



The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs, services, and training opportunities related to Medicaid Service Coordination. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues, visit the [MSC E-Visory](#) page on OPWDD's website.

In This Issue:

Health & Safety Alert: Protecting Personal Allowance

OPWDD has issued a Health & Safety Alert, dated June 2013. This alert, which is attached to this E-Visory, expounds on personal allowance and its intended use to ensure individuals have the funds available to them to meet their personal needs and recreational wants and desires. All employees responsible for administering or monitoring personal allowance have an important role in ensuring that these funds are utilized appropriately and for their intended use. OPWDD Revenue Support Field Operations conducts Personal Allowance training, interested parties should monitor the OPWDD website for scheduling and training details. MSCs are encouraged to share this information with individuals and families that they serve. This alert, as well as past alerts, can be found on OPWDD's website at www.opwdd.ny.gov under "Resources" or by accessing the following link:

[Protecting Personal Allowance](#)

Change in Communication Expectations Regarding Conference Form Deficiencies

On July 1, 2013 OPWDD issued Administrative Memorandum #2013-03. The purpose of this memorandum is to inform provider agencies of the new requirements related to deficiencies cited on the exit conference form. Please note: the process for statements of deficiencies is **unchanged**, the Exit Conference Form has been revised and reformatted. For a comprehensive and detailed explanation of the changes please read the attached memorandum in full as it outlines what has and has not changed as well as provides a copy of the new Exit Conference Form.

Change of "Pay To" Address for MSC Payments

In an effort to expedite payment to MSC Vendors OPWDD will be notifying the Department of Health (DOH) of "Pay To" address changes for the Provider IDs MSC Vendors use to claim MSC reimbursement. The "Pay To" address will be the address that OPWDD currently uses to mail MSC checks to the MSC Vendor, which will mean that DOH will be mailing the MSC checks directly to the MSC Vendors. These changes will not all be processed at the same time, therefore there is not a set date. However, once the "Pay To" address change is completed the Vendor will receive a letter from DOH informing them of the address change. Future changes to the "Pay To" address must be submitted by the MSC Vendor to OPWDD Central Operations. For further details regarding this change please read the attached letter titled, *Change of "Pay To" Address for MSC Payments*.

Subject: Protecting Personal Allowance**June 2013**

Personal allowance (PA) is intended to ensure individuals have funds to meet their personal needs and recreational wants and desires. All employees responsible for administering or monitoring PA have an important role in ensuring the appropriate and intended use.

Here are some important things to remember:

- **The individual must never be given more money than the amount specified in their assessment.** Personal expenditure plans (PEP) and money management assessments (MMA) are done for every Individual. These documents inform how much money an Individual can responsibly handle on their own.
- **Original vendor receipts must be obtained** for purchases over \$15 that are made by agency staff or when funds are given to an individual's family or friend to spend on their behalf. If it is not practical to get a vendor receipt (garage sale, street vendor, etc.) a description of the item purchased, date, dollar amount and vendor name should be recorded. **A receipt is not required when funds are used for a recreational activity that costs \$15 or less** or when an individual makes a purchase independently. However – it's always a good idea to get a receipt if possible.
- **Retailer Reward Programs** – When an individual's personal funds are used to make a purchase and the retailer issues a store coupon, gift card, gift certificate or any other type of reward as a result of the purchase and that reward can be redeemed for cash, merchandise or other considerations, it is the sole property of the person whose funds were used for the original purchase and may only be redeemed for the personal use and benefit of the individual.
- **Ledger cards or electronic ledgers must be completed accurately and on time.** A concise description of each transaction must be provided, i.e. a brief description of the service or item purchased and where/from whom. Documentation should occur at the time of the transaction. **Every person's funds must be tracked and accounted for separately. Ledger cards (paper or electronic) must be adequately secured** to ensure privacy.
- **Funds must be kept in a secure, locked area for safekeeping in the residence.** It is best practice to limit the number of people who have direct access to PA accounts. Agencies should regularly review the impact of personnel changes on the security of the money. Individuals who manage their own Personal Allowance should be reminded to keep their funds secure.
- **Staff who are given funds on behalf of an individual should be informed of agency expectations.** Employees should be trained in policies and procedures for security of funds while in their possession, allowed expenditures, and time frame for return of receipts and change. It is required to document any funds disbursed and a best practice to receive staff's acknowledgement of his/her acceptance of the funds via a ledger or other means to assist in accountability. **Employees are not allowed to spend their own funds on behalf of any individuals and later be reimbursed from an individual's personal allowance.**
- **For 2013, cash available at the residence cannot exceed \$207 per person** (unless requested for a specific purpose; then it must be used within 14 days). The cash cap increases each year if there is a Cost of Living Adjustment. Information concerning the current cash cap and PA amounts is available by using the link below, then clicking on the **2013 SSI Information** link. www.opwdd.ny.gov/opwdd_resources/benefits_information/social_security_and_supplemental_security_income
- **Routine auditing can assist in the security and competent accounting of funds.** Regulation requires annual agency level random auditing of 25% of residential PA accounts, and 10% of family care PA accounts. However, thorough, frequent, and unannounced auditing at the residential level can be beneficial in quickly identifying entry and computation errors, fund misuse, and missing funds. It may also assist in identifying the cause or source of any errors or misuse.

Additional Information

1. Personal Allowance Training is conducted by OPWDD Revenue Support Field Operations twice a year. Cash managers and other appropriate staff are encouraged to attend (see OPWDD website for training details and schedule).
2. Specific Personal Allowance questions may be directed to your local Revenue Support Field Office. Contact information for these offices can be found at: http://www.opwdd.ny.gov/opwdd_resources/benefits_information/revenue_support_field_offices
3. The Personal Allowance Manual can be found <http://www.opwdd.ny.gov/node/750>



ADMINISTRATIVE MEMORANDUM # 2013-03

To: Executive Directors of Voluntary Provider Agencies
Directors of Developmental Disabilities Regional Offices
Directors of Developmental Disabilities State Operations Offices

From: Megan O'Connor-Hebert 
Deputy Commissioner
Division of Quality Improvement

Date: July 1, 2013

Re: Change in Communication Expectations Regarding
Exit Conference Form Deficiencies

Applicability: Programs, Supports and Services certified and/or reviewed by
OPWDD-Division of Quality Improvement

Suggested Distribution: Administrative staff
Program/Service Staff
Quality/Compliance Staff

Effective Date: July 01, 2013

Background: In order to ensure that people receive services and supports that result in quality outcomes, NYS OPWDD is responsible for quality improvement strategies which focus on standards and performance measures, a sampled review against the standards, and a continuous quality improvement process. The Centers for Medicare and Medicaid Service (CMS) in turn, require that states provide evidentiary based reports that demonstrate the state's monitoring of performance and actions taken to remediate issues identified both at the individual and systems levels. Much of the information gathering related to performance is accomplished through review of services, supports and sites by OPWDD-Division of Quality Improvement (DQI) staff. In addition, a mechanism to enable OPWDD reporting of all remediation activities is necessary. While a mechanism for provider agency communication of corrective actions/remediation has been in place for Statements of Deficiencies, one had to be created for deficiencies communicated on the Exit Conference Form.

Purpose and Specific Directive: The purpose of this memorandum is to inform Provider Agencies of new requirements related to deficiencies cited on the **Exit Conference Form only**. The process for Statements of Deficiencies is unchanged.

Exit Conference Form Deficiency Remediation Process

The Exit Conference Form (ECF) has been revised and reformatted. It includes instructions to the provider agency regarding the expectation for the correction of deficiencies and documentation to be provided to the Division of Quality Improvement regarding those corrections. Please refer to the attached document.

What Has Not Changed:

- DQI staff verbally communicate review findings as appropriate, with provider agency staff upon completion of the review either formally (exit conference) or informally dependent on the nature of the visit.
- The surveyor/survey team documents on the Exit Conference Form the deficiencies that will not be communicated via a Statement of Deficiencies.
- The ECF will continue to include recommendations and other noteworthy comments.
- While their value and benefit should be considered by the agency, no response to DQI is expected for recommendations identified on the ECF.
- The ECF is provided to the provider agency electronically or in paper form following the survey/review.
- An authorized agency representative acknowledges their receipt of the Exit Conference Form through signature or other means determined acceptable by BPC.
- The provider agency must ensure competent correction of deficiencies is completed within 30 calendar days of transmission of the ECF.
- A narrative POCA is not required.

What Has Changed – Provider Agency Communication of ECF Corrective Actions:

The Provider Agency must complete and return the Exit Conference Form to DQI as follows:

- The revised ECF includes a "Corrective Action" section corresponding to each deficiency. The section provides check-off boxes for eight (8) possible actions that are likely to be implemented depending on the nature of the deficiency. The provider must check off all the actions taken to address that deficiency.
- For each deficiency, provide the date when all of the identified corrective actions were completed.
- An Authorized Party must sign and date the ECF attestation statement or demonstrate attestation by other means determined acceptable by BPC.
- Return the document to BPC within 40 calendar days of the transmittal/provision of ECF to the provider agency representative. (i.e. 10 days after the corrections were to be completed) Secure e-mail transmittal is required.
- If the agency, despite rigorous effort, is unable to remediate a deficiency within 30 days the provider agency must attach an explanation, including barriers to correction and the planned timeline to correct.

In order to ensure appropriate communication of ECFs and corrections, Provider Agencies need to send the following information to the Area Director of their local BPC Office by July 12, 2013:

- List of the names and titles of staff members authorized to sign Exit Conference forms and the ECF Attestation Statement
- List of email addresses authorized to accept ECF and respond to BPC with attestation information.

Please Contact your local BPC office if you have any questions.

Exit Conference Form

This form is a summary of the review findings shared during the Exit Conference. It lists the specific regulatory deficiencies found during the on-site review *for which no written plan of corrective action will be required*. Please note that while no plan of corrective action will be required for the specific deficiencies listed on this form, **OPWDD requires the following:**

1. The Provider Agency will correct each deficient practice within thirty (30) calendar days of receipt of this form. *
2. The Provider Agency will provide information regarding the corrective actions in the designated spaces on this document. The information must include:
 - a. Identification of **all** corrective actions taken based on choices provided for each deficiency by checking off the corresponding box. Corrective Actions Include:

CORRECTIVE ACTION	DEFINITION
Care Provided	Provision of medical or clinical care or evaluation that was needed by or recommended for an individual. This includes professional care and assessment as well as care and monitoring necessary in the home and day settings. May include provision of needed adaptive equipment.
Plan Revised	Service or Support Planning Changes - Changes to service and support plan(s) necessary to ensure they adequately address the need(s) and/or valued outcome(s) of the individual . E.g. ISP, Life Plan, Habilitation Plan, Health Care Plan or PONS, etc.
Document Revised	Corrections/Changes to a document due to missing, unclear and/or inaccurate information . E.g. Addition to IPOP of supervision required for dining, revision of evacuation plan to identify party responsible to call 911 or inclusion of new person admitted to the home.
Training Provided	Education, guidance, mentoring provided to any party responsible for competent completion of an expected or required task.
Environment Changed and/or Corrected	Correction of cleaning & maintenance issues, equipment repair, provision of routine supplies necessary for living environment and activities.
Procedure/Policy Revision	Agency made changes to its systems and processes in order to better address a requirement/expectation. The systems and processes may be agency-wide or program specific.
Increased Internal Oversight	Newly implemented monitoring and oversight intended to verify effective and appropriate supports and services, and regulatory compliance. E.g., observations, site visitations, interview and documentation review.
Other	Before selecting "Other" please ensure that no other choice is appropriate. If "Other" is selected, a written description of this action must be provided.

- b. The date the corrective actions were completed for each deficiency.
 - c. The attestation statement signed by an Authorized Agency Representative, declaring the information is true and accurate
3. The Exit Conference Form must be received by the DQI-BPC Office via e-mail, fax or mail, within 40 calendar days of the Exit Conference.
4. DQI reserves the right to request additional information if needed.
5. If the deficiency is corrected while DQI staff is present on site, the DQI staff will identify the corrective action(s) taken by the agency/facility; the date, and enter their initials and title, in the remediation section for the deficiency.

Exit Conference Form

This Exit Conference Form also lists a general description of those topic areas for which a statement of deficiencies may or will be issued and for which a Plan of Correction will be required. Any deficiency occurring in an IRA serving Willowbrook Class Members must be issued via Statement of Deficiencies and requires a Plan of Corrective Action.

There may be occasions when surveyors need to research an issue further before determining whether a statement of deficiencies will be issued. In these cases, additional deficiencies and/or recommendations may be sent to the program at a later date. When this occurs, staff will identify this circumstance to the agency prior to their departure from the site.

* If the deficiency is not corrected within 30 days the provider agency must attach an explanation, including barriers to correction, and the planned timeline to correct.

This program serves Willowbrook Class Members	Immediate Danger noted. POCA received and approved on site
SOD may / will be issued at a later date	Additional deficiencies and recommendations may be sent.
Exit Conference form, Statements of Deficiencies, and any other reports of findings from the last review visit were on site and available.	

Agency Name: | |

Program Type: | |

Site Address: | |

| |

OC # | |

Visit Date(s): | |

Visit Type: | |

Surveyor(s): | |

Exit Conference Form

		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> _____ (please specify)	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> _____ (please specify)	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> _____ (please specify)	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> _____ (please specify)	

Exit Conference Form

		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> <p style="text-align: right;">(please specify)</p>	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> <p style="text-align: right;">(please specify)</p>	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> <p style="text-align: right;">(please specify)</p>	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other <input type="checkbox"/> <p style="text-align: right;">(please specify)</p>	

Exit Conference Form

*Deficiencies to be Issued on SOD requiring POCA:

List a general description of those topic areas for which a statement of deficiencies may/ will be issued and for which a Plan of Correction may/will be required.
Any deficiency occurring in an IRA serving WBCMs must be issued via Statement of Deficiencies and requires a Plan of Corrective Action.

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Recommendations:

| └

Other Comments:

| └

Exit Conference Form

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Agency Comments (Optional):

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Acknowledgements

EXIT FORM RECEIPT	<i>I acknowledge my receipt of the Exit Conference Form following completion of the survey visit:</i>					
	<table><tr><td> </td><td> </td><td> </td></tr><tr><td>Authorized Agency Representative</td><td>Title</td><td>Date</td></tr></table>				Authorized Agency Representative	Title
Authorized Agency Representative	Title	Date				
CORRECTION	<i>Corrective Action Attestation: I attest that the corrective actions documented on this form have been completed by agency staff.</i>					
	<table><tr><td> </td><td> </td><td> </td></tr><tr><td>Authorized Agency Representative</td><td>Title</td><td>Date</td></tr></table>				Authorized Agency Representative	Title
Authorized Agency Representative	Title	Date				



ELECTRONIC MAIL – NO HARD COPY TO FOLLOW

July 9, 2013

TO: OPWDD Medicaid Service Coordination (MSC) Vendors
SUBJECT: Change of “Pay To” Address for MSC Payments

While OPWDD continues to be the provider of record for MSC payments associated with services delivered by MSC Vendors, OPWDD has investigated options to expedite payment to the MSC Vendors. In the coming weeks, OPWDD will be informing the Department of Health (DOH) of “Pay To” address changes for the Provider IDs MSC Vendors use to claim MSC reimbursement. The “Pay To” address will be changed to the address that OPWDD currently uses to mail MSC checks to the MSC Vendor. This change will mean that DOH will be mailing the MSC checks directly to the MSC Vendors.

Since the “Pay To” address changes will not all be processed at the same time, we cannot give a specific date when each Vendor “Pay To” address will be changed, however, when the “Pay To” address is changed, the Vendor will receive a letter from DOH informing them of the “Pay To” address change.

Future changes to the “Pay To” address must be submitted by the MSC Vendor to OPWDD (Central Operations, 44 Holland Avenue, 4th Floor, Albany, NY 12229). Vendors cannot submit “Pay To” address changes directly to DOH (or their contractor Computer Science Corp).

At this time we cannot yet move to MSC Vendors signing up for Electronic Funds Transfer (EFT) for the MSC payments, so Vendors will continue to receive paper checks for their MSC reimbursement.

Questions on the “Pay To” address changes OPWDD will be initiating can be directed to Shaun Scanlon at (518) 402-4333.

Sincerely,

Karla J. Smith
Director of Central Operations

cc: N. Tumey (DOH)
E. Pasternak
S. Scanlon
E. Jefferson