MSC E-VISORY

Issue # 23-10 **August 6, 2010**

State of New York Office For People With Developmental Disabilities
Max Chmura, Acting Commissioner
Distributed by: Division of Policy and Enterprise Solutions
Suzanne Sennett, Acting Deputy Commissioner

The MSC E-Visory is an electronic advisory distributed to MSC Supervisors. Each issue provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please forward this issue to all MSC Service Coordinators and others as appropriate.**

The MSC E-Visory is sent out from OPWDD via an e-mail distribution list. To update or add a name of an MSC Supervisor, contact msc.e.visory@omr.state.ny.us. Please type "MSC E-Visory LIST Change" in the SUBJECT line and include in the body of the email the following information: e-mail address, name, TITLE, agency name. Please indicate ADD or REMOVE from the MSC E-Visory distribution list.

In This Issue:

Important Information Regarding Changes to OPWDD Medicaid Service Coordination (MSC) Effective October 1, 2010

Attached to this MSC E-Visory:

1. The letter distributed by OPWDD to Executive Directors and DDSO Directors regarding changes to the Medicaid Service Coordination (MSC) Program that will take effect October 1, 2010

2. Attachment: Medicaid Service Coordination: Restructuring Framework Effective October 1, 2010 dated August 5, 2010 outlining the specific changes to the MSC program

3. The letter to Individuals, Families and Advocates informing them about the changes to the MSC program effective October 1, 2010

NYS Office For People With Developmental Disabilities
Putting People First

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August 5, 2010

Suggested Distribution:
MSC Program Administrators
MSC Supervisors
HCBS Waiver Providers/Supervisors
Fiscal Officers

Dear Executive Directors and DDSO Directors:

This letter is to provide you with important information regarding the planned changes to the Office for People with Developmental Disabilities (OPWDD) Medicaid Service Coordination (MSC) program which will take effect on October 1, 2010.

As you know, in spring 2008, OPWDD in partnership with the Informed Choice Design Team and other stakeholders, embarked on a review of the ten year old MSC Program. The goal of this effort was to identify changes that would enhance the capacity of MSC to help people with developmental disabilities make informed choices and have these choices supported; and also to identify policy and practice changes that would improve the effectiveness of this vital service. These recommendations would guide the future redesign of the MSC Program. In response to the 2009-10 budget deficits, OPWDD implemented some of these recommendations on a pilot basis (October 2009). However, New York State's continued grim fiscal climate, extremely tight budget, and a rising number of individuals seeking services from OPWDD's system, requires expedited implementation of a MSC restructuring plan to achieve required State Fiscal Year 2010-11 savings and to ensure the integrity and sustainability of MSC services for years to come.

The importance of MSC (and all other OPWDD supports and services) in these difficult fiscal times requires innovation, efficiency, and difficult choices. As we move forward with MSC changes our intent is to:

- Continue to ensure that a person's choice and desires are taken into account to the greatest extent possible;
- Allow for more efficient, flexible, and cost effective service delivery; and
- Enable services to be tailored to individualized needs and outcomes within the scope of the program.

With these principles in mind, over the last six months, OPWDD accelerated its work in partnership with stakeholders, including people with developmental disabilities, their families, advocates, and not-for-profit provider agencies, to target aspects of the MSC program that warrant change. The resulting recommendations focus on enhancing the MSC program's responsiveness to individual choices and needs while eliminating requirements, especially paperwork, that impact on a service coordinator's workload with little or no benefit to MSC participants. The overall objective is for the MSC program to be as flexible as possible, so that each person receives the needed amount of assistance from his or her service coordinator, at the right time, in the right place and for a reasonable price.

Purpose:

The Attachment to this letter provides you with information regarding the changes to MSC as OPWDD moves towards implementation effective October 1, 2010. This information will enable you and your staff to plan accordingly for the upcoming changes.

Please note that MSC for Willowbrook class members is not affected by the program changes presented in this letter and its attachment. All current requirements and commitments for service coordination/case management to members of the Willowbrook class, whatever their living arrangement, will continue to be met.

Immediate Actions Requested:

1. Attached is a letter to people receiving MSC, family members and other advocates. To help us to ensure that all stakeholders are informed of the changes, please share this letter and the Attachment with the people that you serve and other interested parties.

2. It is very important that you share these letters and the Attachment with your MSC Supervisors and others in your organization who need to implement changes as a result of this MSC restructuring.

3. **Information Session for MSC Executive/Business Staff**: OPWDD is planning an information session for executive staff of MSC providers on August 11, 2010 from 1:30 to 4:30 via a webcast. Further details on this will be available soon.

4. Please encourage MSC Supervisors to attend the MSC Supervisors Video Conference scheduled for **August 12, 2010** that will provide an overview of the upcoming changes. A follow up session for MSC Supervisors is also scheduled for **September 15, 2010**. Information on times, locations and registration is outlined below.

Information Session	Dates	Locations (Video Conference)	Times
MSC Supervisors Video Conference	August 12, 2010 (Two Sessions)	All DDSOs	**Session 1**: 9:30 am – 12:30pm **Session 2**: 1:00 pm – 4:00pm
MSC Supervisors Video Conference	September 15, 2010 (Two Sessions)	All DDSOs	**Session 1**: 9:30 am – 12:30 pm **Session 2**: 1:00pm - 4:00pm
MSC Supervisors can register on-line on the OPWDD website at www.omr.state.ny.us			

4. OPWDD recommends that all MSC vendors provide in-service training for all service coordinators to make them aware of these upcoming changes.

Other Important Information

- **Details on Billing Changes**: OPWDD anticipates providing you with additional detailed information on MSC implementation in early September 2010. This will include specific details on how to bill for MSC services as a result of these changes.

- **MSC Vendor Contracts**: MSC providers will receive information on changes to the MSC vendor contract prior to September 1, 2010 from your DDSO. This information will provide for the cancellation of all current MSC vendor contracts with new contracts beginning October 1, 2010.

- **MSC Vendor Manual**: OPWDD intends to update the MSC Vendor Manual and make it available on OPWDD's website in October 2010. New service coordinators will receive a hard copy of the revised MSC Vendor Manual at their Core training beginning in October 2010.

Contact Information

The following are contacts if you have questions or require further information about the content of this letter and the Attachment:

Contact Name	Telephone/E-mail Address	Content Area
Carol Kriss MSC Statewide Coordinator	(518) 474-5647 Carol.Kriss@omr.state.ny.us	Programmatic questions Questions on MSC Supervisory Training Sessions
Karla Smith Director of Central Operations	(518) 402-4333 Karla.Smith@omr.state.ny.us	Billing questions
Jenny Haneman Director of Medicaid Standards	(518) 408-2096 Eugenia.Haneman@omr.state.ny.us	Billing standards and documentation requirements

OPWDD is grateful to all of our stakeholders who provided input and feedback throughout the MSC restructuring process. In particular, we thank the Informed Choice Design Team, the Self-Advocacy Association of New York State (SANYS), Parent to Parent of New York State, the local Family Support Services Advisory Councils, Provider Associations, and the DDSOs for reaching out to their constituents. Their insight about the value of MSC helped us to make key decisions about changing the framework of the program while keeping in mind the aspects of MSC that are most important to individuals who receive services and their families.

In these difficult fiscal times we must all strengthen our efforts to provide services in the most efficient and effective manner possible. OPWDD looks forward to continuing our work with our tremendous network of dedicated individuals, advocates, providers, and others to examine our existing program and financial platforms while reinforcing our commitment to high quality services. Thank you for your ongoing commitment to the individuals we all serve and your dedication to partnering with OPWDD on the critical challenges ahead.

Sincerely,

Max E. Chmura
Acting Commissioner

Attachments

cc:

Provider Associations
J. Moran
S. McBain
S. Sennett
J. Kiyonaga
J. Gentile
J. Whitehead
H. DeSanto
M.Moeser
C. Kriss
E. Haneman
K. Smith

ATTACHMENT

August 5, 2010

MEDICAID SERVICE COORDINATION

RESTRUCTURING FRAMEWORK EFFECTIVE OCTOBER 1, 2010

PURPOSE AND BACKGROUND

The purpose of this document is to provide an overview of the Medicaid Service Coordination (MSC) Program framework and associated changes that take effect on October 1, 2010.

Changes to MSC are necessary to achieve required State Fiscal Year 2010-11 savings in order to sustain the MSC program and other OPWDD services for years to come while enhancing the capacity of MSC to help people make informed choices.

As we move forward with the necessary MSC changes our intent is to:

- Continue to ensure that individual choice and desires are taken into account to the greatest extent possible.
- Enable services to be tailored to individualized needs and outcomes within the scope of the program.
- Allow for more efficient, flexible, and cost effective service delivery.

While OPWDD, service providers, service participants, family members, and advocates face difficult choices in these challenging fiscal times, our collective goal remains to deliver the highest quality MSC services possible within a streamlined cost-effective service delivery system that enhances informed choice and flexibility based on life changes.

Please note that MSC for Willowbrook class members is <u>not</u> affected by the program changes presented in this attachment. All current requirements and commitments for service coordination/case management to members of the Willowbrook class, whatever their living arrangement, will continue to be met.

The remainder of this document provides more detailed information regarding the framework for the MSC program effective October 1, 2010. The following are highlights of what is and what is not changing with this MSC restructuring.

What is NOT Changing

- The scope/functions of MSC
- Outcomes and expectations for MSC including Informed Choice and individualized and person-centered service provision
- Eligibility criteria for MSC
- Requirements for qualifications of service coordinators and supervisors

- Delivery of MSC services by voluntary not-for-profit providers pursuant to a contract with OPWDD
- MSC requirements for Willowbrook class members

What IS Changing

- Reduction in required paperwork and/or streamlining of required MSC forms and documentation (e.g., monthly note, Service Coordination Agreement, Individualized Service Plan (ISP), elimination of filing Service Coordination Observation Report (SCOR) for other than Willowbrook class members)
- Increased flexibility with regard to the tools used to provide appropriate MSC services (i.e., face-to-face service meetings; in-home visit requirements; maximum caseload size)
- Criteria and streamlining of transition payments
- Quality outcomes/indicators will be used in DQM reviews to assist MSC providers to make quality improvements to their programs
- Increased flexibility in MSC billing standards

MSC PROGRAM ELEMENTS AND STANDARDS

Eligibility Criteria to Receive MSC

As MSC is a State Plan service, anyone who applies for MSC who meets the eligibility requirements is entitled to receive MSC from a qualified MSC provider who has availability to serve the person (see "Free Choice of MSC Provider" section).

There is no change to the eligibility criteria for receiving reimbursable MSC as outlined in OPWDD regulations for Reimbursement of Medicaid Service Coordination (Subpart 635-5).

In order to be considered eligible for MSC, the person must:

- be enrolled in Medicaid
- have a documented diagnosis of a developmental disability as defined by Mental Hygiene Law and OPWDD guidelines
- demonstrate a need for ongoing and comprehensive service coordination
- not reside in a Medicaid institutional setting that provides case management/service coordination (e.g., ICF)
- not be enrolled in any other comprehensive long-term care service which includes case management/service coordination.

A need for "ongoing and comprehensive service coordination" means that the person's ISP continues to identify his/her need for service coordination, and that the ongoing assistance of a service coordinator is necessary for plan development, implementation and maintenance.

Plan of Care Support Services (PCSS) is available for HCBS waiver enrolled individuals who receive regular HCBS waiver services (at least monthly) and who do not want or need MSC (see last page of this Attachment for further information on PCSS).

Service Coordinator Qualifications to Provide MSC Services and Required Training

Service Coordinator Qualifications

- There is no change to the required qualifications for service coordinators or supervisors.

Required Service Coordinator Training

- As of October 1, 2010, the target timeframe for completion of the Core training for new service coordinators will be six (6) months from the date of assuming MSC responsibilities (service coordinators should still be encouraged to attend the Core training as soon as possible upon their hire) The Core will be refocused to one full day (currently two days). Service coordinators and supervisors with three (3) years of experience (who do not serve Willowbrook class members) will need to complete a minimum of 10 hours of professional development in the year rather than the 15 hour minimum as required now.

- In addition to the current six required courses outlined in the Vendor Manual, a specialized training focused on Informed Choice capacity and skill building is being developed for service coordinators.

Expectations and Scope for MSC Services

Service coordinators and others throughout the OPWDD service system help people with developmental disabilities to live richer lives. This involves helping a person to understand how to make informed choices about living in the home of his/her choice; building and maintaining meaningful relationships; seeking community involvement opportunities and/or employment; and having and maintaining good health.

Informed Choice:

Service Coordinators help people to make informed choices so that people continue to develop and progress throughout their lives.

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 decision may affect his or her life.

A person can make an informed choice on his/her own or may ask family members, friends, or others for assistance if the person needs help making a good decision. Informed choices can be about everyday things like what to wear, or big life changing things like where to live, what kind of work to do, or who to be friends with. These decisions can also be about what kinds of services or supports someone wants or needs, and where and how to get them.

When making an informed choice, a person should understand the possible risks involved and what can be done to reduce the risks. A person should also realize that his/her ability or desire to make choices may change over time, or may be different for different kinds of decisions. Personal choices should be respected and supported by the people involved in the person's life.

Helping individuals make informed choices is a quality outcome expected in the provision of all MSC services.

MSC Participant's Right to Free Choice of MSC Providers

- MSC is an individual entitlement. As such, individuals who receive MSC have freedom of choice among all qualified and available MSC providers and have the right to move their MSC entitlement from one MSC provider to another (i.e., portability of the MSC entitlement).

- MSC participants can request information from their service coordinator, MSC provider, and/or the DDSO on the availability of other MSC providers/service coordinators at any time.

- OPWDD DDSOs may move MSC resources (i.e. units) between MSC providers based upon the free choice of MSC participants and other factors (see MSC Management section below).

Service Definition/ Scope of MSC

OPWDD operates the MSC Program under the federal Targeted Case Management (TCM) program.

Within the TCM framework, Medicaid Service Coordination helps a person access necessary supports and services including medical, social, educational, psychosocial, employment, habilitation, rehabilitation, financial, residential, and legal services available and in accordance with the person's needs and valued outcomes as expressed in the Individualized Service Plan (ISP).

In order to help a person access necessary and available supports and services, a service coordinator provides:

- Assessment
- Service plan development and implementation
- Linkages and referrals to services
- Monitoring and follow-up, and
- Service documentation.

A service coordinator also advocates on behalf of individuals by working with others to protect and uphold a person's rights including intervening when a person feels his or her rights are being denied. In addition, a service coordinator advocates by observing if a person appears healthy during face-to-face visits and verifying the health of the person with other individuals and service providers when the service coordinator does not see the person face-to-face. When conducting visits in the home, a service coordinator assesses whether the quality of the living environment appears safe and takes appropriate action if any safety concerns are identified.

A service coordinator assists the person with necessary documentation so that a person's enrollment in Medicaid and the HCBS waiver (if applicable) is not unnecessarily interrupted. If a person is HCBS waiver enrolled, a service coordinator ensures that there is timely completion of an annual level of care eligibility redetermination.

In addition to what is described above, the following are specific activities that continue to be expected in the provision of MSC services based on the individualized assessment, needs, and valued outcomes for each MSC participant.

Development of the ISP

- The service coordinator develops the ISP using a person centered approach.

- The service coordinator helps a person plan by making informed choices, choosing valued outcomes, and developing a personal network of activities, supports, and services based on needs and desires.

- The ISP identifies those supports and services chosen by the person with the service coordinator's assistance, as well as the entities that will supply them. The resulting planning information is written in the appropriate ISP format.

- ISP development by the service coordinator also includes helping the person to identify the service coordination activities and interventions that the person wants and needs to meet his or her individualized goals and valued outcomes as depicted in the ISP. This could involve developing an Activity Plan with the person if he or she chooses to have an Activity Plan (required for Willowbrook class members) or some other method for working on identifying necessary activities and interventions.

Implementation of the ISP

- Using the ISP as a blueprint, the service coordinator works with the person to make informed choices and achieve his or her valued outcomes by using knowledge of the community and available resources and skills to help the person to successfully implement his/her ISP. This may include: help the person to locate natural supports and community resources; locate funding sources; help determine eligibility for these funding sources; complete referrals; facilitate visits and interviews for these funding sources; help arrange transportation to community activities and services as necessary; assist in communicating the content of the ISP, including valued outcomes and safeguards, to service providers; and assist providers in designing and implementing services consistent with the ISP.

Maintenance of the ISP

Maintenance of the ISP is an ongoing service provided by the service coordinator. It includes:

- Working with the person and others as appropriate to assess the person's satisfaction with his or her ISP and the services, supports, valued outcomes/goals within, as well as the service coordination activities and interventions needed/desired to correlate to the ISP and making adjustments as necessary.

- Supporting the person to make informed choices and to help them achieve valued outcomes.

- Establishing and maintaining an effective communication network with service providers and others involved with the person.

- Keeping up to date with changes, choices, temporary setbacks and accomplishments related to the ISP.

- Advocating: managing through difficulties; assisting the person in assuring that rights, protections, and health and safety needs and safeguards are met pursuant to applicable requirements.

- Keeping the ISP current and adapting it to change and reviewing the ISP at least semi-annually (one of these reviews during the annual period is a face-to-face meeting with the individual and major service providers).

Activities that do not fall within the scope of MSC

Especially in these difficult fiscal times and in light of the growing numbers of individuals seeking services from OPWDD's system, it is important to ensure that OPWDD's constituents and stakeholders understand the types of activities expected from MSC as outlined above.

Some individuals and their family members and advocates may request different things from their service coordinator which do not align with the scope of reimbursable MSC services. For example, service coordinators arrange for services, they do not provide services directly. A service coordinator arranges for community habilitation (i.e., at home residential habilitation) to work with an individual to build daily living skills such as grocery shopping; the service coordinator does not take the individual grocery shopping.

Tools/Methods used in the provision of MSC services (e.g., Face-to-face Service Meetings; In-Home Visits):

MSC providers continue to be expected to deliver service coordination interventions and activities within the scope of MSC services outlined above. Historically, OPWDD MSC requirements mandated a monthly face-to-face service meeting for all participants enrolled in MSC in order for a provider to bill for MSC services on behalf of individuals served (i.e., a monthly face-to-face meeting was a billing standard). Service coordinators were also required to have a face-to-face service meeting in the person's home quarterly and to complete a Service Coordination Observation Report (SCOR) for individuals in OPWDD certified residences.

While face-to-face meetings are an important way for service coordinators to develop a relationship with the person and to observe and assess health and safety, not every individual needs this level of intervention on a monthly basis especially when there is participation in a variety of other services regularly (e.g., residential habilitation; day habilitation).

Face-to-face meetings were never intended by OPWDD to serve as the entirety of service coordination activities. Likewise, not every MSC participant needs a home visit quarterly.

Face-to-face service meetings and home visits are tools that are used by service coordinators to assess, identify and deliver the appropriate level of service coordination activities and interventions within the scope of MSC services and the person's ISP valued outcomes.

Minimum Number of Required Face-to-Face Service Meetings

Effective October 1, 2010, at least three face-to-face service meetings must be held annually with each individual that receives MSC. The number and frequency of additional face-to-face meetings with the individual that are necessary to provide quality service coordination activities and interventions (within the scope of MSC services) is based upon the professional judgment and assessment of the service coordinator and service coordinator's supervisor in consultation with the individual and others as appropriate.

Examples of assessment information that may be considered by the service coordinator and supervisor to determine the needed frequency of face-to-face service meetings may include but is not limited to:

- Whether or not the person receives regular/frequent services in which other service providers are able to observe and interact with the person regularly
- A person's ability to communicate their needs and goals effectively over the phone or in person
- Whether or not a person is making a life change, a service change, or there are other events happening in the person's life that requires more frequent face-to-face service meetings with the service coordinator.

It is expected that face-to-face service meetings will be provided based upon each person's individualized need and circumstances. Face-to-face service meetings, as a service coordination communication tool, should be provided for a particular purpose and with a particular outcome that can not be achieved readily by the use of other communication mechanisms available to the service coordinator and the person (e.g., phone calls between the person and his/her service coordinator). In addition, service coordinators should work with individuals, their families, advocates, and others involved with the person to understand the purpose of face-to-face service meetings so that people do not expect to have a face-to-face service meetings unnecessarily (e.g., for social or recreational purposes).

Minimum Number of Required In-Home Visits

- Effective October 1, 2010, there is an expectation that at least one in-home visit is made annually for all MSC participants. The number and frequency of additional in-home visits will be based on the professional judgment and individualized assessment of the service coordinator and service coordinator's supervisor in consultation with the individual and others as appropriate and necessary. The determination on the number of in-home visits should be based upon relevant factors that are individual to each person. These factors should be documented in the person's service coordination record.

- Service Coordination Observation Reports (SCORs) are no longer required except for Willowbrook Class members. Service Coordinators are still required to observe and report any health/safety issues identified in the home environment.

Individualized Service Plan (ISP)

- A revised ISP has been developed that eliminates duplicative information and streamlines sections of the ISP. Additional guidance to assist service coordinators in writing an appropriate person-centered and individualized plan is included in the instructions to the ISP.

- The timeframe for ISP distribution will be increased from 45 to 60 days.

- OPWDD will issue an ADM on the new ISP and revised instructions prior to October 1, 2010.

Service Coordination Agreement and Activity Plan

- The Service Coordination Agreement (i.e., Basic Agreement) and process will be enhanced and streamlined.

- The new Service Coordination Agreement will clearly outline rights and responsibilities associated with MSC. This information will be required to be reviewed with the individual and others as applicable at the time of enrollment in MSC so that all parties have a clear understanding of the functions and scope of MSC and participants understand the rights and the responsibilities of their service coordinator. This information will also be required to be reviewed annually with the participant and others during the annual face-to-face ISP meeting.

- Use of the current OPWDD Activity Plan will remain optional for all MSC participants except Willowbrook class members.

- The signing of the new Service Coordination Agreement for existing MSC participants can be phased in over 2010-2011 as each participant's Service Coordination Agreement (i.e., Basic Agreement) comes up for annual renewal.

Maximum Caseload Size

- For service coordinators who do not serve members of the Willowbrook class, the maximum caseload for an MSC service coordinator is 40 units with weighting as follows:

  - 1.0 for individuals residing in Supportive CRs and Supportive IRAs, Family Care, or with family members or others who reside in their own home or apartment (e.g., when all the individuals on a service coordinators caseload reside in one of these settings, the maximum caseload size is 40).

  - 0.8 for individuals residing in Supervised Community Residences (CRs) and Supervised Individualized Residential Alternatives (IRAs) (i.e., OPWDD certified settings with 24 hour staffing) (e.g., when all of the individuals on a service coordinator's caseload reside in Supervised settings, the maximum caseload size is 50).

- If there is even one Willowbrook class member on a service coordinator's caseload, the maximum caseload size remains at no more than 20 units and all pre 10/1/10 weighting requirements relative to calculating caseload for these service coordinators remain the same.

MSC BILLING STANDARDS AND DOCUMENTATION STREAMLINING

MSC Billing Standards

- OPWDD will issue an MSC Administrative Memorandum (ADM) on the new billing standards prior to October 1, 2010. This ADM will provide for enhanced flexibility in the types of activities and service coordination interventions (in addition to a face-to-face service meeting) that will enable a provider to bill for MSC during a given month. These activities include: ISP development/review/revisions/meetings; annual level of care redetermination by the service coordinator; and other definitive activities associated with the scope of MSC services that are appropriately documented.

MSC Monthly Note

- There continues to be a required contemporaneous note necessary to substantiate billing for MSC. OPWDD has developed a monthly note format that will assist service coordinators to more easily document required elements necessary to substantiate MSC billing.

Streamlining of Level of Care Determination (LCED)-Annual Redetermination for HCBS Enrollees

- It is the responsibility of service coordinators to ensure that an LCED redetermination for HCBS enrollment is completed annually on a timely basis. Effective 12/14/09, Qualified Mental Retardation Professionals (QMRP) are authorized to review and approve the annual LCED redetermination in lieu of a physician/physician assistant/nurse practitioner (see ADM # 2009-05 for further details on this).

ISP and Service Coordination Agreement

- As indicated in the Program Elements/Standards section above, the ISP form and process and the Service Coordination Agreement form and process has been streamlined.

CHOICES Electronic Records

- OPWDD is working towards the implementation of an electronic recordkeeping system. Phase I of the system will focus on making the ISP and MSC forms electronic. This system will enable a more streamlined workflow that will further reduce the amount of time service coordinators spend processing paperwork.

MSC REIMBURSEMENT AND RESOURCE/ALLOCATION MANAGEMENT AND PLANNING

MSC Reimbursement

- There will be a single fee paid for all MSC participants except Willowbrook class members.
- The revised fees are as follows:

Level of Reimbursement	Level of Reimbursement Fee	Level of Reimbursement Rate Code	Level of Reimbursement Locator Code
Basic: (i.e. Standard MSC)	$252.98	5211	03
Other: Willowbrook MSC	$345.18	5214	03
Transition Basic (i.e. Standard) (billed for one month after transition)	$758.94	5211	04
Transition Other: (i.e. Willowbrook) (billed for one month after transition)	$1035.54	5214	04

- **MSC Streamlined Transition Payment**: Effective beginning with the October 1, 2010 service month, the vendor may bill the transition payment level (in lieu of the regular monthly payment level) for one month upon meeting the requirements for the applicable transition. Revised criteria for transition payment is as follows:

  - When the person is new to service coordination, that is, the individual has never received any type of service coordination/case management service through OPWDD's system (e.g., CMCM, PCSS, ICF, state paid service coordination, Care At Home (CAH), etc.).

  - The person moves from an OPWDD certified supervised or supportive IRA or CR to their own home or apartment where the person is responsible for their own living expenses.

    Note: the streamlined transition payment criteria will also apply to Willowbrook Class Members.

- Further details on streamlined transition payments and specific criteria will be provided in our upcoming September 2010 communication letter.

MSC Resource Management and Planning

- OPWDD has implemented a management planning mechanism (i.e., allocation process) to help OPWDD Central Office and the DDSOs to track and plan for MSC expenditures to assure effective/efficient resource management and to enable planning for present and future sustainability of this vital service and all OPWDD services.

- OPWDD's MSC management planning system allocates MSC resources so that DDSOs can be responsive to local needs. DDSO's manage these resources by providing MSC allocations to MSC providers based on the number of individuals served by each provider and an estimate of the providers anticipated collective utilization and other factors described below.

- DDSOs (and Central Office) have the ability to move resources between and among providers and between districts as necessary to meet the needs in their geographic areas and to ensure the most effective and efficient use of MSC resources to meet the needs.

- DDSOs may elect to increase the allocation/resources to providers to enable them to serve additional individuals. The decision to increase the vendor's resources will be based upon

  - A history of quality service provision
  - The ability and capacity of the vendor to deliver additional services
  - Available resources
  - Choice of individual to receive services from the vendor

- The movement of MSC resources among providers will also occur based upon each MSC participant's choice of provider (i.e., portability of the MSC individual entitlement). When an individual chooses to change vendors by selecting another qualified and available provider of their choice to serve them, MSC resources will be adjusted accordingly.

- MSC providers are expected to manage their MSC resources efficiently and effectively to meet the individualized need for service coordination interventions for each MSC participant served.

  - MSC providers will be expected to demonstrate the need for additional resources and how they have managed their current resources effectively in the event that additional resources are requested from the DDSO.

  - MSC providers are expected to continue to work with DDSOs to ensure that appropriate individuals who receive MSC have made an informed choice between MSC and Plan of Care Support Services (PCSS) if the individual is waiver enrolled.

  - OPWDD has also asked that MSC providers continue to review MSC participants to ensure that all MSC enrollees continue to demonstrate a need for ongoing and comprehensive service coordination (which is a criterion for continued eligibility for MSC services). *A need for "ongoing and comprehensive service coordination" means that the person's ISP continues to identify his/her need for service coordination, and that the ongoing assistance of a service coordinator is necessary for plan development, implementation and maintenance.*

  - MSC providers should work with individuals (and others involved with the person) to ensure that there is an understanding of the scope and purpose of MSC (as outlined in this Attachment) so that individuals do not expect to receive MSC unnecessarily (e.g., for social or recreational purposes).

QUALITY REVIEWS/FRAMEWORK

Quality Reviews and Informed Choice

- The OPWDD Division of Quality Management (DQM) will revise the MSC Review protocol based on the changes to the MSC program. This protocol will continue to focus on elements of MSC, such as a review of the ISP, and other components of MSC that are expected to be individualized and person-centered.

- DQM's enhanced review will focus less on process and more on quality outcomes and indicators. Quality indicators for informed choice and other key service coordination outcomes will be integrated into the review process to provide feedback on quality improvements that providers can make to enhance individual outcomes.

- A program/vendor level review of key agency and program systems that promote and ensure quality service coordination will be developed. This includes individual MSC reviews and consumer satisfaction surveys to verify the effectiveness of the program.

A Note on Plan of Care Support Services (PCSS)

In accordance with informed choice, HCBS waiver enrolled individuals who receive regular HCBS waiver services (at least monthly) and who do not have a need for ongoing and comprehensive service coordination, should be offered the option of Plan of Care Support Services (PCSS).

PCSS provides for review and maintenance of an ISP twice annually to keep the ISP current. The staff providing PCSS is also responsible for the timely completion of the annual level of care redetermination for HCBS waiver services and may also assist the person with access issues as necessary.

Staff providing PCSS look out for whether a person's health and safety needs change and/or if there are changes in the person's life that indicate that the person needs ongoing and comprehensive service coordination. In these cases, the staff will help the person make an informed choice about enrolling or reenrolling in MSC.

Periodic movement back and forth between MSC and PCSS should be expected as participant support needs and preferences change and the need for "ongoing and comprehensive" service coordination is reassessed (see "Eligibility Criteria to Receive MSC" section above).

NYS Office For People With Developmental Disabilities
Putting People First

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Dear Individuals, Families and Advocates:

The purpose of this letter is to provide you with updated information regarding the planned changes to the Office for People with Developmental Disabilities (OPWDD) Medicaid Service Coordination (MSC) program which will take effect on October 1, 2010. As you know, in Spring 2008, OPWDD in partnership with the Informed Choice Design Team and other stakeholders, embarked on a review of the ten year old MSC Program. The goal of this effort was to identify changes that would enhance the capacity of MSC to help people with developmental disabilities to make informed choices and have those choices supported; and also to identify policy and practice changes that would improve the effectiveness of this vital service. These recommendations would guide the future redesign of the MSC Program. In response to the 2009-10 budget deficits, OPWDD implemented some of these recommendations on a pilot basis (October 2009). However, New York State's continued grim fiscal climate and budget deficits requires expedited implementation of a MSC restructuring to ensure the integrity and sustainability of MSC services for years to come.

In a previous letter sent to you at the end of April 2010, we made a commitment to the continuance of our court ordered mandates for services, specifically those in place for the Willowbrook class. We also pledged to reduce requirements and workload issues, such as paperwork, that have little or no benefit to people receiving MSC. We reached out to you, our stakeholders, to ensure that the outcome included your ideas and recommendations. Please be assured that the feedback received from the forums, focus groups and surveys in which you participated was used to craft the restructuring of the MSC program.

Attached to this letter is preliminary information regarding the changes to the MSC program. The decisions were made based on our partnership with the Provider Associations, the Self Advocacy Association of New York State (SANYS), Parent-to-Parent, the Statewide Advisory Committee on Family Support Services and its local councils, the Multicultural and Emerging Leadership Council, and MSC Supervisors and service coordinators from voluntary agencies and our DDSOs. We believe that the results of our efforts will be a high quality, streamlined, cost effective service delivery system that enhances flexibility based on life changes and informed choices.

OPWDD thanks those of you who provided input and insight throughout this process and worked closely with us to make key decisions. We pledge to evaluate over time the changes being made to the MSC program and we will continue to keep you informed along the way. As always, OPWDD remains committed to helping people with developmental disabilities live richer lives in these difficult economic times.

Sincerely,

Max E. Chmura
Acting Commissioner