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

Transmittal No: 95 LCM-65

Date: June 26, 1995

Division: Health & Long Term
Care

TO: Local District Commissioners

SUBJECT: The TeenAge Services Act/Comprehensive Medicaid Case
Management (TASA/CMCM) Program

ATTACHMENTS: None

This is to clarify the relationship between a Medicaid reimbursed case management program and the State's 1115 Waiver Application for Mandatory Medicaid Managed Care (The Partnership Plan).

The TeenAge Services Act (TASA) of 1984 established a case management requirement directed to local social services districts' (LSSD) pregnant and parenting teenagers, who are recipients of public assistance. TASA, overseen by the State Department of Social Services (SDSS) Division of Services and Community Development (SCD), requires the LSSD to offer eligible recipients case management services which will assist them in achieving economic self-sufficiency and family stability. The development of TASA occurred at the same time that Federal legislation (COBRA of 1985) permitted Title XIX funding for case management as a discrete service. The Division of Health and Long Term Care (HLTC) in SDSS designed the CMCM program to permit consideration of case management proposals from social services districts who wished to use community based organizations (CBO) to perform the service. TASA, therefore, can be funded through one of two mechanisms, depending on whether case management is provided directly by local social services districts and reimbursed through Title IV-A, or is provided by a CBO and reimbursed through Title XIX.

The 1115 Waiver Application, pending approval by the Health Care Financing Administration, will mandate Managed Care for Medicaid recipients. In recognition of the Managed Care mandate and in order to fulfill the TASA mandate, local districts will need to select one of three options: provide TASA directly; or, enter into agreements with community based organizations; or, provide assurances that the goals of the TASA legislation will be met through Managed Care programs contracted by the district.

If your agency has selected to fulfill its obligations under TASA (SSL 409 i-n) through referral agreements with community organizations, you will continue to be responsible for the designation of TASA providers and the oversight of the TASA/CMCM program in accordance with Department regulations (18 NYCRR 505.16). Pending an assessment of funding and service delivery for this population irrespective of a client's enrollment in Managed Care, the TASA provider would continue to bill fee-for-service for TASA/CMCM services provided to eligible recipients.

Should you determine that the Managed Care Plans in your district have internal structures to accomplish the goals of the State TASA legislation, you need only submit an assurance plan to SDSS-HLTC for joint consideration by HLTC, SCD and the State Department of Health, Office of Managed Care. The assurance plan should describe the Managed Care Plan's standards, protocols, and staffing qualifications relative to the TASA legislative intent.

If you have any questions on the TASA/CMCM program, please contact Barbara McManaman at (518) 474-9279 or Karen Hogan at (518) 473-0151.

Richard T. Cody
Deputy Commissioner
Division of Health & Long Term Care