

MSC E-VISORY

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State of New York Office of Mental Retardation and Developmental Disabilities
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The MSC E-Visory is an electronic advisory intended to provide timely information to Medicaid Service Coordination Supervisors and their staff.

Questions and comments should be directed to Carol Kriss, MSC Statewide Coordinator via e-mail:
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Each E-Visory has pertinent information on programs and services available to individuals receiving Medicaid Service Coordination (MSC). Announcements about MSC training, conferences and meetings appear regularly in issues of the MSC E-Visory. Please forward this issue to all Medicaid Service Coordinators and MSC Supervisors.

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Frequently Asked Questions

Answers to frequently asked questions about the Limited Changes to MSC for Supervised Individualized Residential Alternatives (IRAs) and Supervised Community Residences (CRs) ONLY effective with the October 2009 service month.

The MSC E-Visory is sent out from OMRDD via an e-mail distribution list. If you are an MSC Supervisor and anticipate a change in who should be receiving the MSC E-Visory, please let us know via e-mail at: msc.e.visory@omr.state.ny.us so that we may update the distribution list. These changes would include notifying us of any additions to or removals from the list. Please type "***MSC E-Visory LIST Change***" in the ***SUBJECT*** line. Type in the body of the email the following information: ***email address, name, title, agency name, street address, city, zip code, and agency phone number*** and extension, if applicable, indicating ***ADD or REMOVE*** from the MSC E-visory list.

**Limited Changes to MSC for
Supervised Individualized Residential Alternatives (IRAs) and
Supervised Community Residences (CRs) ONLY
effective with the October 2009 service month**

Frequently Asked Questions

New Basic Agreements

Q. Do we have to complete a new Basic Agreement for everyone by October 1, 2009?

A. No, if a person indicates and it is agreed by all responsible parties that the MSC will continue to have a monthly face-to-face service meeting, you can wait until the basic agreement comes due to complete the new form. If during this time period the person indicates that changing to a bi-monthly face-to-face is preferable and agreed to by all responsible parties, then the new BA form should be used at that point – do not wait for the annual date.

Q. Do we need new agreements to be signed in October for people residing in Supportive CRs, IRAs, Family Care, with families, on their own of course WILLOWBROOK CLASS members?

It would be 'best' for a new agreement to be signed by the end of Sept if the person is not expected to have a face-to-face service meeting in Oct"....for consumers who we expect to change to bi-monthly visits sometime after October [we intended to begin having conversations with families in Oct and Nov about the option of bi-monthly visits not rush into this in October] can we wait to have the new agreement signed?

A. For individuals residing in supportive sites, Family Care, with families/others or on their own and ALL Willowbrook Class members, the new BA is signed when due and when there needs to be a change before the annual date.

For individuals in Supervised CRs and Supervised IRAs, if a face-to-face service meeting is not going to occur in October, we expect, if possible, you to have the new BAs in place by the end of September. Medicaid Standards and the Bureau of Compliance Management, however, will accept a signed BA by the end of October to allow billing for non face-to-face service meeting for October.

Q. Do community people with existing agreements all need to sign a new agreement as of 10/1/09?

A. No, individuals residing in non-certified sites can keep their existing agreement until it comes due on the annual date.

Q. For people in IRAs, if the agreement was signed in September, should it be dated in September or 10/1/09?

A. For individuals residing in Supervised IRAs, a new Basic Agreement reviewed in September must be dated the date it was completed and signed. Use the actual date it was signed as the start date, even if it was before October 1, 2009. Do not post or pre date these documents. Put the actual date it was signed.

Q. Insert A states "The Service Coordination Agreement, Basic Agreement Section, is completed only once with a MSC vendor and reviewed annually. The agreement form itself states it is to be "reviewed at least every six months." The review form states "At each ISP Review." Please clarify the insert requirement in relationship to what the form(s) state.

A. The Basic Agreement is signed once with the MSC vendor and reviewed and initialed at ISP reviews every six months. For individuals residing in supportive CRs, supportive IRAs, Family Car, living with family or on their own, or Willowbrook class members, the BA is reviewed every 6 months, with a new one completed annually with new signatures. A new BA is still completed and re-signed annually or at any time necessary.

Q. What do we do if an individual has no advocate or the advocate cannot be reached?

A. If the advocate who signed the effective Basic Agreement on behalf of the individual is not at the review that includes the review of the Basic Agreement, then the Basic Agreement remains in effect until the advocate agrees and signs the new Basic Agreement. Signatures are required from the individual/advocate before the change to a bi-monthly face-to-face service meeting schedule can go into effect.

Q. If an individual has been seen in September, and we have the approval from the advocate and the signed agreement, can October be a non-face-to-face month?

A. If the basic agreement is signed by the MSC and the individual/advocate prior to 10/31/09, then the October service can be a non face-to-face.

Q. If the advocate has verbally agreed, and the individual has been seen in September, can October be a non-face-to-face month even if we don't have the agreement signed as yet?

A. The Basic Agreement must be signed and dated by both the MSC and the individual/advocate by the last day of October in order to bill for a non face-to-face service contact in October 2009.

Billing

Q. Does the billing fee remain the same; meaning has the basic fee changed or is it the same?

A. There is a new fee of \$191.00* for individuals living in Supervised CRs and Supervised IRAs. This is now the Basic level of reimbursement. The Intermediate level of reimbursement now includes Supportive IRAs along with Supportive CRs only. The fee of \$224.74 remains the same for this category. All other fee categories remain the same. The new Basic Transition fee is \$382.00 and includes Supervised CRs and Supervised IRAs only. The Intermediate Transition fee is the same (\$449.46) but the category is now for Supportive CRs and Supportive IRAs only.

* These are the monthly amounts for agencies with HCE III. For agencies not HCE III the amounts are \$189.11 (Basic) and \$378.22 (Transition Basic) and \$222.51 (Basic) and \$445.01 (Transition Basic). See Billing Chart in Appendix One of the MSC Vendor Manual updated October 1, 2009.

Q. Are we using this fee for new individuals going into IRA/CRs or is it for individuals who have previously lived in this type of residences as well?

A. The fees went into place in October 2009 (billing date of 11/1/09) for all individuals residing in supervised CRs and supervised IRAs whether they have been living in these residences or are new to a residence as of October 1, 2009.

Q. We have a question about when it is ok to bill for MSC services if we don't see the individuals face to face. Example: MSC attends a team meeting regarding an individual with the entire team present except the individual. The meeting is concerning increasing behaviors and SIB. Would this be billable if the MSC saw the person face to face the month before? Would this count as an authorized contact as there were members of the team who are directly involved with this person?

A. As long as there is:

1. a signed BA that authorizes the bi-monthly face-to-face meeting,
2. an appropriately documented face-to-face contact in the previous month,
3. the non face-to-face contact is with a qualified contact as identified in insert B, and
4. the contact is documented correctly as identified in Insert B,

then billing in a non face-to-face month is allowed. It would appear by the above description, that the contact would meet the minimum billing requirement, as long as it is documented correctly.

Q. During a non face-to-face month, how many qualified contacts are needed?

A. One contact is needed to meet the minimum billing standard. Quality would dictate multiple contacts during the month.

Monthly face-to-face meetings and non face-to-face

- Q. I was hoping to get some clarification regarding the requirement that MSC monthly face to face meetings are documented contemporaneously. My agency's current policy allows 48 hours from the time the visit takes place until the note must be typed; however, we don't print or sign the case note until the 5th of the following month. During a recent review, BPC recommended that the monthly face to face note is typed, printed and signed within 2-3 days of the face to face visit. Could you please let me know if our current policy meets the regulation as outlined in the MSC Vendor manual or if we need to revise it to include printing/signing the note within 2-3 days as BPC recommended? If we need to print and sign notes within 2-3 days, is that just the face to face note or is it any/all notes that substantiate monthly billing?
- A. The rule is that a note specific to the monthly face-to-face contact, and now the non face-to-face contact, that is used for billing MSC in the month must be written, signed and dated contemporaneously - that is "at or near the time of service delivery." Best practice is for this to be within 24-48 hours. Your agency's policy of writing notes within 48 hours from the time the visit or contact takes place is a good one. However, the note must also be signed and dated at that time in order for the note to meet minimum billing standards. It is the accumulated notes for the month or a summary of the month that can be put together in the next month i.e., completed and dated by the 15th of the following month. (See MSC Vendor Manual chapter 4 page 12-14).
- Q. **If the MSC is not meeting with the person face to face in a month but they are calling the residence to check in and see how things are going this would not be billable correct?**
- A. If the person has a signed basic agreement that authorizes bi-monthly face-to-face visits, if the call is in a non face-to-face month (after seeing the person face-to-face in the previous month) and the call is specifically about the person with a staff member who has direct contact with the person (a qualified contact), it can be used as the billable service contact for the month as long as there is appropriate documentation.
- Q. **Same scenario as above but they are also completing MSC paperwork ex. ISP, dealing with medical bills or other related paperwork is this considered a billable month?**
- A. It is a billable activity in a non face-to-face month as long as there is direct contact with someone who is involved with the individual. Only completing paperwork does not meet the minimum billing standard for a month.
- Q. **If the person is staying with monthly face-to-face meetings, do we need a justification in the notes?**
- A. No, but you should document the conversation regarding discussing this option with the person/advocate.

Other:

- Q. **Will these changes affect Family Care and Supportive Apartments?**
- A. No
- Q. **Are there guidelines for case notes?**
- A. Please refer to the MSC Vendor Manual, chapter 4, page 12-14.
- Q. **ISP lists MSC frequency as monthly. Do we need to do an addendum with the changes?**
- A. No. MSC is still a monthly unit of service.