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Administrative Directive

Section 1

Transmittal:	03 ADM 6
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance Office of Medicaid Management
Date:	July 3, 2003
Subject:	Medication Grant Program (MGP) - The Need for Cooperation and Coordination Between Local Departments of Social Services and Mental Hygeine
Suggested Distribution:	Temporary Assistance Staff Medicaid Staff Staff Development Coordinators Fair Hearings Staff Legal Staff
Contact Person(s):	OTDA: DTA Central Team at 1-800-343-9859, ext. 4-9344 DOH: Bureau of Local District Support Upstate (518)474-8216; NYC (212) 268-6855
Attachments:	Attachment 1: Model Memorandum of Understanding Attachment 2: Medication Grant Program Application for Assistance Transmittal/Response Form
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
02 ADM-2 99 INF-4 OMM/ADMs 97-1 97-2 00 OMM LCM-4			Section 15 of Kendra's Law Ch. 408 of Laws of 1999	PASB IV-F-all FSSB IV-I-1	6/6/00 OMM DCL GIS 00 TA/DC011 GIS 00 MA/010

Section 2

I. Purpose

The purpose of this release is to provide:

- Detailed information about local Department of Social Services (LDSS) responsibilities regarding the implementation and operation of the Medication Grant Program (MGP) by the local Department of Mental Hygiene (DMH), and
- Additional information about the Memorandum of Understanding that was introduced by 00 OMM LCM-4 (Attachment 1 of this release), and which includes a Confidentiality Agreement for use by DMH (Att.1, Page 5 of 7), and the Applicant Release Agreement (Att. 1, Page 7 of 7).

II. Background

Section 15 of Chapter 408 of the Laws of 1999 (Kendra's Law) requires the Commissioner of the Office of Mental Health (OMH) to provide grants to counties and New York City for medication and services for certain individuals with mental illness being released from State and local correctional facilities or discharged from hospitals operated or licensed by OMH. Only individuals who have filed a Medicaid application prior to or within seven days of discharge/release from hospitals or correctional facilities may enroll in the MGP.

It is very important that individuals have continuing access to medication and mental health services. The MGP is intended to provide that continuity while a decision is made on an application for Medicaid. In order for the individual to receive the MGP benefit card, the DMH transition manager, discharge planner, or other designee of the local DMH must certify that an application for Medicaid has been filed. Individuals who are determined eligible for Medicaid will be disenrolled from the MGP as soon as their Medicaid approval is confirmed. Pursuant to Section 15(b) of Kendra's Law, local DMHs are required to provide to OMH the appropriate information to file Medicaid claims to recover the costs of the grant program for these individuals. In the event that the Medicaid application is denied, the local DMH should identify other funding streams to insure that the individual continues to receive necessary medication and services.

Previous releases regarding this subject were GIS 2000 TA/DC011, GIS 00 MA/010, and a Dear Commissioner letter issued by the Office of Medicaid Management (OMM) and the Office of Temporary and Disability Assistance (OTDA) dated June 6, 2000. The letter provided a copy of the information that was provided to County Department of Mental Hygiene (DMH) agencies by NYS Office of Mental Health (OMH). In addition, the MOU was introduced in 00 OMM LCM-4.

III. Program Implications

Cooperation, coordination and exchange of information between DMH and LDSS are required and are vital to the success of the MGP.

IV. Required Action

A. TEMPORARY ASSISTANCE, FOOD STAMPS AND MEDICAID

LDSSs must cooperate with the local DMHs in developing and following the procedures outlined in the Memorandum of Understanding (MOU) (Attachment 1) and adding any other

procedures that will contribute to the most efficient and cooperative effort on behalf of individuals with mental illness whom Section 15 of Kendra's Law is intended to help.

The local DMH, through the transition manager or discharge planner, will be responsible for working with the individual and certifying that the individual has filed an application for Medicaid. For that reason, a workgroup of DOH, OMH and OTDA staff determined that the local DMH should be authorized to accept an application for Medicaid. Applications should be completed for mentally ill individuals who are expected to meet Medicaid eligibility criteria. The date that the local DMH receives the signed, completed application will be considered the filing date of the application. The local DMH can then certify that the individual has applied for Medicaid. At that point, the individual is eligible for the MGP and may immediately be issued his or her MGP benefit card by local DMH staff or their official designee. Note that the MGP card is not a Medicaid card.

Most individuals leaving correctional facilities and who need Medicaid, will also be expected to need Temporary Assistance and Food Stamps.

i. Temporary Assistance (TA)

Applicants for TA who are mentally ill and eligible for participation in the MGP are subject to all appropriate TA eligibility rules including, but not limited to finger imaging; drug/alcohol screening, assessment and treatment requirements; and, for Safety Net Assistance (SNA), the 45 day waiting period.

Pre-release Application. Procedures in some LDSSs call for the denial of an application for Temporary Assistance if filed while the individual is still institutionalized, even if the individual is expected to be released within 45 days, the "waiting period" for SNA applicants. Because Section 15 of Kendra's Law provides that the individual must file a Medicaid application while still institutionalized or within seven days of discharge or release, that Law takes precedence. Applications for TA and Medicaid filed by individuals through the local DMH within 45 days of their release must not be denied solely because the individual is currently institutionalized. The 45 day count starts on the application date, which means the date the local DMH receives the signed, completed application.

Drug/alcohol dual diagnosis. Whenever an individual who is required to be assessed, is assessed as a drug and/or alcohol abuser that makes the individual unable to work, the individual is mandated to treatment. This is true whether or not other disabling conditions co-exist. The district should, however, pursue Supplemental Security Income (SSI) eligibility for anyone who reasonably appears to qualify, or otherwise appears to be eligible.

Immediate needs. The mandates found in 02 ADM-2 and in the Public Assistance Source Book (PASB) section IV-F regarding identifying immediate needs, addressing immediate needs, and notifying applicants of the district's decision about the immediate need, also must be followed by districts for applicants whose applications are taken by the local DMH.

In no event shall assistance be provided to an individual who has not yet been released from a correctional facility. However, as part of the MOU the LDSS and the local DMH must decide how immediate needs will be identified and addressed once the individual is released.

ii. Food Stamps

The mandates regarding expedited screening for food stamps (Food Stamps Source Book IV-I-1) must be followed for applicants whose applications are taken by the local DMH as well.

NOTE: USDA and OTDA rules prohibit the denial of applications for food stamps solely because an individual, due to be released, is institutionalized at the time of application.

iii. Medicaid

For a drug/alcohol dual diagnosis, the screening, assessment and treatment requirements are not a condition of eligibility for disabled Medicaid-only applicants. Adult applicants or recipients who are not certified blind or disabled or pregnant and who are single or childless couples must comply with screening, assessment and treatment requirements. (See 97 OMM/ADM-2 and GIS00MA/005 for information concerning drug and alcohol screening for Medicaid applicants). Individuals who have a potentially disabling physical or mental impairment (other than substance abuse) should be referred to the Medicaid disability review team for a disability determination.

NOTE: In the event that the individual has applied for TA and Food Stamps but has not indicated on the common application that he or she wants Medicaid, do not assume that the individual does not want Medicaid. Rather, determine whether he or she wants Medicaid and process the application accordingly.

B. MEMORANDUM OF UNDERSTANDING (MOU)

The model MOU was developed in order to provide a framework for a cooperative plan and agreement regarding the operation of the MGP at the local level. The main goal of this is to allow for the most timely and expeditious filing and processing of the Medicaid application for individuals who are eligible for the MGP.

Under the MOU, the LDSS will:

- Provide complete application packages to DMH and notify DMH of any change in forms or procedure that could affect the application filing process;
- Inform DMH of any incomplete or incorrect applications and assist as needed with corrective action;
- Work with the DMH or designee to secure needed documentation;
- Notify the DMH or designee of required eligibility appointments;
- Notify the DMH of the Medicaid application acceptance or denial by using the Medication Grant Program Application for Assistance Transmittal/Response Form;
- The MOU must state each party's responsibility to insure that the Temporary Assistance Immediate Needs and the Expedited Food Stamps Screening mandates are met. For example, the DMH staff or designee may conduct the expedited screening and transmit the sheet with the application to the LDSS. The DMH staff or designee may assess the individual's community needs prior to release. The individual's housing, furnishings needs, etc. also should be determined as early as possible before discharge;
- Inform the DMH about both the TA and the final Medicaid decision when the Temporary Assistance application has been denied but a separate determination is being made on the Medicaid application;
- Establish a liaison to work with DMH on MGP individuals' applications for Medicaid, Temporary Assistance and Food Stamps.

C. CONFIDENTIALITY AGREEMENT

Although a LDSS may make modifications to the MOU to include procedures that are agreed to by the DMH, no change or deletion can be made to any paragraph that mentions confidentiality or release forms or signatures required on the confidentiality agreements or release forms.

No page of the MOU can be deleted from the MOU even though the information regarding confidentiality is repeated more than one time in the MOU.

The local DMH or their official designee who will be taking applications for Temporary Assistance, Medicaid and Food Stamps on behalf of the MGP eligible individuals, must sign the confidentiality agreement section (Attachment 1, page 5).

D. APPLICANT RELEASE AGREEMENT

The transition manager or the discharge planner who assists the individual with mental illness to complete an application will have the applicant sign the Applicant Release Agreement (Attachment 1, page 7). By signing that agreement, the applicant agrees that the information on the application to determine MGP and Medicaid eligibility may be shared only with the State Medicaid Program, State Office of Mental Health, local social services district, local Department of Mental Hygiene and its official designees providing the application assistance and First Health Services Corporation, which will provide MGP billings and payments.

E. DISTRICT OF FISCAL RESPONSIBILITY

Districts are responsible for individuals found in their district unless fiscal responsibility is accepted by another district under the District of Fiscal Responsibility (DFR) rules. When the district believes that an individual is the responsibility of another district and that district does not agree, the where-found district must process the application and provide assistance to eligible individuals. Districts then may pursue the appropriate interdistrict hearing process.

F. NON-PARTICIPATING LOCAL DMH

Section 15 does not require local DMHs to participate in the program. Therefore, LDSSs may receive an application from a discharge planner on behalf of an applicant with the indication that the individual would be eligible for the MGP but for the fact that the local DMH does not participate. In such a case, the LDSS must make every attempt to make a decision about Medicaid eligibility as soon as possible and, if eligible, issue the individual a Medicaid card.

LDSSs are encouraged to contact the local DMH to determine what services and programs are available to individuals who are denied Medicaid but who need mental health medication and services and to refer individuals to DMH for available programs.

G. APPLICATION COVER FORM

Attachment 2 is the Medication Grant Program Application for Assistance Transmittal/Response Form. This form will be used by the local DMH to transmit the application to the LDSS and for the LDSS to inform the local DMH of the application decision.

H. CONTROL AND TRACKING

It is important that the LDSS control and track these applications for the following reasons:

- In most cases, the individual will go to the LDSS after his/her application has been received by the LDSS. The individual must be matched to the application on file and not required to file a new application;
- The local DMH must know the outcome of the application for Medicaid in order to dis-enroll the Medicaid eligible person from the MGP or to refer the Medicaid ineligible person to other supports and services;
- If the individual applies for but is not eligible for TA or withdraws the TA application, eligibility for Medicaid must be determined and the DMH notified about the separate determination.

I. COORDINATION BETWEEN THE LOCAL DMH AND THE LDSS

The coordination, communication and cooperation between the LDSS and the LDMH is extremely important for the success of the MGP and to the ability to work with the mentally ill population that the MGP is intended to help.

This is true not only for the completion and submission of the application, and the notification of the LDSS decision about eligibility, but also during the eligibility determination process and after.

For example, the LDSS should inform the LDMH about the eligibility requirements such as Drug/Alcohol (D/A) screening. The LDMH should understand that D/A assessments may be required and D/A treatment could be mandated. If the LDSS knows that the individual has missed an appointment, that information should be communicated to LDMH for their assistance in getting the person to follow through with the necessary appointments. If the LDMH knows about an address change for the individual, the established lines of communication should result in that information being passed to the LDSS.

V. EFFECTIVE DATE

The effective date is the date of release, retroactive to the date of the GIS message, June 19, 2000.

Issued By

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