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:**

**Materials for Statewide MSC Supervisors Video Conference – August 12, 2010**

Reminder: An MSC Supervisors Video Conference is being held on August 12, 2010. MSC Supervisors can earn 3 hours of professional development credits. The video conference is being broadcast to multiple DDSO sites in the morning and repeated to multiple DDSO sites in the afternoon. 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.

AM Sessions: 9:30 am – 12:30 pm
PM Sessions 1:00 pm – 4:00 pm

OPWDD staff will provide an overview of the upcoming changes to MSC effective October 1, 2010.

**NOTE:**

There will be no handouts.

- The PowerPoint that will be referenced during this video conference is attached.
- Please bring with you: Medicaid Service Coordination Restructuring Framework Effective October 1, 2010, which was distributed via MSC E-Visory #23-10, dated August 6, 2010. This is also available via the following link on the OPWDD website:

  [http://www.omr.state.ny.us/wt/publications/wt_publications_mscevisories_index.jsp](http://www.omr.state.ny.us/wt/publications/wt_publications_mscevisories_index.jsp)
Topics

- Background/Overview
- Expectations and Scope of MSC Services and Related Changes
- Overview of Documentation Requirements for Billing
- MSC Fee Changes Effective October 1, 2010
- Questions

Why Restructuring MSC Now?

- MSC Program operating for almost 10 years
- Spring 2008- Informed Choice Design Team Formed
- 2009-10 and 2010-11 budget deficits accelerated need to restructure the program to ensure long-term sustainability
- Expedited stakeholder input plan developed/implemented beginning late 2009
Objectives

- Ensure ability to sustain MSC through efficient and cost effective service delivery
- Flexibility and responsiveness to individual needs
- Eliminate requirements, especially paperwork, that drive workload for service coordinators and are of little "value added" to individuals and their families
- Integrate, support and promote/enhance informed choice and individualized person-centered principles
- Integrate quality indicators into review processes

So What Is Not Changing?

- MSC Requirements for Willowbrook Class Members
- The scope and functions of MSC under TCM
- Eligibility criteria to receive MSC pursuant to OPWDD regs
- Qualifications of service coordinators and supervisors
- Delivery of MSC services by voluntary not-for-profit providers under a contract with OPWDD (contracts will be revised)
- Outcomes and expectations for MSC including informed choice, and individualized and person-centered service provision

Expectations and Scope of MSC Services and Related Changes
MSC Framework

MSC is a State Plan service—it is an entitlement for all who meet the following eligibility criteria (outlined in 635-5):

- Be enrolled in Medicaid
- Have a documented diagnosis of DD
- Choose to receive MSC
- Demonstrate a need for **ongoing and comprehensive** service coordination
- Must not reside in an institutional setting, ICF, or be enrolled in any other long-term service which includes service coordination

OPWDD operates MSC in accordance with federal Targeted Case Management (TCM) requirements

Federal definition of Case Management is “assisting individuals in gaining access to needed medical, social, educational, and other services.”

Scope of MSC

- Assessment
- Service plan development, implementation, maintenance, monitoring (includes assisting the person in maintaining benefits and HCBS waiver eligibility)
- Linkages and referrals to services
- Monitoring and follow-up
- Service documentation
- Advocacy is assumed within each of these functions
**Informed Choice**

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 his/her ability or desire to make choices that may change over time, or may be different for different kinds of decisions.

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

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**Activities That Do Not Fall Within the Scope of MSC**

MSC Service Coordinators do not provide direct service

Examples:
- A service coordinator does not take the individual grocery shopping but arranges for community habilitation to build daily living skills such as grocery shopping
- A service coordinator does not take the individual to routine medical or dental appointments but works with the person/family or residential provider to arrange for transporting or escorting services.

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**Right to Free Choice of MSC Providers**

- 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
- 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 between MSC providers based upon the free choice of MSC participants and other factors
MSC Service Coordinator

Required Experience, Education, and Training

- Minimum Education Level: Associate's degree in a health or human service or an RN
- Minimum Experiential Level: One year experience working with people with a developmental disability or one year experience as a service coordinator with any population
- **Minimum Training Level: Attendance at an OPWDD-approved Core service coordination training program within six (6) months of assuming MSC responsibilities**

Annual Professional Development Requirement

- In addition to Core training, MSC Service Coordinators and MSC Supervisors must attend professional development on an annual basis
- **MSC Service Coordinators and MSC Supervisors with less than three (3) years of experience need to complete 15 hours of professional development annually**
- **MSC Service Coordinators and MSC Supervisors with three (3) years of experience need to complete 10 hours of professional development annually**
- MSC Service Coordinators and MSC Supervisors that serve Willowbrook class members need to complete 15 hours of professional development annually

Required and Recommended Professional Development

- MSC Service Coordinators are required to attend four (4) of the six (6) professional development programs within two (2) years of their employment
- The courses deemed essential to the enhancement of service coordination skills are: Waiver Services, Introduction to Person Centered Planning, The Individualized Service Plan, Self Advocacy/Self Determination, Benefits and Entitlements, Quality Assurance
- A specialize training on Informed Choice is being developed for MSC Service Coordinators
**Tools/Methods Used in Provision of MSC Services**

Face-to-face service meetings and in-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 valued outcomes as indicated on the person’s Individualized Service Plan (ISP)

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**Face-to-Face Service Meetings**

- Face-to-face service meetings are important to establish relationship, assess health/safety, etc.
- Not everyone needs a face-to-face service meeting on a monthly basis.
- Effective 10/1/10, a minimum of 3 face-to-face service meetings are required annually; one of these meetings can be the required annual face-to-face ISP meeting*
- Face-to-face service meetings are based on individualized needs and circumstances (e.g., if the person cannot communicate their needs effectively over the phone).
- Providers should work with individuals and others to understand when a face-to-face service meeting is appropriate.

*Note: For Willowbrook class members, a monthly face-to-face service meeting will continue to be required in order to bill for MSC.

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**In-Home Visits**

- Effective 10/1/10 at least one in-home visit is required annually for all MSC participants*
- Professional judgment and individualized assessment used to determine additional frequency of in-home visits.
- Elimination of SCOR requirement*—still required to report any safety issues identified in the person’s home.

*For Willowbrook class members, a quarterly in-home visit continues to be required and a SCOR must be filed two (2) times in the year.
Maximum Caseload Size

- Effective 10/1/10, **maximum** caseload is 40 units:
  - Supervised (24 hr. staffed) IRAS/CRs = .8
  - Family Care, Supportive settings, own home/apartment or living with family members = 1
- OPWDD is not mandating this caseload size—it is a maximum caseload size.
- Willowbrook remains the same = 1:20 ratio (Willowbrook weighting is 1 for everyone except VOICF which is .5)

MSC Program Documentation
Streamlining

- Revised ISP format eliminates duplicative information and streamlines sections of 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

MSC Program Documentation
Streamlining
Service Coordination Agreement

- New Service Coordination Agreement will clearly outline rights and responsibilities associated with MSC
- Service Coordination Agreement required to be reviewed and signed with the individual and others as applicable at the time of enrollment in MSC
- Reviewed annually with the participant and others during the annual face-to-face ISP meeting
- Phased in over 2010-2011 as each participant's Service Coordination Agreement comes up for renewal.
Overview of Documentation Requirements for Billing

Medicaid Standards
(518) 408-2096

What is not changing:
- Individuals must be prior authorized by the DDSO or Service Delivery and Development Region 2 (NYCRO)
- Individuals enrolled in the HCBS Waiver must have an Individualized Service Plan
- The unit of Service continues to be a month.

Billing Standards vs. Quality
- Billing Standard: Minimum Activity to bill
- Quality Standard: Higher level to document the provision of quality services
- MSC ADM
Billing Standard

To bill for a month of service, the service coordinator must deliver and document a certain number of actions from the following lists:

- **List A**: When a service coordinator delivers and documents an action from this list, only one action is necessary to meet the billing minimum.

- **List B**: When a service coordinator delivers and documents an action from this list, two actions are necessary to meet the billing minimum.

**List A**
- Face-to-face service meeting with individual
- Annual ISP meeting with the service coordinator, individual, parent/advocate (if appropriate), and major service providers
- Semi-annual ISP review
- Updates (addendum) to the ISP
- Completion of the ICF/MR level of care eligibility determination

For activities from list from List A, only one is necessary to meet the billing minimum.

**List B**
- Non-face-to-face contacts with the individual (e.g. phone calls)
- Direct contact with other agencies to maintain benefits eligibility or to obtain referrals for services that might be appropriate for the individual. This can include:
  - Phone call or personal contact
  - Email exchange
  - Letter/Correspondence exchange

For activities from list from List B, only two are necessary to meet the billing minimum.
List B Continued

- Direct contact with a qualified contact during which the service coordinator gathers information to assess or to monitor the status of the individual. This can include:
  - Phone call or personal contact
  - Email exchange
  - Letter/correspondence exchange

For activities from list from List B, only two are necessary to meet the billing minimum.

Definition of a Qualified Contact

- 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, referral, monitoring, and follow-up activities for the individual.

Examples include family members, medical providers, social workers, educators, and service providers.
Billing Standard Continued

- Hospitalization:
  - Activities from the lists above that are conducted during an individual’s first 30 days in the hospital can be counted toward the billing requirement.
  - After the first 30 days of hospitalization, these activities can no longer be counted toward the billing requirement.

Billing Standard Continued

- Transition Payments are allowable when
  - the individual is new to service coordination, i.e. he/she has never received any type of OPWDD service coordination/case management service
  - the individual moves from an OPWDD certified Supervised or Supportive Individualized Residential Alternative or Community Residence to their own home or apartment where the person is responsible for their own living expenses.

- The service coordinator must document in the individual’s record or maintain documentation that substantiates the eligibility for a transition payment.

Service Documentation Requirements

- Individualized Service Plan (ISP)
- Level of Care Eligibility Determination
- Evidence of an ISP review
- Monthly Service Note
MSC 10/1/10
How Billing Will Work

Changes effective October 1, 2010 for October Service Month – Billing Date of Service November 1, 2010

MSC Billing Questions – Contact Central Operations at (518-402-4333)

What stays the same for billing

- MSC Program Enrollment in TABS still triggers Recipient Exception (R/E) code with Provider ID authorized for billing
- Provider IDs stay the same - district specific based on contract, single Provider ID if NYC contracts
- Locator Code 003 continues for regular billing
- Locator Code 004 continues for transition billing - BUT new rules

Changes for billing

- New transition billing rules – only ONE month and less situations qualify – details for crossover from current rules to new rules will be forthcoming in September
- Only TWO Rate Codes used (11/1/10 billing)
  5211 - ALL non-Willowbrook Class Members
  5214 - ONLY Willowbrook Class Members
MSC Fee Changes Effective October 1, 2010  
Cost & Revenue Solutions

Medicaid Service Coordination Effective October 1, 2010

- $252.98* is the fee to be paid for Medicaid Service Coordination being provided to all non-Willowbrook Class Members, regardless of residential setting.

- $345.18* is the fee to be paid for Medicaid Service Coordination being provided to all Willowbrook Class Members, regardless of residential setting.

*Includes HCA VI and trend of 2.08%

Medicaid Service Coordination Revised Criteria for Transition Payment Effective October 1, 2010

- When the person is new to service coordination (has never received any type of service coordination/case management services through OPWDD’s system)

- 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
**Medicaid Service Coordination**

**Transitional Fees**

**Effective October 1, 2010**

(new transition rules apply)

- $758.94* is the fee to be paid for Medicaid Service Coordination being provided to all non-Willowbrook Class Members, regardless of residential setting.

- $1,035.54* is the fee to be paid for Medicaid Service Coordination being provided to all Willowbrook Class Members, regardless of residential setting.

*Includes HCA VI and Trend of 2.08

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**Resource Management and Planning**

- DDSO’s manage resources by providing MSC allocations to MSC providers based on:
  - providers case mix
  - an estimate of the providers anticipated collective utilization.

- DDSO’s 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.

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**Unit Allocation Methodology**

- The Unit Allocation Methodology does NOT cap Medicaid Service Coordination.

- If the need arises for additional resources providers need to demonstrate to their district how they have managed their current resources effectively.
Quality Reviews/Framework

- DQM MSC Protocol will be revised
- Integrate quality indicators for informed choice and other key outcomes to help providers enhance individual outcomes
- Program/vendor level review of key agency and program systems that promote/ensure quality and provision of individualized MSC services
- Individual Satisfaction

Next Steps: Effectuate Revised MSC Vendor Contract

- DDSOs will distribute revised MSC contracts to all vendors electronically prior to September 1, 2010 to provide required 30 day notice to vendors of existing contract cancellation.
- Vendors sign contract prior to October 1, 2010.
- Revised MSC contract takes effect October 1, 2010 and automatically cancels existing contract when signed by vendors.
- Vendors return the revised vendor contract to their DDSO in October.

Next Steps

- MSC allocations to DDSOs and MSC providers
- MSC Supervisors Video Conference 9/15/10
- Administrative Memorandum (ADM) on new Billing Standards.
- ADM on revisions to the ISP
- Issue streamlined forms and revised Vendor Manual
- Revisions to MSC Core Training
MSC Supervisors

Next Steps:

- Communicating the changes to service coordinators before October 1, 2010.

MSC Central Office Contact Information

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<thead>
<tr>
<th>Subject</th>
<th>Person</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Questions</td>
<td>Carol Kriss, MSC Statewide Coordinator</td>
<td>(518) 474-5647, <a href="mailto:Carol.Kriss@omr.state.ny.us">Carol.Kriss@omr.state.ny.us</a></td>
</tr>
<tr>
<td>Billing Standards/Billing Documentation</td>
<td>Jenny Haneman, Director, Medicaid Standards</td>
<td>(518) 408-2096, <a href="mailto:Eugenia.Haneman@omr.state.ny.us">Eugenia.Haneman@omr.state.ny.us</a></td>
</tr>
<tr>
<td>Billing questions</td>
<td>Karla Smith, Director of Central Operations</td>
<td>(518) 402-4333, <a href="mailto:Karla.Smith@omr.state.ny.us">Karla.Smith@omr.state.ny.us</a></td>
</tr>
<tr>
<td>Fees/Allocations</td>
<td>Donna Cater</td>
<td>(518) 486-3815, <a href="mailto:Donna.Cater@omr.state.ny.us">Donna.Cater@omr.state.ny.us</a></td>
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Questions

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