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¦ LOCAL COMMISSIONERS MEMORANDUM ¦
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-96

Date: August 5, 1994

Division: Health & Long Term Care

TO: Local District Commissioners

SUBJECT: Office of Mental Health's Supportive Case Management Program

ATTACHMENTS: None

This is in keeping with recent agreements to advise you when the Division of Health and Long Term Care has been requested to institute new programs or expand existing ones which may result in a cost expansion at the local level. The following information has been developed in support of a new State Medicaid Plan Amendment to support case management programs under the auspices of the State Office of Mental Health.

A New Office of Mental Health Comprehensive Medicaid Case Management Program

The Office of Mental Health (OMH) has proposed to amend the existing Medicaid State Plan Amendment which establishes Medicaid reimbursement for the Intensive Case Management program (see 89 LCM-131). The amendment will establish Supportive Case Management (SCM) as a Medicaid reimbursed service.

Supportive Case Management (SCM) will be a Comprehensive Medicaid Case Management (CMCM) program under 18 NYCRR 505.16 directed to seriously mentally ill persons. The program is designed to be similar to, but less expensive per enrolled client than, Intensive Case Management (ICM).

The program is being initiated as an outgrowth of the cooperative efforts of the Office of Mental Health and the Department of Social Services to avert and alleviate homelessness and to reduce reliance on emergency medical care and inpatient care for persons with chronic mental illness.

The Purpose of SCM

SCM will coordinate services and supports for persons with mental illness to enable them to live successfully in the community. SCM services are individually tailored to the circumstances, needs and desires of each person served, and use a rehabilitation-oriented case management approach. The ultimate goal of rehabilitation-oriented case management is to increase the person's level of independent functioning in the community.

SCM will assist individuals with mental disabilities residing in the community who have difficulty in navigating complex, barrier laden systems. The mission of the SCM program is to assure that persons with serious mental illness living in the community have access to the services and supports necessary to enhance or maintain their level of functioning and sense of personal satisfaction in the roles and environment of their choice. The goals of the program are:

1. To improve access to and appropriate use of primary health care services.

2. To improve access to appropriate mental health and rehabilitation services.

3. To improve access and linkage to generic human services and entitlements.

4. To provide rehabilitation-oriented case management services as they relate to specific environments and the personal interests of the patients that are served.

5. To provide better coordination and accountability for assessment, management, and delivery of health care, mental health rehabilitation, social support, and related community services to individual recipients.

The Functions of SCM

The SCM program is designed to coordinate services and support for persons with mental illness to help them live successfully in the community. Supportive case managers achieve this through the following activities:

- Working with recipients and providers of services, to identify service needs, develop an overall rehabilitation goal, and writing service plans with the person that include strategies and objectives to address their identified needs.

- Assessing a person's success and satisfaction in the environments of living, learning, working and socialization.

- Facilitating service delivery, including helping individuals make and keep appointments and assisting recipients in arranging needed mental and physical health and psychiatric rehabilitation services.

- Coordinating service plans with service providers and monitoring service quality and recipient satisfaction.

- Advocating and assisting individuals with gaining access to the welfare, health and human services bureaucracy including but not limited to medicaid, food stamps, unemployment, educational services, etc.

- Providing health promotion services for recipients and providing or arranging for medication education that will help the person understand the importance of taking prescribed medications.

- Arranging services that prevent or resolve crises in order to prevent unnecessary use of emergency rooms and/or inpatient services, and assuring crisis intervention services 24 hours per day, 7 days/week.

- Assisting persons in learning to use fiscal resources such as: food stamps, scholarships, etc. and assisting them, and only if necessary, to apply for and secure such benefits.

- Taking an active advocacy stance for persons and teaching them to advocate for themselves whenever possible.

- Advising and assisting recipients in overcoming difficulties, particularly those related to service delivery.

- Assisting recipients to develop and maintain support networks, including family and community ties.

Program Size and Location

The 1994/95 budget anticipates OMH will assign 219 state employees and approve local providers to employ approximately 225 individuals as SCMs in the current state fiscal year. Subsequent years growth will depend upon OMH developed and State Division of Budget approved plans. The spending plan process incorporates a local role by way of the County Mental Health Director's preparation of local plans in July of each year. The initial 25 non-State SCM's will be assigned to serve homeless persons residing in New York City shelters.

Note: In addition to the 200 non-state SCMs noted above, County Mental Health Directors may propose additional SCMs for their localities to be supported by the Community Capital Reinvestment Funds. All services would be subject to the local share percentage rules ordinarily applied.

State SCMs: The first assignments of OMH-employees to serve clients in DSS certified Adult Care Facilities (Congregate Care Level II) will begin this summer, with the balance in place by late fall. At this time, OMH anticipates 10 staff to be assigned to Erie, 15 to Monroe, 5 to Oneida, 15 to Rockland, 10 to Westchester, 5 to Dutchess, 5 to Sullivan, 129 to NYC, 20 to Suffolk and 5 to Nassau Counties.

Note: Because OMH SCMs will serve residents of Adult Care Facilities whose "county of fiscal responsibility" may not be the county of residence, each county's share of Medicaid expenditures will not be proportionate to the counties where the OMH SCMs will be assigned.

Caseload Size

Like ICM, OMH will promulgate regional fees. Unlike ICM which requires each ICM program to have a case load of 10 for each FTE case manager, the approved case loads in SCM will be either 20 or 30, based upon an approved provider's application to OMH. A provider which is approved for 20 clients per case manager will be assigned a rate calculated for 20 clients; likewise for SCM programs approved for 30 clients per case manager.

OMH expects that SCM fees for programs approved for 20 clients per case manager will be approximately one-half of the current ICM fees. At this time, SCM fees for "30 client" programs will be approximately one-third of the current ICM fees.

Financial Impact

In aggregate, OMH expects the annual gross cost of the SCM program to be approximately $27 million.

OMH estimates that, on average, two-thirds of the clients in the first year will be existing Medicaid recipients. It is likely that the percentage of Medicaid eligibles in NYC will be higher than the Statewide average. OMH also expects that the percentage of Medicaid eligibles will increase in succeeding years as the case loads stabilize and the case managers assist clients to gain their entitlements.

Local districts will be reimbursed for SCM through the mentally disabled overburden process for those individuals who meet the mentally disabled overburden definition.

For 621 eligible individuals, local districts should enter the appropriate S/F charge indicator on screen 3 of WMS to avoid paying a local share for SCM services.

LDSS will share in the costs of SCM services provided to all individuals who are not 621 or overburden eligible.

OMH estimates that less than 15% of the caseload for SCM will be overburden or 621 eligible.

Other Information

ICM and SCM charges are attributable to the clients' spenddown. (See 91 ADM-11)

Contact Person

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