

# MSC E-VISORY

Issue # 30- 10

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State of New York Office for People With Developmental Disabilities  
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Distributed by: Division of Policy and Enterprise Solutions  
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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](mailto: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:**

### **MSC Restructuring – Effective October 1, 2010**

Changes to OPWDD's Medicaid Service Coordination program will take effect on October 1, 2010. Information regarding MSC Restructuring can be found on the OPWDD website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov). From the home page, under "Features", you can click on "MSC Redesign Information". Additional resources can be found under "Information for Service Providers", also from the OPWDD home page.

### **New MSC Form – MSC 10- MSC Notes**

Separately attached to this MSC E-Visory is the new MSC Notes Form – MSC 10 and instructions for using the form. The MSC Notes Form contains all elements necessary for MSC billing, effective with the October 2010 service month.

### **Carol Kriss, MSC Statewide Coordinator, Retires**

Carol Kriss, MSC Statewide Coordinator for many years, retired as of September 27, 2010. Among her many accomplishments, Carol was responsible for establishing the MSC E-Visory in 2005 in order to communicate pertinent information on programs and services available to individuals receiving MSC and to pass along information to MSC Service Coordinators about training opportunities. Carol worked tirelessly to ensure that service coordinators have a voice and sound information to guide them. She developed a regular schedule of MSC Supervisors video conferences to offer a forum for communication of current issues related to MSC. She will be greatly missed by her colleagues, DDSO staff, and the entire service coordination community. Carol's commitment to the profession of service coordination was evident in each activity she coordinated and in her every action. We wish her the best in this next phase of her life.

**Medicaid Service Coordination Notes**  
**Month and Year of Service:** \_\_\_\_\_

**Name of Individual:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

**Initials Key**

For each MSC Service Coordinator or other qualified staff who provided a MSC service or MSC activity this month, include their printed name, title, signature and their initials.

Name:	Title:	Signature:	Initials:
Name:	Title:	Signature:	Initials:

**ISP Review**

Was an ISP Review conducted this month? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, Date of ISP Review:
Was the Service Coordination Agreement reviewed this month? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, Date of SCA Review:
Was the Individual Present at Review? <input type="checkbox"/> yes <input type="checkbox"/> no	Initial & Date (mth/dy/yr):

**ICF/MR Level of Care Eligibility Determination**

Was the Level of Care Eligibility Determination (LCED) completed this month? <input type="checkbox"/> yes <input type="checkbox"/> no
If Yes, Date LCED was completed: _____ Initial & Date (mth/dy/yr): _____

**Face-to-Face Contact(s) with the Individual**

Date of Contact	Purpose and Outcome of Contact	Location of Service Meeting	Initial & Date (mth/dy/yr):

**Referral / Linkage, Benefits Management, or Monitoring Activities (see instructions)**

**(Note: A minimum of two activities are needed to meet the billing standard if all activities fall under this section)**

Date of Activity	Purpose and Outcome of Contact	Identify person contacted and relationship to individual	Initial & Date (mth/dy/yr):

**Monthly Summary**

Include the person's satisfaction with services along with any follow-up actions, any significant changes in the person's life, and any concerns regarding health and safety.

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<b>Signature:</b> _____ <b>Printed Name:</b> _____ <b>Title:</b> _____ <b>Date (mth/dy/yr):</b> _____

**Attach additional sheets if necessary**

Note: by entering initials, staff attests that the activity was provided on that day.

Medicaid Service Coordination Notes Instructions

Element	Instruction
Month and Year of Service:	Enter the month and year for which MSC is being provided
Name of Individual:	Enter the individual's first and last name
Agency Name:	Enter the name of the agency that is providing MSC

**The sections below must be completed by staff providing the MSC activities**

Initials Key	
Name:	Print first and last name
Title:	Print title
Signature:	Sign first and last name
Initials:	Enter initials used to sign the documentation
ISP Review	
Was an ISP review conducted this month?	Check "yes" if the ISP was reviewed or check "no" if the ISP was not reviewed during the service month. The ISP should be reviewed at least twice annually. If "no" is indicated, the remaining fields in this section are left blank. An ISP review includes updates or addendums.
If Yes, Date of ISP Review:	If the ISP was reviewed within this service month, provide the date of the review.
Was the Service Coordination Agreement reviewed this month?	Check "yes" if the Medicaid Service Coordination Agreement was reviewed or check "no" if the MSC Agreement was not reviewed during the service month.
If Yes, Date of SCA Review:	If the Service Coordination Agreement was reviewed within this service month, provide the date of the review.
Was the Individual Present at ISP Review?	Check "yes" if the individual was present at the ISP review or check "no" if the individual was not present. The individual should be present at an ISP review at least once annually.
Initial & Date (mth/dy/yr):	After the ISP Review Section is completed, initial and enter the full date. The date initialed must include the month, day and year.
ICF/MR Level of Care Eligibility Determination	
Was the Level of Care Eligibility Determination (LCED) completed this month?	Check "yes" if the LCED was completed during the service month and "no" if the LCED was not completed during the service month. MSC staff must ensure that the LCED and subsequent redeterminations are completed and signed by qualified staff within the prior 13 months from the service month, if the individual is enrolled in the HCBS waiver.
If Yes, Date LCED was completed:	Enter the date that the LCED was completed in that month. The date must include the month, day and year.
Initial & Date (mth/dy/yr):	After the section is completed, initial and enter the full date including the month, day and year.
Face-to-Face Contact(s) with the Individual	
Date of Contact	Enter the date on which a face-to-face service meeting was held with the individual.
Purpose and Outcome of Contact	Include a brief description of the service coordination activities provided and the outcome of the contact. The purpose of the contact must serve to develop, monitor and/or implement the valued outcomes of the person's ISP and should not be purely social in nature.
Location of Service Meeting	Describe the location of the face-to-face service meeting (e.g. in the person's home, day program, or community location)
Initial & Date (mth/dy/yr)	After the section is completed, initial and put the full date. The initials date must include the month, day and year.

Referral/Linkage, Benefits Management or Monitoring Activities	
Date of Activity	Enter the date on which the activity occurred. The date must include the month, day and year.
Purpose and Outcome of Contact	Include a brief description of the activities provided and outcome of the activities. The purpose of an activity must be related to referral, linkage, and/or monitoring to ensure that the ISP is implemented and addresses the needs of the person. Contacts may include a phone call, personal contact, meetings, email exchange, or letter/correspondence exchange.
Identify person contacted and relationship to individual	Enter the name of the individual and the relationship to the individual. The person should be a qualified contact. A qualified contact is defined as 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, linkage, referral, monitoring, and follow-up activities for the individual.
Initial & Date (mth/dy/yr)	After the section is completed, initial and put the full date (month/day/year).
Monthly Summary	
Monthly Summary	<p>Complete this section to include:</p> <ol style="list-style-type: none"> <li>1. Information about the individual's satisfaction/dissatisfaction with the supports and services in his or her ISP. Any follow-up activities taken by the service coordinator to address any concerns that the individual may have about his or her supports or services must also be noted.</li> <li>2. Significant changes or events in the individual's life. This might include changes in valued outcomes, employment, home, personal relationships, health and other person centered information. If no changes or events occurred during the month, then this should be noted.</li> <li>3. Any concerns regarding the health and safety of the individual and individual's environment and actions taken by the service coordinator to correct the situation. If there were no concerns about the individual's health or safety during the month, then this should be noted.</li> </ol> <p>The monthly summary may also be used to document outcomes of an ISP review meeting and other relevant information.</p>
Signature:	Sign first and last name
Printed Name:	Print first and last name
Title:	Enter title
Date (mth/dy/yr):	Enter the date signed. The date must include the month, day and year.