

NYC DOHMH Bureau of Early Intervention Questions for BEI-EI Case Management State Plan  
(8.08.2019)

**I. Confirming our basic understanding**

1. On page 1-G9 of Supplement 1 to Attachment 3.1-A, payment for case management is referred to as “a fixed rate based on the services provided” and on page 10-9 of Attachment 4.19-B, ISC payment is referred to as a “minimum base with no cap” and OSC as “per child per month.” Is it correct to interpret these statements as follows?
  - a. There is a fixed rate payment for all activities. The unit of billing for Initial Service Coordination (ISC) is now the assignment of a case and a minimum base of 2 hours followed by no IFSP. The unit of billing for Initial Service Coordination (ISC) is now the assignment of a case and a minimum of 3 hours followed by an IFSP. The unit of billing for Ongoing Service Coordination is now assignment of a case and a minimum base of 1.25 hrs every month.
2. Page 10-9, Attachment 4.19-B states “In the instance that the minimum base rate is lower than the regional average, the regional average will be used for the calculation of all three rates.” What is the distinction between the base rate and the regional average?

**II. Service Coordination Quality**

1. DOHMH proposes to amend the current rate structure for Initial Service Coordination (ISC) to incentivize getting children to a multidisciplinary evaluation to establish eligibility.
  - a. When children from underserved communities are referred to EI, they are less likely to receive a Multidisciplinary evaluation than other populations.
  - b. The rate methodology, particularly for ISC, should take this disparity into account.
  - c. The way that the rate structure is setup now, \$382 dollars will be paid regardless of whether the child received a multidisciplinary evaluation to establish eligibility.
  - d. Therefore, DOHMH proposes an interim payment milestone for ISC that does not result in a multidisciplinary evaluation of \$250.
    - i. Not only would this measure promote quality service coordination but it would also be a cost-savings.
2. Are the minimum required numbers of hours composed of any SC activity, or only what is currently defined as billable?
  - a. NYC is interested in seeing additional quality family engagement requirements for service coordinators to ensure that families make it through the EI process.

**III. Operational questions**

1. How will the new process yield to administrative relief for counties and providers?

2. Is it when an agency accepts an ISC assignment? What happens if they drop it mid-way through the process and some other agency must be assigned – who gets paid?

**IV. Monitoring, Fiscal, and Audits**

1. Has SDOH determined the cost impact to counties and the State for the new SC rates?
2. From a provider monitoring standpoint, what will be the documentation requirements for providers in order to support payment?
3. On page 1-G9 of Supplement 1 to Attachment 3.1-A, it states that “The provider does not receive payment if they fail to perform the minimum activities defined in regulation.” If the provider does not meet the minimum time requirement under each tier, will they receive payment?
4. If, in the course of a file review or other procedural activity, a county/muni identifies a clear and identifiable regulatory failure (such as an unexplained missed timeline, failure to provide a family with full information in the ISC process or a period of over thirty days with no family contact in the OSC process) is the recoupment of any paid funds then automatic?
  - a. How is that recoupment triggered?
  - b. If ISC, is the full lump sum payment recouped?
  - c. If OSC, is it the payment recouped for each month when a failure occurred?

**DOHMH Finance to determine cost impact to NYC for new service coordination rates.**