



The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs and services and training opportunities related to MSC. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues visit the following link: [MSC E-Visory Mailing List](#).

In This Issue:

Enrollment into Electronic Payments for Medicaid Service Coordination Providers

On October 25, 2013 OPWDD's Bureau of Central Operations distributed notification that the New York State Department of Health (DOH) will be implementing a requirement that all Medicaid providers receive payments via Electronic Funds Transfer (EFT). It is recommended that all MSC providers, who have not already done so, proceed immediately with EFT enrollment. More detailed information on the enrollment process can be found in the attached letter, from Karla Smith, Director of Central Operations. Questions about completing the EFT Authorization Form can be directed to the Computer Sciences Corporation (CSC) call center at (800) 343-9000, or you may contact the Bureau of Central Operations at (518) 402-4333 regarding general questions about this change.

New Master's Degree program at Niagara University

The New York State Education Department recently approved Niagara University's College of Education to offer a Master of Arts degree in developmental disabilities. The program targets current or potential employees of agencies that provide services for individuals with developmental disabilities, and offers candidates two concentration tracks. Though this particular program is only available in the Niagara area, individuals who are interested should be aware that there are other programs with this focus offered throughout the state. Those seeking more information or application instructions for this program can call (716) 286-8550. Further information can also be found on their website at the following link.

<http://www.niagara.edu/specialist-in-developmental-disabilities>

Effective November 1, 2013 – Submission Form for Investigative Record of Abuse / Neglect

On October 31, 2013 OPWDD issued a memorandum from the Incident Management Unit of the Division of Quality Improvement requiring that when a provider agency submits an investigative record to the Incident Management Unit (IMU) at OPWDD that it be accompanied by the OPWDD Form 158, Submission Form for Investigative Record of Abuse/Neglect. The purpose of this form is to provide the NYS Justice Center with critical contact and other information needed to complete the investigative review and closure process. For further information on the purpose of this form and how to access it refer to the memorandum and Categories of Substantiated Reports of Abuse or Neglect document which are attached to this E-Visory.



October 25, 2013

Andrew M. Cuomo, Governor
Laurie A. Kelley, Acting Commissioner

**RE: Enrollment in Electronic Funds Transfer (EFT)
For Medicaid Service Coordination Providers
Please distribute to Fiscal Staff**

Dear MSC Provider:

The New York State Department of Health will be implementing a requirement that all Medicaid providers receive payments via Electronic Funds Transfer (EFT) and remittances either electronic ANSI X12 835/820 files via eMedNY eXchange or FTP, or paper remittances delivered electronically via eXchange. While Medicaid Service Coordination (MSC) providers have been able to receive electronic remittances, OPWDD has precluded MSC providers from enrolling in EFT because the Medicaid enrollments are done under the auspice of OPWDD. **This correspondence is being sent to notify all MSC providers that they may now enroll in EFT. If enrollment isn't completed now, it will be required upon the next scheduled renewal of the Medicaid Certification (ETIN).** It is recommended that providers proceed immediately with EFT enrollment prior to receipt of the yearly certification correspondence from Computer Sciences Corporation (CSC). The EFT enrollment form is available at www.emedny.org at the following link:

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/701101_EFT_FORM_EFT_Enrollment_Form.pdf

When completing the form, your agency will need to include New York State's Federal Tax ID number in the designated area of the form. You should not include your agency's Federal Tax ID number, as all MSC provider ID numbers are enrolled under OPWDD and utilize the New York State Federal Tax ID number. **New York State's Federal Tax ID number is 146013200. Please include this number in the identified component of Section A of the EFT Authorization form. In addition, you should include the name on the application as it appears on your Medicaid checks.**

If your agency enrolls in EFT for one or more non-MSC provider ID when completing the EFT enrollment of your agency's MSC provider ID(s), your agency must use your agency's Federal Tax ID in Section A of the EFT Authorization Form for the non-MSC provider ID(s).

If you have questions about completing the EFT Authorization Form, you may contact the CSC call center at (800) 343-9000. You may also contact the Bureau of Central Operations at (518) 402-4333 if you have general questions about this change.

Sincerely,

Karla J. Smith
Director of Central Operations

cc: Ms. Tumey (NYS DOH) Mr. Jefferson
Mr. Waytkus (CSC) Ms. Bush
Ms. Hynes (CSC) Mr. Breslin
Mr. Pasternak Mr. Scanlon

Executive Office

44 Holland Avenue, Albany, NY 12229-0001, TEL: 518-473-1997 FAX: 518-473-1271
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101 West Liberty Street, Rome, NY 13440, TEL: 315-336-2300 x246 FAX: 315-571-7118
500 A Balltown Road, Schenectady, NY 12304 TEL: 518-381-2110 FAX: 518-381-2190
TTY: 866-933-4889, www.opwdd.ny.gov



TO: Executive Directors of Provider Agencies
Developmental Disabilities State Operations Office Directors
Developmental Disabilities Regional Office Directors
Provider Associations

FROM: Leslie Fuld, Director 
Incident Management Unit, Division of Quality Improvement

DATE: October 31, 2013

RE: Requirement for Investigation Record Submission for Abuse/Neglect

Effective Date: Friday, November 1, 2013

Background:

For reportable incidents of abuse/neglect where a provider agency has been delegated the investigation, OPWDD requires that the investigative report and all accompanying documents and evidence (e.g. pictures, audio or videotape) contained in the investigative record be submitted to OPWDD's Incident Management Unit (IMU) for entry into the Justice Center Vulnerable Persons Central Register (VPCR). For prior guidance on this requirement (including method of submission) please see: <http://www.opwdd.ny.gov/node/4686>

Purpose:

Effective November 1, 2013, OPWDD is requiring that the submission of the investigative records be accompanied by the OPWDD Form 158, Submission Form for Investigative Record of Abuse/Neglect, which is available on the OPWDD website at:

[http://www.opwdd.ny.gov/opwdd/resources/incident management/forms](http://www.opwdd.ny.gov/opwdd/resources/incident%20management/forms)

The purpose of the form is to transmit information to the NYS Justice Center for the Protection of People with Special Needs (Justice Center) that it needs to carry out its statutory responsibilities. This form provides the Justice Center with critical contact and other information and will decrease the number of follow up communications and delays in the investigative review and closure process.

For your convenience, the list of categories of substantiated reports of abuse or neglect is attached to this memorandum.

OPWDD would also appreciate the submission of a completed form for records submitted prior to November 1, 2013. If an agency does not submit a completed form for past submissions, OPWDD may need to contact you to obtain the necessary information. You can send completed forms for investigations you have already submitted to OPWDD to: Incident.Management@opwdd.ny.gov

If you have any questions about the new requirement, please contact the Incident Management Unit as noted above at: Incident.Management@opwdd.ny.gov

OPWDD appreciates your cooperation and compliance with this new requirement.

Attachment

Categories of Substantiated Reports of Abuse or Neglect

Substantiated reports of abuse or neglect shall be categorized into one or more of the following four categories:

- (a) **Category one** conduct is serious physical abuse, sexual abuse or other serious conduct by custodians, which includes and shall be limited to:
- (i) intentionally or recklessly causing physical injury as defined in subdivision nine of section 10.00 of the penal law, or death, serious disfigurement, serious impairment of health or loss or impairment of the function of any bodily organ or part, or consciously disregarding a substantial and unjustifiable risk that such physical injury, death, impairment or loss will occur;
 - (ii) a knowing, reckless or criminally negligent failure to perform a duty that: results in physical injury that creates a substantial risk of death; causes death or serious disfigurement, serious impairment of health or loss or impairment of the function of any bodily organ or part, a substantial and protracted diminution of a service recipient's psychological or intellectual functioning, supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor; or is likely to result in either;
 - (iii) threats, taunts or ridicule that is likely to result in a substantial and protracted diminution of a service recipient's psychological or intellectual functioning, supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor; (iv) engaging in or encouraging others to engage in cruel or degrading treatment, which may include a pattern of cruel and degrading physical contact, of a service recipient, that results in a substantial and protracted diminution of a service recipient's psychological or intellectual functioning, supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor;
 - (v) engaging in or encouraging others to engage in any conduct in violation of article one hundred thirty of the penal law with a service recipient;
 - (vi) any conduct that is inconsistent with a service recipient's individual treatment plan or applicable federal or state laws, regulations or policies, that encourages, facilitates or permits another to engage in any conduct in violation of article one hundred thirty of the penal law, with a service recipient;
 - (vii) any conduct encouraging or permitting another to promote a sexual performance, as defined in subdivision one of section 263.00 of the penal law, by a service recipient, or permitting or using a service recipient in any prostitution-related offense;
 - (viii) using or distributing a schedule I controlled substance, as defined by article thirty-three of the public health law, at the work place or while on duty;
 - (ix) unlawfully administering a controlled substance, as defined by article thirty-three of the public health law to a service recipient;
 - (x) intentionally falsifying records related to the safety, treatment or supervision of a service recipient, including but not limited to medical records, fire safety inspections and drills and supervision checks when the false statement contained therein is made with the intent to mislead a person investigating a reportable incident and it is reasonably foreseeable that such false statement may endanger the health, safety or welfare of a service recipient;
 - (xi) knowingly and willfully failing to report, as required by paragraph (a) of subdivision one of section four hundred ninety-one of this article, any of the conduct in subparagraphs (i) through (ix) of this paragraph upon discovery;
 - (xii) for supervisors, failing to act upon a report of conduct in subparagraphs (i) through (x) of this paragraph as directed by regulation, procedure or policy;
 - (xiii) intentionally making a materially false statement during an investigation into a report of conduct described in subparagraphs (i) through (x) of this paragraph with the intent to obstruct such investigation; and
 - (xiv) intimidating a mandated reporter with the intention of preventing him or her from reporting conduct described in subparagraphs (i) through (x) of this paragraph or retaliating against any custodian making such a report in good faith.
- (b) **Category two** is substantiated conduct by custodians that is not otherwise described in category one, but conduct in which the custodian seriously endangers the health, safety or welfare of a service recipient by committing an act of abuse or neglect. Category two conduct under this paragraph shall be elevated to category one conduct when such conduct occurs within three years of a previous finding that such custodian engaged in category two conduct. Reports that result in a category two finding not elevated to a category one finding shall be sealed after five years.
- (c) **Category three** is abuse or neglect by custodians that is not otherwise described in categories one and two. Reports that result in a category three finding shall be sealed after five years.
- (d) **Category four** shall be conditions at a facility or provider agency that expose service recipients to harm or risk of harm where staff culpability is mitigated by systemic problems such as inadequate management, staffing, training or supervision. Category four also shall include instances in which it has been substantiated that a service recipient has been abused or neglected, but the perpetrator of such abuse or neglect cannot be identified.