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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 96 LCM-88

Date: September 20, 1996

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Methodology For Reimbursement Of Targeted Case Management
Services to Local Public School Districts Enrolled in SSHSP

ATTACHMENTS: Attachment I - Public Notice
Attachment II - Proposed Changes To Title XIX Medicaid
State Plan For New York State
(attachments are available on line)

A Public Notice has been filed with the Department of State by the Department of Social Services (Department) to add an additional service available for school districts to obtain federal Medicaid reimbursement. The public notice will be published on October 2, 1996 in the State Register.

Currently the Department pays local public school districts monthly fees for providing services, through the School Supportive Health Services Program (SSHSP), provided to Medicaid-eligible children with handicapping conditions. This Medicaid State Plan Amendment (SPA) adds an additional target population to Comprehensive Medicaid Case Management (CMCM). HCFA has directed states to indicate their reimbursement methodology for each target population where a separate payment system will be established. Therefore, Attachment 4.19b which specifies the State's fee-for-services is included in the SPA. This amendment is necessary to indicate the State's decision to employ the option of providing case management services to the medically and categorically needy and to reflect the reimbursement methodology for the State's target population: children 3 through 21 years of age who are federally eligible Medical Assistance Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) recipients and for whom free and appropriate education is provided under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973. A child is eligible to receive case management services after an assessment

Date: September 20, 1996

Trans. No. 96 LCM-88

Page No. 2

determines the need for an Individualized Education Program (IEP) or an Accommodation Plan (AP), and the child elects, or the child's parent or other responsible individual elects on the child's behalf, to receive case management services.

Copies of the proposed changes to the State Plan Amendment (subject to Federal approval) are enclosed and should be made available for public review. If you have any questions, please contact Laura Artale at (518) 486-7172.

Martin J. Conroy
Acting Deputy Commissioner
Division of Health and Long Term Care

PUBLIC NOTICE

Department of Social Services

Pursuant to 42 CFR section 447.205, the Department of Social Services hereby gives public notice of a proposed Title XIX (Medicaid) State Plan Amendment.

New York State currently provides reimbursement to public school districts for expenditures made by or on behalf of public school districts for certain medical necessary care, services and supplies which are furnished to Medicaid-eligible children with handicapping conditions. Such reimbursement is made in accordance with the Department's approved Medical Assistance fee schedules pursuant to sections 368-d and 368-e of the Social Services Law.

This amendment is being proposed to address the State's need to provide reimbursement for an additional service of Comprehensive Medicaid Case Management to school districts while fully optimizing available Federal financial participation under the State's Medical Assistance Program. As a result, Medicaid payments will increase aggregate annual Medicaid expenditures by approximately \$158 million.

Copies of the proposed amendment are on file in each local (county) social services districts and are available for public review.

For the New York City district, copies are available at the following place:

New York County
250 Church Street
New York, New York 10018;
Queens County Queens Center
3220 Northern Boulevard
Long Island City, New York 11101;
Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201
Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457; and
Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301.

The public is invited to review and comment on this proposed amendment.

Any written comments or inquiries for further information may be addressed to :

Kevin Kelley
Local District Policy Communications Unit
New York State Department of Social Services
40 N. Pearl Street
Albany, NY 12243

New York

Supplement to Attachment 3.1A
Page 1-I2

CASE MANAGEMENT SERVICES
SERVICE COORDINATION FOR CHILDREN WITH DISABILITIES

A. TARGET GROUP:

Children 3 through 21 years old who are federally eligible Medical Assistance Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) recipients and for whom free and appropriate education is provided under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

A child is eligible to receive the case management services, called Service Coordination for Children with Disabilities under New York's Medical Assistance Program Comprehensive Medicaid Case Management regulations 18 NYCRR 505.16, when all of the following requirements are met:

1. It is determined through an assessment, in accordance with New York State Education law and regulations for assuring a free, appropriate education for all students with disabilities, that:

a. the child has temporary or long-term needs arising from cognitive, emotional, or physical factors, or any combination of these, which affects the child's ability to learn, and

b. the child's ability to meet general education objectives is impaired to a degree whereby the services available in the general education program are inadequate in preparing the child to achieve his or her education potential.

2. A multi-disciplinary team, called a Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) in the New York State Department of Education regulations for Programs for Students with Disabilities, or Multi-Disciplinary Team (MDT) for programs and activities under 504 of the Rehabilitation Act of 1973 determines that the recipient is a child with disabilities who:

a. Is eligible for special education and/or related services, and

b. Needs an Individualized Education Program (IEP) under Part B (IDEA) or an Accommodation Plan (AP) under Section 504 of the Rehabilitation Act of 1973.

3. The child elects, or the child's parent or other responsible individual elects on the child's behalf, to receive Service Coordination for Children and Disabilities; and

4. The child is not receiving similar case management services under another Medical Assistance Program authority.

New York

Supplement to Attachment 3.1A
Page 1-I3D. DEFINITION OF SERVICES:

Service Coordination for Children with Disabilities means those case management services which will assist children with or suspected of having disabilities in gaining access to evaluations and the services recommended in a child's IEP or AP.

The New York Medical Assistance Program reimburses for the following services under Service Coordination for Children with Disabilities, when the following case management services have been documented as necessary and appropriate:

1. Initial IEP or AP

a. A unit of service for the initial IEP or AP is defined as:

(1) The activities leading up to and including writing a completed initial IEP or AP prepared by members of the CSE/CPSE/MDT, the multi-disciplinary team. An initial IEP is a written recommendation identifying the handicapping condition, a description of the child's strengths and weaknesses, a list of goals and objectives that the child should reach in a years time, and an identification of the types of programs and services that the child will receive. An AP is a written document that describes the nature of the problem, evaluations completed, the basis for determining that the child has a disability, and the list of recommended accommodations; and

(2) At least one contact by the child's service coordinator or CSE/CPSE/MDT, in person or by telephone with the child or the child's parent or other responsible individual, on the child's behalf, relating to the development of the initial IEP or AP.

b. The covered services include convening and conducting the CSE/CPSE/MDT conference to develop an initial IEP or AP. The conference will result in all of the following:

(1) A statement of the child's special education needs, and/or related services needs or accommodation needs and services, including the need for medical, physical, mental health, social, financial assistance, counseling, and other support services;

(2) A statement of measurable annual goals and measurable short-term objectives for the child;

(3) A statement of the specific special education and related services to be provided to the child;

New York

Supplement to Attachment 3.1A
Page 1-I4

(4) The projected dates for initiation of services and the anticipated duration of service;

(5) Appropriate objective criteria and evaluation procedures for determining, on at least an annual basis, whether the objectives set forth in the IEP or AP are being achieved; and

(6) Parental notification of the recommendation.

d. Administrative, directive, supervisory, and monitoring services are included as part of the service.

2. Triennial Evaluation - IEP

a. A triennial evaluation may occur every three years to provide current assessment information on children in special education pursuant to IDEA. A unit of service is defined as:

(1) The activities leading up to a recommendation based on an appropriate reexamination of each child with a disability by a physician, a school psychologist, and to the extent required by the CSE, by other qualified appropriate professionals.

(2) At least one contact by the child's service coordinator or CSE, in person or by telephone with the child or the child's parent or other responsible individual, on the child's behalf, relating to updating the IEP.

b. The covered services include convening and conducting the CSE conference to review the results of the triennial evaluation, assessment and revising the IEP, as necessary, that will result in:

(1) A statement of the child's special education needs and/or related service needs, including the need for medical, mental health, social, financial assistance, counseling, and other support services;

(2) A statement of measurable annual goals and measurable short-term objectives for the child;

(3) A statement of the specific special education and/or related services to be provided to the child;

(4) The projected dates for initiation of services and the anticipated duration of service; and

(5) Appropriate objective criteria and evaluation procedures for determining, on at least an annual basis, whether the objectives set forth in the IEP or AP are being achieved.

(6) Parental notification of the recommendation.

New York

Supplement to Attachment 3.1A
Page 1-I5

c. Administrative, directive, supervisory, and monitoring services are included as part of the service.

3. Annual IEP or AP Review

a. An annual review is a required CSE/CPSE/MDT meeting which must occur every year to determine whether the existing IEP or AP, is appropriately meeting the child's needs. A unit of service is defined as follows:

(1) a CSE/CPSE/MDT meeting to discuss yearly progress and make recommendations to continue, change or terminate the program, and

(2) at least one contact by the child's service coordinator or CSE/CPSE/MDT, in person or by telephone with the child or the child's parent or other responsible individual, on the child's behalf, relating to updating the IEP or AP.

b. The covered services include convening and conducting the CSE/CPSE/MDT conference to revise the IEP or AP, as necessary, that will result in:

(1) A statement of the child's special education needs and/or related service needs or accommodation needs and services, including the need for medical, mental health, social, financial assistance, counseling, and other support services;

(2) A statement of measurable annual goals and measurable short-term objectives for the child;

(3) A statement of the specific special education and/or related services to be provided to the child;

(4) The projected dates for initiation of services and the anticipated duration of service; and

(5) Appropriate objective criteria and evaluation procedures for determining whether the objectives set forth in the IEP or AP are being achieved.

(6) Parental notification of the recommendation.

c. Administrative, directive, supervisory, and monitoring services are included as part of the service.

4. Requested IEP or AP (Interim) Review

a. Regulations of the New York State Department of Education require that a child's IEP or AP be reviewed and, if appropriate, revised on an interim basis upon the request of the professionals on the CSE/CPSE/MDT or the request of the child's parent(s) or other responsible individual.

b. A unit of service for IEP or AP review is defined as:

New York

Supplement to Attachment 3.1A
Page 1-I6

(1) Reconvening the CSE/CPSE/MDT, and

(2) At least one contact by the service coordinator or CSE/CPSE/MDT in person or by telephone with the child or the child's parent or other responsible individual, on the child's behalf, relating to review of the IEP or AP.

c. The covered services include convening and conducting a CSE/CPSE/MDT meeting to review and revise, as necessary, the child's IEP or AP. The meeting will result in a review and parental notification, of the following:

(1) The statement of the child's special education needs and/or related service needs or accommodation needs and services, including the need for medical, mental health, social, financial assistance, counseling, and other support services;

(2) The statement of measurable annual goals and measurable short-term objectives for the child;

(3) The statement of the specific special education and/or related services to be provided to the child;

(4) The projected dates for initiation of services and the anticipated duration of service; and

(5) The appropriate objective criteria and evaluation procedures to determining whether the objectives set forth in the IEP or AP are being achieved.

d. Administrative, directive, supervisory, and monitoring services are included as part of the service.

5. Ongoing Service Coordination

a. Ongoing service coordination is rendered subsequent to implementing a child's IEP or AP by the service coordinator employed by or under contract to a school district.

b. A unit of service for ongoing service coordination includes:

(1) at least two documented contacts per month by the service coordinator relating to the child's ongoing service coordination, and

(2) the provision of all other necessary covered services under ongoing service coordination.

c. These services may include:

(1) acting as a central point of contact relating to IEP or AP services for a child,

New York

Supplement to Attachment 3.1A
Page 1-I7

(2) maintaining contact with direct service providers and with a child and the child's parent or other responsible individual through home visits, office visits, school visits, telephone calls, and follow-up services as necessary,

(3) assisting the child in gaining access to services specified in the IEP or AP, and providing linkage to agreed-upon direct service providers,

(4) discussing with direct service providers that the appropriate services are being provided, following up to identify any obstacles to a child's utilization of services, coordinating the service delivery, and performing ongoing reviews to determine whether the services are being delivered in a consolidated fashion as recommended in the IEP or AP and meet the child's current needs,

(5) providing a child and a child's parent or other responsible individual with information and direction that will assist them in successfully accessing and using the services recommended in the IEP or AP, and

(6) informing a child's parent or other responsible individual of the child's and the family's rights and responsibilities in regard to specific programs and resources recommended in the IEP or AP.

d. Administrative, directive, supervisory, and monitoring services are included as part of the service.

E. Qualifications of Providers of Service Coordination for Children with Disabilities:

1. A provider of Service Coordination for Children with Disabilities shall be a school district within the State that:

a. Operates and contracts for programs with special education and/or related services/accommodations for children with disabilities, in accordance with Article 89 of Education Law, Section 504 of the Rehabilitation Act of 1973 and Programs for Students with Disabilities (8 NYCRR 200); and

b. Is enrolled in MMIS as a SSHSP or PSHSP provider.

Qualifications of Service Coordinators:

1. An individual recommended as a child's service coordinator shall be:

a. Employed by or under contract to a school district;

b. Chosen by the CSE/CPSE/MDT, taking into consideration the:

New York

Supplement to Attachment 3.1A
Page 1-I8

- (1) Primary disability manifested by the child;
- (2) Child's needs, and
- (3) Services recommended in the IEP or AP.

2. A service coordinator must be appropriately licensed or certified and could include an audiologist, school counselor, rehabilitation counselor, registered nurse, practical nurse, occupational therapist, physical therapist, psychologist, social worker, speech therapist, speech pathologist, teacher, school administrator, or school supervisor.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Reimbursement for the development of the IEP or AP is available even if the child's condition is reviewed and not classified, or the parent, on the child's behalf, does not consent to the recommendation and the services are not provided.

Type of Service

Case Management Services Target Group I:

TARGET GROUP:

Children 3 through 21 years old who are federally eligible Medical Assistance Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) recipients and for whom free and appropriate education is provided under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

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a. the child has temporary or long-term needs arising from cognitive, emotional, or physical factors, or any combination of these, which affects the child's ability to learn, and

b. the child's ability to meet general education objectives is impaired to a degree whereby the services available in the general education program are inadequate in preparing the child to achieve his or her education potential.

2. A multi-disciplinary team, called a Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) in the New York State Department of Education regulations for Programs for Students with Disabilities, or Multi-Disciplinary Team (MDT) for programs and activities under 504 of the Rehabilitation Act of 1973 determines that the recipient is a child with disabilities who:

a. Is eligible for special education and/or related services, and

b. Needs an Individualized Education Program (IEP) under Part B (IDEA) or an Accommodation Plan (AP) under Section 504 of the Rehabilitation Act of 1973.

3. The child elects, or the child's parent or other responsible individual elects on the child's behalf, to receive Service Coordination for Children and Disabilities; and

4. The child is not receiving similar case management services under another Medical Assistance Program authority.

METHOD OF REIMBURSEMENT

Reimbursement for case management services provided to children under the New York SSHSP and PSHSP shall be at fees established by the Department of Social Services and approved by the Director of the Budget.