

Questions/comments emailed to:

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**Q: Slide 45 of the "OPWDD Transitioning to CCO's- What MSCs Need to Know and Do" training stated that at the time of enrollment, only DOH 5200 needs to be completed and that DOH 5201 will be reviewed and completed at the time of the PCP Review Meeting. Does this meet your expectations or do you expect both forms to be completed at the time of enrollment?**

- A. Yes, this also meets our expectations. Section 1 of form 5201 must be completed. However, it is Section 2 of that form that can be reviewed at the time of the PCP review meeting.

**Q: Should the forms (DOH 5055, DOH 5200, DOH 5201, Attachment A- Care Manager Checklist, and the CCO Consent for Participation in Basic HCBS Plan Support) be completed as fillable PDF's? It was stated in the 04/06/18 Q&A that all consent forms were provided to each MSC Agency as part of the MSC Toolkit; however, the MSC's within our agency did not receive this. An MSC from another agency has forwarded us scanned copies of the necessary forms, while we obtained the toolkit from the OPWDD website.**

- A. We are told by OPWDD that almost agencies have received their information in the mail by now. They don't need to be completed as a fillable form.

**Q: If we listed Care Design NY as the RHIO in error do we need to completely redo the forms?**

- A. Yes, you will need to correct the form and have it resigned. CDNY has posted the RHIO's on its website now.

**Q: Our MSCs are preparing to address the families soon. When reviewing the consent forms? I noticed some information missing that we would need before presenting to parents. In the blank space for the Health home consent, are we entering Partner's Health Plan as the Health Home?**

- A. No, the Health Home is **Care Design NY**. There are master samples of the completed consent and enrollment forms available on our website now as well. <http://caredesignny.org/enrollment-and-consent-sample-forms>

**Q: What number should we enter as the contact information?**

- A. 518-235-1888 is the phone number for Care Design NY

**Q: Who will the RHIO be on the consent form?**

- A. We have posted the RHIO's on our website which shows the RHIO that is appropriate based upon where the individual being supported lives.

**Q: There was a form in order to consent or choose the basic HCBS however, there was not one for the managed care.**

- A. This is not managed care. You might mean: Care Management” and if so the consents are posted on our website at <http://caredesignny.org/providers/> and on OPWDD’s website.

**Q: There are no forms for individuals to consent to the three CCOs.**

- A. The CCO selected must be noted on the enrollment form. Information on the counties covered by each CCO were provided to the agencies. The available CCO’s available for each person is determined by each person’s area where they live.

**Q. When will the form be available on choices?**

- A. This form is not in choices but was mailed to each agency. It is also on the OPWDD website and the CDNY website. The enrollment and consent forms are posted on our website at <http://caredesignny.org/providers/>

**Q: Would it be possible to work a longer day one day and a shorter day the next at times, even for personal reasons, as long as all work-related concerns were addressed?** In my current job I have been able to do this and it has been very helpful.

- A. Subject to supervisor approval schedule adjustments like you describe are acceptable as long as the needs of the individuals are being met.

**Q: Where are MSCs able to watch the recorded webinars?**

- A. The recorded webinars are on Care Design NY’s website. Go to <http://caredesignny.org/providers/> and click the link under weekly webinars.

**Q: I have a family who has asked the question.... The family wants the Care Manager to view all info from providers but doesn’t want Doctors to see the Life plan. Is this going to be possible?**

- A. Yes, that is possible. The limitation of who can see what of an individual’s information should be discussed at the next ISP semi-annual review or at the annual review where it switches to a lifeplan.

**Q: My Controller just ended a call with OPWDD CFOs and the information shared is that Medisked is no longer working with Precision Care. What does that mean for those of us who currently use Precision Care regarding access to CDNY platform?**

- A. The work with EHR systems to electronically interface with CCOs and service providers will not happen prior to July 1. Depending on the CCO this capability will occur within 12-24 months after go live on 7/1/18. Care Design NY will be looking to be an early adopter (within the first year).

**Q: There are two choices for HHCM (Home Health Care Management), right?**

**Are they known as:**

- a) Basic and**
- b) Non Basic? What is the proper name for this second option?**

A. To clarify there are 2 care management services to be provided by the CCOs.

- 1. Health Home Care Management (most similar to MSC) and
- 2. Basic HCBS Plan supports (most similar to PCSS).

**Please refer to the MSC toolkit provided by OPWDD which explains the 2 services.**

**Q: I have someone who resides in a certified residential setting on my caseload. She does not have the capacity to understand this process. Her sister is her advocate and signs her ISPs as well as her medical consents. I thought that I heard in the seminar that advocates are not allowed to make the decision for their loved one. However, like I said, her sister is involved and signs consents for her on a regular basis. In this case, who would sign for her?**

A. If the person's sister has been recognized already as a decision maker for her then it is fine that the sister be the one to sign the consent forms. Advocates who are NOT family members are not permitted to sign.

**Q: Some questions that have come from families are:**

- 1. If the care manager is changed can they have another culturally sensitive care coordinator?**
- 2. Is there a number they can call to request that their care coordinator does not change?**
- 3. If care coordinator changes with it be a coordinator with many other cases in their Borough?**

A. Yes, the individual can have another culturally sensitive care manager if they change the one they have. Care Design NY has already committed to maintaining that relationship between the care manager and their individuals and families, if that is what the individual and family desire. There is no need to take additional action. The supervisor would review to see which existing care manager could support another person. Care Design NY will also be hiring new care managers to ensure an adequate number of care managers.

**Q. I have the following questions:**

- 1. I currently have about 40 cases by July may be 43 I have cases in all the Boroughs and Long Island; will my case load drop and if it is will I be given a choice in what cases to drop?**
- 2. In my unique situation since I am the only MSC in this location will I be moved to a HUB and if that is the case will I have a choice of HUBS?**
- 3. When will I learn whom will oversee me such as supervisor etc.?**

A. Care Design NY will not be reducing caseloads to start, based upon our commitment to individuals and families that could retain their current MSC. However, we will be reviewing caseloads and adjusting over time to ensure that we are providing the highest quality of care management.

Our goal is to keep the care managers in the space they currently occupy for at least the next couple of years; however, if your location does not make sense and there is an alternative close to your current location, we can consider.

Care Design's goal is that supervisors will continue to supervise the staff that they did as MSCs unless the supervisory ratio varies greatly from 1 supervisors for every 4 care managers.

**Q: We have been watching the Care Design webinars as a group. Are you keeping attendance, and if so should we send you our attendance sheets?**

- A. No need to send attendance sheets. We are glad that staff are participating together. We aim to offer helpful information.

**Q: Unfortunately, I could not view the power point slides or enter a question for some reason. One question/concern I would like to share is that all the programs for the developmentally disabled seem to have major staffing issues. Based on the low salaries that are offered, the staff that programs are able to attract and hire are often less than desirable and not equipped or committed to servicing individuals at the level you described in the webinar. Do you know if NYS plans to address this issue? It very much negatively impacts individuals and their families. Would appreciate your input. Thank you.**

- A. OPWDD has provided two 3.25% increases to many of the staff you are talking about. The first occurred on 1/1/18 and the other was on 4/1/18. While this still won't solve the staffing crisis, it is a start. Care Design NY has committed to helping providers deal with this challenge by developing creative staffing ideas, using technology, etc. Unfortunately, this crisis is not going away any time soon.

**Q: Prior to our Webinar Training today 4/12 from 3-4pm, I sent out via email consents letters to family members who are very actively involved to be signed and email back. Families resides in North Carolina, New Jersey, Florida. During the training, it states that the consent: must be the original signed consent. No copies, faxed and electronic. Does that mean these family's consent letter will be rejected?**

- A. You will need a wet signature version of the consent. The families should mail the originals to you.

**Q: I would like to take whatever time I can now to learn any new programs CDNY may use that I may not be familiar with. For example, will CDNY be using Outlook mail as my current agency does? Will Care Coordinators or supervisors need to know Excel or any other program that we could familiarize ourselves with now?**

- A. Care Design NY uses Outlook. The other systems that you will need to learn are the MediSked Electronic Health Record (EHR) system. Training on the MediSked EHR will take place in mid-May through June.

**Q: Since a majority of the families we serve speak only Spanish, I was able to find a majority of the MSC toolkit forms in Spanish. The consent forms DOH 5200, 5201, and 5055, I was not able to find. Are these forms currently available or will they be available in Spanish for those families?**

- A. OPWDD was to make the consent forms available in Spanish and other languages. We will follow-up.

**Q: I am wondering how supervisors should handle time off requests for the summer (namely the first week in July). Thank you.**

- A. Care Design NY will do it best to honor time off requests for July, however, we must ensure that there is sufficient coverage at each location. We will begin to begin to have discussions with supervisors in the coming weeks.

**Q: I'm an MSC with people all over the age of 18. In looking through the papers being sent to the families, the wording on the letter for consent for Home Health Enrollment, is scary, complicated, and makes our jobs seem like they're only medically-related. The wording sure doesn't make it seem like that would be the way to keep the services they have now! The letter to which I'm referring makes it seem like in order to keep the services they have now, they must agree to have all their medical info shared with everyone--or anyone who works with, or sees, their child, incl. doctors. There are no examples given.**

**I don't feel confident giving families information about this, as we really haven't been told, ourselves, how things will play out. We're told that medical will be involved, and vice-versa, but have not told how, exactly, that's going to work. We've been told that medical professionals will be part of the team. Folks who live in group homes, and go to day programs, already have this. Will these continue to be the nurses we'll be dealing with, or will there be different nurses?**

**And as far as the checklists go, it seems like all the tasks listed, are tasks for the MSCs to do. Why do the families have to sign them? And how can we educate our families, when we're not being really educated, ourselves?**

**I am really not happy with the way things are going, so far, and this is a little scary, with regards to what it says for the future of our jobs, and the future of the care which those whom we serve will be given!**

- A. A number of questions here. We do understand that this transition is challenging and produces stress and anxiety. We are trying to do everything that we can to provide information and support. Unfortunately, the consent forms were mandated by the Department of Health (DOH) and we can only do our best with the circumstances.

First, the individuals and families will have the ability to limit who can have access to the individual's personal health information and any other information including their plan.

The individual or family member has to sign the checklist **to validate** that you completed all of the required tasks with them.

In terms of your role as a care manager and the future, the care manager position will grow in significance and importance starting in July and also into the managed care world down the road.

**Q: It was mentioned during the webinar that there were postings for the 9 Positions for Regional Directors sent to the agency Directors. Our agency did not receive the notification yet. Can it be forwarded to us?**

- A. These positions are posted on Care Design NY's website. <http://caredesignny.org/careers>

**Q: I have an individual who wants to switch to MSC. Should I bother or should I just wait for her to transition into care coordination.**

- A. If the individual wants to switch from PCSS to MSC it is their choice to do that now or wait until July for HHCM. If they need more support between now and July they should switch now.

**Q: We believe we received all necessary documents to start enrolling our people in the CCO.**

Can it be that the consent/sharing form is the actual CCO enrollment application and there is not another enrollment form/application we should be using?

- A. Yes, there is one enrollment/consent of the adults and two forms for those under 18.

**Q: Is there any update on what MSCs should be putting as the RHIO on the enrollment/consent form?**

- A. The RHIO directory is located on our website at <http://caredesignny.org/providers/> This document is also available at: [www.medisked.com/nyiddccohh](http://www.medisked.com/nyiddccohh)

**Q: I am reviewing the forms that were sent out to use when individuals are signing in order to be part of CCNY. On the Health Home Patient Information Sharing Consent form there are three lines; the first is the name of the Health Home, the second is the agreement to be in the Care Design of NY Health home, and I am wondering what goes in the third line in reference to the computer system run by \_\_\_\_\_. Is this also supposed to be the Care Design of NY?**

- A. No, you need to insert the name of the Regional Health Information Organization (RHIO) that covers the county where the individual live. Please check Care Design NY's website for a listing of RHIO's by county. The RHIO directory is located on our website at <http://caredesignny.org/providers/> This document is also available at: [www.medisked.com/nyiddccohh](http://www.medisked.com/nyiddccohh)