

Intensive Case Management

Funding Source Codes:

034A: Adult State Aid – Adult ICM
034B: Children State Aid – Children & Family ICM
170A: Kendra’s Assisted Outpatient Treatment

As indicated in the *OMH State Aid Approval Letter General Provisions* and the *OMH Fiscal Contracting Guidelines*, the additional Fiscal Policy Control Points that are included herein apply to all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

Program Description: The Intensive Case Management (ICM) program is targeted to seriously and persistently mentally ill (SPMI) and seriously emotionally disturbed (SED) consumers. The program is designed to increase community tenure by abating hospitalization through intensive interaction with the participants. Case workers will assist the program consumers in developing and maintaining viable living, working and social situations in the community. The program is available to consumers, 24-hours-a-day, seven days a week. Case workers have an average caseload of 12 clients.

The State participation rate is 100 percent.

NOTE: Reference Links for pertinent fiscal, regulatory and program information can be found at the end of this document.

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 this funding source.

Additional Budget Control Points:

1. The program codes that are to be used on all budgeting and claiming schedules are:

Code	Description
1810	Intensive Case Management (including salaries, fringe benefits, and NPS)
0820	Blended Case Management (BCM) including salaries, fringe benefits, and NPS

Please refer to the “Service Dollars – ICM, SCM, BCM” spending plan guidelines for a detailed description of the service dollar services and funding source codes to be used: <http://www.omh.state.ny.us/omhweb/spguidelines/selectletter.asp>

2. Gross costs, Income and Net must be budgeted in accordance with the ICM/SCM/BCM model.

Additional Cash Flow Control Points: None.

Additional Desk Audit Control Points:

1. The net claimed expenditures by providers/counties, by program for ICM managers may not exceed the net budgeted expenditures. (This desk audit control point supersedes Desk Audit Control Point #6 in the General Provisions of the State Aid Approval Letter.)
2. The ICM program (1810) may retain 70% of Medicaid revenue collected in excess of the budgeted revenue target. This additional revenue may be spent in the current year (the year in which it is earned) or in the subsequent year. The revenue not spent in the current year must be shown on line 39 "Other" of the DMH 2 (Consolidated Claims Report [CCR] in the current year), and in the subsequent year an equal amount should be applied to line 29 of the DMH 2 (CCR) "Other" revenue.

For ICM programs that have reported excess Medicaid income, 30% of the excess Medicaid income will be recovered as State aid.

3. All revenue collected in the BCM program must be allocated on the DMH-3 by the ratio value method using reported gross costs generated by the ICM and SCM programs.
4. BCM programs (0820) may retain 69% of Medicaid revenue collected in excess of the budgeted revenue target. This additional revenue may be spent in the current year (the year in which it is earned) or in the subsequent year. The revenue not spent in the current year must be shown on line 39 "Other" of the DMH 2 (CCR in the current year), and in the subsequent year an equal amount should be applied to line 29 of the DMH 2 (CCR) "Other" revenue.

For BCM programs that have reported excess Medicaid income, 31% of the excess Medicaid income will be recovered as State aid.

Additional Field Audit Control Points:

1. ICM agencies are required to maintain staffing at the specified manager levels on the fiscal allocation table.
2. The amount of revenue retained and spent by the program in compliance with Additional Desk Audit Control Points Numbers 2 and 4 must be used for salaries, salary related fringe benefits, program supervision or program equipment.

Reference Links:

- Website to access the pertinent fiscal models:
www.omh.state.ny.us/omhweb/spguidelines/case_mngmt_models/index.html

Resources for program descriptions and regulatory requirements:

- Mental Health Medicaid Case Management Manual: Hard copy only-contact Adult Services Program Staff
- Spending Plan Guidelines –Go to: “Service Dollars - ICM, SCM and Blended”
<http://www.omh.state.ny.us/omhweb/spguidelines/selectletter.asp>