

**Assertive Community Treatment/Case Management Services/  
Health Home Care Management  
2012-13 NYC  
2013 Upstate/Downstate**

**Please be advised that, due to delays with the conversion of Adult Targeted Case Management (TCM) to Health Home Care Management (HHCM), the Assertive Community Treatment (ACT)/Case Management Services and Health Home Care Management spending plan guidelines continue to be combined for 12-13 NYC and 2013 Upstate.**

**Funding Source Codes:**

034J Adult Case Management  
034K Children's Case Management  
570 Health Home Care Management

**Targeted Case Management (TCM):**

The New York State (NYS) Office of Mental Health (OMH) Targeted Case Management (TCM) program promotes optimal health and wellness for adults diagnosed with severe mental illness, and children and youth diagnosed with severe emotional disorders. Wellness and recovery goals are attained by implementing a person-centered approach to service delivery and ensuring linkages to and coordination of essential community resources. With respect for and affirmation of recipients' personal choices, case managers foster hope where there was little before. Case Managers work in partnership with recipients to advance the process of individuals gaining control over their lives and expanding opportunities for engagement in their communities.

All targeted case management programs are organized around goals aimed at providing access to services that encourage people to:

- Resolve problems that interfere with their attainment or maintenance of independence or self sufficiency
- Maintain themselves in the community rather than an institution

Case managers:

- Promote hope and recovery by using strengths-based, culturally appropriate, and person-centered practices
- Maximize community integration and normalization
- Provide leadership in ensuring the coordination of resources for individuals eligible for mental health services

## **TCM, HHCM, ACT Manager Program Descriptions**

### **6820 Adult Home Supportive Case Management (AHSCM); (Non-Licensed Program)**

In addition to the services listed in the general Targeted Case Management program description, Supportive Case Management (SCM) is provided to Adult Home residents by Supportive Case Managers who work as a team with Peer Specialists as part of an integrated approach to address the needs of the Adult Home population. The model funds one team, which is comprised of one full-time SCM and one half-time Peer Specialist. Each team serves a maximum of 30 residents. A Supervising Case Manager or Coordinator of Case Management provides supervision to the SCM and Peer Specialists. Adult Home Case Management takes referrals from the Adult Home and does not take referrals from Single Point of Access (SPOA).

When an Adult Home resident moves to other community housing and no longer needs SCM, the recipient will then be eligible for transitional status, receiving one visit per month for billing (this status may be active for a maximum of two months). When an Adult Home resident moves to other community housing and continues to need the SCM level of care (or the higher Intensive Case Management (ICM) level), it is expected that a request for community case management enrollment is processed through the local SPOA. Where a community case management waiting list exists, the Adult Home Case Management program can continue to support that person in the other community setting until the person is transferred to community case management. If the recipient is enrolled in community case management at the time of the move out of the Adult Home, the recipient is not eligible for transitional status. Medicaid billing requires a minimum of two 15-minute face-to-face contacts per individual per month. Crisis intervention services are available to consumers 24-hours per day, 7 days per week. Collateral contacts are not billable.

**Units of Service:** Count the total number of contacts.

### **0800 Assertive Community Treatment (ACT) Team Management; (Licensed Program)**

ACT Teams provide mobile intensive treatment and support to people with psychiatric disabilities. The focus is on improving an individual's quality of life in the community and reducing the need for inpatient care by providing intense, community-based treatment services by an interdisciplinary team of mental health professionals. Building on the successful components of the Intensive Case Management (ICM) program, the ACT program has low staff to patient ratios; 24-hours per day, seven days per week availability; enrollment of consumers; and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.

**Units of Service:**

- Intensive Full Program – 6 or more face-to-face contacts per individual per month and may include three collateral visits.

- Intensive Partial Payment represents between 2 and 5 face-to-face contacts per individual per month.
- Supportive Program – 2 or more face-to-face contacts per individual per month.

**Total Units of Service:** Total the number of contacts.

**0820 Blended Case Management (BCM); (Non-Licensed Program)**

In addition to the services listed in the general Targeted Case Management program description, BCM facilitates a team approach to case management by combining the caseloads of multiple Intensive Case Managers (ICMs) and/or Supportive Case Managers (SCMs). A blended team can be composed of any of the following ratios of ICM and SCM:

- 1 ICM and 1 SCM
- 2 ICM and 1 SCM
- 1 ICM and 2 SCM
- Any multiples of the above

Team caseload size and minimum number of aggregate monthly contacts required for Medicaid billing are determined by the mix of ICMs and SCMs on the team. For ICM programs serving Children and Families, 25% of aggregate contacts provided by ICM clients may be collateral. SCM collaterals are not billable. Crisis intervention services are available to consumers 24-hours per day, 7 days per week.

**Units of Service:** Count the total number of contacts.

\*\*Requests to be designated as a Blended team should be submitted to the field office program staff for their review and approval or denial.

**1810 Intensive Case Management (ICM); (Non-Licensed Program)**

In addition to the services listed in the general Targeted Case Management program description, ICM is set at a case manager/client ratio of 1:12 and is provided by an individual or a team of intensive case managers. Crisis intervention services are available to consumers 24-hours per day, 7 days per week.

Medicaid billing rules for the Traditional ICM model require a minimum of four (4) 15-minute face-to-face contacts per individual per month. For programs serving Children and Families, one contact may be collateral. The Flexible ICM model requires at least two (2) 15-minute minimum face-to-face contacts per individual per month, but must maintain a minimum aggregate of four (4) face-to-face contacts over the entire caseload. For programs serving Children and Families, 25% of the aggregate contacts can be collaterals.

**Units of Service:** Count the total number of contacts.

\*\*Requests to be designated as a Flexible team should be submitted to the field office program staff for their review and approval or denial.

### **6810 Supportive Case Management (SCM); (Non-Licensed Program)**

In addition to the services listed in the general Targeted Case Management program description, SCM services are set at a case manager client ratio of 1:20 or 1:30. Crisis intervention services are available to consumers 24-hours per day, 7 days per week. Medicaid billing rules require a minimum of two (2) 15-minute face-to-face contacts per individual per month. Collateral contacts are not counted.

**Units of Service:** Count the total number of contacts (excluding collateral contacts).

### **2730 Health Home Care Management (HHCM); (Non-Licensed Program) (Converted TCM, Medicaid enrolled only)**

Health Home Care Management program provides coordinated, comprehensive medical and behavioral health care to Medicaid-enrolled adults with chronic conditions through care management and integration that assures access to appropriate services, improves health outcomes, reduces preventable hospitalizations and emergency room visits, promotes use of health information technology (HIT), and avoids unnecessary care. Health Home Care Managers are expected to provide comprehensive care management, health promotion, transitional care including appropriate follow-up from inpatient to other settings, patient and family support, referral to community and social support services. Health Home Care Managers promote optimal health and wellness for adults diagnosed with severe mental illness. Wellness and recovery goals are attained by implementing a person-centered approach to service delivery and ensuring linkages to and coordination of essential community resources.

**Units of Service:** Count the number of persons with SMI served per month.

The HHCM program is designated as out-of-contract and is not required to be reported on the CBR/CAT, however, expenses and revenue must be reported on the CFR under funding source code 090-Nonfunded.

### **2880 Residential Treatment Facility (RTF) Transition Coordinator; (Non-Licensed Program)**

RTF Transition Coordinators enhance the RTF's ability to ensure timely, successful discharges by providing support, case management, coordination and linkage to services for children from an RTF, regardless of whether the discharge is planned or unplanned. The staff to inpatient bed ratio is 1:12 and is expected to provide needed services both within the RTF and in the child's home community. It is expected that approximately one-fourth of their caseload is in post-discharge status. RTF Transition Coordinators have access to RTF/HCBS Service Dollars to be used as payment of last resort. The purpose of the service dollars is to provide funds to facilitate the child's discharge plans.

**Units of Service:** Count the total number of consumers served during each month.

## **Service Dollar Program Descriptions**

### **2810 Case Management Service Dollars Administration; (Non-Licensed)**

The Case Management Service Dollar Administration program code is to be used to report administration costs or Representative Payee Service costs for ICM, SCM, BCM, ACT, and AHSCM service dollar programs.

**Units of Service:** Not applicable.

### **2850 Health Home Care Management Service Dollars Administration; (Non-Licensed)**

The Health Home Care Management Service Dollar Administration program code is to be used to report administration costs or Representative Payee Service Costs for Health Home Care Management service dollar program.

**1910 ICM Service Dollars; (Non-Licensed)**

**6910 SCM Service Dollars; (Non-Licensed)**

**0920 Blended Case Management Service Dollars; (Non-Licensed)**

**8810 Assertive Community Treatment Service Dollars; (Non-Licensed)**

**6920 Adult Home Service Dollars; (Non-Licensed)**

**2980 RTF/HCBS Service Dollars; (Non-Licensed)**

**2740 Health Home Care Management Service Dollars; (Non-Licensed)**

All ICM, SCM, BCM, AHSCM, ACT, and HHCM programs, as well as RTF Transition Coordinators, have access to “service dollars”. All service dollar programs are for emergency and non-emergency purposes and are to be used as payment of last resort. The purpose of the service dollars is to provide funds for recipients’ immediate and/or emergency needs. The use of service dollars in any of these programs should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of service dollars. Approved uses of service dollars should be documented in each individual’s case records. Also, as the recipient’s needs change, the money can be redirected to purchase the type of service that is needed currently. Services purchased for a recipient, such as Respite or Crisis Services, should be reported using the appropriate Service Dollar program code.

ICM, SCM, BCM, ACT, Adult Home, or HHCM Service Dollars may be used only for recipients receiving ICM, SCM, BCM, ACT, or HHCM and cannot be used for any other purpose. For example, Psychosocial Club, Drop-In Center, Outreach, etc. should not be funded using any of these service dollar funds. Health Home Care Management Service dollars may be expended only for Medicaid individuals with serious mental illness who receive HHCM services and for Non-Medicaid individuals served by the HHCM program. Service dollars cannot be used for any other purpose.

RTF/Home and Community Based Services (HCBS) Service Dollars may be used only for recipients receiving RTF Services or HCBS Waiver Services (please refer to the HCBS Waiver package) and cannot be used for any other purpose.

**Agency administrative expenses cannot be allocated to any of these program codes.**

**Units of Service:** Count the number of recipients utilizing these funds.

### **Non-Medicaid Care Coordination Program Description**

#### **2720 Non-Medicaid Care Coordination; (Non-Licensed Program)**

This program supports people with SMI regardless of Medicaid enrollment. Funding is provided via State Aid. **Those people who meet HH eligibility should not be served with these resources and they should be enrolled in a HHCM program.** The program does not bill Medicaid for its services. Care Coordination services may include linking people to needed services, monitoring established goals and outcomes, and providing case specific advocacy.

This program code includes the former Bridger Services (previously program code 1990) and Case Management Services (previously program code 0810).

**Units of Service:** Count the total number of staff hours spent providing care coordination face-to-face or by telephone directly to recipients or collaterals. **Health Home Non-Medicaid Care Management Program Description (Converted TCM, Non-Medicaid enrolled)**

#### **2620 Health Home Non-Medicaid Care Management (HHNCM); (Non-Licensed)**

This program code applies only to former adult TCM programs that converted to Health Home Care Management. These funds are given to the HHCM provider who in addition to serving adult Medicaid enrolled recipients with a Serious Mental Illness also serves adult non-Medicaid SMI clients recipients who **cannot be enrolled in a Health Home.** These funds typically support the higher acuity non-Medicaid recipients by advocating for needed services, helping to find their way through complex health care and social services systems, providing support for improved community service linkages, performing on-site crisis intervention and skills teaching when other services are not available, and if the recipient is eligible, working to secure Medicaid benefits with the goal of subsequent Health Home enrollment.

**Units of Service:** Count the number of persons served per month

#### **1230 Flexible Recipient Service Dollars (Non-Medicaid Programs); (Non-Licensed Program)**

Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. These funds are to be used as payment of last resort. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of, service dollars. Services purchased for a recipient, such as Respite or Crisis Services, should be reported using this Service Dollar program code. Examples of services may include housing, food, clothing, utilities, transportation, and assistance in educational, vocational, social or recreational and

fitness activities, security deposits, respite, medical care, crisis specialist, homemakers and escorts. This program code cannot be allocated for AHSCM, ICM, SCM, BCM, ACT, HHCM, RTF Transition Coordinators or Home and Community Based Waiver Services. Agency administrative expenses cannot be allocated to this program code.

**Units of Service:** Count the number of recipients utilizing these funds.

**Please see the “Flexible Recipient Service Dollar” packet for the appropriate uses of these funds.**

### **Fiscal Policy Control Points**

The budget, cash flow, desk audit, and field audit control points that are included in the OMH State Aid Approval Letter General Provisions, the OMH Fiscal Contracting Guidelines, and the additional fiscal control points that are listed below apply to these funding sources for all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

It is OMH’s expectation that all ACT/Case Management programs will be budgeted according to the Case Management Models for funding source codes 034J and 034K and that the Health Home Non-Medicaid Care Management & Service Dollars will be budgeted according to the Health Home Care Management Report. While OMH recognizes that in some cases additional funds may be needed above the funding level included in funding source codes 034J, 034K, and 570, these instances should be communicated to the field office to ensure funding authorizations are categorized correctly. Funding for Adult programs in excess of the Case Management models and/or Health Home Care Management Report should use the appropriate program code and Funding Code 200. Values in excess of the Case Management model for children’s programs should be reported under the appropriate program and Funding Code 046L. Local Assistance Regular 001A may also be used for either Adult or Children.

Agency administrative expenses cannot be allocated to any service dollar program code.

### **Budget Control Points:**

**The following Budget Control points will be applied at the county level for programs funded via the State Aid Approval Letter and by individual provider if funded via a direct contract with the State:**

1. For Adult Case Management Funding Code 034J, the program codes that are eligible to be used on all budgeting schedules are:

<b>Program Code</b>	<b>Program Name</b>
1810	Intensive Case Management
1910	Intensive Case Management Service Dollars
6810	Supportive Case Management

<b>Program Code</b>	<b>Program Name</b>
6910	Supportive Case Management Service Dollars
6820	Adult Home Supportive Case Management
6920	Adult Home Service Dollars
0800	Assertive Community Treatment Teams
8810	Assertive Community Treatment Team Service Dollars
0820	Blended Case Management
0920	Blended Case Management Service Dollars
2720	Non-Medicaid Care Coordination
1230	Flexible Recipient Service Dollar
2810	Case Management Service Dollars Administration

Program codes 0800, 0820, 1810, 6810, 6820 must also have 8810, 0920, 1910, 6910, 6920 budgeted respectively.

- For Children’s Case Management Funding Code 034K, the program codes that are eligible to be used on all budgeting schedules are:

<b>Program Code</b>	<b>Program Name</b>
1810	Intensive Case Management
1910	Intensive Case Management Service Dollars
6810	Supportive Case Management
6910	Supportive Case Management Service Dollars
0820	Blended Case Management
0920	Blended Case Management Service Dollars
2880	Residential Treatment Facility (RTF) Transition Coordinator
2980	RTF/HCBS Service Dollars
2720	Non-Medicaid Care Coordination
1230	Flexible Recipient Service Dollar
2810	Case Management Service Dollars Administration

Program codes 0820,1810,2880,6810 must also have 0920,1910,2980,6910 budgeted respectively.

- For Adult Health Home Care Management Funding Code 570, the program codes that are eligible to be used on all budgeting schedules are:

<b>Program Code</b>	<b>Program Name</b>
2740	Health Home Care Management Service Dollars
2850	Health Home Care Management Service Dollars Administration
2620	Health Home Non-Medicaid Care Management

- For Health Home Care Management Program Code 2730, the fund code eligible to be used on all budgeting schedules is 090. (This program is not required to be reported on CBR/CAT)

5. The total by Program Code by Funding Sources 034J, and 034K for ICM, SCM, ACT, AHSCM, and BCM must equal the allocations as reported on the Case Management Report.
6. The total by Program Code by Funding Sources 034J and 034K for ICM Service Dollars, SCM Service Dollars, ACT Service Dollars, Adult Home Service Dollars, and BCM Service Dollars cannot exceed the allocations as reported on the Case Management Report.
7. For Funding Source Code 034J, Program Code 2810 can be budgeted; however, the total of program codes 2810, 1910, 6910, 6920, 0920, & 8810 must equal the total allocation as listed on the Case Management Report.
8. For Funding Source Code 034K, Program Code 2810 can be budgeted; however, the total of Program Codes 2810, 1910, 6910, and 0920 must equal the total allocation as listed on the Case Management Report.
9. For Funding Source Code 034K, the total by Program Codes for the RTF Transition Coordinator (2880) and RTF/HCBS Service Dollars (2980) must equal the allocations as reported on the Case Management Report.
10. For Funding Source Code 570, the total for Program Code 2620 must equal the allocation as reported on the Health Home Care Management Report.
11. For Funding Source Code 570, Program Code 2850 can be budgeted; however, the total of Program Codes 2740 & 2850 must equal the total allocation as reported on the Health Home Care Management Report.

**Additional funds added to these programs using fund codes 200 for Adult, 046L for C&Y, or 001A for Adult or C&Y will not be used to calculate compliance to the model against the Case Management Report or the Health Home Care Management Report. Field Office and Central Office Programmatic review and approval for additional funds will occur during the budget approval process.**

12. For each Funding Source Codes 034J and 034K, the total for Program Code 2720 Non-Medicaid Care Coordination and Program Code 1230 Flexible Recipient combined must equal the combined allocation for Program Code 2720 and Program Code 1230 as reported on the Case Management Report.

**Additional Cash Flow Control Points: None.**

**Desk Audit Control Points:**

**The total of Funding from Funding Source Code 034J, 034K, and 570 cannot exceed the total budgeted amount for these funding sources.**

**Assertive Community Treatment Team Service Dollars (8810), Intensive Case Management Service Dollars (1910), Supportive Case Management Service Dollars (6910), Blended Case Management Service Dollars (0920), Adult Home Supportive Case Management Service Dollars (6920), Case Management Service**

**Dollar Administration (2810), Health Home Care Management Service Dollars (2740), Health Home Care Management Service Dollar Administration (2850)**

**These controls are applied at a Provider Specific level:**

1. ICM Service Dollars (1910), SCM Service Dollars (6910), ACT Service Dollars (8810), BCM Service Dollars (0920), AHSCM Service Dollars (6920), HHCM Service Dollars (2740) may interchange with Case Management Service Dollar Administration program (2810) or Health Home Care Management Service Dollar Administration (2850); however, the total claimed net for these program codes and fund codes 034J, 034K, and 570 combined cannot exceed the total budgeted net amount.
2. Only Other than Personal Services (OTPS) or Personal Services (PS) expenses can be charged to ICM Service Dollars (1910), SCM Service Dollars (6910), AHSCM Service Dollars (6920), ACT Service Dollars (8810), BCM Service Dollars (0920), or HHCM (2740). Agency administrative expenses cannot be charged to these programs.

**Adult Home Supportive Case Management (6820), Assertive Community Treatment Teams (0800), Intensive Case Management (1810), Supportive Case Management (6810), and Blended Case Management (0820)**

**For Fiscal year 12-13 in NYC and 2013 in Upstate/Downstate Regions, due to the phasing in of Health Home Care Management, providers will be allowed to retain 100% of excess ACT & TCM Medicaid Revenue.**

**The following rules will be applied at a Provider Specific level:**

1. To calculate if there is excess Medicaid Revenue, the total amount of Medicaid revenue reported on line 17 of the Consolidated Claiming Report (CCR) DMH-2 for AHSCM (6820), ACT(0800), ICM (1810), SCM (6810), and BCM (0820) combined, will be compared to the total budgeted Medicaid revenue reported on line 17 of the Consolidated Budget Report (CBR) DMH-2 for direct contract providers, and for counties, line 17 of the County Allocation Tracker (CAT). If excess revenue exists, the provider may retain 100% of the Medicaid revenue collected in excess of the budgeted revenue target.

The excess revenue must be spent either in the year it was earned or in the following year. Funds cannot be utilized after the second year. This additional revenue , can be used in AHSCM (6820), ACT (0800), ICM (1810), SCM (6810), BCM (0820), HHCM (2730), or Non Medicaid HHCM (2620) programs. The total excess revenue being carried over to the following year must be reflected on line 39 in one or a combination of these five programs on the CCR. Funds carried over to the following year should be reflected on revenue line 29 in the following year's CCR for that program. This amount should not be reflected in the budget. The excess revenue can be spent only on **one-time** items such as salary bonuses for program staff, **one-time** salary-related fringe benefits, or program equipment.

**Additional funds added to these programs using fund codes 200, 046L, or 001A cannot include Medicaid Revenue and will not be used in the excess revenue calculation.**

2. The combined total of ICM (1810), SCM (6810), ACT (0800), BCM (0820), AHSCM (6820), HHNCM (2620) for fund codes 034J, 034K, and 570 cannot exceed the total budgeted net amounts for these programs.

### **RTF Transition Coordinators and RTF/HCBS Service Dollars**

**The following rules will be applied at a provider specific level:**

1. The total of Funding Source Code 034K for RTF Transition Coordinator (2880) cannot exceed the budgeted net amount.
2. The total of Funding Source Code 034K for RTF/HCBS Service Dollars (2980) cannot exceed the budgeted net amount.

### **Non-Medicaid Care Coordination**

**The following rule will be applied at a provider specific level:**

1. The combined total of Program Codes 2720 Non-Medicaid Care Coordination and 1230 Flexible Recipient Service Dollars for Fund Codes 034J & 034K cannot exceed the total combined budgeted net amounts for Program Code 2720 and Program Code 1230.

**Additional Field Audit Control Points:**

1. All Health Home Care Management programs receive State aid to serve people who are not Medicaid eligible and State aid for service dollars. These programs must also accept referrals of individuals who have been placed on assisted outpatient treatment status (MHL §9.60). Additional guidance regarding assisted outpatient treatment in a Health Home environment has been issued by OMH and is available on the OMH website at: [http://www.omh.ny.gov/omhweb/adults/health\\_homes/](http://www.omh.ny.gov/omhweb/adults/health_homes/).
2. For all TCM and ACT programs, providers/counties are required to maintain staffing at the specified levels for the program.
3. The amount of revenue retained and spent by the program in compliance with the "Excess revenue collection policy" must be used for **one-time** items such as salary bonuses for program staff, one-time salary-related fringe benefits, or program equipment.
4. All service dollar programs must implement adequate fiscal accountability systems with sufficient checks and balances to ensure the funds are used for their intended purpose. This accounting system must produce an audit trail and reconciliation of all expenditures under this category. Authorizations and the

detail of use for Recipient Service Dollars must be kept and available for field audit.

5. If expenditures are related to the purchase of Rep Payee services, documentation related to any of these activities must be available for inspection by the Office of Mental Health upon request. Failure to document these expenses properly may result in an audit finding and future funding may be reduced.
6. If expenditures are related to Case Management or Health Home Service Dollar Administration, documentation related to any of these activities must be available for inspection by the Office of Mental Health upon request. Failure to document these expenses properly may result in an audit finding and future funding may be reduced.
7. For Non-Medicaid Care Coordination services, the expenditure of Federal funds that may have been allocated to this program are limited to the amount specified in the State Aid Approval Letter Attachment A (remarks) and the OMH Direct Contract Summary. These funds may not be used for any purpose other than that which is detailed in the program description.
8. For Assisted Outpatient Treatment (AOT) program referrals:
  - a) establish mechanisms to ensure priority access by individuals who have been referred to the provider and who are enrolled in an assisted outpatient treatment program established pursuant to section 9.60 of the Mental Hygiene Law;
  - b) cooperate with the local governmental unit or its authorized representatives to ensure priority access by such individuals, and in the development, review, and implementation of treatment plans for them;
  - c) for persons enrolled in an assisted outpatient treatment program, notify the director of the director of the assisted outpatient treatment program prior to discharge; and
  - d) furnish any and all related information, reports, and data requested by the Commissioner of Mental Health or the local governmental unit in connection with a person who is also enrolled in an assisted outpatient treatment program.
  - e) prioritize, and respond to without delay, any requests for clinical records regarding persons who are the subject of, or who are under consideration for, a petition for an order authorizing assisted outpatient treatment, from persons or entities authorized pursuant to section 33.13 or 33.16 of the Mental Hygiene Law.

Drawings to show reporting requirements are on the next two pages:

**Reporting on the CBR/CAT  
2012-2013 NYC, 2013 Upstate/Long Island**

**Adult Case Management Funding Source Code  
034J**

Each item below budgeted as specified on the "Case Management Report" (Gross, Income, Net and Program Type)

<b>Adult Home Supportive Case Management (AHSCM) 6820</b>	<b>Adult Home Supportive Case Management Service Dollars 6920</b>
<b>Assertive Community Treatment Team (ACT) 0800</b>	<b>Assertive Community Treatment Team Service Dollars 8810</b>
<b>Intensive Case Management Managers (ICM) 1810</b>	<b>Intensive Case Management Service Dollars 1910</b>
<b>Supportive Case Management Managers (SCM) 6810</b>	<b>Supportive Case Management (SCM) Service Dollars 6910</b>
<b>Blended Case Management Managers (BCM) 0820</b>	<b>Blended Case Management Service Dollars 0920</b>
<b>Case Management Service Dollar Administration 2810</b> (Total of All TCM Service Dollar programs and this code cannot exceed total on Case Management Report)	
<b>Non-Medicaid Care Coordination (formerly 0810 and 1990) 2720</b> (Program can be budgeted under Adult or Children- must equal total for this program on Case Management Report)	

**Children's Case Management Funding Source Code 034K**

Each item below budgeted as specified on the "Case Management Report" (Gross, Income, Net and Program Type)

<b>RTF Transitional Coordinators 2880</b>	<b>RTF/HCBS Service Dollars 2980</b>
<b>Intensive Case Management (ICM) 1810</b>	<b>Intensive Case Management Service Dollars 1910</b>
<b>Supportive Case Management (SCM) 6810</b>	<b>Supportive Case Management Service Dollars (SCM) 6910</b>
<b>Blended Case Management (BCM) 0820</b>	<b>Blended Case Management Service Dollars 0920</b>
<b>Case Management Service Dollar Administration 2810</b>  (Total of ICM, SCM and BCM Service Dollar programs with this code must equal total Service Dollars for these programs on Case Management Report.  RTF/HCBS Service Dollars cannot be used in program 2810)	
<b>Non-Medicaid Care Coordination (formerly 0810 and 1990) 2720</b>	

**Adult Health Home Funding Source Code 570**

<b>Health Home Non-Medicaid Care Management 2620</b> (Must equal total for this program on HHCM Report)	<b>Health Home Care Management Service Dollars 2740</b>	<b>Health Home Care Management Service Dollar Administration 2850</b> (Total of HHCM Service Dollar and this code must equal total on HHCM Report)
--	---	---

**Flexibility of Reporting on the Consolidated Claim Report  
2012-2013 NYC, 2013 Upstate/Long Island**

<b>Adult Home Supportive Case Management (AHSCM) 6820</b>	<b>Assertive Community Treatment Team (ACT) 0800</b>	<b>Intensive Case Management Managers (ICM) 1810</b>	<b>Supportive Case Management Managers (SCM) 6810</b>	<b>Blended Case Management Managers (BCM) 0820</b>	<b>Health Home Non-Medicaid Care Management 2620</b>
<b>Adult Case Management Funding Source Code 034J, Children’s Case Management Funding Source Code 034K, and Adult Health Home funding source 570 - MANAGER DOLLARS ONLY</b>					
<b>Total flexibility of funds among these programs - Total of all programs not to exceed total authorized or budgeted net deficit funding plus excess Medicaid float for the total of Fund Codes 034J, 034K, &amp; 570 – CANNOT be combined or moved to SERVICE DOLLAR Programs</b>					

<b>Assertive Community Treatment Team Service Dollars 8810</b>	<b>Intensive Case Management Service Dollars 1910</b>	<b>Supportive Case Management (SCM) Service Dollars 6910</b>	<b>Blended Case Management Service Dollars 0920</b>	<b>Adult Home Service Dollars 6920</b>	<b>Case Management Service Dollar Administration 2810</b>	<b>Health Home Care Management Service Dollars 2740</b>	<b>Health Home Care Management Service Dollars Administration 2850</b>
<b>Adult Case Management Funding Source Code 034J, Children’s Case Management Funding Source Code 034K, and Adult Health Home funding source 570 SERVICE DOLLARS</b>							
<b>Total flexibility of funds among these programs – Total of all programs not to exceed total authorized or budgeted net deficit funding for the total of Fund Codes 034J, 034K, &amp; 570 CANNOT BE COMBINED WITH MANAGER PROGRAMS</b>							

<b>Fund Code 090</b>
<b>Health Home Care Management 2730 (Medicaid Program)</b>

<b>Total of both programs not to exceed authorized or budgeted 2720 net deficit amount funded by Fund Code 034J and 034K</b>	
<b>Non-Medicaid Care Coordination (formerly 0810 and 1990) 2720</b>	<b>Flexible Recipient Service Dollars 1230</b>

<b>Fund Code 034K Only – Total of each program not to exceed authorized or budgeted net deficit amount</b>	
<b>RTF Transitional Coordinators 2880</b>	<b>RTF/HCBS Service Dollars 2980</b>

**Reference Links:**

- Website to access the pertinent fiscal models
- [http://www.omh.ny.gov/omhweb/spguidelines/case\\_mngmt\\_models/2013\\_Upstate\\_Downstate\\_Models.pdf](http://www.omh.ny.gov/omhweb/spguidelines/case_mngmt_models/2013_Upstate_Downstate_Models.pdf)
- [http://www.omh.ny.gov/omhweb/spguidelines/case\\_mngmt\\_models/2012-13nyc\\_case\\_management\\_models.html](http://www.omh.ny.gov/omhweb/spguidelines/case_mngmt_models/2012-13nyc_case_management_models.html)

**Resources for program descriptions and regulatory requirements:**

- [Spending Plan Guidelines](#) – Go to: “Flexible Recipient Service Dollars”
- [New York Codes, Rules and Regulations, Part 506 – Medical Assistance Rates of Payment for ICM, SCM, and BCM Services](#) 
- [ACT Manual for Program Guidelines](#)
- [New York Codes, Rules and Regulations, Part 508, Medical Assistance Rates of Payment for Assertive Community Treatment Services](#) 
- [Federal Guidelines on Representative Payee Services](#) 
- [Assignment of Persons with Assisted Outpatient Treatment Court Orders](#)
- [Local Government Unit /Single Point of Access \(LGU/SPOA\)](#)
- [Health Homes Provider Manual](#)