

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 ICM-195

Date: December 29, 1992

Division: Health & Long Term
Care

TO: Local District Commissioners

SUBJECT: Subchapter A Day Treatment Services

ATTACHMENTS: Number of Subchapter A Individuals By County (available on-line)
Day Treatment Provider Letter (not available on-line)
OMRDD Dear Medicaid Director Letter (not available on-line)

GENERAL INFORMATION AND DEFINITION

The purpose of this Local Commissioners Memorandum is to provide local districts with current information regarding day treatment programs for the developmentally disabled.

Pursuant to Section 365.4 of Social Services Law, Medical Assistance recipients receiving day treatment services at programs operated by the Office of Mental Retardation and Developmental Disabilities (OMRDD) or agencies under contract with OMRDD are the fiscal responsibility of NYSDSS. Implementation of this law was accomplished by a funding process which has been called the "Subchapter A Agreement", and funding has been provided as 50% federal, 50% State.

Subchapter A (Sub A) Day Treatment status refers to a recipient who is not 621 eligible and who is assessed as having a disability so severe that the individual would most probably require placement in an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) if the day treatment program were not provided.

Currently, OMRDD estimates the number of individuals receiving Sub A Day Treatment services to be approximately 6,500 with NYC the district of fiscal responsibility for almost half that number.

Although local districts have been and will continue to be administratively responsible for the Medical Assistance cases of individuals receiving Sub A Day Treatment, these cases have in the past received extraordinary processing. For instance, in order to prevent the local share from being charged, OMRDD has used their own manual payment process rather than MMIS to reimburse providers using State and federal funds only. Additionally, OMRDD has been collecting the spenddown for individuals who qualify for Medical Assistance based on their recurring day treatment services, thus relieving local districts of the need to verify that individuals have met their monthly spenddown liability.

Effective February 1, 1993, OMRDD's role in the "special handling" of these cases will cease. The manual payment process used to reimburse providers of day treatment and to bill spenddown cases is being eliminated. Additionally, as of this date, OMRDD will no longer be responsible for collecting and verifying that the individual has met/incurred their spenddown liability.

For Subchapter A Day Treatment services provided on or after February 1, 1993, payment will be made through the Medicaid Management Information System (MMIS). However, provider billing for these services will not begin until March 1, 1992. NYSDSS' major concern in this transition to MMIS claims processing is that the local districts not be inappropriately charged a local share. To address this issue, we have developed a shares process associated to the Restriction/Exception Type Code 25 on the Restriction/Exception Subsystem.

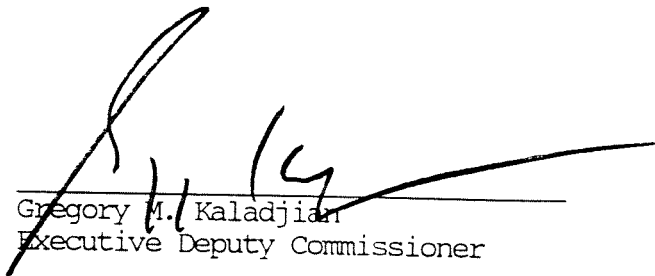
IDENTIFICATION OF SUBCHAPTER A INDIVIDUALS

A listing of the number of Subchapter A individuals by district is attached to this LCM (please note that some districts have no Subchapter A individuals). Additionally, OMRDD has provided two lists of Sub A individuals. The first list is a comprehensive listing by case name and CIN of all Sub A individuals (including those with monthly spenddowns). These are active local district cases. The second list, which indicates actual spenddown amount, is provided to make spenddown cases readily identifiable. Data entry should be performed on all these cases to input code 25 (OMR Subchapter A) in the Restriction/Exception field on the Restriction/Exception Subsystem. Code 25 will be available for use by local districts as of February 1, 1993. This is the only mechanism currently available to prevent a local share from being charged and to ensure that shares will be claimed as 50% federal, 50% State. As these cases are being reviewed for the code 25 entry, special attention should be given to excess income cases to determine whether WMS input needs to be modified to reflect your district's standard procedures for spenddown cases, since as noted above, OMRDD will no longer be involved in this process. OMRDD will notify the MA Director of affected local districts as new individuals become enrolled in Sub A day treatment so that necessary systems action can be taken. Local districts will also be notified when an individual loses Sub A eligibility so that code 25 can be deleted. A copy of the letter to be used by OMRDD for this purpose is attached to this LCM.

NOTE: While districts are not to be charged a local share for the day treatment services that these individuals receive, be advised that consistent with current policy, a local share will be charged for other services provided to these individuals, if the individual does not qualify for Human Services Overburden. (For further information regarding Human Services Overburden, please refer to 89 INF-43.)

Because these changes directly impact providers of day treatment as well as local districts, OMRDD has issued providers instructions regarding the change in billing procedures (a copy of which is attached).

For additional information regarding this LCM, please contact Eileen Lombardo at (518) 473-5456, user ID Ome330.



Gregory M. Kaladjian
Executive Deputy Commissioner

NUMBER OF "SUBCHAPTER A" INDIVIDUALS
(as of November 1992)

UPSTATE	SUB A INDIVIDUALS	UPSTATE	SUB A INDIVIDUALS
1 Albany	96	34 Orleans	0
2 Allegany	4	35 Oswego	1
3 Broome	47	36 Otsego	38
4 Cattaraugus	11	37 Putnam	31
5 Cayuga	32	38 Rensselaer	52
6 Chautauqua	47	39 Rockland	89
7 Chemung	43	40 St. Lawrence	35
8 Chenango	0	41 Saratoga	44
9 Clinton	29	42 Schenectady	71
10 Columbia	13	43 Schoharie	9
11 Cortland	9	44 Schuyler	21
12 Delaware	16	45 Seneca	14
13 Dutchess	31	46 Steuben	21
14 Erie	239	47 Suffolk	462
15 Essex	11	48 Sullivan	35
16 Franklin	1	49 Tioga	12
17 Fulton	32	50 Tompkins	2
18 Genesee	2	51 Ulster	35
19 Greene	11	52 Warren	26
20 Hamilton	1	53 Washington	60
21 Herkimer	32	54 Wayne	1
22 Jefferson	69	55 Westchester	428
23 Lewis	5	56 Wyoming	0
24 Livingston	0	57 Yates	5
25 Madison	2		
26 Monroe	332	66 New York City	2712
27 Montgomery	46		
28 Nassau	580		
29 Niagara	89		
30 Oneida	81		
31 Onondaga	119		
32 Ontario	9		
33 Orange	57		



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229-0001

ELIN M. HOWE
Commissioner

THOMAS A. MAUL
Executive Deputy Commissioner

February 1, 1993

Dear Day Treatment Provider:

This letter is to inform you that effective March 1, 1993 OMRDD will transfer the payment of Subchapter A day treatment services to the Medicaid Management Information System (MMIS) operated by the Department of Social Services. All Sub A day treatment services delivered on or after March 1, 1993 should be billed directly through MMIS via claims submission to Computer Science Corporation (CSC), the MMIS fiscal agent. Vouchers will no longer be required to be submitted to OMRDD. Please be advised that your claims must conform to MMIS billing and processing requirements in order to avoid delays in payments or denial of claims.

The initiative to transfer Subchapter A claim processing from a manual process to MMIS is the result of an Office of the State Comptroller audit. MMIS, as a claims processing system, offers the State the automated capability of editing for eligibility of the individual, service and provider. It offers the provider the capability of expedited claims processing and one uniform system for Medicaid claiming.

As a result of this transfer, the advance payment system is being eliminated. OMRDD will be responsible for a final reconciliation of all accounts and intends to make any necessary recoupments over a twenty-four month period. The final reconciliation will include elimination of the five (5) day lag in payments previously taken by OMRDD and any subsequent adjustments to the advance payments based upon actual services delivered. You will be notified by separate letter of the total recoupment amount once OMRDD has received final Claims Summary documents (Form OMR 284 and 284A) for the month of February 1993. No voucher for advances should be submitted after this date.

In addition, this change in billing procedure also means OMRDD will discontinue billing former Subchapter A individuals for day treatment as a means to spend down their excess income or assets to qualify for Medicaid. You will be responsible for billing and collecting payments from these individuals for the services that are applied against their spenddown amount.



Right at home. Right in the neighborhood.

Attached is a list of individuals for whom you are currently providing day treatment services and who currently have a Medicaid spenddown amount.

To assist the local social services district in properly coding the Welfare Management System Medicaid case to prevent a local share for day treatment services, it will be necessary to continue to notify the Revenue Management Field Office (RMFO) when Subchapter A eligible individuals have been admitted or discharged. The RMFO will notify the appropriate social services district. The enclosed form has been provided for these notifications.

Should you have any claiming questions during this transition period, you may contact Ms. Charlene Johnson at (518) 457-9747. Questions on Medicaid or Subchapter A eligibility and spenddown may continue to be directed to your local RMFO. Thank you.

Sincerely,

Richard T. Cody
Associate Commissioner

RTC/KJP

cc: Mr. Maul
Mr. Kaplan
Ms. Johnson
RMFO Managers



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229-0001

ELIN M. HOWE
Commissioner

THOMAS A. MAUL
Executive Deputy Commissioner

(DATE)

(REVENUE MANAGEMENT FIELD OFFICE)

(PHONE NUMBER)

(LDSS)

(STREET)

(CITY, STATE AND ZIP CODE)

Dear Medicaid Director:

_____, who resides at _____

_____ began/stopped receiving Subchapter A Day Treatment
(circle one)
services effective _____. The name of the day treatment program is

_____ and is located at _____

His/her CIN Number is _____

If the above named individual is receiving Subchapter A Day Treatment Services, you should data enter code 25 in the Restriction/Exception Field on the Restriction/Exception Subsystem (See LCM #). This will prevent your district from being charged a local share of the cost of the day treatment services and to ensure that shares will be claimed as 50% Federal, 50% State. If, however, the individual has stopped receiving these services, you should remove the code 25 from the Restriction/Exception Field. As these cases are being reviewed for the code 25 entry, special attention should be given to excess income cases to determine whether WMS input needs to be modified to reflect your district's standard procedures for spenddown cases as OMRDD will no longer be involved in this process.

Please call me at the number listed above if you have any questions.

Sincerely,

Resources & Reimbursement Agent

Right at home. Right in the neighborhood.

