




MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE August 12, 1994	EFFECTIVE DATE Immediately	NUMBER 00-94-22
-------------------------------	-------------------------------	--------------------

SUBJECT
Early Intervention Medical Assistance
Eligible Service Coordination

BY

Nancy R. Thaler
Deputy Secretary for Mental Retardation

SCOPE:

County Mental Health/Mental Retardation Administrators
Early Intervention Program Directors
Base Service Unit Directors
Early Intervention Service Coordinators

PURPOSE:

The purpose of this bulletin is to transmit information regarding service coordination for children under age three who are eligible for early intervention services and Medical Assistance (MA) administered by the Office of Mental Retardation (OMR) in concert with the Office of Medical Assistance Programs (OMAP). This bulletin sets forth minimum qualifications for service coordinators participating in the MA Program; the types of service coordination eligible for reimbursement; and billing procedures.

BACKGROUND:

Under provisions of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) states are required to provide service coverage for medical and health-related services to eligible individuals under 21 years of age whether or not the services are currently covered under the State Medicaid Plan. The Health Care Financing Administration (HCFA) has recently determined that these services will include medically necessary service coordination. The Office of Medical Assistance issued a policy bulletin effective May 1, 1994 announcing "medically necessary casemanagement services" for eligible individuals under 21 years of age. Children eligible for MA under the provision of OBRA '89 may receive service coordination as an expanded OBRA '89 service. Service coordination is both an eligible early intervention service and an OBRA '89 service.

The purpose of service coordination is to assist individuals in gaining access to needed medical, educational, social and other community resources. Service coordination offers locating, coordinating and monitoring of services for children. The emphasis of service coordination is on community-based care that is cost efficient and family centered.

REFER COMMENTS AND QUESTIONS TO:

Ms. Barbara Breen, Office of Mental Retardation, P.O. Box 2675, Harrisburg, Pennsylvania 17105-2675; telephone (717) 783-5675 or network 8-443-5675

DISCUSSION:

OBRA '89 service coordination for individuals under the age of three who are eligible for early intervention services are not to duplicate MA funded case management services funded by and/or received through other DPW agencies, including but not limited to: 1) the Office of Mental Health's Intensive Case Management and Resource Coordination Programs, 2) the Office of Mental Retardation's Targeted Service Management, 3) 2176 Home and Community-Based Waiver and the Office of Social Programs Community Services Program for Persons with Physical Disabilities (CSPPD), 4) the Office of Medical Assistance Programs' (OMAP) Targeted Case Management, 5) Michael Dallas Waiver Programs, and 6) OBRA '89 case management.

In addition, service coordination shall not be reimbursable as a separate and distinct service when provided as an integral part of another covered MA service. For example: the case management component of home health services or the social services provided through an inpatient hospitalization.

A. Medical assistance eligibility requirements:

To be eligible for OBRA '89 early intervention service coordination services, a child must meet all four of the following criteria:

1. Be eligible for the State MA program;
2. Be under the age of three;
3. Have a medical need for service coordination as determined by a physician;
4. Be eligible for early intervention services.

As a family-centered service, the child's family is considered eligible for the services.

B. Requirements for service coordinators:

In order to enroll as a service coordinator in this MA program, an individual must meet one of the following minimum criteria:

1. A Bachelor's Degree which includes or is supplemented by successful completion of 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social sciences;
2. Two years of experience as a County Social Services Aide 3 and two years of college level course work which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social sciences;
3. Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social sciences and one year of experience as a County Social Services Aide 3.

In addition to the above criteria, service coordinators shall:

1. Maintain professional occupation licensure status where applicable;
2. Regularly participate in service coordination training when offered by the county and the Commonwealth;
3. Comply with additional requirements if offered by the Office of Mental Retardation (OMR); and standards of practice that may be required by the OMR;
4. Be conflict free of other early intervention service delivery provisions;
5. Be recognized by a County Mental Health/Mental Retardation Program as a provider of early intervention service coordination.

For those service coordinators employed through an agency, the OMR will recognize service coordination but will require the agency to enroll and ensure compliance with all service coordination requirements.

C. Types of service provided by service coordinators:

Service coordination with active family involvement includes:

1. Assessing service needs;
2. Developing and implementing an Individualized Family Service Plan (IFSP);
3. Identifying, linking and coordinating community resources and services;
4. Facilitating access to community resources and services;
5. Monitoring the effectiveness of community resources and services;
6. Reassessing service needs (tracking).

In providing service coordination described above, service coordinators must:

1. Maintain appropriate service logs which document all service coordination activities provided to the child and family;
2. Maintain verification of continued medical necessity as determined by a physician;
3. Meet with the child and/or the child's representative within 30 days of the initial contact with follow-up meetings at least every 3 months;
4. Plan, document and implement service coordination in concert with the child's family.

Failure to comply with the above requirements could result in a possible retroactive disallowance of payment, request to reimburse the Commonwealth, and/or possible termination from the program.

D. Payment for service coordination:

Payment for the above listed services will be made under the following conditions:

1. Service coordination is based on medical necessity as determined by a physician.
2. All providers are required to complete the MA 319 form and forward to:

EDS - PA Title XIX
275 Grandview Avenue
Camp Hill, PA 17011

3. Service coordinators are paid for provided services in 15 minute units. Payment will not exceed the maximum ceiling established by the OMR for any fiscal year and must be based on the 15 minute unit rate established by the County Mental Health/Mental Retardation Program Office. The rates shall be submitted to OMR prior to billing.

Payment for each of first two months of service may not exceed a maximum of 80 units (20 hours) per child and family, and for each following month may not exceed a maximum of 60 units (15 hours). The OMR has an established process which utilizes the MA 97, a prior authorization form, to request additional units which are prescribed by a physician and are based on medical necessity.

4. The maximum rate for FY 7/1/94 to 6/30/95 is:
1 unit of service = 15 minutes @ \$13.00/unit
5. Type Service: EI
6. Procedure Code: Z9812

For exceptionalities to the established limits the provider shall forward a written request to:

Department of Public Welfare
Office of Mental Retardation
Division of Early Intervention Services
P.O. Box 2675
Harrisburg, PA 17105-2675

7. Payments are allowable for services provided by only one service coordinator per child for a given period of time.
8. The OMR will not pay for MA funded service coordination when:
 - a. Provided as an integral part of another covered MA service;
 - b. Provided for purposes other than the service identified in this bulletin;

- c. Provided as outreach activities for the sole purpose of seeking potential MA eligible families for service coordination;
- d. Provided as part of inpatient services such as hospitals, ICF/MR units, intermediate or skilled nursing facilities, residential treatment facilities, etc. excluding inpatient discharge planning provided within 30 days prior to the discharge date; or
- e. Other duplicative funding or resources.

E. Procedures for enrollment:

Individuals or providers who wish to participate in service coordination may request enrollment information by writing to:

Department of Public Welfare
Office of Mental Retardation
Division of Early Intervention Services
P.O. Box 2675
Harrisburg, PA 17105-2675

F. Medical assistance service coordination attachment:

The enclosure, Office of Mental Retardation Early Intervention Service Coordination for Medical Assistance addresses questions and answers to clarify some subject areas not discussed in the bulletin.

NEXT STEP:

Plan and implement the specifics of this bulletin.

Attachment

OFFICE OF MENTAL RETARDATION
EARLY INTERVENTION SERVICE COORDINATION
FOR
MEDICAL ASSISTANCE

Questions (Q) and Answers (A)

1. Q. Is provider enrollment in the program optional or required?
 - A. Enrollment is a requirement under both Part H of the Individuals With Disabilities Education Act Amendments (IDEA) and Pennsylvania Act 212-1990 when a child is eligible for early intervention services and is also eligible for MA. Enrollment will be completed during FY 1994-95 based on schedules established by OMR. For those service coordinators employed through an agency, the OMR will recognize service coordination but will require the agency to enroll and ensure compliance with all service coordination requirements. All service coordinators and/or their respective agency(ies) must be enrolled during FY 1994-95 to ensure that all available fiscal resources are being utilized to support children and their families.
2. Q. Are families required to qualify for MA?
 - A. No. The child must be eligible.
3. Q. Are "at-risk" children eligible?
 - A. Yes. Coordination services defined in this bulletin may be provided to children eligible for at-risk screening and tracking.
4. Q. Do the MA qualifications for service coordinator positions match County Civil Service requirements?
 - A. Yes. The criteria is based on the County Caseworker I requirements. These are minimum criteria.
5. Q. What is the required record keeping?
 - A. Each unit of service billed through MA must indicate date, time, location, type of activity, name of person receiving support or service and the name of provider of the service.
6. Q. Will only face-to-face services be reimbursed?
 - A. No. Within the procedures outlined in the bulletin, all services on behalf of the eligible child and family is a billable unit of service.
7. Q. Who can the child's representative be?
 - A. Anyone who meets the definition of family under the Individuals with Disabilities Education Act (IDEA) or surrogate parent as described in MR Bulletin #00-93-16, "Definition and County Responsibility of Surrogate Parent for Infants and Toddlers", issued on 7/1/93.

8. Q. What about procedural safeguards and rights?

A. Informing a child's family of procedural safeguards is a requirement of the assessment and evaluation process and is an eligible activity for reimbursement. Service coordinators must obtain the approval and signature of the family that verifies their informed consent to access MA and to receive service coordination.

9. Q. What is the OMR role in enrollment and technical assistance?

A. The OMR will continue briefing counties and their providers about MA as a financial resource for families. Provider enrollment will be handled through the OMR and technical assistance and training will be provided both through the Central and Regional Offices.

10. Q. What may be examples of additional requirements and standards of practice?

A. Examples:

1. Requiring supervisors to attend a training program.
2. Requiring service coordinators to attend a training program.
3. Modification of minimum criteria.

11. Q. Is prior approval required for early intervention service coordination?

A. No, unless requesting payment above the rate schedule in the bulletin; the limits are:
80 units (20 hours) = first 2 months
60 units (15 hours) = every month thereafter.

12. Q. Will physician orders be hard to obtain?

A. This is an uncertain issue at this time. Physicians should play a significant role for children at this age because of the American Academy of Pediatrics (AAP) recommended physician's visit schedule. Efforts of the Department of Public Welfare to expand Primary Care Physicians through Family Networks and Managed Care should prove beneficial.

13. Q. How are rates established?

A. The OMR has used the results of Allegheny-Singer Research Institute's Funding Option Study, comparison of Targeted Service Management (TSM) rates and comparison of other County Mental Health/Mental Retardation case management services to establish maximum ceilings in its rate structure.

14. Q. Is child find an eligible activity under this program?

A. Yes. As long as the service is defined in the bulletin. However, MA enrolled providers may not engage in any activity for the purpose of increasing their number of MA eligible children.

15. Q. When a child is hospitalized what service coordination activities are eligible for medical assistance reimbursement?

A. HCFA regulations prohibit MA funds to be used other than to support hospital discharge planning for a child and family within 30 days prior to the planned date of hospital discharge.