

STATE PLAN Under Title XIX of the Social Security Act
Early Intervention Service Coordination Impact

Background: Last year the NYS BEI asked for an amendment to the Title XIX (Medicaid) State Plan for service coordination services (aka targeted case management services) to be effective July 1, 2018. The proposed changes were put into Public Notice (Department of Health) within the NYS Register on March 28, 2018 under Miscellaneous Notices/Hearings. As an aside, the public notice includes many other non-institutional services (i.e., Medicaid coverage for ABAs), institutional and Long Term Care services within the same amendment notice. On April 25th of 2018 there was a NY Statewide Early Intervention Meeting with all EIO's in NYS. This Public Notice was not mentioned by the state... there was no transparency about this topic!

It was stated within this notice that reimbursement methodology for the targeted case management (service coordination) services will be revised from an hourly rate billed in 15 minute units to two separate categories of fixed rates for initial case management and one per member per month fixed rate for ongoing service coordination.

- Initial service coordination, child does not qualify (no IFSP) = 2 hour minimum base, no cap.
- Initial service coordination, child qualifies with IFSP = 3 hour minimum base, no cap.
- Ongoing service coordination, minimum base of 1.25 hours per month per member.

The notice goes on to say that rates will cover labor, administrative overhead, general operating and capital costs and regional cost differences.

As far as I can decipher from the Amendment; it does not read word for word what the service coordination services entail, as written in PHL Article 25. Title II-A. There is additional language included in the SPA, that is reflective of other targeted case management services within the Medicaid system.

The SPA Supplement describes Case Management services – It's important to note that CMS recognizes that the services are not comparable in *amount, duration and scope* to other case management services under Title XIX. *(Perhaps there is opportunity to have CMS revise this area? As it is new and not comparable to other TCM services under CMS)*

Section D. describes a new definition for EI SCs; as TCMs they will focus on providing access to services to help the client gain “independence, self-sufficiency, self-support or economic independence and prevent institutionalization from occurring”. *(Seems out of touch with children and infants)*

There are *process questions* for Case Management Plan and Coordination and new TCM provisions; it is expected that the TCM will provide, for example, “*Crisis Intervention*”; *assure services are delivered in a “cost-conscious manner”; Counseling and exit planning.*

- How long was the public comment period? Where are the public comments or questions? We have only CMS standard funding questions.
- Which service descriptions will a targeted case manager follow? The SPA or PHL EI regs?