1, 2010, OPWDD implemented a redesigned Medicaid Service Coordination (MSC) service in an effort to streamline the service and to afford more flexibility in service delivery to individuals. In the spring of 2011, OPWDD staff conducted statewide Listening Forums to receive feedback from individuals, families, and service providers regarding their experiences with the new MSC framework.

One of the most common concerns expressed by service coordinators was in regard to the format of the newly required MSC Monthly Note (MSC-10). Specifically, service coordinators voiced concern regarding the frequency in which they are required to initial and date items on the form.

In response, OPWDD has developed an optional alternative MSC Monthly note format, titled MSC-10b. This optional new form and protocol has been developed in consultation with the Office of the Medicaid Inspector General (OMIG) and is approved by OPWDD for immediate use.

Summary of Changes:

On the original MSC-10, the service coordinator is required to document each service activity with initials and dates. With the new format, the service coordinator must still indicate the date of service activity, however, only one signature is required attesting that the services described were

delivered on the dates indicated. As with the previous version of the document, the form must be signed and dated by the 15th of the month following the service activity month.

Please note, the new format (MSC-10b) allows only one staff member to complete and sign the form. If for some reason more than one agency service coordinator or supervisor provides services to the same individual in a given month each service coordinator or supervisor will have to complete an MSC-10b or use the original MSC-10 which allows for completion by multiple qualified staff members.

Additional Information:

The new MSC Note (MSC-10b) and instructions are included with this memorandum and may also be found on the OPWDD website.

If you have questions regarding the use of this form you may contact Eric Pasternak, MSC Statewide Coordinator, at (518) 474-1274 or eric.pasternak@opwdd.ny.gov.

Cc: Ms. Sennett
Mr. Kiyonaga
Ms. Gentile
Ms. DeSanto
Ms. Haneman
Ms. Baum-Jakubiak



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Medicaid Service Coordination Notes
Month and Year of Service: _____

Name of Individual: _____ Agency Name: _____

The MSC Service Coordinator or other qualified staff that provided an MSC service or MSC activity this month, must include their printed name, title and signature at the bottom of the form no later than the 15th of the month following the service month.

ISP Review

Was an ISP Review conducted this month? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, Date of ISP Review:
Was the Service Coordination Agreement reviewed this month? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, Date of SCA Review:
Was the Individual Present at Review? <input type="checkbox"/> yes <input type="checkbox"/> no	

ICF/MR Level of Care Eligibility Determination

Was the Level of Care Eligibility Determination (LCED) completed this month? <input type="checkbox"/> yes <input type="checkbox"/> no
If Yes, Date LCED was completed:

Face-to-Face Contact(s) with the Individual

Date of Contact	Purpose and Outcome of Contact	Location of Service Meeting

Referral / Linkage, Benefits Management, or Monitoring Activities (see instructions)

(Note: A minimum of two activities are needed to meet the billing standard if all activities fall under this section)

Date of Activity	Purpose and Outcome of Contact	Identify person contacted and relationship to individual

Monthly Summary

Include the person's satisfaction with services along with any follow-up actions, any significant changes in the person's life, and any concerns regarding health and safety.

Signature:	Printed Name:	Title:	Date (mth/dy/yr):
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Attach additional sheets if necessary

Note: by signing this form, staff attests that the activity described above was provided on the dates indicated.



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Medicaid Service Coordination Notes Instructions
*****Special Instructions for MSC-10b*****
Optional Format Requiring One Signature

Element	Instruction
Month and Year of Service:	Enter the month and year for which MSC is being provided.
Name of Individual:	Enter the individual's first and last names.
Agency Name:	Enter the name of the agency that is providing MSC.

The sections below must be completed by staff providing the MSC activities

ISP Review	
Was an ISP review conducted this month?	Check "yes" if the ISP was reviewed or check "no" if the ISP was not reviewed during the service month. The ISP should be reviewed at least twice annually. If "no" is indicated, the remaining fields in this section are left blank. An ISP review includes updates or addendums.
If Yes, Date of ISP Review:	If the ISP was reviewed within this service month, provide the date of the review.
Was the Service Coordination Agreement reviewed this month?	Check "yes" if the Medicaid Service Coordination Agreement was reviewed or check "no" if the MSC Agreement was not reviewed during the service month.
If Yes, Date of SCA Review:	If the Service Coordination Agreement was reviewed within this service month, provide the date of the review.
Was the Individual Present at ISP Review?	Check "yes" if the individual was present at the ISP review or check "no" if the individual was not present. The individual should be present at an ISP review at least once annually.
ICF/MR Level of Care Eligibility Determination	
Was the Level of Care Eligibility Determination (LCED) completed this month?	Check "yes" if the LCED was completed during the service month or "no" if the LCED was not completed during the service month. MSC staff must ensure that the LCED and subsequent redeterminations are completed and signed within 365 days from the prior review and authorized signature date, if the individual is enrolled in the HCBS waiver.
If Yes, Date LCED was completed:	Enter the date that the LCED was completed in that month. The date must include the month, day and year.
Face-to-Face Contact(s) with the Individual	
Date of Contact	Enter the date on which a face-to-face service meeting was held with the individual.
Purpose and Outcome of Contact	Include a brief description of the service coordination activities provided and the outcome of the contact. The purpose of the contact must serve to develop, monitor and/or implement the valued outcomes of the person's ISP and should not be purely social in nature.
Location of Service Meeting	Describe the location of the face-to-face service meeting (e.g., in the person's home, day program, or community location)



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Referral/Linkage, Benefits Management or Monitoring Activities	
Date of Activity	Enter the date on which the activity occurred. The date must include the month, day and year.
Purpose and Outcome of Contact	Include a brief description of the activities provided and outcome of the activities. The purpose of an activity must be related to referral, linkage, and/or monitoring to ensure that the ISP is implemented and addresses the needs of the person. Contacts may include a phone call, personal contact, meetings, email exchange, or letter/correspondence exchange.
Identify person contacted and relationship to individual	Enter the name of the individual and the relationship to the individual. The person should be a qualified contact. A qualified contact is defined as someone directly related to the identification of the individual's needs and care and who can help the service coordinator with the assessment, care plan development, linkage, referral, monitoring, and follow-up activities for the individual.
Monthly Summary	
Monthly Summary	<p>Complete this section to include:</p> <ol style="list-style-type: none">1. Information about the individual's satisfaction/dissatisfaction with the supports and services in his or her ISP. Any follow-up activities taken by the service coordinator to address any concerns that the individual may have about his or her supports or services must also be noted.2. Significant changes or events in the individual's life. This might include changes in valued outcomes, employment, home, personal relationships, health and other person-centered information. If no changes or events occurred during the month, then this should be noted.3. Any concerns regarding the health and safety of the individual and individual's environment and actions taken by the service coordinator to correct the situation. If there were no concerns about the individual's health or safety during the month, then this should be noted. <p>The monthly summary may also be used to document outcomes of an ISP review meeting and other relevant information.</p>
Signature:	Sign first and last name.
Printed Name:	Print first and last name
Title:	Enter title
Date (mth/dy/yr):	Enter the date signed. The date must include the month, day and year. Note by signing the form, staff attests that the activity described on the MSC-10b form was provided on the dates indicated.

To: DDSO Directors
Provider Association Members
Executive Directors of MSC Vendors
DDSO MSC Liaisons

From: Suzanne Zafonte Sennett 

Date: July 6, 2011

Subject: Revision to the MSC Vendor Manual
(published May 23, 2011, revised June 20, 2011)

The purpose of this memo is to issue a revision to the MSC Vendor Manual pages 29-31, published on May 23, 2011. A change was implemented under the header "Monitoring Health and Safety". Revisions are as follows:

Chapter 2, Page 30, paragraph 3:

- The health and safety reporting requirements and standards are different for individuals who live in OPWDD certified residences and for individuals who live independently or with family members. Regardless of where the individual lives, MSCs must inform the appropriate DDSO of any dangerous situations and of any reports made to outside state or law enforcement agencies. This includes reporting any suspected child abuse to the State Central Register of Child Abuse and Mistreatment at 1-800-342-3720.

Chapter 2, Page 30, paragraph 5:

- For individuals who live independently, with others, or at home with family, the service coordinator must:
 - Bullet 2: Report suspected child abuse to the State Register of Child Abuse and Maltreatment at 1-800-342-3720.

These changes are in accordance with wording in the OPWDD October 12, 2007 memo (Appendix 6, Part 624 Handbook) regarding change in Social Service Law, where as staff are no longer required to provide prior notification or obtain approval of supervisors before reporting to the State Central Register of Child Abuse and Mistreatment. These changes remove the reference "in consultation with the service coordination supervisor".

A revised MSC Vendor Manual, dated June 20, 2011 is available electronically on the OPWDD website at: www.opwdd.ny.gov

Cc: Commissioner Burke
Jim Moran
Jill Gentile
Karla Smith
Eric Pasternak

Jay Kiyonaga
Helene DeSanto
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