

MSC E-VISORY

Issue #27-12

August 30, 2012

State of New York Office for People With Developmental Disabilities
Courtney Burke, Commissioner
Distributed by: Division of Person-Centered Supports
Gerald Huber, Acting 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 OPWDD website at www.opwdd.ny.gov or via the following link: http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/medicaid_service_coordination/msc_e-visories

In This Issue:

Materials for MSC Supervisors Video Conference – September 12, 2012

The Fall MSC Supervisors Video Conference is being held on September 12, 2012.

AM Session
9:30 am – 12:30 pm

PM Session
1:00 pm – 4:00 pm

Topics Include:

- MSC Hot Topics
- Community Habilitation Phase II
- Plan of Care Support Services (PCSS)
- CHOICES Update
- People First Waiver Update
- Overview of Incident Management
- Sole Provider of MSC
- Individual and Community Supports (ICS)

NOTE: There will be no handouts. The PowerPoint that will be referenced during this video conference is attached to this e-visory.



Andrew M. Cuomo, Governor

Courtney Burke, Commissioner

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MSC Supervisors Fall Video Conference

September 12, 2012



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AGENDA

- MSC Hot Topics
- Community Habilitation Phase II
- Plan of Care Support Services (PCSS)
- CHOICES Update
- People First Waiver Update
- Overview of Incident Management
- Sole Provider of MSC
- Individual and Community Supports (ICS)



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Welcome and MSC Hot Topics

Eric Pasternak, MSC Statewide Coordinator
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MSC Hot Topics

- MSC Application Process /Ongoing and Comprehensive
- Plan of Care Support Services
- ISP Training Requirement
- MSC Training Update
- Child Abuse Registry
- MSC E-visories

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Community Habilitation Phase II

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What is Community Hab Phase II?

- Waiver service that will allow for greater choice and flexibility for meaningful community integration opportunities.
- One of the goals: To eliminate some of the barriers that govern residential habilitation and day habilitation (e.g. start Day Hab before 3pm).

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Two Phased Implementation

- Hourly Community Habilitation - Phase I
 - November 1, 2010
 - Services to individuals who live in non-certified settings.
- Community Habilitation - Phase II
 - October 2012
 - Open CH services to individuals who live in supervised certified settings

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Individual's Choice

- It is an individual's choice to receive Community Hab Phase II or to continue to receive their discrete day habilitation and residential habilitation services.
- It is both the MSC's and provider's responsibility to ensure that the individual and their family or advocate is made aware of their service options.
- Expectations of community integration and inclusion in the Habilitation Plan to safeguard against isolation.

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Eligibility

- Individuals who reside in certified settings and who have chosen to receive **both** Day Habilitation and Residential Habilitation from the same provider.
- Providers are eligible for payment for only those individuals residing in Voluntary-Operated Supervised IRAs or CRs.

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Who is Not Eligible?

- Individuals who are:
 - Enrolled in State-operated IRAs.
 - Enrolled in SEMP/Prevocational Services.
 - Are working with an FMS for their services (CSS hourly or monthly).
 - Are **NOT** HCBS Waiver enrolled.

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Changes to the ISP

- As with all Waiver Services, the person's ISP must properly reflect the service.
- The effective date of Community Habilitation Phase II must be on or before the first date of service delivery.
- Community Habilitation Phase II should appear in section two of the ISP as follows:
 - Name of Provider: *Provider Agency Name*
 - Type of Service: *Community Habilitation*
 - Frequency: *Month*
 - Duration: *Ongoing*
 - Effective Date: *On or before the first date of service*

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Changes to the ISP

- The ISP must be revised (either by re-write or addendum) no later than 45 days from the first date of service. Preferably, the revision should be made prior to the first date of service.

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Any Questions



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Plan of Care Support Services (PCSS)

Presented by:

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PCSS

Overview of Changes

- Two additional services per year may be provided to address an unexpected need (for a maximum of four services in a twelve month period)
- Individuals will no longer be required to receive MSC for 90 days prior to receiving PCSS.
- Initial PCSS rate: For individuals who have never received any form of OPWDD case management, the provider may bill at 3 times the usual PCSS rate the first month PCSS services are delivered (similar to how the MSC transition rate works for new individuals).

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PCSS

Overview of Changes

- Weighting: PCSS will weigh 0.3 on the service coordinator’s caseload regardless of residential setting. **Note:** for Service Coordinators who serve a member of the Willowbrook Class, a person receiving PCSS counts as one (1) unit on the service coordinator’s caseload.
- ISP reviews are required “twice a year.” Note: similar to MSC requirements for ISP reviews, though flexibility has been given with this billing standard, the recommendation remains that ISP reviews occur at 6 months intervals.

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PCSS

Additional Information

- Willowbrook Class Members must receive monthly service coordination and are therefore not eligible for PCSS.
- Provider must have current MSC contract and be an HCBS Waiver Provider authorized to provide PCSS
- Coordinator qualifications are the same as for MSC
- PCSS fee: \$238.99 (no change)
- ISP reviews: twice a year, face to face, in the home or other agreed upon site. However, there should be at least one home visit per calendar year

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PCSS

Additional Information

- Early Intervention enrollees are not eligible to receive the two additional services per year of PCSS nor are they eligible to receive the Initial (3x) PCSS rate
- Maximum of four services per year: the “year” is a rolling year, meaning there may be no more than 4 billed services within any 12 month period
- Prior approval for the two additional visits is not required but provider must be able to demonstrate that the additional support was needed

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PCSS

Additional Information

For individuals transferring from MSC to PCSS:

- the usual process for MSC withdrawal must be followed (see chapter 8 of MSC Vendor Manual)
- must afford all due process rights including notification of fair hearing
- decision to transfer is based on an individualized assessment of the person's needs

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Agency & Individual Authorization

- To provide PCSS, agency must be HCBS provider and have PCSS as authorized service on HCBS Provider Agreement
- Agency will need to work with DDRO for PCSS program code (1 per former OPWDD DDSO)
- Individual must be authorized for service (enrolled in TABS program code)
- Willowbrook individuals can not receive PCSS

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Billing for PCSS

- Continue current billing on "regular" service with Provider ID(s) and Rate Code → but will be changing at a later date INFORMATION WILL BE FORTHCOMING WITH DOH SYSTEM CHANGES KNOWN
- "Initial" service – Need to submit claim to OPWDD (interim process)

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Interim "Initial" Service Billing

- Completed Standard Voucher (AC-92)
- Need to include SFS Vendor ID in "description"
- Need to state "PCSS Initial Service" in "description"
- **DO NOT INCLUDE ANY OTHER SERVICE ON VOUCHER!**

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Interim "Initial" Service Billing (cont.)

- Complete top of State Paid Service Billing Form (available from OPWDD website under Resources/Forms/Payment Processing Unit Billing Forms and Instructions)
- Where indicate service month/year, check "Other" enter Price ID assigned to agency for PCSS and write "INITIAL FEE"
- Complete rest of form, mail voucher with billing form to address at bottom of form

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Future Billing Changes

- Will be streamlining billing so agencies have a single Provider ID used for billing PCSS (some agencies will need new Provider ID)
- Billing 1st of month following service delivery
- Individual not allowed MSC & PCSS in same month
- Will have separate Rate Codes for "Initial" and "Regular" services

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PCSS and Early Intervention (EI) Individuals

- Not allowed PCSS “Initial” fee (EI program is providing some services)
- Allowed only 2 units annually
- Enrollment in agency’s PCSS program code required

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PCSS and EI Individuals (cont.)

- OPWDD will be enhancing edits to deny if individual past the age allowed for EI – agency will need to work with local Medicaid District Office to have recipient exception (R/E) updated if still indicates individual in EI

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PCSS and EI Individuals (cont).

- **FUTURE CHANGES when new PCSS Rate Codes take effect :**
 - will no longer need to bill eMedNY – will be able to submit claim directly to OPWDD
 - will use same Billing Form for PCSS EI billing that is used for State Paid PCSS billing

NO DATE YET FOR WHEN CHANGES START!

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State Paid PCSS

- Liability for Services Regulations expected to be revised to include PCSS as covered service – will impact steps necessary before state paid
- Enrollment in agency’s PCSS program code required
- No “Initial” fee under State Paid PCSS
- Billing Form will be revised for agency Provider ID and “Regular” PCSS Rate Code

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In order to provide PCSS an agency must:

- A) Have a current MSC contract
- B) Be an authorized HCBS Waiver Provider
- C) Be authorized to provide PCSS

Most current MSC Vendors are already authorized to provide PCSS.

If your agency is an authorized Waiver provider: check your agency’s provider agreement to be sure you are authorized to provide PCSS.

If your agency is not an HCBS Waiver Provider: your agency must complete the Waiver Provider Approval process.

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Addition of PCSS to an Existing Provider Agreement

If an agency is an authorized provider of waiver services and is not authorized to provide PCSS, an agency must amend its current Provider Agreement.

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Amendment of the Provider Agreement

In order to amend the Provider Agreement, an agency should contact their local DDRO Waiver Coordinator and ask to have their provider agreement amended to provide PCSS.

Link to Waiver Coordinators:
<http://www.opwdd.ny.gov/node/2113>

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What to Expect

- When PCSS authorization is finalized the agency will receive an authorization letter from OPWDD Division of Quality Improvement (DQI) which includes an updated provider approval form showing that PCSS is approved.

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CHICES

Electronic Case Record System

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Update

Presented by Kate Bishop
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Today's Agenda

- Managed Care Transition Timeline & Milestones
- Targeted Work Teams
- Needs Assessment Update
- Innovative Ideas Workshops Update
- Next Steps
- New Schedule for Joint Quarterly VCs
- Questions & Answers



Managed Care Transition Timeline

	Duals Demo Phase One (MLTCPs)	Duals Demo Phase Two FIDAS	Pilot Projects DISCOS	Non-Pilot DISCO Roll-out
Services Included	DOH long-term services	Comprehensive Services (OPWDD & DOH long-term services, behavioral supports and acute care services)	OPWDD and DOH long-term supports and services and other behavioral supports	OPWDD and DOH long-term supports and services and other behavioral supports – to phase into comprehensive services over time
Initial Enrollment	July 2013	January 2014	November 2013	November 2015



Managed Care Transition Milestones

Milestone	Pilot Projects DISCOS
<ul style="list-style-type: none"> • Submit waiver applications to CMS (1915 b application, waiver amendment for 1915 c) • Post Draft RFA 	October 2012
Issue RFA	March 2013
Select pilot DISCOs	June 2013
Initial Enrollment	November 2013



Targeted Work Teams

- OPWDD has assembled three (3) targeted work teams to define specific details of system reform
 - Access, Enrollment & Advocacy
 - Care Coordination
 - Modernizing the Fiscal Platform
- Meet frequently from August thru Fall 2012
- Deliverable: Recommendations for Pilot DISCOs
 - To enhance Request for Applications (RFA) for pilot DISCOs
 - Inform providers and others on many details of how a DISCO will operate



Purpose of Work Teams

Short-term and targeted – August-October 2012.

Clear focus on areas related to the design of Pilot DISCOs.

Teams will use RFI analyses and 2011 Design Team recommendations for additional stakeholder input.

Teams will produce recommendations for pilot DISCOs.

This is not the “last bite of the apple.” We will have implementation teams for managed care roll-out.



Targeted Work Team Partners

Self Advocates	Parents	Design Team Members
Provider Association Representatives	OPWDD Regional Office Representative	OPWDD Leader



Access, Enrollment & Advocacy Team

Ensuring Equity – recommendations for providing equitable and efficient access to supports and services for eligible people with developmental disabilities based upon their needs, interests and choices

Providing Independent Advocacy – recommendations for providing strong independent advocacy for individuals



Care Coordination Team

Customized and Integrated Care Management/Care Coordination – provide recommendations for shaping a customized and integrated care management/care coordination systems that employs true person-centered planning

Focus on Full Range of Services – recommend ways to support the full range of service needs for people with developmental disabilities



Modernizing the Fiscal Platform Team

Ensuring Equity – recommendations for promoting equity, sustainability, and alignment of financial incentives with program outcomes for the developmental disabilities services system

Recommend concepts and philosophy – that should be used for reimbursement to providers in the managed care network



Update on Needs Assessment

Continue to work with interRAI on core NYS assessment tool

Automated for use within case studies

Hiring assessment specialists

Case study activities begin in November 2012

Assessment completion

Use of Personal Outcome Measures for planning



Developing new Measures of Quality

Staff from the agencies in the case studies were trained on the CQL Personal Outcome Measures in May.

OPWDD will evaluate the use of the CQL outcome measures in the case studies to see how it impacts quality reviews.

Partnering with SANYS, WIHD, DDPC, and CQL to develop new quality measures and strategies



Innovative Ideas Workshops Update

Series of three scheduled workshops via videoconference to share innovative ideas with individuals, family members and provider agency staff, engage audiences in discussion and spark further conversation

June 26, 2012 (AdvanceNY, Alliance Care Network, NY Integrated Network)

July 17, 2012 (DDAWNY, UCP of NYS)

September 19, 2012 (To be Announced)

Showcase work of collaborating groups of nonprofit agencies that have come together independent of OPWDD

Share ideas as they looking for ways to support people with developmental disabilities under the People First Waiver



Next Steps: Fall 2012

Targeted Work Team Recommendations for Pilot DISCOs

Develop Draft Request for Applications (RFA) for Pilot DISCOs

“Road Map to Managed Care”

Guidance related to essential Managed Care



Preparing 1915 b and c waiver applications



New Quarterly Videoconference Schedule

Moving forward, shift to Joint Quarterly Videoconferences

- Individuals
- Family Members
- Voluntary Providers

Upcoming Schedule

October 16, 2012, 11 am – 1 pm

January 2013

April 2013

July 2013



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Questions and Answers

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Incident Reporting and Management

Presented by:
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All service providers in the OPWDD system must adhere to Title 14 of New York Codes, Rules and Regulations Part 624 (14 NYCRR Part 624)
a regulation designed to protect people receiving OPWDD services

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Part 624 sets forth the minimum requirements for the management of incidents and abuse allegations. The Part 624 manual was developed to assist everyone to understand the intent and direction of the Regulation.

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Part 624 applies to all services operated, certified or funded by OPWDD

The purposes for reporting, investigating, reviewing, correcting and/or monitoring certain events or situations are to;

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- enhance the quality of care provided to persons with developmental disabilities
- to protect them from harm
- to ensure that such persons are free from mental and physical abuse

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Types of Incidents

- Occurrences (also called Agency Reportable, etc.)
- Reportable Incidents
- Serious Reportable Incidents

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Occurrences

- An agency would need to develop its own policies/procedures to report occurrences that do not rise to the level of a reportable incident. These may be referred to as “agency reportable incidents,” “occurrences,” “minor incidents,” “notable events” or some similar term.
- Part 624 must be used as the basis for any agency to make the differentiation between those events which will not be reported as a reportable incident, serious reportable incident or abuse allegation and those which will be reported as *agency reportable incidents*

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Reportable Incidents and Serious Reportable Incidents

- Significant events or situations endangering a person’s well-being.
- A “serious reportable incident” is an incident which, because of the severity or sensitivity of the situation, must also be immediately reported to OPWDD and followed up in the form and format specified by the Commissioner

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Reportable Incidents

- Injury
- Medication Error
- Sensitive Situation
- Death

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Reportable Incidents

Injury

- Any suspected or confirmed harm, hurt, or damage to a person receiving services, caused by an act of that person or another, whether or not by accident, and whether or not the cause can be identified, which results in a person requiring medical or dental treatment (see Glossary) by a physician, dentist, physician’s assistant, or nurse practitioner, and such treatment is more than first aid.
- Illness, in and of itself, shall not be reported as an “injury” or any other type of incident.

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Reportable Incidents

Medication Error

- a situation in which a person evidences **marked adverse effects** or a person’s health or welfare is in jeopardy due to:
 - (i) The administration of medication in an incorrect dosage, in an incorrect specified form, by incorrect route of administration, or which has not been prescribed or ordered.
 - (ii) Administration of a medication to the wrong person.
 - (iii) Failure to administer a prescribed medication.

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Reportable Incidents

Sensitive Situations

- Those situations involving a person receiving services which are not described above, which may be of a delicate nature to the agency, and which are reported to the administration to ensure awareness of the circumstances.
- This is not intended to be a “catch-all” category, if the event or circumstance meets the definition of one of the other categories of incidents, it is to be reported under that classification only.

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Reportable Incidents

Death

- All loss of life, regardless of cause.
- Except those due to circumstances unrelated to the natural course of illness or disease or proper treatment such as;
- an apparent homicide or suicide
- an unexplained, unexpected or accidental death

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Serious Reportable Incidents

- Injury
- Missing Person
- Death
- Restraint
- Medication Error
- Possible Criminal Act
- Sensitive Situations

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Serious Reportable Incidents

Injury

Any injury which results in the admission of a person to a hospital or 24-hour infirmary for treatment or observation because of the injury.

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Serious Reportable Incidents

Missing Person

- If a person receives non-certified services and lives at home, the person would be considered a “missing person” if the family has notified police of the person’s unknown whereabouts. If a person is not at home, and the situation warrants, the provider of the non-certified services may have to encourage the family to make such a notification or may have to make the notification him/herself.

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Serious Reportable Incidents

Missing Person

- Reasoned judgment, taking into consideration the person’s habits, deficits, capabilities, health problems, etc., shall determine when formal search procedures need to be implemented.
- It is mandated that formal search procedures be initiated immediately upon discovery of the absence of a person whose absence constitutes a recognized danger to the possible well-being of that person or others.

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Serious Reportable Incidents

Death

- Death when due to circumstances unrelated to the natural course of illness or disease or proper treatment in accordance with acceptable medical standards; an apparent homicide or suicide; or an unexplained or accidental death
- Any person's death due to other than natural and expected causes is to be reported as a serious reportable incident.

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Serious Reportable Incidents

Restraint

The act of limiting or controlling a person's behavior through the use of:

- (i) Any device which prevents the free movement of both arms and both legs, as ordered by a physician.
- (ii) Any device which totally immobilizes a person, as ordered by a physician.
- (iii) Any device which is ordered for the express purpose of controlling behavior in an emergency (see Glossary).
- (iv) Any medication as ordered by a physician which renders a person unable to satisfactorily participate in programming, leisure or other activities

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Serious Reportable Incidents

Restraint

NOTE: Nothing in this Part shall prevent the use of mechanical supports to provide stability necessary for therapeutic measures such as immobilization of fractures, administration of intravenous or other medically necessary procedures.

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Serious Reportable Incidents Medication Error

- when the error results in the admission of a person to a hospital or 24-hour infirmary for treatment or observation.

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Serious Reportable Incidents Possible Criminal Acts

- Actions **by** persons receiving services which are or appear to be a crime (see Glossary) under New York State or Federal law.
- A “crime” is defined in Article 10 of the Penal Law as a “misdemeanor or a felony.”
- Examples of crimes are: homicide, homicide attempt (see Glossary), rape, public lewdness, robbery, and assault (see Glossary).

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Serious Reportable Incidents Sensitive Situations

- Actions by persons receiving services which are or appear to be a crime (see Glossary) under New York State or Federal law.
- This classification of an incident is intended only to capture those situations in which a person receiving services is the alleged perpetrator.
- A “crime” is defined in Article 10 of the Penal Law as a “misdemeanor or a felony.”

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Serious Reportable Incidents **Abuse**

- The maltreatment or mishandling of a person receiving services which would endanger the physical or emotional wellbeing of the person through the action or inaction on the part of anyone, whether or not the person is or appears to be injured or harmed. The failure to exercise one's duty to intercede on behalf of a person receiving services also constitutes abuse.

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Serious Reportable Incidents **Abuse**

- Physical
- Sexual
- Psychological
- Mistreatment
- Neglect

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Serious Reportable Incidents **Abuse**

- Seclusion
- Unauthorized or Inappropriate Use of Restraint
- Unauthorized or Inappropriate Use of Aversive Conditioning
- Unauthorized or Inappropriate Use of Time-Out
- Violation of Civil Rights

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Allegations of Abuse

Physical Abuse

- Physical contact which may include, but is not limited to such obvious physical actions as hitting, slapping, pinching, kicking, hurling, strangling, shoving, unauthorized or unnecessary use of personal intervention, or otherwise mishandling a person receiving services. Physical contact which is not necessary for the safety of a person and/or causes discomfort to the person may also be considered to be physical abuse, as may the handling of a person with more force than is reasonably necessary.

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Allegations of Abuse

Sexual Abuse

- Any sexual contact between a person receiving services and an employee, intern, consultant, contractor or volunteer of an agency is always considered to be sexual abuse and is prohibited.
- Any sexual contact between persons receiving services and others, or among persons receiving services, is considered to be sexual abuse unless the involved person(s) is a consenting adult.

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Allegations of Abuse

Sexual Abuse

- Sexual contact is defined as the touching or fondling of the sexual or other intimate parts of a person, not married to the actor, for the purpose of gratifying the sexual desire of either party, whether directly or through clothing.
- Sexual contact also includes causing a person to touch anyone else for the purpose of arousing or gratifying personal sexual desires
- Non-contact situations such as exhibitionism, voyeurism, "dirty talk" or verbal sexual harassment should be reported as psychological abuse.

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Allegations of Abuse Psychological Abuse

- Psychological Abuse – The use of verbal or non-verbal expression, or other actions, in the presence of one or more persons receiving services that subjects the person(s) to ridicule, humiliation, scorn, contempt or dehumanization, or is otherwise denigrating or socially stigmatizing. In addition to language and/or gestures, the tone of voice, such as that used in screaming or shouting at or in the presence of persons receiving services, may, in certain circumstances, constitute psychological abuse.

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Allegations of Abuse Neglect

- Neglect – A condition of deprivation in which persons receiving services receive insufficient, inconsistent or inappropriate services, treatment, or care to meet their needs; or failure to provide an appropriate and/or safe environment for persons receiving services. Failure to provide appropriate services, treatment, or care by gross error in judgment, inattention, or ignoring may also be considered a form of “neglect.”

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Allegations of Abuse Mistreatment

- Mistreatment – The deliberate and willful determination on the part of an agency’s administration or staff to follow treatment practices which are contraindicated by a person’s plan of services (see Glossary), which violate a person’s human rights, or do not follow accepted treatment practices and standards in the field of developmental disabilities.

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Reporting, Recording and Investigation Requirements

Every Agency shall develop incident/abuse policies and procedures that are in conformance with Part 624 to ensure;

- reporting, recording, notifications, investigation, review and monitoring of incident
- Identification of reporting responsibilities of employees, interns, volunteers, consultants, contractors and family care providers.

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Reporting, Recording and Investigation Requirements

- Policies/procedures shall be made known to all persons receiving services and their parent, guardian, or correspondent (see Glossary) or advocate (see Glossary); to agency employees, interns, volunteers, consultants, and contractors; and to family care providers (see Glossary). This may be done by providing a copy of the appropriate policies/procedures to those with a need to know (e.g., staff consultants, family care providers) or as an overview to others.

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Reporting, Recording and Investigation Requirements

- Agencies are now required to report and document all deaths, serious reportable incidents and allegations of abuse by entry into IRMA. Providers who are unable to enter data into IRMA within 24 hours of occurrence or discovery due to weekend or holiday may defer data entry until no later than the close of the next business day.

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Reporting, Recording and Investigation Requirements

- Any reportable incident, serious reportable incident, or any instance of alleged abuse is to be thoroughly investigated by the chief executive officer or designated senior staff.

Reporting, Recording and Investigation Requirements

- Every agency shall have one or more standing committees to review and monitor incidents, that occur to people receiving services

Incident Management Home can be found on the OPWDD Website at:

http://www.opwdd.ny.gov/opwdd_resources/incident_management/home

The Part 624 Handbook can be found at:

http://www.opwdd.ny.gov/opwdd_resources/incident_management/the_part_624_handbook

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Sole Provider of MSC

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MSC Provider of Record

- OPWDD is planning to cease being the sole provider of record for MSC
- **Tentative target date → January 2013**
- Will allow agencies to have electronic fund transfer (or direct paper checks)
- Vendors billing essentially unchanged
- Actions are needed by “Vendors”

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Change of Ownership

- Complete Provider Enrollment Form for “Change of Ownership” (changes Federal Tax ID and Payee Address to “Vendor’s) → OPWDD will send out instructions for completing document and processing
- **DO NOT INITIATE ACTION UNTIL DIRECTED BY OWPDD!**

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Vendor Contracts

- OPWDD is investigating continued need for Contracts, and if possibility of single Contract identifying areas of the state where Vendor is approved for service.
- More information will be forthcoming when decision is finalized on need for Contracts.

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Individual and Community Supports (ICS)

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Individualized Services Workgroup CHARGE

- ❖ To help OPWDD create a mechanism for immediate streamlined statewide access to individualized service options prior to full implementation of the People First Waiver and consistent with the direction and structure of the new waiver.
- ❖ Commissioner Burke's charge to us:
BE BOLD!!!!!!

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WORKGROUP RECOMMENDATIONS

- ❖ Create a streamlined individualized services agenda – Individual and Community Supports (ICS)
- ❖ Develop a statewide ICS application, budget and process
- ❖ Implement a new design for Single Point of Entry for consistency in access to services throughout NYS
- ❖ Develop a full continuum of housing and employment options that support people’s ability to choose to live, work and participate in meaningful activities as active citizens in their communities

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...SO WHAT IS

INDIVIDUAL & COMMUNITY SUPPORTS (ICS)

ICS is:

- ❖ Person-centered approach to developing plans of support for people - **not** a program or a service
- ❖ Part of the fundamental process by which people receive supports and services through OPWDD - providing a broader array of individualized service options to give individuals and families more flexibility and choice of supports and services that meet their needs

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ICS EXPECTATIONS

Define OPWDD’s approach to the delivery of services based on:

1. Person centered practices
2. More informed choice of supports and services
3. Combined use of paid and community supports
4. Statewide consistency and availability of individualized and self-directed service options
 - ❖ Consistent template and policy for Regional Offices to use to explain options available as families seek new or additional OPWDD services

ICS EXPECTATIONS (continued)

ICS will be the way individuals/families seeking and eligible for OPWDD services access those services. ICS:

- ❖ Is driven by the needs of individuals, rather than the services that are currently available
- ❖ Allows individuals as much authority as they and/or their families and circle members want regarding the supports and services they receive and who delivers these services
- ❖ Offers a full array of housing and employment options. Individuals seeking services will be encouraged, as appropriate, to live and work in their communities of choice

ICS EXPECTATIONS (continued)

ICS will support:

- ❖ A continuum of housing options for people with developmental disabilities that is person-centered and needs-driven.
- ❖ Employment services that:
 - End existing program silos, such as SEMP, eSEMP, ETP
 - Increase emphasis on preemployment services (assessment, job readiness training, job development, discovery and internships)
 - Create flexibility in providing employment and volunteer supports to individuals, and
 - Incentivize real concrete employment outcomes for individuals

ICS EXPECTATIONS (continued)

- ❖ Process and procedures for access to and availability of ICS services will be consistent and fair across all regions of the state.
- ❖ Quality Oversight – ICS will ensure consistent quality oversight for all in individualized services.
- ❖ ICS is intended to be a precursor to OPWDD's People First Waiver.

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BUILDING THE CONCEPTUAL FRAMEWORK FOR ICS

Three Subcommittees:

- Front Door
- Streamlining
- Budget and Fiscal

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WHAT IS THE OPWDD “FRONT DOOR?”

- The OPWDD Front Door is the philosophy, criteria, processes and procedures that are applied consistently to all individuals seeking supports and services through OPWDD’s service system in any OPWDD Region.

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FRONT DOOR SUBCOMMITTEE - PHILOSOPHY & GUIDING PRINCIPLES

- ❖ Person-centered approach
- ❖ Move from supply to demand - services system driven by needs of individuals rather than by services currently available within agencies
- ❖ Informed choice and portability - “Money follows the person”
- ❖ Facilitate innovative and creative support options
- ❖ Consistency and transparency (clear criteria and processes)
- ❖ Equity - similarly situated individuals have same access to supports and services based on consistent criteria and needs assessment tools
- ❖ Continuous quality improvement approaches to determine how we are doing and where improvement is needed

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STREAMLINING SUBCOMMITTEE

Primary purpose:

- ❖ Develop process and policy for creating one uniform access to services using Individual and Community Supports.
- ❖ Develop program description and scope of services that can be accessed under ICS umbrella, including:
 - ❖ Guidance documents for ICS policy and process – single point of entry; Regional Office determines/confirms eligibility & authorizes services
 - ❖ Specific budget guidance for ICS Application/Budget
- ❖ Develop outline for training and communications on ICS conceptual framework for various stakeholders.

BUDGET & FISCAL SUBCOMMITTEE

Primary objectives:

- ❖ Streamline budget template for use in Individualized and Community Supports (ICS)
 - ❖ In addition to habilitative supports, the expanded Personal Resource Allocation (PRA) includes:
 - ❖ Personal care,
 - ❖ Clinical services (Article 16 Clinics & funding to support clinical evaluations),
 - ❖ Employment & meaningful activities
- ❖ Implement a standardized process to facilitate portability of funding that individuals will use to indicate their interest in accessing services in a less restricted manner

ICS CHOICES

Individual accessing services through ICS may:

1. Choose to self-direct some or all services – works with Financial Management Services agency (FMS)
2. Choose to purchase services & choose to access other supports that can't be billed directly by OPWDD provider agency – works with FMS
3. Choose to purchase only services from OPWDD provider agency (agency bills directly):
 - a. Provided in uncertified settings and/or
 - b. Provided in certified settings

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ICS IMPLEMENTATION

A. Training, Communication & Marketing (beginning July 2012):

1. Starting with information sessions for:
 - a. Regional Office staff,
 - b. Provider agencies, including Provider Association,
 - c. MSCs & brokers,
 - d. Individuals & families
2. Training sessions on ICS process, budget template & policies and guidelines (beginning August 2012) for:
 - a. Regional Office staff,
 - b. Provider agencies,
 - c. MSCs & brokers,
 - d. Individuals & families

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ICS IMPLEMENTATION

B. Implementing ICS in stages:

Phase 1: Begin with new people entering the OPWDD system (beginning September 2012)

Phase 2: Consolidate all individualized services now offered by OPWDD:

- Consolidated Supports and Services (CSS)
- Portal Initiative and Portal-like plans
- Learning Institute
- Individual Supports and Services (ISS) (housing subsidies)

Phase 3: Expand to include individuals currently being served who want to access services in a less restricted manner

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Mark your Calendar! December 12, 2012



MSC Supervisors Video Conferences are held quarterly (March, June, September, December) with special sessions as necessary. Additional information will be announced via the MSC E-Visory. Registration is through the OPWDD Training Catalog.

Registration is now open for March 13, 2013 and June 12, 2013



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Thank You!

Please provide your feedback on this session.
*An evaluation form was provided with the video conference materials.
We are especially interested in your ideas for upcoming session topics.*

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**Evaluation Form:
MSC Supervisors Video Conference
September 12, 2012**

Please check a rating for each statement:

The session objectives were clearly explained.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session effectively met its stated objective.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session materials helped me to understand the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The session content increased my understanding of the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The subject matter will be useful to me in my job.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The presenter was knowledgeable about the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The presentation style contributed positively to the program.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The length of the session was appropriate.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What were the positive points of this presentation?

What improvements could be made to this presentation?

Recommendations for future topics:

Name (optional) _____
Title _____
Location _____

Thank you for your feedback!

Please leave this form at the training site or return it to Lynda Baum-Jakubiak via fax or email by September 27, 2012 to:
FAX: (518) 473-0054
EMAIL (scanned copy) to Lynda.Baum-Jakubiak@opwdd.ny.gov