

Targeted Case Management

Targeted Case Management (TCM) is a comprehensive service that includes coordinating medical and non-medical procedures for the student.

TCM is a Medicaid service that is reimbursable through the School Supportive Health Services Program (SSHSP). It is in addition to Occupational Therapy, Physical Therapy, Speech Therapy, Counseling, Skilled Nursing Services and their corresponding evaluations.

Students eligible for TCM reimbursement include Medicaid (MA) eligible school-age students referred to the Committee on Special Education (CSE) or classified as disabled and an Individualized Education Program (IEP) is developed. **TCM is not reimbursable for preschool students.**

Medicaid may be billed for five distinct TCM procedures: initial review, requested/amended review, annual review, triennial review, and Ongoing Service Coordination. The four reviews may only be claimed on or after the date the IEP review was completed.

Reviews

Part 200 of the Regulations of the Commissioner now identifies three types of reviews. The crosswalk between the fee schedule for Medicaid billing reviews and the definitions under Part 200 of the Commissioner's Regulations is as follows:

Part 200 of the Commissioners Regulations definition:	SSHSP Codes and Fees	Medicaid Billing Reviews
Initial Review	NYC 5491 \$1,333 ROS 5491 \$775	An Initial Review is provided for a student who is <u>not classified</u> as disabled and may require special education services pursuant to Part 200 of the Regulations of the Commissioner
Review	NYC-5494 \$1,333 ROS-5494 \$520	An Amended/Requested Review is provided for a <u>classified</u> student, receiving special education services and may require a formal evaluation in at least one discipline area.
	NYC-5492 \$347 ROS-5492 \$265	An Annual Review is provided for a <u>classified</u> student, once within every 12-month period to determine continued eligibility and the appropriateness of special education services being provided.
Reevaluation	NYC-5493 \$1,333 ROS-5493 \$492	A Triennial Review is provided for a <u>classified</u> student, at a minimum of once within a 36-month period or whenever a review is requested where more than one discipline area requires formal evaluations

The cover of all reviews should appropriately identify the review type for Medicaid Reimbursement.

For a school-age student with a disability, an appropriate committee meeting must be convened and appropriate members of the Committee or Subcommittee on Special Education who conducted the review must have attended the meeting.

A unit of service includes:

- At least one contact by the student's service coordinator or CSE, with the student's parent or other responsible individual, on the student's behalf, relating to the development of the initial IEP, (the CSE Chairperson is considered the service coordinator during the review process), and
- The activities leading up to and including the writing of the IEP, and
- Conducting and convening the CSE conference to develop the IEP, and
- Notifications to parents as per Part 200 of the Regulations of the Commissioner of Education.
- For Ongoing Service Coordination, other documentation is required (see Page 4).

Initial Review

An initial review can only be billed when an unclassified student is referred to the CSE for an initial IEP and a CSE meeting is held.

School districts may bill Medicaid for developing an initial IEP for a student not subsequently classified. If the student was not classified as a result of a prior referral, or was declassified, and is referred again, the school district may bill for developing another initial IEP. A CSE meeting, however, must have been held as a result of the second referral.

No more than two initial reviews may be claimed in any nine months.

NOTE: An initial review is not done for a classified preschool child transitioning to school age.

Review (Amended/Requested Review)

Regulations require that a student's IEP be reviewed and, if appropriate, reviewed on an interim basis upon request of the professionals on the CSE or the request of the child's parent(s) or other responsible individual.

Multiple amended IEPs may be billed within a given year, however, for each review, a separate CSE meeting must be held. A new IEP must be created or the minutes of the meeting would be required indicating services were no longer necessary.

No more than three amended/requested reviews may be claimed in a nine-month period.

Review (Annual Review)

An annual review is a required CSE review, which must occur once within every 12-month period to determine whether the existing IEP is appropriately meeting the child's needs.

No more than one annual review may be billed in a four-month period.

Re-Evaluation (Triennial Review)

A re-evaluation (triennial) review must occur within or at least every 36 months to provide current assessment information for a student in special education pursuant to IDEA. However, a re-evaluation may occur when ever the CSE requires one. The re-evaluation (triennial) review should be billed at least once every 36 months or as necessary. However, it may not be billed more than once every nine months.

Service Documentation is the completed IEP (identified as to the type of review), minutes of the CSE meeting, when recorded (updated 11/14/05) and the parental notification. IEP reviews may only be claimed on or after the completion date of the review.

Students Transitioning from Preschool to School Age Special Education Programs

School Districts are responsible programmatically for all students with disabilities ages 3 - 21 years. Students transitioning from the Preschool Program, pursuant to Section 4410 of the Education Law, to the School Age Program, pursuant to Section 4402 of the Education Law, had their Initial Review conducted by the CPSE and were classified as disabled with an IEP. The CSE is required to review each of these students when they become school age. Parental permission is not required to review a transitioning student for continued eligibility although consent must be requested if additional evaluations are being conducted as part of the review process. This review is considered, for Medicaid funding purposes as, either a Requested Review or a Re-evaluation Review depending on the number of discipline areas requiring a formal evaluation. **This review is not considered an Initial Review, since the purpose of the review is to determine the student's continued need for special education following the student's prior identification as a preschool student with a disability.** This is consistent with IDEA mandates that Special Education be provided to students with disabilities, ages 3 - 21 years, through a programmatically seamless system.

The same rule would apply for a Preschool Student transitioning to School Age Programs, but enrolling in a school district different from the one that had CPSE responsibility. School age students with disabilities transferring in New York State to another school district will provide the new school district with the existing preschool IEP. The new school district would place the student in a similar program (pendency) pending their CSE review. The school district should not provide an Initial Review since the student is already classified but would provide either a Requested or Re-evaluation Review based on the needs of the student.

Ongoing Service Coordination

Ongoing service coordination must be documented as indicated on Page 31 of the guidebook. It is rendered subsequent to implementing a student's IEP and is not required on the IEP. A service coordinator must be assigned to the student. Service Coordination must be discussed at the CSE meeting. The student or the student's parent or guardian should agree to the service coordination.

The individual service coordinator or case manager must be assigned to each student in writing by an appropriate school official, before any billing may take place. All staff involved with the student must be notified of the service coordinator or case manager assigned to the student.

Reimbursement of ongoing service coordination is a monthly fee.

A unit of service includes at least two documented contacts, on a monthly basis, (see examples on Page 7) by the service coordinator or other staff involved with the student relating to the child's ongoing service coordination. The service coordinator shall:

- Act as the central point of contact relating to IEP services for a child and any case notes by any other individual involved with the student.
- Maintain contact with direct service providers.
- Assist the child in gaining access to services specified in the IEP.
- Discuss with direct service providers whether the appropriate services are being provided.
- Provide a student or a student's parent or other responsible individual with information and direction that will assist them in successfully accessing and using the services recommended in the IEP.
- Provide assistance or intervention regarding any educational, social or medical condition affecting the student's ability to meet the goals and objectives specified in their IEP.

NOTE: Contacts involving the IEP reviews are not reimbursable as part of ongoing service coordination. Those contacts are reimbursed through the appropriate Review fee. Department of Health (DOH) staff must approve Ongoing Service Coordination case notes prior to initial claiming process.

Who May Provide Service Coordination?

An individual recommended as a child's ongoing service coordinator shall be:

- employed by or under contract to a school district/§4201 school, and
- chosen by the school district/§4201 school taking into consideration the primary disability manifested by the child, the child's needs, and the services recommended in the IEP.

NYS licensed or certified staff could include an audiologist, school counselor, registered nurse, practical nurse, occupational therapist, physical therapist, psychologist, social worker, speech therapist, speech pathologist, teacher, school administrator or school supervisor.

Service Documentation:

A written document that notifies the parent of the identification of the service coordinator. The service coordinator or case manager must document all contacts relating to service coordination. The contact notes will serve as documentation that the service was provided. (See examples on Page 7).

Documentation that ongoing service coordination was provided consists of case notes that meet the following criteria:

1. Issue: - the reason for a coordination contact,
2. Notes: - a brief summary of what transpired during the contact,
3. Action: - an action, reaction, or decision by the coordinator.

Codes and Fees:

	Code	Monthly Fee
SSHSP (Rest of State) Fee	5495	\$100.00

Summary of Targeted Case Management Documentation Requirements

Billing information is student specific. The Review being billed for each eligible student must clearly identify whether it is an initial, amended/requested, annual or re-evaluation [triennial] review. A CSE meeting must have been held. Part 200 of the Regulations of the Commissioner identify the three types of reviews; initial, review and re-evaluation. A crosswalk of the original four reviews is on page 27.

For each review, the IEP will serve as documentation that all necessary coordination, including contacts with parents, educators and health care professionals, committee meetings and follow-up, was completed. Parental notification must be maintained as part of the documentation required by Medicaid.

All IEPs must be appropriately closed with a date. You may claim for an IEP review on or after the date the IEP is completed. If taken, minutes of the meetings must also be available as documentation of the review. When a student is not classified upon review, the minutes, if available, and the parental notification will serve as the appropriate documentation of the review.

For Ongoing Service Coordination, the service coordinator must be assigned and must document all contacts regarding the student's ongoing service coordination on a monthly basis. Ongoing service coordination is not required on the IEP.

TCM need not be written on the IEP for school districts to bill Medicaid for developing a review. Ongoing Service Coordination need not be written on the IEP as well. However, the cover of the IEP should indicate which review it represents.

Sample Ongoing Service Coordination Case Notes

STUDENT NAME: Erica
P. _____ **DOB** 3/19/85

Person contacted: D.G. **Title:** Teacher **Date Contacted:** 2/4/97

Issue: Poor Academic Progress

Notes: Met with Teacher regarding Erica. Continues to do poorly academically. Student's parent is working with guidance center.

Action: Will follow up next month.

Person contacted: L.A. **Title:** Guidance Counselor **Date Contacted:** 2/4/97

Issue: Follow-up re: Academic progress

Notes: Spoke to Mrs. A.; parents looking for homework help for Erica. Got reading assignments.

Action: Will follow-up next month.

Person contacted: B. P. **Title:** Therapist **Date Contacted:** 2/24/97

Issue: Follow-up in progress.

Notes: Parent asked for update on Speech: Erica continues with speech and language services. Tries hard, progress is slow but consistent.

Action: Will follow up with parent.

Person contacted: Mrs. P. **Title:** Parent **Date Contacted:** 2/26/97

Issue: Follow-up with Parent Concerns.

Notes: Mrs. P. will come in to discuss changes for Erica. She's worried about progress. She doesn't think Erica is getting her medications during school hours.

Action: Scheduled a Team meeting, and will talk to school nurse.

Person contacted: C. B. **Title:** School Nurse **Date Contacted:** 2/26/97

Issue: Follow-up regarding medications

Notes: Erica is going to the Nurse's Office on a regular basis for medication. Nurse has no problem with Erica.

Action: Will inform Parents at meeting.

SIGNATURE/TITLE _____ **DATE:** _____

