



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.  
*Commissioner of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner*

## LOCAL COMMISSIONERS MEMORANDUM

**Transmittal No:** 98 OMM LCM-008

**Date:** September 1, 1998

**Division:** Office of Medicaid  
Management

**TO:** Local District Commissioners  
Care At Home Coordinators

**SUBJECT:** Care At Home Programs I, II & V  
Medicaid Model Waivers

**ATTACHMENTS:** There are no attachments.

The purpose of this LCM is to notify local districts that the monthly Medicaid expenditure cap for children enrolled in the Care At Home Programs I and V has been increased from \$7500/month to \$9000/month. The increase is effective immediately upon release of this transmittal.

One of the requirements for inclusion in the waiver is that the child can be cared for at home in the community at no more cost than in the appropriate institutional setting. Monthly Medicaid expenditures are based upon medical needs which are determined by a home assessment and subsequent plan of care. When the child is enrolled in the waiver and there is a change in the child's medical needs which may necessitate a change in the Medicaid budget, the CAH coordinator must be notified. The CAH coordinator will determine if a new home assessment and plan of care must be submitted as well as any other documentation before the proposed budget can be evaluated and either approved or disapproved.

For CAH I, II and V only the specific items and services accounted for and approved in the child's budget as Medicaid expenditures constitute appropriate use of Medicaid funds.

Medicaid expenditures for early intervention or school supportive health are not included in the child's monthly CAH budget but are accounted for under "Other".

When requesting CAH Medicaid expenditures for therapies, such as feeding, physical, speech and occupational, sufficient documentation must be submitted to show that there is a need for these services, especially when they can be (or are already are being) provided in school. All pre-school and school age children in CAH who are requesting therapies must first have an IEP (Individualized Education Program), for either ten or twelve months or documentation that an IEP was not approved. Any request for therapies must demonstrate that the therapies are not duplicative and are integrated into a coordinated plan. The continuous need for therapies must be assessed every 120 days.

If the child is in an Early Intervention Program then ALL therapies should be in the child's IFSP (Individualized Family Service Plan) and be provided by Early Intervention.

A child whose only medical skilled intervention is therapy does not qualify for CAH.

If you have any questions, please contact Colleen Maloney, of the Division of Consumer & Local District Relations in the Office of Medicaid Management, at (518) 473-2345.

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Ann Clemency Kohler, Deputy Commissioner  
Office of Medicaid Management