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State/Territory Name: New York

State Plan Amendment (SPA) #:15-0031

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278

CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JM

September 4, 2015

Jason Helgerson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP – 1211)
Albany, New York 12237

RE: NY SPA #15-0031

Dear Mr. Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #15-0031 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2015. This SPA proposes to clean-up the Targeted Case Management (TCM) section of the State Plan for Target Groups A (TASA), E (Connect) and F (NBA) per the NY SPA 10-38 Companion Review letter issued on March 9, 2011. Approved SPA 11-83 terminated reimbursement for TCM Groups A, E and F because they were moved to managed care.

Enclosed are copies of SPA #15-0031 as approved. If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or John Montalto. Mr. Holligan may be reached at (212) 616-2424, and Mr. Montalto's telephone number is (212) 616-2326.

Sincerely,

/s/

Ricardo Holligan
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: RHolligan
SJew
RDressel
MLopez
RWeaver
KKnuth
PMarra
JMontalto

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **15-0031**

2. STATE: **New York**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2015

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
§ 1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: **(in thousands)**
a. FFY 04/01/15-09/30/15 $ 0
b. FFY 10/01/15-09/30/16 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 1 to Att. 3.1-A: Pages 1-A1, 1-A1a, 1-A2, 1-A3, 1-A4, 1-A5, 1-A6, 1-A7, 1-A8, 1-A9, 1-A10, 1-A11, 1-A12, 1-E, 1-E1, 1-E1a, 1-E2, 1-E3, 1-E4, 1-E5, 1-E6, 1-F1, 1-F1a, 1-F2, 1-F3, 1-F4, 1-F5, 1-F6, 1-F7, 1-F8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Supp. 1 to Att. 3.1-A: Pages 1-A1, 1-A1a, 1-A2, 1-A3, 1-A4, 1-A5, 1-A6, 1-A7, 1-A8, 1-A9, 1-A10, 1-A11, 1-A12, 1-E, 1-E1, 1-E1a, 1-E2, 1-E3, 1-E4, 1-E5, 1-E6, 1-F1, 1-F1a, 1-F2, 1-F3, 1-F4, 1-F5, 1-F6, 1-F7, 1-F8

10. SUBJECT OF AMENDMENT:
Target Group A, E & F (Companion Review Cleanup)
(FMAP = 50%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director**
Department of Health

15. DATE SUBMITTED: JUN 2 6 2015

16. RETURN TO:
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
SEPTEMBER 04, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APRIL 05, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
RICARDO HOLLIGAN

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

FORM HCFA-179 (07-92)

New York
1-A1

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES]

[A. **Target Group: A**

B. **Areas of State in which services will be provided:**

[ ] **Entire State.**

[X] **Only in the following geographic area (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:**

The counties of Albany, Allegany, Cattaraugus, Cayuga, Chemung, Columbia, Cortland, Dutchess, Franklin, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621, and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates, and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5, 8, 9, 16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3, 4, 6, 7, 8, 11-13, and Richmond Commun. Dist. 1-3)

C. **Comparability of Services**

[ ] **Services are provided in accordance with Section 1902(a)(10)(B) of the Act.**

[X] **Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.**

D. **Definition of Services:**

See attached.

E. **Qualification of Providers:**

See Page 1-A10.]

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1-A1a

[F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

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

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1-A2

CASE MANAGEMENT SERVICES

[A. **TARGET GROUP**

The primary targeted group consists of an adolescent, male or female, under 21 years of age who is a categorically needy or medically needy Medicaid eligible and is a parent and resides in the same household with his or her child(ren), or is pregnant.

The target group may also consist of any eligible child of an adolescent or any adolescent, male or female under 21 years of age, who is a categorically needy or medically needy Medicaid eligible and is deemed to be at risk of pregnancy or parenthood and meets one or more of the following at-risk criteria:

1) receives public assistance in his or her own right;

2) is homeless or at imminent risk of becoming homeless;

3) has had an abortion or miscarriage

4) has had a pregnancy test, even if the test outcome was negative;

5) is sexually active;

6) is the non-custodial mother or father of a child;

7) is the younger sibling of an individual who was or is a teenage parent;

8) is a rape or incest victim;

9) has dropped out of high school without graduating;

10) is having academic and/or disciplinary problems in school;

11) requests case management activities, or his or her authorized representative requests such activities on behalf of the adolescent; or

12) is the child of adolescent parent(s).

Sixty percent of the current ADC cases in New York State are headed by mothers who were teenagers when they gave birth to their first child. The goal of case management for this target population is to provide access for youth to medical, educational, employment and other services which will increase their potential to become financially independent. Case management services continue for this target population through age 21.]

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[B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP A

Case management services will be provided to residents of the following counties: Albany, Allegany, Cattaraugus, Cayuga, Chemung, Columbia, Cortland, Dutchess, Franklin, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621, and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5, 8, 9, 16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3, 4, 6, 7, 8, 11-13, and Richmond Commun. Dist. 1-3)

D. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

BASIC PREMISES OF COMPREHENSIVE MEDICAID CASE MANAGEMENT

1. Case management services are those services which will assist persons eligible for Medical Assistance to obtain needed medical, social, psychological, educational, financial, and other services.

2. Case management is a human services agency tool for the effective management of multiple resources for the benefit of individuals identified as high utilizers of service, or having problems accessing care, or belonging to certain age, diagnosis or specialized program groups. Effective management is concerned with service: the quality, adequacy and continuity of service, and a concern for cost effectiveness to assure each eligible individual served receives the services appropriate to their needs. Targeted groups consist of persons with multiple needs or high vulnerability who require intensive and/or long term intervention by health and other human services providers.]

[3. Case management services enable Medicaid eligibles to exercise their freedom of choice by providing knowledge of services available to them, providing access to the most appropriate service to meet their needs and assisting them to achieve their maximum level of functioning and independence in their most appropriate environment. Case managers do not have the authority to prior authorize Medicaid service or to limit the amount, duration or scope of Medicaid services.

4. Case management empowers the individual by encouragement in the decision making process, allowing choice among all available options as a means of moving the individual to the optimum situation where the person and/or his/her support system can address his/her needs. Case management implies utilization and development of such support networks as will maximize the effectiveness, efficiency and accountability of support services on behalf of the individual.

DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP A

Case management for Target Group A means those activities performed by case management staff, in consultation with an adolescent parent of an eligible child or with a eligible adolescent and other individuals involved with the child or adolescent if appropriate, related to ensuring that the adolescent and child have full access to the comprehensive array of services and assistance available in the community which the adolescent needs to maintain and strengthen family life and to attain or retain capability for maximum self support and personal independence.

Case management for Target Group A requires referral to and coordination with medical, social, educational, psycho-social, employment, habilitation, rehabilitation, financial, environmental, legal and child care services available within the community appropriate to the needs of the adolescent.

CASE MANAGEMENT FUNCTIONS

Case management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case and with each recipient's involvement. A separate case record must be established for each individual recipient of case management services and must document each case management function provided, including:]

New York
1-A5

[A. Intake and screening.

This function consists of: the initial contact with the recipient providing information concerning case management; exploring the recipient's interest in the case management process; determining that the recipient is a member of the provider's targeted population; and, identifying potential payors for services.

B. Assessment and reassessment.

The case manager must secure directly, or indirectly through collateral sources, with the recipient's permission: a determination of the nature and degree of the recipient's functional impairment through a medical evaluation; a determination of the recipient's functional eligibility for services; information from other agencies/individuals required to identify the barriers to care and existing gaps in service to the recipient; assessment of the recipient's service needs including medical, social, psychosocial, educational, financial and other services; and, a description of the recipient's strengths, informal support system and environmental factors relative to his/her care.

C. Case Management plan and coordination.

The case management activities required to establish a comprehensive written case management plan and to effect the coordination of services include: identification of the nature, amount, frequency, duration and cost of the case management services required by a particular recipient; selection of the nature, amount, type, frequency and duration of services to be provided to the recipient with the participation of the recipient, the recipient's informal support network and providers of services; specification of the long term and short term goals to be achieved through the case management process; collaboration with hospital discharge planners, health care providers and other service providers, including informal caregivers and other case managers, through case conferences to encourage exchange of clinical information and to assure:

1. the integration of clinical care plans throughout the case management process;
2. the continuity of service;
3. the avoidance of duplication of service (including case management services); and,]

[4. the establishment of a comprehensive case management plan that addresses the medical, social, psychosocial, educational, and financial needs of the recipient.

D. **Implementation of the case management plan** includes: securing the services determined in the case management plan to be appropriate for a particular recipient through referral to those agencies or persons who are qualified to provide the identified services; assisting the recipient with referral and/or application forms required for the acquisition of services; advocating for the recipient with all providers of service; and developing alternative services to assure continuity in the event of service disruption.

E. **Crisis intervention** by a case manager or practitioner when necessary, includes: assessment of the nature of the recipient's circumstances; determination of the recipient's emergency service needs; and, revision of the case management plan, including any changes in activities or objectives required to achieve the established goal.

F. **Monitoring and follow-up** of case management services includes: assuring that quality services, as identified in the case management plan, are delivered in a cost-conscious manner; assuring that the recipient is adhering to the case management plan; ascertaining the recipient's satisfaction with the services provided and advising the preparer of the case management plan of the findings if the plan has been formulated by a practitioner; collecting data and documenting in the case record the progress of the recipient' making necessary revisions to the case management plan; making alternate arrangements when services have been denied or are unavailable to the recipient; and, assisting the recipient and/or provider of services to resolve disagreements, questions or problems with implementations of the case management plan.

G. **Counseling and exit planning** include: assuring that the recipient obtains, on an ongoing basis, the maximum benefit from the services received; developing support groups for the recipient, the recipient's family and informal providers of services; mediating amount the recipient, the family network and/or other informal providers of services when problems with]

[service provision occur; facilitating the recipient's access to other appropriate care if and when eligibility for the targeted services ceases; and, assisting the recipient to anticipate the difficulties which may be encountered subsequent to discharge from or admission to facilities or other programs, including other case management programs.

PROCEDURAL REQUIREMENTS FOR PROVISION OF SERVICE

1. Assessments.

The case management process must be initiated by the recipient and case manager through a written assessment of the recipient's need for case management as well as medical, social, psychosocial, educational, financial and other services.

An assessment provides verification of the recipient's current functioning and continuing need for services, the service priorities and evaluation of the recipient's ability to benefit from such services. The assessment process includes those activities listed in paragraph B of **CASE MANAGEMENT FUNCTIONS.**

An assessment must be completed by a case manager within 15 days of the date of the referral or as specified in a referral agreement. The referral for the service may include a plan of care containing significant information developed by the referral source which should be included as an integral part of the case management plan.

An updated assessment of the recipient's need for case management and other services must be completed by the case manager every six months, or sooner if required by changes in the recipient's condition or circumstances.

2. Case management plan.

A written case management plan must be completed by the case manager for each recipient of case management services within 30 days of the date of referral or as specified in a referral agreement, and must include those activities outlined in paragraph C under **CASE MANAGEMENT FUNCTIONS.]**

[The recipient's case management goals, with anticipated dates of completion, must be established in the initial case management plan, consistent with the recipient's service needs and assessment.

The case management plan must be reviewed and updated by the case manager as required by changes in the recipient's condition or circumstances, but not less frequently than every six months subsequent to the initial plan; and each time the case management plan is reviewed, the goals established in the initial case management plan must be maintained or revised, and new goals and new time-frames may be established with the participation of the recipient.

The case management plan must specify:

a. those activities which the recipient is expected to undertake within given period of time toward the accomplishment of each case management goal;

b. the name of the person or agency, including the individual and/or family members, who will perform needed tasks;

c. the type of treatment program or service providers to which the recipient will be referred.

d. the method of provision and those activities to be performed by a service provider or other person to achieve the recipient's related goal and objective; and

e. the type, amount, frequency, duration and cost of case management and other services to be delivered or tasks to be performed.

3. Continuity of service.

Case management services must be ongoing from the time recipient is accepted by the case management agent for services to the time when: the coordination of services provided through case management is not required or is no longer required by the recipient; the recipient moves from the social services district to a district in which case management services are not provided; the long term goal has been reached; the recipient refuses to accept case management services; the recipient requests that his/her case be closed; the recipient is no longer eligible for services; or, the recipient's case is appropriately transferred to another case manager.]

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1-A9

[Contact with the recipient or with a collateral source on the recipient's behalf must be maintained by the case manager at least monthly or more frequently as specified in the provider's agreement with New York State Department of Social Services.

LIMITATIONS TO THE PROVISION OF MEDICAID CASE MANAGEMENT SERVICES

Case management services:

1. must not be utilized to restrict the choice of a case management services recipient to obtain medical care or services from any provider participating in the Medical Assistance Program who is qualified to provide such care or services and who undertakes to provide such care or service(s) including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis;

2. must not duplicate case management services currently provided under the Medical Assistance Program or under any other program;

3. must not be utilized by providers of case management to create a demand for unnecessary services or programs particularly those services or programs within their scope of authority; and,

4. must not be provided to persons receiving institutional care reimbursed under the Medical Assistance Program or to persons in receipt of case management services under a Federal Home and Community Based Services Waiver.

While the activities of case management services secure access to, including referral to and arrangement for, an individual's needed service, the activities of case management do not include:

1. the actual provision of the service;
2. Medicaid eligibility determinations/redeterminations;]

[3. Medicaid preadmission screening;

4. prior authorization for Medicaid services;

5. required Medicaid utilization review;

6. EPSDT administration;

7. activities in connection with "lock-in" provisions under 1915(a) of the Social Security Act;

8. institutional discharge planning as required of hospitals, SNF's, ICF's and ICF/MR's; and

9. client outreach.

LIMITATIONS SPECIFIC TO TARGET GROUP A

Case managers and case management staff with respect to any eligible child of an adolescent or adolescent in Target Group A for whom case management activities are being performed and the child(ren) of such adolescent, are prohibited from and do not have the authority to:

1. provide, authorize or purchase services or assistance reimbursable under Title XX of the federal Social Security Act or otherwise administered or funded by the social services district;

2. accept or deny any application for public assistance or for services or assistance reimbursable under Title XX of the federal Social Security Act or otherwise administered or funded by the social service district; or,

3. place the adolescent or his or her child(ren) in foster care, or remove the adolescent or his or her child(ren) from the home of his or her parent or guardian.

E. QUALIFICATIONS OF PROVIDERS

1. Providers

Case management services may be provided by social services agencies, facilities, persons and other groups possessing the capability to provide such services who are approved by the New York State Commissioner of Social Services based upon an approved proposal submitted to the New York State Department of Social Services. Providers may include:]

[a. facilities licensed or certified under New York State law or regulation;

b. health care or social work professionals licensed or certified in accordance with New York State law;

c. State and local governmental agencies; and

d. home health agencies certified under New York State law.

2. Case Managers

The case manager must have two years experience in a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of care management plans. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis. The following may be substituted for this requirement:

a. one year of case management experience and a degree in a health or human services field; or

b. one year of case management experience and an additional year of experience in other activities with the target population; or

c. a bachelor's or master's degree which includes a practicum encompassing a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS,** including the performance of assessments and development of case management plans; or

d. the individual meets the regulatory requirements for case manager of a State Department within New York State.

3. Qualifications of Providers Specific to Target Group A*

1. Providers

Providers of case management to the adolescents in Target Group A may be public or private agencies and organizations, whether operated on a profit-making or not-for-profit basis.

2. Case Managers

Case managers must have the education, experience, training and/or knowledge in the areas necessary to assess the needs and capabilities of, and to assist pregnant, parenting or at-risk adolescents access to services and assistance needed to maintain and strengthen]

New York
1-A12

[family life, to attain or retain the capability for maximum self support and personal independence including, but not limited to the areas of adolescent development, adolescent sexuality, and effective interviewing techniques.

Primary responsibility for performing case management activities must be given to case managers. Para-professional and volunteers may be used as case management staff to assist the case managers and may perform those activities which are appropriate based on their training and experience.]

[* (18 NYCRR 361.0-361.13 NYS DSS Regulatory requirements for implementation of the New York State Teenage Services Act of 1984.)]

New York
1-E

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES]

[A. Target Group:

See attached Target Group E

B. Areas of State in which services will be provided:

[ ] Entire State.

[X] Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

Services to this target population may be provided to residents of Kings County (Zip Codes 11203, 11212, 11213, 11216, 11221, 11225, 11233 and 11235), Bronx County (Zip Codes 10454, 10455, 10451, 10474 and 10459), New York County (Zip Codes 10026, 10027, 10030, 10031, 10037, 10039)

C. Comparability of Services

[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.

[X] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10(B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See attached]

New York
1-E1

[A. TARGET GROUP

This target group consists of any categorically needy or medically needy individual who meets the following criteria:

1. Women of child bearing age who are pregnant or parenting, and

2. Infants under 1 year of age.

One of the most serious public health problems we are facing today is that of infant mortality. The problem is especially severe in certain urban areas among poor minority groups where the infant mortality rate is up to 3 times that of the population at large. Other factors which contribute to this problem are women who receive late or no prenatal care. Recent changes to Federal and New York State Law have expanded eligibility benefits to pregnant women and infants. Case management programs are expected to identify women who are at risk and assist them in accessing health care and other resources which they need to assure positive birth outcomes.

In some areas of New York City almost twenty percent of the infants born to minority women are low birth weight babies who are vulnerable to infections and sudden infant death syndrome as well as complications related to low birth weight itself.

Certain upstate cities mirror these rates in their center city areas. Case management will assist in assuring that mothers in these areas can avail themselves of health and social services to properly care for their infants.

In the areas in question, about 20% of the births are to teenage mothers and up to 75% are out of wedlock. The mothers in question are often inexperienced at heading a family and do not have the social supports available in an intact family, and as such have a great need for case management services to assist them in obtaining needed services for themselves and their infants.

After years of steady decline, infant mortality rates have once again begun to climb since 1987. Much of this increase can be laid at the feet of increasing use of illegal drugs and alcohol on the part of poor women in urban areas. In births where toxicity for illegal drugs is found, in New York City, infant mortality is an astronomical 34 in 1,000.

New York State hopes to attack these problems in a site-specific manner using case managers to pull together both Title XIX services and services from other funding streams to meet the needs of pregnant women and infants.]

New York
1-E1a

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES]

[F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

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

[B. AREAS OF THE STATE WHERE SERVICES MAY BE PROVIDED

Services to this target population may be provided to residents of Kings County (Zip Codes: 11203, 11212, 11213, 11216, 11221, 11225, 11233 and 11238), Bronx County (Zip Codes: 10454, 10455, 10451, 10474 and 10459), New York County (Zip Codes: 10026, 10027, 10030, 10031, 10037 and 10039) and Onondaga County, New York.

C. COMPARIBILITY OF SERVICES

Services will only be provided to those individuals who meet one or more of the criteria set forth in Section A, Target Group, of this Supplement.

Case management services will be provided without limitation as to amount, duration or scope.

D. DEFINITION OF CASE MANAGEMENT SERVICES TO PREGNANT AND PARENTING WOMEN AND INFANTS

Case management is a process which will assist persons eligible for medical assistance to access needed medical, social, educational, and other services in accordance with a written case management plan.

Case management for this target group will be provided in the following fashion.

1. Referral

Referrals of Medicaid eligible women and infants who are part of the target population are made by prenatal and pediatric care providers in the areas involved. Other possible referral sources include alcohol and substance abuse services providers, schools, social agencies and local governmental agencies administering the Medicaid program, child protective and preventive services, programs under Title V of the Social Security Act and Section 17 of the Child Nutrition Act.

Hospitals in the target areas are encouraged to refer women who deliver at their facilities, who have received little or no prenatal care, test positive for illicit drugs or deliver low birth weight babies to case management agencies. Other women from the target areas will also be encouraged to participate because of the higher level of risk which they and their infants face.

The referral activity as outlined is included to add dimension to the problems faced by the target population and to show the degree to which existing service providers will be involved in the identification and referral of such clients. Successful case management for these clients depends in great part on the ability of the case manager to develop good working relationships with service providers. This includes becoming a recognized resource within the broader provider community i.e., a service to which clients may be referred.]

[These referral activities are not a function of the case manager; begin prior to the receipt of case management services; and are not billed as Medicaid case management.

2. Engagement

Based on the referral from the hospital, prenatal care or other provider or local governmental agency, the case management agency attempts to interest the Medicaid eligible women/infant in case management services. Because women in high poverty areas, especially those who use illegal drugs or alcohol, are hard to engage for services, agencies are encouraged to make a number of attempts to contact the woman. If a woman accepts services, she is then enrolled by the case management agency. In areas where there are multiple agencies providing services, each agency will be required to explain to the woman that she has her choice of case management providers.

3. Assessment/Reassessment

Within 15 days of the acceptance of case management services, the case manager must complete an initial assessment. This will include an evaluation of the met and unmet needs of the woman and her children, her strengths and weaknesses, both formal and informal supports and identification of providers of service, including other case management resources.

It is anticipated that the initial assessment will concentrate on the immediate issues of the woman and her children's health and safety, substance abuse problems and family functioning. Subsequent reassessments (required at four month intervals) will likely deal with the family's longer term needs such as education, safe housing, training and employment for economic security.

4. Case Management Plan Development

Within 30 days of the acceptance of case management services; the case manager must complete development of an initial services plan for the woman and her family. Individuals residing together mutually impact upon each other in terms of their activities and their needs. To deliver effective case management, the family structure, whatever it may be, needs to be taken into account. Family supports and family stressors have a significant impact on the client. If a "parenting" woman (targeted) is having parenting problems with a 2 year old (non-targeted) or needs to arrange for child care in order to participate in a substance abuse treatment program, the case manager must address these needs in the woman's case management plan.

Case managers will not do assessments or case management plans for non-Medicaid eligible persons and will only assist non-Medicaid eligibles in obtaining services, when obtaining that service has a direct impact on the Medicaid eligible member of the target group.]

[Medicaid funding will not be used to provide case management services to non-Medicaid eligible family members. Based on the assessment and developed in conjunction with the client, the services plan should include the type and frequency of services needed and the method of obtaining them. Also included in the plan should be timeframes for achieving the objectives and the anticipated frequency of case management.

As in the case of the initial assessment, the initial plan will likely focus on the immediate service needs to insure health and safety of the woman and her children. Once these objectives are achieved, longer term planning for improvements in housing, education and employment will become basic to the plan.

The services plan in question must indicate where and by whom each service is to be delivered; the case manager will be responsible for assuring the delivery of services outlined in the plan. Each woman will have only one Medicaid reimbursed case manager. The services plan should be signed by the women to show her agreement and willingness to participate.

5. Plan implementation

The case manager assists the woman in acquiring those services which have been identified in the plan as being necessary. In many instances this will required an advocacy role on the part of the case manager in attempting to obtain priorities for the woman and her children within services networks which are already seriously taxed.

The case manager might be required to escort the woman to appointments, at least initially, until she becomes familiar with the parties and processes involved in service provision.

Service acquisition to implement the case management plan will be crucial to the success of the program. It will be necessary to develop priority consideration for such services as clinic appointments, substance abuse services and day care for the program.

6. Monitoring

Monitoring includes assuring that the services were received and that they are appropriate and of acceptable quality and that the client is satisfied that they are meeting the needs of herself and her family. The primary source for obtaining this information is from the woman herself, but case managers should also maintain contact with service providers to assure that the client is making progress and utilizing services properly.

Certain services are dependent on other services. For instance, the case manager will want to be certain that a woman using child care is actually getting active drug or alcohol treatment during the times that the child is being cared for.]

[7. Crisis Intervention

With a population which engages in substance abuse, does not respond to health needs until they become emergent and lives in dangerous, unsafe and unhealthy housing, the potential for crisis is measurably increased. For this reason, case management agencies should prepare a crisis plan for individual clients to advise them where to turn in an emergency, as well as having an agency plan to assist clients on a 24 hour a day basis, if necessary.

It is not essential that the case manager be available on a 24 hour basis, but only that the agency have a viable plan for dealing with after hour emergencies.

In addition, the agency must be prepared to revise the services plan almost immediately if the crisis has lasting repercussions or requires a change in the mix or intensity of services.

8. Counseling and Exit Planning

The best case management practices help build self-esteem and improve the client's ability to function more independently thus reducing or eliminating the need for further case management. As the case management becomes less intense, the client should be encouraged to participate in the development and implementation of her own plan objective.

When the case manager determines, in conjunction with the client, that case management is no longer necessary or if the woman loses program eligibility or moves to a different area or service system, the case manager should assist her in moving to new providers or sources of services. With the client's consent, a final assessment and case summary should be prepared and forwarded to the new case manager or services source.

E. QUALIFICATIONS

1. Provider Agency Qualifications

Agencies may be qualified in one of the following ways.

a. One year of experience in providing case management services to pregnant or parenting women or infants.

b. Two years of experience in providing health care or social services to pregnant or parenting women or infants.

c. Two years of experience in providing drug or alcohol abuse treatment services to pregnant or parenting women.

d. Two years of experience in providing protective services for children or services to prevent their placement in foster care.]

[These qualifications may be met by the agency itself or may be met by an individual who has management experience in such an agency and assumes responsibility for the overall administration of the case management program.

2. Staff Qualifications

a. Case Manager

An individual with a Bachelors or Masters degree in Nursing, Social Work, Health Education or a related field. If the degree is in a required field, one year of case management experience is required.

b. Associate Case Manager/Community Health Worker/Community Advocate

Associate Case Managers (ACM/Community Health Workers (CHW/Community Advocate (CA) describes persons residing in the community who assist case managers to monitor and reach clients who do not routinely access organized medical care or entitlements or who may be reluctant to access help from organizations. These individuals are not providers of case management, but are part of the team approach to case management encouraged by this program. They may assist case managers in locating individuals in the community, maintaining contact and gaining acceptance and cooperation for the program and it's goals.

These individual's must have two years of experience as case aides or similar experience with the target group. One year of this experience may be fulfilled by an intensive training program, approved by the State Medicaid Agency.]

New York
1-F1

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES]

[A. Target Group:

See attached Target Group F

B. Areas of State in which services will be provided:

[ ] Entire State.

[X] Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

City of Newburgh, Orange County
City of Fulton, Oswego County
Addison School District, Steuben County

C. Comparability of Services

[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.

[X] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See pages 1-F7 and 1-F8]

New York
1-F1a

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES]

[F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

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

New York
1-F2

[A. TARGETED GROUP

The targeted group consists of the categorically needy or medically needy who meet one or more of the following criteria.

Certain individuals residing in area of New York State designated as underserviced and economically distressed through the State's Neighborhood Based Alliance (NBA) initiative. Under Chapter 657 of the Laws of 1990, the NBA is targeting state money, resources and services to designated areas in order to alleviate the pervasive and detrimental effects of poverty, lack of access to services and lack of services. Case management targeted individuals are those residents of the NBA area who are experiencing chronic or significant individual or family dysfunctions which might be ameliorated through effective case management referral and monitoring of service provision. Such dysfunctions are assessed as chronic or significant by the case manager in accordance with an assessment tool approved by the State Department of Social Services. The assessment will determine chronic or significant dysfunction of the following categories or characteristics:

(i) school dropout
(ii) low academic achievement
(iii) poor school attendance
(iv) foster care placement
(v) physical and/or mental abuse or neglect
(vi) alcohol and/or substance abuse
(vii) unemployment/underemployment
(viii) inadequate housing or homelessness
(ix) family court system involvement
(x) criminal justice system involvement
(xi) poor health care
(xii) family violence or sexual abuse

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP F

City of Newburgh, New York Addison School District, New York City of Fulton, New York

C. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP "F"

Case managers will assess, and refer the target population to the existing services including these newly available resources and services concentrated in the defined NBA community.]

New York
1-F3

[Case management for Target Group "F" means linkage and referral activities performed by case management staff for individuals who are struggling with the effects of multiple problems compounded by poverty and poor access to services. Through case management, clients will have improved access to the comprehensive array of services and assistance available in the community. Individual needs of the client will be assessed and a case management plan developed.

Case management for Target Group "F" requires referral to and coordination with medical, social, educational, psychosocial, employment, habilitation, rehabilitation, financial, environmental, and legal services available within the community for the purpose of increasing the client's ability to function independently in the community. The ultimate purpose is to increase the client's level of self-sufficiency.

Case management services to individuals who are not Medicaid eligible will be supported by public and private grant funds. A sliding fee scale for clients based on income level will also be established. Case management will be the means to linking clients to the health, social, economic and educational resources of the community.

CASE MANAGEMENT FUNCTIONS

Case management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case. In no instance will case management include the provision of clinical or treatment services. A separate case record must be established for each individual recipient of case management services and must document each case management function provided, including but not limited to:

A. Intake and screening.

This function consists of: the initial contact to provide information concerning case management; exploring the recipient's receptivity to the case management process; determining that the recipient is a member of the provider's targeted population; and identifying potential payers for services.

B. Assessment and reassessment.

During this phase the case manager will determine what services the individual needs to access. This determination requires the case manager to secure, as appropriate to the presenting problem, either directly, or indirectly through collateral sources, with the recipient's permission: a determination of the nature and degree of the recipient's functional impairment through a medical evaluation; a determination of the recipient's functional eligibility for services; information from other agencies/individuals required to identify the barriers to care and existing gaps in service needs including medical, social, psychosocial, educational, financial and other services; and a description of the recipient's strengths, informal support]

[system and environmental factors relative to his/her care. Medical/psychological evaluations shall be obtained indirectly through collateral sources with the permission of the recipient and are not a compensated component of case management.

C. Case management plan and coordination.

The activities required to establish a comprehensive written case management plan and to effect the coordination of services include: identification of the nature, amount, type, frequency and duration of services to be provided to the recipient with the participation of the recipient; identification of the recipient's informal support network and providers of services; specification of the long term and short term goals to be achieved through the case management process; collaboration with other service providers, including informal caregivers and other case managers. It also includes through case management conferences an exchange of clinical information which will assure:

1. case management plans throughout the case management process;

2. the continuity of service;

3. the avoidance of duplication of service (including case management services); and,

4. the establishment of a comprehensive case management plan that addresses the interdisciplinary needs of the recipient.

D. Implementation of the case management plan.

Implementation of the plan means assisting clients in gaining access to necessary services. Case managers must secure the services determined in the case management plan appropriate for a particular recipient through referral to those agencies or to persons who are qualified to provide the identified services. Implementation may mean assisting the recipient with referral and/or application forms required for the acquisition of services; advocating for the recipient with all providers of service; and developing a plan to access alternative services to assure continuity in the event of service disruption.

E. Crisis intervention.

Crisis intervention by a case manager or practitioner includes when necessary: assessment of the nature of the recipient's circumstances; determination of the recipient's emergency service needs; and revision of the case management plan, including any changes in activities or objectives required to achieve the established goal.

F. Monitoring and follow-up.

The case manager is responsible for: assuring that quality services, as identified in the case management plan, are delivered by the provider to whom referral was made; assuring the recipient's satisfaction with the services provided and, if the plan has been formulated by a practitioner]

[advising the preparer of the case management plan of the findings; collecting data and documenting the progress of the recipient in the case record; making necessary revisions to the case management plan; making alternate arrangements when services have been denied or are unavailable to the recipient; and, assisting the recipient and/or provider of services to resolve disagreements, questions or problems with implementation and continuation of the case management plan.

PROCEDURAL REQUIREMENTS FOR PROVISION OF SERVICE

1. **Assessments.**

The case management process must be initiated by the recipient and case manager (or practitioner as appropriate) through a written assessment of the recipient's need for case management as well as medical, social, psychosocial, educational, financial and other services.

An assessment provides verification of the recipient's current functioning and continuing need for services, the service priorities and evaluation of the recipient's ability to benefit from such services. The assessment process includes those activities listed in paragraph B of **CASE MANAGEMENT FUNCTIONS**.

An assessment must be completed by a case manager within 15 days of the date of the referral or as specified in a referral agreement. The referral for service may include a plan of care containing significant information developed by the referral source which should be included as an integral part of the case management plan.

An updated assessment of the recipient's need for case management and other services must be completed by the case manager every six months, or sooner if required by changes in the recipients condition or circumstances.

2. **Case management plan.**

A written case management plan must be completed by the case manager for each recipient of case management services within 30 days of the date of referral or as specified in a referral agreement, and must include those activities outlined in paragraph C under **CASE MANAGEMENT FUNCTIONS**.

The recipient's case management goals, with anticipated dates of completion, must be established in the initial case management plan, consistent with the recipient's service needs and assessment.

The case management plan must be reviewed and updated by the case manager as required by changes in the recipient's condition or circumstances, but not less frequently than every six months subsequent to the initial plan. Each time the case management plan is reviewed the goals established in the initial case management plan must be maintained or revised, and new goals and new time frames may be established with the participation of the recipient.]

[The case management plan must specify:

a. those activities which the recipient is expected to undertake within a given period of time toward the accomplishment of each case management goal;

b. the name of the person or agency, including the individual and/or family members, who will perform needed tasks;

c. the type of treatment program or service providers to which the recipient will be referred;

d. the method of provision and those activities to be performed by a service provider or other person to achieve the recipient's related goal and objective; and

e. the type, amount, frequency, duration and cost of case management and other services to be delivered or tasks to be performed.

3. Continuity of service.

Case management services must be ongoing from the time the recipient is accepted by the case management agency for services to the time when: the coordination of services provided through case management is not required or is no longer required by the recipient; the recipient moves from the target area; the long term goal has been reached; the recipient refuses to accept case management services; the recipient request that his/her case be closed; the recipient is no longer eligible for services; or, the recipient's case is appropriately transferred to another case manager.

Contact with the recipient or with a collateral source on the recipient's behalf must be maintained by the case manager at least monthly or more frequently as specified in the provider's agreement with the New York State Department of Social Services.

LIMITATIONS TO THE PROVISION OF MEDICAID CASE MANAGEMENT SERVICES

Case management services must not:

1. be utilized to restrict the choice of a case management services recipient to obtain medical care or services from any provider participating in the Medical Assistance Program who is qualified to provide such care or services and who undertakes to provide such care or services or which arranges for the delivery of such care or services on a prepayment basis;

2. duplicate case management services currently provided under the Medical Assistance Program or under and other program;

3. be utilized by providers of case management to create a demand for unnecessary services or programs particularly those services or programs within their scope of authority.]

[While the activities of case management services secure access to an individual's needed service, the activities of case management do not include:

1. the actual provision of the service;
2. Medicaid eligibility determinations/redeterminations;
3. Medicaid preadmission screening;
4. prior authorization for Medicaid services;
5. required Medicaid utilization review;
6. EPSDT administration;
7. activities in connection with "lock-in" provisions under 1915(a) of the Social Security Act;
8. institutional discharge planning as required of hospitals, NF's;
9. client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

Contact with the client or with a collateral source on the client's behalf must be maintained by the case manager at least monthly, or more frequently as specified in the proposal document submitted for each site.

E. Qualifications of Providers

1. Providers

Under New York State Regulations (18 NYCRR 505.16) case management services may be provided by social services agencies, facilities, persons and other groups possessing the capabilities to provide such services who are approved by the New York State Commissioner of Social Services based upon approved proposal submitted to the New York State Department of Social Services.

2. Case Managers

The case manager must have two years experience in a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of case management plans. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis. The following may be substituted for this requirement:

a. one year of case management experience and a degree in a health or human services field; or]

[b. one year of case management experience and an additional year of experience in other activities with the target population; or

c. a bachelor's or master's degree which includes a practicum encompassing a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS,** including the performance of assessments and development of case management plans; or

d. the individual meets the regulatory requirements for case manager of a State Department within New York State.

Provider Qualifications Specific to Target Group "F"

1. Providers

The State Department of Social Services designation of providers for this target group will be based upon a proposal document demonstrating the capacity to provide the described services to the target population. The proposal document must be submitted to SDSS, Division of Health and Long Term Care (HLTC) by the local social services district in which an NBA site is located. Qualified agencies will be enrolled as case management providers to serve target populations within the NBA service area.

The NBA lead agencies will provide case management themselves and/or solicit new case managers from community agencies with additional special expertise in the targeted subpopulations. New case managers solicited by the lead agency must meet all provider qualifications, must execute separate provider agreements with the State and must bill the Medicaid program in their own right. The NBA lead agencies are responsible for identification of clients needing case management and referral to the appropriate case management agency. Lead agencies will be responsible for recordkeeping and Medicaid claim preparation only for the case management services they themselves render.

2. Case Managers

Case managers will meet the general qualifications described in Item E.2.

Additionally, the staff recruited to work for the case management and crisis intervention program in both a supervisory and direct service capacity will be individuals who are highly committed to the community network concept and have experience working with the variety of cultural and ethnic groups represented in the community. A variety of educational, experiential, and cultural backgrounds will be sought.]