

MSC Redesign 2010
Unit Allocations and Billing Q&A

1. Who will determine the initial allocation of units for each agency?

Central Office is establishing the initial allocation levels. DDSOs are expected to notify each agency of its allotted unit resources by 9/10/10. Any questions regarding initial allocation levels should be directed to the appropriate DDSO.

2. Will the opportunity level currently in place for a provider be changed as of October 1, 2010? Is it possible that a provider may have a higher or lower allocation than what they currently have?

As of 10/1/10, OPWDD is changing from opportunity levels to unit allocations, and yes, it is expected that the units a provider is allocated will differ from the opportunity level they may have been given. The new allocation will be calculated based upon the residential setting of all individuals receiving MSC services and new enrollees between 7/1/09 and 7/31/10. The initial allocation level will be adjusted in April 2011 to include units for any individual enrolled between 7/31/10 and 9/30/10.

Under the new methodology, units will not be allocated to an agency for individuals for whom there has not been a paid claim in the past year.

3. With the initial allocations that are given to the agencies, the allocation levels are for use from October through April. Will new allocations be effective for April 2011 or May 2011?

Initial allocations will be given as an annual value and will be based on the state fiscal year, so a prorated amount (50% of your initial allocation) would be expected to be used for services from October 1, 2010 through March 31, 2011. The adjusted base allocations that will be given on April 1, 2011 will be a revision to your initial allocation and will be based on an annual value. These adjusted units should be used for the April 1, 2011 to March 31, 2012 period.

Changes that have occurred from 7/31/10 – 9/30/10, including new enrollments, individuals leaving your program and residential movements would be additional adjustments.

4. How would units be allocated for individuals who were in an intermediate setting from 7/09 – 9/09 and then moved to a basic setting from 10/09 – 6/10 (due to the IRA changes)?

It does not matter whether an agency is currently billing basic or intermediate since under the new methodology units are determined based on where the person currently resides (in this case it is a supervised setting). All individuals that reside in a supervised setting, unless they are in the Willowbrook class, will be receiving an allocation of 6 units.

5. Is there a process in place for the DDSOs to expedite approvals for MSC services, especially for individuals requiring a priority status? This is especially important since some DDSOs are encouraging agencies to enroll individuals into PCSS when appropriate, and this is a much lower paid service.

Each DDSO has its own process for handling authorizations for services. Contact the DDSO which serves the area where the individual lives to obtain information on this process. Keep in mind, all

individuals must have 3 months of MSC when they are first enrolled in an HCBS waiver service before they can opt out of MSC into PCSS.

6. Central Office and the DDSOs have the ability to move resources between and among providers and districts as necessary to meet the needs in their geographic areas. How does this impact MSC growth within an agency?

DDSOs and Central Office will move resources between and among providers and between districts as necessary to meet district priorities in their geographic areas and to ensure the most effective and efficient use of MSC resources.

Agencies should work closely with DDSOs to ensure that DDSO staff are aware of available resources and areas of need. Resources will be allocated using all available information.

7. The decision to increase allocations to providers is based on a history of quality service provision, the ability and capacity of the vendor to deliver additional services, and available resources. How are each of these items determined?

The DDSOs will use all information at their disposal to make decisions on allocating additional resources/units to providers to serve new people. Audit and quality review history, staffing in the agency, and the free choice of individuals to be served will be factors used.

8. When an individual chooses to change vendors by selecting another qualified and available provider, what criterion is used to determine if an agency is “available”?

The DDSO will assess an agency’s capacity to provide services to additional individuals (e.g. staffing levels, availability within caseloads).

9. When the MSC vendor has no remaining opportunities, do they continue to send in MSC applications to the DDSO so the DDSO is aware of who is requesting services? If no new units will be issued to the initial provider, is it the expectation that the DDSO will then refer the individual to another agency, or is that something that the initial MSC vendor is expected to do?

All individuals who meet the requirement for MSC are entitled to receive it. A provider may have a list of individuals who have requested their services but have no available allocation. However, the DDSO needs to be made aware of the person’s need for services in order to help the person locate an available, qualified provider of their choice.

10. Will there be any provisions to assist small agencies which only provide MSC services whose financial viability may be adversely affected by the new allocation process?

If agencies believe that their unit allocation may adversely affect them, they should communicate this to the DDSO.

11. Will the billable rate be the same for face-to-face months as for non-face-to-face months?

Yes. There is one billable fee for services provided to Willowbrook class members and another for all other individuals.

12. If an individual needs more units than are allocated to him/her, can the agency bill additional units if they are available?

Units are allocated to an agency using a methodology that uses residential setting as a factor. Units are not allocated to an individual, but are allocated to an agency. An agency can bill for units which are documented and meet the billing standard. Each agency is expected to manage the units it has been allocated. The DDSO should be contacted if additional units are needed and will expect the agency to demonstrate how it has managed the allocated units.

13. If someone is in college and living in a dorm room, how many units will be allocated for them?

This is a non-certified setting, so the agency would be allocated 12 annual units for his/her MSC service.

14. Does the allocation methodology apply to individuals receiving state provided service coordination?

The same rules apply to state provided service coordination as to service coordination provided by voluntary providers.

15. Is HCA included in fees and do agencies that did not apply for those dollars receive it automatically?

The October 1, 2010 MSC reimbursement is a fee rather than a rate. As such, it was calculated to incorporate all HCA initiatives (I-VI). Effective January 1, 2010, there was a change in regulation to consolidate HCA.

16. Who controls the allocated units throughout the year as people join MSC or move between agencies?

The vendor controls the allocated units. Districts will be monitoring the movement of individuals throughout the year and adjusting the allocation accordingly.

17. What happens over time when an agency's MSC roster grows, especially since the unit allocation methodology does not cap MSC?

The DDSO should be engaged when new MSC individuals are added to rosters as the DDSO must authorize the service for new individuals. The district should be working with the vendors to assure adequate resources are in place to serve the new individuals.

There is no cap on MSC. It is a state plan service that must be provided to all individuals who are eligible and have an ongoing and comprehensive need for service coordination.

18. Will agencies receive payment for MSC recipients who have been approved after July, 2010 and before Oct. 2010? Will agencies receive payment for these services when they are provided, or the payment not be distributed until April, 2011?

Agencies will receive payment for individuals who have received authorization from the district prior to October 1, 2010 if the individual is receiving services and the agency bills for the services. If the OPWDD local district approves an agency to be the MSC vendor for an individual, an agency can bill for the individual when the service provided is documented and meets the minimum billing standard applicable for the service month.

19. Given that the unit allocation is separated as “Willowbrook/Non-Willowbrook,” is it correct that the agency allocation remains the same when a person moves from the community to an IRA – it would just be up to the agency to manage the allocation?

Willowbrook class members are allocated 12 units per year, regardless of their residence. If a Willowbrook Class member moves, and remains with the same vendor, there is no change to the units allocated to the vendor. The vendor would still be expected to manage their unit allocation. However, if a non-willowbrook individual moves from the community to an IRA, and remains with the same vendor, units are not the same.

20. Will agencies have sufficient units to bill for individuals who are added to their roster in August or September 2010, especially since the units won’t be allocated until April 2011?

Vendors have been given the unit methodology and should be able to calculate the units that will be included in their adjusted base in April 2011 for the individuals added in August and September 2010.

21. Will there be a separate allocation of resources for PCSS?

No separate allocation will be given for PCSS since all individuals authorized for this service, regardless of living setting, are able to receive 2 units per year.

22. If someone during the year moves from a supervised IRA to the community, will the agency get additional units allocated to make up the difference (6 units vs. 12)?

Districts should be working with vendors to recognize the unit adjustment for these situations. Additional clarification regarding portability will be sent out in the near future.

23. Why is 9/30/10 the cut off date for the April adjustment?

The April 2011 adjustment will finalize the base as of 9/30/10 for the redesign implemented 10/1/10. Once the new base is established, adjustments for transaction 10/1/10 forward will occur but the base to which the adjustments are made is fixed.

24. Are the units portable for an individual that wants to change their MSC agency?

Yes.

25. Since NYC providers are now being issued one provider number for all five boroughs (where previously there were distinct numbers for each borough), will the units be lumped together for an agency and be monitored as one, or will the allocation for each borough need to be monitored separately by the agency?

NYC providers previously had one provider number for all five boroughs, this has not changed.