



David A. Paterson
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Hansell
Commissioner

Administrative Directive

Section 1

Transmittal:	08-ADM-03
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	June 25, 2008
Subject:	Substance Abuse Treatment for Adolescents – Conversion of Some Facilities that Treat Adolescents from Congregate Care Level 2 to Medical Facilities Under Residential Rehabilitation Services for Youth (RRSY)
Suggested Distribution:	Temporary Assistance (TA) Directors Medicaid (MA) Directors Food Stamps Directors Substance Abuse Caseload Coordinators LDSS CASACs Employment Coordinators Staff Development Coordinators
Contact Person(s):	Center for Employment and Economic Supports at 1-800-343-8859 <ul style="list-style-type: none"> • Temporary Assistance Bureau at extension 4-9344 • Food Stamps Bureau at extension 3-1467 • Employment and Advancement Services Bureau at extension 6-6106 Medicaid Local District Liaisons: Upstate (518)474-8887; New York City (212)417-4500 Office of Alcoholism and Substance Abuse Services (OASAS): <ul style="list-style-type: none"> • Ilyana Metzler at (518) 485-2207, or • Maria Morris-Groves at (518) 485-2123 Office of Children and Family Services (OCFS): OCFS Regional Representatives
Attachments:	Attachment 1 – CONSENT FOR RELEASE OF INFORMATION CONCERNING ALCOHOLISM/DRUG ABUSE PATIENT Attachment 2 – Programs Converting to Part 817 – Residential Rehabilitation Services for Youth (RRSY) Attachment 3 - Medicaid County Contact List
Attachments Available On – Line:	yes

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR 352.9, 352.31(a), 387.1	14 NYCRR Part 817 SSL 62 (5) (d), 366 (4) (s)		GIS 07TA/DC009

Section 2

I. Summary:

This Administrative Directive (ADM) informs local departments of social services (local districts) about amendments to the Office of Alcoholism and Substance Abuse Services (OASAS) regulations establishing a new program affecting a small number of cases that currently receive Temporary Assistance (TA), Food Stamps (FS) and Medicaid (MA). Some children in Foster Care may also be affected.

A. New Program:

OASAS is in the process of implementing the new OASAS-certified Part 817 Chemical Dependence Residential Rehabilitation Services for Youth (RRSY) Programs. The New Part 817 programs are created by converting existing OASAS-certified Part 819 Long Term Chemical Dependence Intensive Residential and Part 820 Short / Long Term Residential Chemical Dependency for Youth Programs into the new RRSY programs.

B. Reimbursement Changes:

The conversion of the Part 819 and Part 820 Long Term programs will change Level 2 Congregate Care (CC2) facilities to medical facilities, the cost of which is an MA covered benefit. MA already reimburses the existing Part 820 Short Term programs.

C. Impact on Temporary Assistance, Medicaid Status and Foster Care Payment:

Changes to the adolescents' or their families' assistance status may occur as these facilities convert from CC2 to medical facilities. Additionally, this change excludes MA-eligible adolescents who are in an RRSY program from enrolling in an MA managed care program. If a foster child was placed into an affected facility, the foster care payment to the facility will cease.

D. Provider, District and State Responsibilities:

As the programs convert to the new RRSY program model, providers, local social services districts and state agencies each have responsibilities to ensure that the appropriate action is taken to:

- re-budget or close the adolescent's TA case;
- close any active single household FS case;
- make a separate MA determination for individuals no longer eligible for TA; and,
- if the adolescent continues to be MA eligible, enter the appropriate MA managed care exclusion coding into the restriction / exception code subsystem.

II. Purpose

OASAS regulations at Part 817 of Title 14 NYCRR establish a new, "Chemical Dependence Residential Rehabilitation Services for Youth" (RRSY) program. Under this program, adolescents (no older than 21) will receive medical and psychiatric care, a higher staff-to-patient ratio and substance abuse treatment and rehabilitation. Because of this regulation, certain substance abuse treatment programs will be converted from OASAS-certified Congregate Care Level 2 (CC2) facilities to OASAS-certified Chemical Dependence Residential Rehabilitation Services for Youth facilities. Under the new designation, facilities **may be reimbursed** by MA.

Conversion of existing Treatment Models to the RRSY Model will be staggered over a three-year period, with individual RRSY facilities becoming MA providers at various times based on provider readiness.

This directive provides specific information necessary to assure a smooth transition for adolescents who are TA recipients to the MA **reimbursed** Chemical Dependence Residential Rehabilitation Services for Youth program.

III. Background

A. Current Treatment Models:

Currently, adolescents requiring inpatient/residential treatment are primarily served in two modalities:

Part 819 Long Term Chemical Dependence Intensive Residential Rehabilitation Services Program:

These programs are reimbursed through CC2 funds, are not age specific, and generally accommodate the Therapeutic Community (TC) treatment model.

Part 820 Short / Long Term Residential Chemical Dependency for Youth Program:

These programs are for youth only and are based on a professionally directed therapeutic model. Part 820 Long Term programs are reimbursed through CC2 funds and Part 820 Short Term Programs are reimbursed through MA.

B. New Treatment Model - The RRSY Part 817 Chemical Dependence Residential Rehabilitation Services for Youth:

In response to changes in the clinical needs of the adolescent population and to stabilize funding for adolescent chemical dependence residential programs, OASAS has developed the new Part 817 Chemical Dependence Residential Rehabilitation Services for Youth Program (RRSY):

- Under this program, adolescents (no older than 21) will receive medical and psychiatric care, a higher staff-to-patient ratio and substance abuse treatment and rehabilitation.
- All RRSY programs will convert to medical facilities and as such will be reimbursed through MA. Those adolescent residential programs that were reimbursed through CC2 funds will no longer be reimbursed by TA.
- All RRSY MA patients are excluded from enrollment in an MA managed care plan for the period they are admitted patients at the RRSY.

C. Program Implementation Timeframe:

To promote an orderly process for both implementing the RRSY programs and processing the associated changes in patients' TA and MA status, OASAS has developed a staggered program conversion schedule.

- Statewide, there are a total of twenty (20) residential adolescent providers that are anticipated to convert to an RRSY provider.
- The conversion process will occur over a three-year period and conversion of individual programs will be staggered within each year.
- All programs will have a first of the month conversion date.
- The first group of providers converted to the new RRSY category, effective August 1, 2007.
- The schedule of anticipated dates of conversion by facility is attached. (See Attachment 2)

IV. Program Implications

The change of a facility from CC2 to an RRSY facility will affect the TA and FS eligibility for adolescents receiving treatment in the facility. MA may also be affected.

Local district TA, FS and MA workers must be aware of the changes as they are scheduled to occur and must take the appropriate timely action.

V. Required Action

A. Provider Action – Timeframes That Providers Must Meet in Order for Conversion to Occur on Schedule.

To meet conversion timeframes and ensure access to MA, the RRSY programs must complete certain administrative and operational benchmarks prior to the scheduled conversion date.

- Five weeks prior to the scheduled conversion date, providers will complete the OASAS form 0410, “Part 817 Residential Rehabilitation Services for Youth – Temporary Assistance (TA) and Medicaid (MA) Client List to Close Clients CC2” and alert districts to the client’s change in living arrangement so that TA, Medicaid and FS eligibility can be redetermined.
- This initial list will provide the name, Client Identification Number (CIN), TA or MA case number if known, the district of fiscal responsibility (DFR), and the effective date. The form will report only adolescents expected to be in the facility at the time of the conversion.
- Four weeks prior to conversion the provider **MUST** simultaneously transmit this list to the: a) TA Director and MA Director (see Attachment 3 for the MA County Contact List) for each specific adolescent’s DFR, and b) the State Department of Health, Office of Health Insurance Programs, Division of Managed Care, as well as to OASAS.
- Providers have been advised that failure to transmit the client list may jeopardize the RRSY provider’s conversion process and access to Medicaid reimbursement for the RRSY service.

B. District Action

When the DFR receives the list, the district will have to redetermine eligibility for TA, FS and MA for the individual and for the individual’s family, if applicable, according to the program specific instructions following.

C. Program Specific Instructions

1. Temporary Assistance

a. **Adolescents anticipated being in residence upon the initial program conversion date: converting clients from CC2 to MA**

- Single person case:

The TA case of a single person (adolescent is not temporarily absent from a family unit) will close and a separate MA determination must be made. The TA case is closed because the adolescent will not have a CC2 rate expense or CC2 personal needs allowance (PNA). The adolescent will not be eligible for a PNA through TA.

- Multi-person case:

The family's TA budget must be recalculated. Currently, the budget is based on the basic allowance, HEA and SHEA of the family members not in treatment, the shelter (and fuel, if appropriate) allowance for all family members including the temporarily absent individual, and the CC2 rate and CC2 PNA as additional needs.

Now, the basic allowance, HEA and SHEA, shelter (and fuel) will be based on the entire family including the temporarily absent member. The CC2 rate and PNA will be removed from the budget. Any income of the family will be counted against this reduced standard of need.

Districts will send the appropriate timely and adequate notice at least 10 days in advance of the effective date of the action. Any negative action taken on the TA case requires a separate MA determination. (See Section V.C.5 Notices below.)

Note: Federal regulations (45 CFR 261.11) require that all individuals receiving temporary assistance who are 18 and older (including 16- or 17-year-olds who have not completed high school or obtained a certificate of high school equivalency and are not attending secondary school) and who are part of a household with dependent children must be assessed, including but not limited to: a review of the individual's educational level, basic skills proficiency, prior work experience, training and vocational interest, and child care and other supportive services needs. Districts should use information that is readily available to the district or through the treatment provider and individual to complete the assessment, as required, for individuals who are attending a residential treatment program and continue to receive temporary assistance based on the district's determination that the individual is temporarily absent from a household with dependent children that is receiving temporary assistance.

b. Adolescents who enter the facility during the 30-day period prior to conversion

There may be a change to a district's first list due to an entry into the program by an adolescent who is the district's responsibility. These additions are expected to be very few. However, in the event that such an addition becomes known to the LDSS, the LDSS must make the appropriate determination of eligibility for the individual for the period during which a TA need exists.

(1) TA Recipients:

o Single Person Case:

The LDSS must provide timely and adequate notice (See Section V.C.5 Notices) to close the TA case effective the date of the conversion, and notify the adolescent that a prorated CC2 shelter amount and a full, unprorated CC2 PNA will be sent to the facility for the month of entry into the facility. The LDSS must provide the start date and the end date of the CC2 payment and the amount of the PNA in the notice. Any TA negative action requires a separate determination for MA.

o Multi-Person Case – Adolescent Temporarily Absent From Family Case:

The full TA needs for the adolescent who is temporarily absent from a family case will be included in the family's standard of need once the facility converts to a Medicaid-funded facility.

The LDSS must provide a manual notice to inform the head of household of the adolescent's eligibility for an additional allowance for part of the month of entry into the program, the prorated CC2 payment and the full, unprorated CC2 PNA. That manual notice is the LDSS-4002 "Action Taken on Your Request for Assistance to Meet an Immediate or Special Allowance." The LDSS must specify the start date and the end date of the additional allowances. State in the notice that in the following month, the additional allowance will not be paid to the facility as the facility is now considered a medical facility and is **reimbursed** by the MA program for eligible MA recipients. Also inform the recipient that MA will be continued until a separate MA determination is made.

Because the adolescent will receive the full CC2 PNA for the month, his or her incremental share of the basic allowance, HEA and SHEA from the day of entry into the program will be an overpayment. Timely and adequate notice to establish the overpayment must be provided.

(2) TA Applicants:

o Single Person Case:

The LDSS must provide notice of Action Taken on Your Application (See Section V.C.5 Notices) to inform the individual of his or her denial of TA because the individual has no TA needs. Inform the individual that a one-time payment will be made to the facility for the prorated CC2 shelter cost and the unprorated CC2 PNA. Specify the start and end period of those allowances. A separate MA determination must be made.

o Multi-Person Case – Adolescent Temporarily Absent From Family Case:

The LDSS must provide notice of Action Taken on Your Application (See Section V.C.5 Notices) to inform the head of household of the district's determination of the household's eligibility. If eligible in the month of application (the month the adolescent enters the facility), include on the notice that a one-time payment will be made to the facility for the prorated CC2 shelter cost and the unprorated PNA. Specify the start and end period of those allowances. A separate MA determination must be made.

Then, inform the head of household of the benefit amount the family will receive on an ongoing basis starting in the second month (the effective month of the conversion).

c. Adolescents Entering the Chemical Dependence Residential Rehabilitation Services for Youth (RRSY) program (post conversion)

If the applying individual lived with his or her family prior to entering the treatment program, determine if the individual is a temporarily absent member of a multi-person household. That is, does the individual intend to return to the family unit after treatment is completed? If the adolescent is not temporarily absent, the individual will not be eligible for TA since he or she will have no unmet needs. If the TA case is closed, an MA separate determination must be done.

If the adolescent is a temporarily absent member of a multi-person application/case, determine eligibility for the applying household with the temporarily absent person in the household and case count. If the adolescent is under the age of 18, filing unit rules apply and the adolescent's natural and adoptive parents and blood related siblings (if under age 18) must also apply. If the adolescent is age 18, 19 or 20, Allen budgeting applies. (See Temporary Assistance Source Book, Chapter 13, Section F, "Non-Applying or Ineligible Parents or Spouses")

2. Food Stamps

Residents of medical facilities or institutions are not eligible to receive FS benefits.

Residents of facilities affected by this conversion who are in receipt of FS benefits must have their FS case closed effective the last day of the month immediately preceding the month of conversion. Facilities will be converted effective the first day of the month of conversion. For example, a FS recipient who is a resident of a facility scheduled for conversion effective August 1st should be given timely and adequate notice and have his/her case closed effective July 31st. FS Reason Code “E72-institutionalized” should be used for these closings.

Information verifying that a food stamp recipient has entered an RRSY facility should be processed in the same manner as any other verified report of a household member leaving a FS household.

3. Medicaid

- For adolescents who continue to be TA eligible, ongoing or during the conversion month, MA is authorized via the TA case.
- For adolescents who are no longer TA eligible, MA must be continued until a separate MA determination is made using community Low-Income Families (LIF) or expanded levels for children budgeting (for non-SSI children). The household size includes legally responsible relatives and applying siblings with whom the adolescent was residing prior to entering the RRSY program.
- For adolescents that are no longer TA eligible and are SSI-related and expected to remain out of the household for 30 days or more, SSI budgeting is used for a household of one.
- If the adolescent continues to be MA eligible, authorize with MA coverage code 01, full coverage.
- Adolescents in RRSYs are not eligible for enrollment in MA managed care and must be dis-enrolled if enrolled in a health plan. They must be coded “90, and excluded from managed care enrollment”, on the restriction/exception subsystem.
- Send the appropriate notice indicating the ongoing or closing status of the adolescent’s, and the family’s, Medicaid eligibility.

4. District of Fiscal Responsibility (DFR)

Because the Chemical Dependence Rehabilitation Services for Youth programs are considered medical facilities, individuals entering, or in the program at the time of

conversion, will continue to be the responsibility of the district of residence at the time of entry into the program if the individual remains outside the original district of residence when the program is completed.

This policy is based on the medical rule found in SSL §62.5(d).

5. Notices

As stated above, appropriate notice must be sent. The notice must be timely notice when a benefit will be reduced or a case closed. Workers must use the manual notice, DSS-4015A and B to inform the individual about the change in his or her status. Use the no notice indicator to inhibit the CNS notice and complete a manual notice.

a. Temporary Assistance Notice Language – Upstate

- Single Person Case - Closing: Use WMS case level reason code “Y99 – Other” and provide the following reason language.

"This is because you no longer have needs eligible to be met by public assistance.

Even though you remain in your residential substance abuse program, the State rules about how the program will be paid have changed. The program is now an OASAS certified "Chemical Dependence Rehabilitation Services for Youth" program and the cost of the program are paid by Medicaid.

This decision is based on 18 NYCRR 352.29, 352.31(a) and 14 NYCRR Part 817."

- Multi-person case: The family's TA budget must be recalculated as discussed in V.C.1 above.

Workers must use the manual notice, the LDSS-4015A and B to inform the household about the change in the family's eligibility or grant amount due to the adolescent's reduced need. The following language must be used to explain the reason for the change or closing.

"This is because the needs of (NAME) have changed and that has changed the standard of need for your household.

Even though (NAME) remains in the residential substance abuse program, the State rules about how the program will be paid have changed. The program is now an OASAS certified “Chemical Dependence Rehabilitation Services for Youth” program and the cost of the program is paid by Medicaid.

In addition to the cost of the treatment program being removed from your budget, (NAME) will no longer receive a personal needs allowance but his/her basic needs allowance has been added into your TA budget.

See enclosed budget worksheet.

This decision is based on 18 NYCRR 352.29, 352.31(a) and 14 NYCRR Part 817."

b. Temporary Assistance Notice Language – New York City

New York City will use PA case closing code G55 – “In OASAS Chemical Dependence Residential Rehabilitation Services for Youth Program”. Use of that closing code will produce the same TA language that upstate districts will use, as in section V.C.5.a above.

c. Food Stamps Notice Language

The Food Stamp case of the single adolescent who is in a CC2 at the time of conversion will be closed effective the last day of the month before the conversion with the following language:

“You are in a medical facility and therefore not eligible for food stamp benefits.

This decision is based on 18 NYCRR 387.1.”

An adolescent who enters a facility after the conversion must be issued an adequate notice using individual reason code E72, Institutionalized.

d. Medicaid Notice Language

The CNS language should include the following MA language for all children **under 19**.

“We will continue/extend the Medical Assistance until _____ for:

Name Client I.D. #

Name #

Name #

This is because certain children up to age nineteen who have been determined eligible for Medical Assistance remain eligible for benefits for twelve continuous months from the date that they were determined eligible or until they reach the age of nineteen, whichever is earlier. Before the date that continuous Medical Assistance will end, you will receive a letter telling you how to recertify for Medical Assistance for the child(ren).

When the client is determined eligible for Medicaid, use Paragraph Number I0077.

When the client will receive continuous coverage, use Paragraph Number I0058.

When Medicaid is continued until a separate determination of Medicaid eligibility is made use Paragraph Number I0026 or I0008.

This decision is based on Social Services Law 366(4)(s).”

For recipients **over 19**, the CNS language should indicate that:

Your Medical Assistance will continue until a separate review is made to determine if you are still eligible.

When a client over the age of 19 is closed, the Paragraph Number appropriate for the denial reason code should be used.

In NYC, use of TA case closing code G55 “In OASAS Chemical Dependence Residential Rehabilitation Services for Youth Program” will drive the correct MA language.

VI. Systems Implications

- A. Upstate – workers should use CNS case level reason code Y99 – Other when closing or denying an adolescent in an affected treatment facility with no TA needs. As stated above, a manual notice must be issued.
- B. NYC – G55 “In OASAS Chemical Dependence Residential Rehabilitation Services for Youth Program” has been developed.
- C. Medicaid Managed Care – Statewide

1. Initial Facility Conversion

The Division of Managed Care & Program Evaluation will use the **initial** patient roster to:

- Process a one-time pre-coding for current Medicaid covered RRSY patients and enter the Code 90 into the restriction/exception code subsystem.
- Dis-enroll RRSY residents from Medicaid managed care and send client disenrollment notices to the patient.

2. Entries Post-Conversion

Required LDSS/New York Medicaid Choice Action on an **ongoing** basis:

- The LDSS/New York Medicaid Choice will receive a fax from the RRSY facility transmitting the Admission/Discharge Medicaid Managed Care Disenrollment Notification form.
- The LDSS/New York Medicaid Choice will enter a code 90 in the restriction/exception code subsystem and send the client a disenrollment notice.

3. Upstate TA Cases

LDSS TA must contact the Managed Care Coordinator to determine the LDSS process for input of the restriction/exception code 90 to ensure there is no delay in the MA coverage change.

VII. Additional Information (Optional)

- A. Accumulated PNA – Any accumulated PNA remaining in the adolescent’s account at the facility at the time of the conversion becomes the property of the adolescent and is no longer a conditional payment, unless the adolescent left the program prior to completion while the program funding was still under TA. In that event, the accumulated PNA must be returned to the issuing LDSS by the program.
- B. Consent form - OASAS has developed a consent form to facilitate the exchange of information between the facility and the LDSS. (See Attachment 1 for a copy of the consent form.)

Issued By

Name: Russell Sykes
Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Support