

CMS-2287-P-1

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter : Mr. Robert Steinberg

Date & Time: 09/07/2007

Organization : Parent of special needs child

Category : Individual

Issue Areas/Comments**GENERAL**

GENERAL

I am saddened to learn you have actually drafted a proposal to cut funding to schools for the costs associated with the administration of health care.

Schools are already required by law to provide health care to students if it is necessary for their education, but funding is extremely limited to do so. Now you want to cut what little funding there is to schools for administrative type activities and force schools to pay the expenses of those families on Medicaid/Medi-Cal who are already the responsibility of CMMS.

But don't just think that your proposal is cutting funding to schools, think past that and look at the families the schools serve. It was the outreach our local school provided that helped my wife and I find covered services in my area; services our child desperately needed. I am to this day very thankful that through the attentiveness of one school nurse, our child was spared. A school nurse who would have not existed in our school if it weren't for the funds received directly from this program.

I am in the State of California. After doing some research, I discovered that CMMS, our Department of Health Services and chosen members in education rewrote the guidelines of this program for our State so as to maintain the integrity of the program. This new program that has only been in place a couple of years had the approval of CMMS. So much so that it was to be the new model for this program across the country. So what happened? You site a report from 1999 about abuses in Texas, Michigan and New York. The simple solution would be to do what you said you were going to do and roll out the California program to other States thereby accomplishing what you set out to do, maintain the needed funding for schools and health care for children while maintaining the integrity of the claiming process.

I question the motives of a government that cuts funding to schools and to providing the funds to administer health care for children. For what? Do you need this money to fund the war? CUTTING THIS FUNDING IS EQUIVELANT TO REACHING DOWN IN A SOFA CUSHION FOR EXTRA MONEY!!! It would have so little impact on the Federal budget yet be a huge, HUGE burden for schools and the health of children. So why? Better yet, come look into the big blue eyes of my daughter who was saved directly by these funds and tell her why. What a proud moment that would be.

CMS-2287-P-2

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter : Ms. Melissa Taylor

Date & Time: 09/07/2007

Organization : Ms. Melissa Taylor

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Administrative outreach claiming is being unfairly targeted by CMS. CMS-2287-P should be stopped.

CMS-2287-P-3

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter :

Date & Time: 09/07/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

It is sad to see this go away.

CMS-2287-P-4

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter :

Date & Time: 09/07/2007

Organization :

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

CMS is unfairly targeting administrative outreach claiming. Stop CMS-2287. Thanks for considering this.

CMS-2287-P-5

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter :

Date & Time: 09/07/2007

Organization :

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

CMS is unfairly targeting administrative outreach claiming. Stop CMS-2287.

CMS-2287-P-6

Medicaid Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School

Submitter :

Date & Time: 09/07/2007

Organization :

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

CMS is unfairly targeting administrative outreach claiming.

**CMS-2287-P-7 Medicaid Program; Elimination of Reimbursement under Medicaid
for School Administration Expenditures and Costs Related to
Transportation of School-Age Children between Home and School**

Submitter : Tanya Perry

Date & Time: 09/07/2007

Organization : Bear Valley Unified School District

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment for both a description of the way in which the Bear Valley Unified School District and its Healthy Start program have both legitimately earned reimbursement by conducting qualified Medi-Cal (Medicaid) outreach services AND has appropriately used these funds to provide services to our schoolchildren and their families.

CMS-2287-P-7-Attach-1.DOC

#7



Bear Valley Healthy Start
A Community Collaborative

P.O. Box 1868, Big Bear Lake, CA 92315 ♦ Phone: (909) 585-6257 ♦ Fax: (909) 584-1536

September 7, 2007

To Whom It May Concern:

Please find following documentation of our school district's ongoing use of funds received from both the Medi-Cal (Medicaid) Reimbursement Billing and Medi-Cal Administrative Activities programs. We use the monies earned from our legitimate outreach and coordination services in order to fund Family Advisors and Health Aides at our schools.

The Big Bear valley in California is a rural, geographically isolated community, and the school district is the primary outreach center for providing services to children and their families. Our children depend upon these CMS-funded programs to access vital health and mental health services. In the past year alone, our school district with an enrollment of roughly 3000 students has facilitated over 100 requests for Medi-Cal/Healthy Families (Medicaid/SCHIP) applications. In addition, we provide referrals and links to health services and counseling in the community on an almost daily basis.

We appreciate your support in this matter, and would be grateful if the needs of our children could be taken into consideration before the implementation of any proposed cuts to our earned reimbursement monies.

Sincerely,

Tanya Perry
Bear Valley Healthy Start Coordinator

Selection of anecdotal "Success Stories" from Bear Valley Healthy Start

Dates given are time of discharge

1/27/05

P has completely turned her whole attitude around. When she first met with the Family Advisor after her father's death, she didn't care at all what happened to her. She was angry about everything and had no plans for her future. She met with the Family Advisor weekly for the first month and discussed goals she had before her father died. They then met bi-weekly to follow up on P's progress. During this time, P changed from a hard, sad and angry girl to one who was happy and optimistic. They looked at colleges; she asked about art schools and possibly joining the military. She is getting along in school now and has a network of friends. She pops in on the Family Advisor now and again to talk, but she no longer needs case management.

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2/22/05

SM's mother called BBMS in November needing assistance paying for eyeglasses for SM. The Family Advisor called several local agencies, including the Lion's Club and Lutheran Social Services, and learned about the Sight for Students program. Family Advisor gave mom the steps needed to get new glasses for SM.

Initially, the mother did not follow through. A report was filed with CPS. Soon after, mom followed through and now SM has her new glasses. The glasses have helped SM with her school work as well as relieved headaches she had before the new prescription.

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4/11/05

C has participated in small group bereavement activities. He has learned to give his feelings and grief at his mother's passing a special place and is now able to attend school daily and participate in other activities without major behavioral interruptions.

C has successfully attended Healthy Start services in his bereavement group. In agreement with his father, it was decided that C is ready to end his managed services, although he is welcome to stop by Healthy Start at any time he feels the need.

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4/27/05

L lost his brother last spring in an auto accident. He has unresolved issues concerning his relationship with his brother. He is irritable at home.

Referred to LSS bereavement counseling. Mom went, but L did not. Family Advisor saw him biweekly, then monthly. Family Advisor offered him homework support and a place for him to talk.

L has made a complete turn around. He went from a 1.33 GPA to a 3.00. He cut his dreadlocks and looks great. He said, "Now the girls talk to me." He is happy and working hard in all of his classes.

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5/24/05

R was taken by police on 9/13/04 for a 5150 ("Mentally/Emotionally Disturbed Person" code) hospital psychiatric evaluation and returned to school two days later. Needed support at school.

Family Advisor provided a list of counseling and mental health referrals in the Big Bear area, as well as gave parenting tips, information about the 40 Developmental Assets, and direct support to R (both individual and in small groups) and her parents.

The family has improved their communication with each other. R has earned back her parents' trust by making healthy choices about what she does and who she is with. She is focusing on her future in high school and college. She is happy with herself and her accomplishments and recognizes that her life has value and worth.

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6/1/05

Initially, DK was doing poorly academically, was defiant and oppositional, and seemed sad. He was poorly groomed and came from a chaotic home environment. Finally, his mother abandoned him for the third time in one year.

The Family Advisor tried to provide referrals to DK's aunt and uncle and give DK opportunities to build his self-esteem and social skills, as well as teach him how to set and achieve goals.

DK came to the Family Advisor the last week of school to say that he "learned a lot" in Healthy Start and talked about being nice to others, listening and helping others, and doing work in class and being good to his teacher.

Healthy Start provided support to DK's aunt and uncle, meeting with them periodically, especially when the family was in crisis. HSt also referred them to legal services, gave them information on how to pursue guardianship, Medi-Cal, and ideas on how to help DK work through his anger and decision to run away when his mother came to visit.

DK was thriving at the end of the 04-05 school year. He had been Student of the Month several times and was developing leadership skills with his peers. His health and hygiene were excellent and his teeth were repaired. He has worked through some of his anger and learned that his anger is acceptable as long as he vents it in an appropriate manner. He continues to refuse to visit with his mother but now will seek help from an official (eg. sheriff, firefighter, etc.) rather than running away aimlessly.

DK is moving out of state, armed with better self-esteem and a stronger academic background.

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6/1/05

TC's father was incarcerated for domestic violence. TC withdrew into himself and was shutting down emotionally. He never smiled or looked his teacher in the eye anymore. He used to be a lively child.

The Family Advisor worked with him to allow him to express his feelings and get rid of any feelings of guilt, etc. during weekly sessions, helping through the grieving process.

By the end of the school year, TC is finally smiling. He is interacting with friends at recess again and has begun active participation in the classroom. He is using a journal to write or draw about his feelings instead of keeping it all in.

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6/1/05

MT was referred to Healthy Start for anger, defiance, and lack of motivation. She had been taken from her mother's care because of her mother's abuse and drug issues.

The Family Advisor strove to build a relationship with MT, help her to realize that she has value as a human being, and teach her ways to safely express her anger and frustration. The Family Advisor kept in contact with MT's grandmother caregiver and her therapist.

At the end of the school year, MT's GPA was 2.5, making this the first time she was eligible for end of year activities. She worked through conflicts with friends using new skills instead of her old way (fighting.) She was selected by her teacher as an Outstanding Student.

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6/1/05

KC's father had passed away, leaving legal problems (the father had lived with his fiance). KC appeared to not be grieving, having suppressed his reaction.

The Family Advisor worked with KC one-on-one to address his bereavement, creating a relationship and a safe place where KC could talk. They created worry eggs and a *cont....* monster poster. The Family Advisor contacted the mother and helped KC through small, careful transitions to access his emotions. The FamAdv helped KC create a Memory Box and helped his grandmother with a grief book.

Although reluctant, KC has been starting to let go of the "adult" issues that surround his situation. He feels he has gotten answers to his most pressing questions and is ready to fill his Memory Box. The Family Advisor instructed his mother to help him put a small token in the box each week. Also, during the summer, he will be going to his grandma's for two weeks. Grandma recently lost her husband; together, she and KC will work in the grief book.

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6/1/05

When MF first came to Healthy Start, he was homeless and failing all his classes to the extent that he was not expected to graduate. He referred himself to Healthy Start for help with getting off of marijuana. His mother lives down the hill with handicapped brother and is in need of open heart surgery. At the time he started working with the Family Advisor, he had been living with a family friend who had kicked him out due to his attitude, lying, and denial of accountability.

The Family Advisor saw MF weekly and helped get him a place to live and a job, which was dependent upon his bringing up his grades. Unfortunately, after seeming to work for a while, MF would give up. The Family Advisor kept stressing that, for him, success was about follow-through, and spending his time making up excuses was counter-productive. When MF seemed unwilling to take responsibility for his actions, the Family Advisor discharged him from case management, saying that there was nothing more she could do for him.

After their last meeting, the Family Advisor truly believed the MF was not going to change his choice of behaviors in the near future. However, with the help of his teacher, something changed. He buckled down and became the first one in his family to graduate high school.

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6/1/05

Grandmother came to Health Aide saying that her granddaughter kept complaining that she couldn't see and couldn't read. Grandmother thought it might be "acting out" in reaction to parents getting a divorce. Also, their medical insurance was up in the air.

Health Aide called Dr. Bedrossian's office and set up an appointment utilizing a VSP voucher. A was diagnosed with cataracts and referred to a specialist at USC. After treatment, A's vision is close to perfect.

In August 2004 (8 months after her father passed away), AB was referred to Healthy Start by her mother. AB was angry and Mom said she was being disrespectful. AB's performance in school was deteriorating. The Middle School Family Advisor worked with AB on an individual basis for 8 weeks, followed by 6 weeks of participation in a grief group.

AB is communicating better with Mom. Her grades have shown Med improvement. She was a great contributor during the grief group, and Mom is very pleased with the improvement in AB's behavior.

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12/15/05

OH came to the Family Advisor because she was struggling with depression. She had life-changing situations at home: Dad is injured and unable to work, causing great financial difficulties; mom needed to return to work. OH had been cutting herself but was trying to quit.

OH has worked very hard at developing her communication skills. She appears to be happier and is no longer cutting herself. She admits that she could work harder at her relationship with her mother and is willing to do so. She has learned that she is not responsible for her parents and it's okay for her to just be a kid. The Family Advisor will continue to touch base with her but believes it's no longer necessary to CM OH.

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2/7/06

When RA was referred to Healthy Start in April 2005, he was still struggling with the death of his father the year before. He was sad and worried, and his mother's health was poor. He was seen one-on-one by the Family Advisor. The Family Advisor referred him to a private therapist where RA received the help he needed to cope with his father's death.

At school, RA participated in a small group which focused on the loss of a parent. 5 of RA's peers were part of this 8-week group. RA actively shared, listened, and participated in this group and created a Memory Book as part of the grieving process. He now seems to be much more at peace and is progressing along his path of mourning in an appropriate manner.

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6/1/06

R has a speech challenge. He has been frustrated when people have difficulty understanding him. R has attended Healthy Start to learn to feel better about himself and build more self-confidence. R has also received speech therapy services in school.

R is feeling better about himself, regardless of his speech impediment, and, as a result, he is able to function much better socially, academically and verbally.

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6/14/06

K has made tremendous strides and has really learned how to communicate appropriately when he is frustrated. He had been suspended from middle school for making a hit list around the anniversary of Columbine. He was referred to Healthy Start for a similar action early in the 05-06 school year. The Family Advisor discovered upon doing the intake that K was on Prozac and was self monitoring his meds because the doctor who had been prescribing it had left the mountain and he was now getting them from a physician's assistant. K was referred to FCC to be seen by the psychiatrist there to assess his med needs and get him back on a properly supervised program.

K has been doing great. He joined the wrestling team and has been a constant participant in Peer Leadership. K has really relaxed and shown he is fully capable of making good choices when faced with frustration. For example, some boys were teasing him about the list he had made in middle school. Without even blinking, he went straight to a staff member and reported the incident, whereas in the past, he would have flipped out and taken the matter into

his own hands. When the Family Advisor asked K about the situation, he said he had never even thought about doing that.

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6/14/06

A was initially referred to Healthy Start by her mother due to fearfulness following a reported molestation. Mother also reported that a younger sibling had been abducted by the father, who had a warrant out on him. A was experiencing trauma and nightmares as the family went through the reporting process, evidentiary examination, etc. Mother was referred to FCC but she decided she did not like the on-site therapist and said she would pursue therapy at the clinic. However, despite several attempts by FCC to make arrangements, the mother did not follow through for A.

A was seen intensively for a few months and would often come to Healthy Start in tears, fearful and in crisis. She would not speak of events at home, just that she was upset with her mother. Finally, A reported that she was afraid to go home, her mother was using drugs, and she could not bear to live with her mother any more. With assistance from the Family Advisor, A made this report to DCS. Again, with the assistance and support of both the Elementary Family Advisor and the High School Family Advisor, DCS arranged a placement of A with her maternal grandfather, and her brother with his biological father.

A worked in the girls' group on social skills, self esteem, anger management, goal setting and achievement, and, starting in April 2006, on Peer Leadership. A is now much happier, no longer tearful and afraid, although some anger is surfacing. She is in therapy and her maternal grandparents are providing a good home, supervision, clothing, therapy, etc. A says, "They are spoiling me, and I'm not used to being spoiled." A still needs to improve her academic performance, but she is now stabilized at home.

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6/15/06

KM entered kindergarten with virtually no socialization skills. She had not been exposed to playmates or peers prior to kindergarten. She was not used to boundaries, sharing, rules, nor meeting the expectations she faced at school. She ran from class, screamed if touched, ran in front of the school bus one day, and was constantly in trouble. After several months of special coaching in Healthy Start, KM was able to accept some alternatives to "getting her way." For example, when the Family Advisor asked KM to walk down the stairs in an orderly manner, she sat down and froze on the top step, saying that she could not do it. However, when the Family Advisor suggested that they take an alternate route, KM was willing to compromise.

She has now completed first grade. During the past year, KM has regularly attended a first grade Healthy Start group. They focused on building esteem, social skills, and goal setting and achievement. When the group could not agree on which activity they should do, they learned to vote, make compromises, talk about their feelings, and share. They learned the phrase, "It's not a big deal - I don't have to get my own way!" They discussed the need to do their work in class and became very supportive of one another. By the end of the year, the entire group had made progress with social skills. The Family Advisor singled out KM for having made great strides such that she now shares and tries to complete her work. KM, herself, stated, "I know I have to behave and do my work."

At home, over the course of the year, KM's parents separated, worked out a custody agreement, and the family situation has stabilized. KM would often come to HSt to talk about what was happening at home and work on divorce issues. She now seems to be comfortable with the present situation.

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6/15/06

JW just finished fifth grade. He has been a class clown, defiant, and disruptive even in Healthy Start groups. The Family Advisor worked with him both individually and as a part of a small group. He is a bright, capable student who was not performing up to his potential, and it seemed that he could not understand the concept of respect. Therefore, the Family Advisor focused on respect when working individually with JW, using a special character-

building curriculum specifically designed for his grade level. After repeating the material a few times, he finally seemed to digest the concept.

Within a group setting, JW worked on building self-esteem and defining and achieving goals. His group participation was contingent upon his cooperation. If he became disruptive, he was warned that he would have to leave, and he would quickly modify his behavior in order to be allowed to stay. In April, the group was given an opportunity to participate in Peer Leadership training. JW seemed to thrive in that environment, becoming more self confident and learning how to operate as part of a team. Again, those times that he started to act up, he would be given a single warning and immediately alter his behavior and participate more responsibly, as he did not want to be excluded from Peer Leadership. *Cont....*

While participating in Healthy Start, JW continued to be in so much trouble that he was placed on a special contract designed to involve the teacher, principal, and his parents. The consequences of the combined efforts of a network of supporting adults and his participation in Healthy Start were clear: at the end of the year, JW won an award for being the most improved student in his class. When the Family Advisor took JW aside to compliment him on this achievement, he responded by thanking her and saying that without Healthy Start, he would not have been able to make this improvement.

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6/15/06

C was initially seen by a Healthy Start Family Advisor at his elementary school from January of 2002 through May 2003 to help him cope with his parents' divorce. C was shutting down in class and was unable to/refused to complete his school work. C was referred to FCC for therapy. The Family Advisor worked closely with his therapist and teacher. As C's grades and demeanor improved, he was discharged from case management.

During the 05-06 school year at the Middle School, C had been a victim of bullying. The Middle School Family Advisor re-opened his case and worked with him on a one-on-one basis. The Family Advisor also referred him for new counseling and provided his family with a list of private practice therapists.

During the individual sessions, the Family Advisor worked on building C's self esteem and helping him develop anti-bullying strategies. She also encouraged him to stick with his therapy.

C is now much more confident. He is smiling and no longer being bullied. He is looking forward to going to high school and playing in the band.

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6/15/06

B1 is a first grader. He is the youngest in a latino family. B1 is a 'young' student and has experienced academic struggle all through the year. This resulted in pulling hair and other nervous twitches such as biting his knuckles.

B1 came to Healthy Start to learn some skills about self-esteem and self-confidence. The Family Advisor also asked B1's teacher to focus A LOT on all his accomplishments . After 3 months, we got B1 to smile again and enjoy activities at school.

The last 'hurdle' was conquered by having several meetings with B1's parents and the principal to help his parents understand that it is in B1's best interest to repeat first grade, and most importantly establish that school is a fun learning experience for many years to come!

6/21/06

B2 is a second grader whose grandfather passed away. In addition to having to deal with the normal grieving process, it became clear that B2 had been present at his grandfather's passing and was witness to a lot of family/adult conversations and squabbles afterwards. Even though the parents, especially father, spoke with him, they didn't realize his little ears had picked up more than his little person could process.

The Family Advisor explained this to dad and gave him some tips on how to talk to his son in an age-appropriate manner about death. B2 and the Family Advisor did several activities to help him process what he has experienced. Lately, B2 seems to talk a lot less about it all and is able to be a little boy (with little worries) again!

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6/21/06

C is a fourth grader who came to BBES this school year. His family has a background of poverty and moved around quite a bit when they first arrived to Big Bear. This made C very withdrawn and tired, and he lacked motivation. He was very much aware of his family's financially unstable situation, and this was his main focus for a while. Once the Family Advisor was able to establish a relationship with C, she was able to talk to C about focusing on his schoolwork and involving himself in school activities to make friends.

Healthy Start was also able to assist his family by supplying Hummingbird coupons for clothing, boots, and other winter supplies, as well as haircuts.

Today his mom (a single parent) has a job, family life is stabilized and C is once again a smiley, smart and wonderful kid!

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11/3/2006

Using the Positive Action curriculum, Healthy Start provided E with one-on-one guidance to improve his self-image and to recognize and change negative self-talk. In addition, they worked on respect for self and others, how to talk with adults, and to think before acting. E's mother was given parenting resources and information on the 40 Developmental Assets.

E was very receptive to the information provided and eager to learn new skills. Not only have his relationships at home improved, but his academics have improved as well and he has had far fewer referrals to the office for disruptive behavior.

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6/13/2007

5th grade boy has been seen off and on thru Healthy Start for several years. He has been diagnosed with depression and was taking meds. Mother decided to take him off meds. His behavior has declined because of this. After I worked with him on a positive outlook and recruited some girls to help me, we got him involved with the in class "American Idol". He was the winner!! He has turned into a child who is always smiling and now has lots of friends. He gave me a hug and said "thank you for believing in me" -- no meds and he's not in a funk!!

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6/15/2007

M was referred to Healthy Start by his mother as parents are getting a divorce, and mother mentions that his father will be incarcerated due to domestic violence. Mother has engaged the entire family in counseling and is working on her own issues as a victim.

M was included in the fourth grade social skills group. After just a few sessions his mother called to thank Healthy Start for the coaching and support, as well as referrals provided. She noticed a significant improvement in M's mood and behavior. She and M worked with books provided by Healthy Start concerning divorce and incarceration. She said the books not only helped M but she and other family members also benefited from the material.

M worked on the difficult issues through role play, and after a few weeks his anger seemed somewhat depleted. For example, he took the role of police officer; initially he was an abusive policeman. I offered coaching on the purpose and role of a police officer and incarceration, which seemed to interest all the students in the group. After a few weeks M became a patient and positive policeman and released his prisoners after a brief incarceration.

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6/15/2007

The social skills group for fourth grade boys focused on improving self esteem, working on friendships, bully proofing, role play to learn new communication skills, goals setting, problem solving. During the problem solving sessions all of the participating students worked on current and past family issues which was bothering each of them. All of the participants have experienced separation from one parent or both natural parents. Learning coping skills in new and blended families was another agenda for this group. The group worked well together, had fun had lunch together each week, and each member improved socially.

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6/15/2007

“Matthew” joined Healthy Start after an SST meeting. Matthew has several detentions due to excessive missing assignments. He was withdrawn, and not eating. He was underweight, and not getting sufficient physical stimulation.

He was placed in a lunch bunch group. The group helped him build friendships and adjust to the change of schools. After just a few weeks his teacher noticed a remarkable improvement. He was happy, and participating eagerly in class. The goal setting exercises in Healthy Start motivated Matthew to submit his missing assignments and do his work. Also, Matthew began eating. During the lunch bunch meetings he ate as much as most of his peers. He improved in all areas of concern.

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6/15/2007

SM started with Healthy Start at BLES and was referred to me within days of arriving at BBMS. S was in the office nearly everyday with behavior problems or struggles with social situation. My goal for his 7th grade year was to 1st build a relationship with S and his mom and 2nd to convince Mom that he needed counseling. By the beginning of his 8th grade year, S was seen weekly by a counselor from SELPA. He joined the 8th Grade Guy's Group which met weekly. This group was designed to help kids get along, build self-esteem and help tackle the issues of teen life. It was difficult having S in the group. He would provoke the other boys, make up stories, and become angry when things didn't go his way. I am pleased to say that there has been an obvious improvement in his behavior.

He is aware when he is acting inappropriately and will call himself on it. He has been giving more thought to his actions prior to acting. He is getting along better in groups of his peers. His citizenship grades were all satisfactory with one even outstanding. He has really come a long way this year and is ready to experience High School. He plans to be part of Youth 2 Youth during his High School years.

Submitter : Dr. Mark Eichenlaub

Date: 09/10/2007

Organization : Dr. Mark Eichenlaub

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CMS is unfairly targeting administrative outreach claiming. Stop CMS-2287. School administration plays a critical/vital role within the families and students of our school in the Medicaid process. In fact, this docket should be seeking to increase reimbursement for districts in this area.

Submitter : Mrs. Donna Bader

Date: 09/10/2007

Organization : Albuquerque Public Schools

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I am a school nurse in a large urban school district in New Mexico. We serve a large population of special needs children under IDEA. We submit Medicaid billing for many of the provided services and the reimbursed dollars are distributed across the district in a manner that serves all students. The funded areas include nursing salaries, braided social work, and family counseling services as well as many other valuable services too numerous to mention. The loss of administrative claiming dollars will severely impact our ability to provide these very needed services. I understand that the rationale for deleting this reimbursement is due to the potential for fraud and abuse. However, I feel that we are all being 'punished' in a sense for those who do not adhere to the letter of the law. Is there not a more equitable way to decide where to cut these reimbursements? Surely not all providers in the school setting are abusing the system! I can only say that I strongly object to this cut in administrative claiming and transportation services and hope that it will be reconsidered.

Sincerely,

Donna Bader, RN, BSN, NCSN

Submitter : Mrs. Wendy Chase

Date: 09/10/2007

Organization : Multnomah Education Service District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

I've recently been made aware of your department's goal to eliminate school's reimbursement for administrative & transportation services. I'm writing to ask you NOT to issue that directive.

The work we do in school helps students in need - it's worthwhile, important & necessary. We reach out to students and help them secure health services so when they come to school they are ready to learn. Don't take that away from us.

Submitter : Mrs. Jodi Cobb

Date: 09/10/2007

Organization : Bay High School

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

I am writing in regard to the elimination of reimbursement under Medicaid for School Administration Expenditures. First, we as a school, spend many hours each school year with situations that fall under this category. The reimbursements that we get help our school district with the related expenses associated with these children. It would adversely affect our school if we are not able to continue to get this reimbursement. Thank you for your consideration.

Submitter : Ms. Lucinda Mejdell-Awbrey

Date: 09/10/2007

Organization : Visalia Unified School District

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

MCS Rule 2287-P should be rejected. There is so much good work that is provided in schools by school nurses, counselors and other support services. Children in our schools are some of the poorest in the nation. We provide support, linking them to Medical services, so they can be healthy, learn and succeed in our society.

Submitter : Mrs. Joan Pappin

Date: 09/10/2007

Organization : Sweet Home School District

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Please consider where the money goes before you make this proposal a regulation. In our rural school district all of the money goes back to kids in need. Whether it be free dental vans, free immunization clinics, teen parent support, mentoring programs, school nursing, after school mentoring clubs, drug and alcohol counseling or assistance to students in accessing health care, the money is well spent. Without this financial support all of the above will not be provided. In addition to serving over 1500 students per year our program is able to leverage an average of \$40,000 per year in resources to serve low income and at risk students. Please consider the impact this cut will have on low income rural school districts like Sweet Home, Oregon.

Submitter :

Date: 09/10/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I'm in agreement with the following statement:

CMS's proposed rule 2287 should be rejected. School-based Medicaid administrative claiming is warranted and delivers substantial social and economic benefits. Before CMS cuts funding to school districts for school based administrative claiming, it should reconsider the unique role played by schools in providing Medicaid access and conduct field visits to school districts that are making children, families, and communities healthier. If CMS considers the financial cost

and logistical challenges of replacing school efforts with work from other public agencies, it will renew its support for the school based Medicaid administrative activities program.

Submitter : Jody Magill-Rivera
Organization : Visalia Unified School District
Category : Individual

Date: 09/10/2007

Issue Areas/Comments

GENERAL

GENERAL

File code CMS-2287-P electronic comment during and open comment period:

The CMS Rule 2287-P should be rejected and school-based Medicaid administrative claiming programs maintained. As a school administrator and school psychologist for 24 years in California schools I know that the school system is in a unique position to serve as a health service portal. We have established relationships with communities, families and students, and are often the first and not the only introduction a family gets to the concept of health and health insurance. Often when children reach us they have had no significant connection to health providers or insurance until their entry at school. Schools spend significant administrative time coordinating care and access to care. The local school is the child's linkage to housing, food and health care. Schools are critical gateways to distribute Medicaid information, to assist with Medicaid insurance enrollment, and to refer for essential medical services.

Using the schools to facilitate Medicaid goals is cost-effective as it makes use of already existing personnel who have existing relationships with their communities and families. Recent state claimed dollars for school-based Medicaid administrative reimbursement is less than 0.3 % of total state Medicaid expenditures. This is an extremely effective way to promote Medicaid access, insure that uninsured Medicaid eligible children are enrolled and medical services coordinated. Children who live in isolated areas or lack transportation are unlikely to have had access to Medicaid services. This can be facilitated by the school. Many School districts have instituted Family service centers, like Healthy Start or Family Resource Centers to reach more families.

I urge that the CMS's proposed rule 2287 be rejected and that school-based Medicaid administrative claiming be allowed to continue, so as to deliver substantial social and economic benefit to California's Children, families and communities.

Respectfully,

Jody Magill-Rivera
Head psychologist
Visalia Unified School District

Submitter : Laura Morgan

Date: 09/11/2007

Organization : Laura Morgan

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Please do not cut this funding. For many of the students I work with the school is the only place where there unmet health issues are noticed and addressed. The health professionals in the school setting are the front line in detection and prevention. By cutting this funding you will be hurting the most vulnerable populations. These children can not speak for themselves, it is up to us to defend their needs.

Submitter : Missie Evert

Date: 09/11/2007

Organization : St. Clair R-XIII School District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

I am opposed to the elimination of the Medicaid for School Administration Expenditures (SDAC program). Our schools serve a vital role in getting medicaid information out to parents thereby helping our students. We often help facilitate medicaid applications and make referrals to medicaid physicians/therapists. The SDAC program serves as our reimbursement for performing these medicaid related activities. To eliminate that reimbursement would be detrimental to low income families and their children.

Submitter : Ms. Debbie Muro

Date: 09/11/2007

Organization : Lemoore Union High School District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Schools are providing necessary medical/psychological services and/or referrals that others are able to be reimbursed for, so this should not be cut.

Submitter : Sheri Bathurst
Organization : Caring Connections
Category : Individual

Date: 09/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I have been personally involved with a non-profit organization for 11 years that works to serve children, through the schools, who are in need of physical and mental health services. During that time I have seen what a difference it makes when children enter the classroom healthy and ready to learn. Our organization alone, working through just one school district, assisted 209 children last year with enrollment into the Medi-Cal or Healthy Families program. The school is the most logical place for families to access health services. Families are familiar and comfortable with the people and school. The unique role played by schools as a health service portal is irreplaceable. I urge you to continue your support for the school-based MAA program.

Submitter : Steve Bogan

Date: 09/11/2007

Organization : Steve Bogan

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Please do not eliminate funding through this program for transportation. It would be catastrophic in nature for the less fortunate children and their parents' ability to obtain services in our nation.

Submitter : Mr. Doug Carpenter
Organization : Norborne R-VIII School District
Category : Local Government

Date: 09/11/2007

Issue Areas/Comments

GENERAL

GENERAL

To whom it may Concern:

The Norborne R-VIII School District has been involved with the Medicaid SDAC Claiming Program since the 2002-2003 School Year. Our district is a small rural K-12 district of around 215 students. The addition of this program in 2002 has helped provide funding for our school nurse that is in the district this year four days per week due to a diabetic first grade student. We have normally had a nurse two days per week. The addition of this student over the summer to our district caused the district to double the time the nurse is in our district. The elimination of the SDAC program to our district would greatly put a strain on our budget for the purpose of providing the nurse in our district for four days per week instead of two. Even though our district usually only receives around \$12,000 from this program, it is an amount that helps fund a very valuable resource for our students. I can't imagine why you would want to eliminate such a valuable resource for school districts working on limited budgets.

As you know once a district starts a program it is very difficult for the district to eliminate the program because the parents, staff and students get use to the program and expect the district to carry on the programs even though the funding source that helped start the program might be eliminated.

Please weigh all the options before eliminating this program. If some districts are abusing the program then they should be the ones being punished and not the districts that are abiding by the rules and using the money appropriately.

Sincerely,
Doug Carpenter
Superintendent
Norborne R-VIII School District

Submitter : Mrs. BJ Sterling

Date: 09/11/2007

Organization : Ava R-1 School District

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

It saddens me to think that the School District Administrative Claiming (SDAC) program for Missouri might be eliminated. Funds from this program have greatly increased the medical and mental health services provided to the students in our district. Due to the high poverty rates in our rural community, our students are in dire need of the services we are able to provide because of SDAC. As the Project Coordinator, I see the importance of not only educating our children, but also assisting them to come to school "ready to learn" whether that means arranging for mental or physical health services. I hope that you would strongly consider continuing the SDAC program as the agreement between DMS and several schools in Missouri states. On behalf of the students, their families, teachers and staff of the Ava R-1 School District, thank-you for your time and attention in this very serious matter.

Submitter : Ms. Mary Ann Dellaney
Organization : Folsom Cordova Unified School District
Category : Nurse

Date: 09/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I am a School Nurse Administrator in Folsom Cordova Unified School District. We serve 18,600 students. We use Medicaid reimbursement for administrative activities to pay for essential materials and services that have no other funding source. Included in our budget are violence prevention programs, character education programs, physical activity and nutrition education programs, asthma prevention education, alcohol, tobacco and other drug prevention education, youth development training for staff and students, community partnership development, and many other health and welfare programs that benefit students and staff members, families and the communities of Folsom and Rancho Cordova, California.

The proposed rule (CMS-2287-) regarding the elimination of Medicaid reimbursement for school-based administration and transportation is not in the best interest of thousands of children in public schools across this country. While school health programs offer the main source, and all too often, the only source of health care for children and members of their families, the funding for School Nurses and school based clinics in school districts impacted by diminishing state funding for education, is often at the bottom of the list of priorities. School Nurses spend a good portion of their work day linking families with health care providers and with programs to serve the poor, the at risk, the chronically ill. We do this because we know that healthy students learn better. We also know that families impacted by drug and alcohol abuse, poverty and mental health challenges can be unable to provide the appropriate environment in which children can learn and thrive.

We read in the newspaper about a contemporary climate of mistrust, fraud and abuse of federal funds and programs. While this is a valid concern for our legislators, the Medi-Cal Administrative Activities program, as it is known in California, represents a program that must certainly be under funded. The types of needs our students bring with them to school, the large numbers of students needing medical, dental, mental health, behavioral, substance abuse and many other types of care and support are staggering. If Medicaid funds paid for all of the work that is done by school based personnel -- school nurses, principals, counselors, teachers, special education staff members and many more -- the cost would be astronomical.

School-based Medicaid administrative activities are a vital, critical part of the overall care given to students in schools. These activities should be cherished by CMS. It is a perfect match for the federal government to engage school based personnel in linking students and their families with medically related services. School staff members spend between 5 and 7 hours a day with students. These professionals provide an invaluable service. The investment by our Department of Health and Human Services in the activities of school based staff members to link students and their families with services is a wise investment.

I urge you to stop proposed rule 2287 from being implemented.

Submitter : Mrs. Sheryl Johnson
Organization : Jamestown Public Schools
Category : Academic

Date: 09/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Medicaid reimbursement for transportation of school-age students from home to school/school to home should not be discontinued on days that students receive a Medicaid reimbursable service per their Individual Education Plans. Students receive these services from appropriately licensed service providers employed by the school. To allow reimbursement for transportation for this same service from school to a non-school medically related service provider holding the same licensing credentials appears illogical and unnecessary. As the requirements for Medicaid reimbursement service providers employed by schools is the same as non-school providers, this legislation would also seem more costly, inefficient and punitive to those working within the schools who are equally qualified. I urge you to reconsider this bill so that transportation from home/school for days of medically related services continues to be reimbursable under Medicaid regulations for school districts.

Submitter : Pat Fitzmorris

Date: 09/11/2007

Organization : Pat Fitzmorris

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I do not agree with the elimination of the Reimbursement to schools. This would hurt so many needy students. Additionally the emergency room and clinic health care costs would go up considerably and school absences would increase.

Submitter : Ms. Lauren Manning

Date: 09/12/2007

Organization : Ms ' Lauren Manning

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

September 12, 2007

Attention: CMS 2287 P

To Whom It May Concern:

The proposed rule to eliminate reimbursement under the Medicaid program for the costs of certain activities, including transportation from home to school and back for school-aged children with an Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP) established pursuant to the Individuals with Disabilities Education Act (IDEA), will only serve to further isolate our children disabilities, and strain our already fragile school system. As a lifelong taxpayer, I believe that these are the services that our taxes should provide for. It is well known that there is a lot of waste in government, but cutting essential services does not equate to fiscal shrewdness. Medicaid has long been a burden both nationally and locally however it is a burden our society must bear, both spiritually and morally. It is our children's right to lead as close to a normal happy, positive, productive life regardless to their abilities.

Submitter : Rae Howard

Date: 09/12/2007

Organization : Rae Howard

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I agree with the elimination of reimbursement under Medicaid for school administration expenditures and costs related to transportation of school-age children between home and school. As a parent of a child with a disability, I believe this should be a part of the school budget, not a Medicaid issue. Thank you.

Submitter : Susan Slovak-Stern
Organization : Susan Slovak-Stern
Category : Individual

Date: 09/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Medicaid reimbursements for transportation and other needs for school children with disabilities should not be eliminated. Were that to happen parents of children with disabilities would be subject to additional expenses which the parents of non-disabled children are not obligated to pay. This would be unequal and in opposition to the spirit of the IDEA and equal access to an appropriate educational setting for all children regardless of whether or not they suffer from a disability.

Submitter : Ms. Susan Jones

Date: 09/12/2007

Organization : Julian Union School district

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

Please do not eliminate the reimbursement under Medicaid for school administration expenditure.

School based administrative claiming is critical to the access of Medi-Cal covered health services for our rural students and their families, who have no other way of accessing these services. Our school district is so many times the only place our families are introduced to the concept of health and health insurance.

Our school district's Healthy Start resource center guides our students with social, health, and family needs through the maze of support services. It is with the students most in need that our resource center staff spends most of their time. Our resource center provides connections to agencies that can provide health care and support services on campus to our rurally isolated, medically underserved students.

Our school and its resource center is the primary hub for referrals and coordination of services for students with health needs. We are only able to do this with funding from school-based Medicaid administrative claiming. Without it, for example, our student who needs health insurance so that she may have the eye surgery that allows her to see correctly in order to be academically successful will go without the needed services, which would be a tragedy for her, the community, and in the big picture, considering how this will affect so many children, our nation.

Submitter : Mrs. Yvonne Garley-Alvarez

Date: 09/12/2007

Organization : Los Lunas School District

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Today's schools desperately need mental health services provided in the school setting. Students today are increasingly victims of many social forces (such as poverty, drug, physical & emotional abuse, domestic violence, homelessness, etc.) that negatively affect their ability to learn. High poverty in New Mexico causes many students to rely on their School District to provide them with professional mental health services. Therefore, I am against CM-2287-P - cutting Medicaid funds in the school will affect the prevention programs, interventions & support our schools, children, families and communities need in regards to their physical, emotional, and social health. Schools who can provide these services are a key factor to the overall well-being of many children and families in New Mexico both now and in the future.

Submitter :

Date: 09/12/2007

Organization :

Category : Other Government

Issue Areas/Comments

GENERAL

GENERAL

our school district would be significantly affected by rule change that would no longer reimburse for transportation. If a child qualifies for medicaid and gets appropriate services at school to meet needs, then the transportation to this service should be covered.

Submitter : Claudia McGann
Organization : Caring Connections
Category : Individual

Date: 09/12/2007

Issue Areas/Comments

GENERAL

GENERAL

I am a member of a not for profit organization that works to serve children in a partnership with a school district. Our motto is 'Healthy Kids Learn Better!' The main purpose of the organization is to connect students and families to services that are outside the scope of what the school can offer. Many families are in need of physical and mental health services and have no insurance. Last year our organization connected more than 200 students and families to enrollment into the Medi-Cal and Healthy Families programs, enabling them to get the help they needed. Schools are a logical place for families to access health services. Families are familiar and comfortable with the people at the school. The unique role played by schools as a health service portal is invaluable. I urge you to continue your support for the school based MAA program and allow it to continue.

Submitter : Mrs. Melissa Haney

Date: 09/13/2007

Organization : Paris School District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

? The rule (CMS-2287-P) will make it more difficult for schools to provide needed services to students with disabilities at a time when the federal government is already woefully behind in their commitment to fund special education.

Submitter : Mrs. Tracie Hiller
Organization : Mrs. Tracie Hiller
Category : Individual

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

Congress Must Stop CMS from Cutting Funding to School Districts

Submitter :

Date: 09/13/2007

Organization :

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

" The rule (CMS-2287-P) will impose a significant financial burden on local school districts, which is estimated to cost \$3.6 billion over five years. As a result, school districts will be forced to cut education services or replace lost Medicaid dollars with additional state and local taxpayer dollars.

" The rule (CMS-2287-P) will make it more difficult for schools to provide needed services to students with disabilities at a time when the federal government is already woefully behind in their commitment to fund special education.

" The Nettleton School District in Jonesboro, Arkansas utilizes these funds to provide necessary equipment, health care paraprofessionals, and health care supplies for special education students with high cost needs.

Submitter : Mr. Robert Wall
Organization : Northern RI Collaborative
Category : Other

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

I am opposed to this legislation, for it cuts financial support for the student population who most need funding to meet federal mandates given the limited, finite resources of school districts.

If the concern is msusc, clarifying the regulations would be in the best interests of all.

Submitter : Ms. Valerie Petersen

Date: 09/13/2007

Organization : Lincoln County

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I believe it would be a mistake to remove the MAC funding from our School Based Health Centers as it offers a rare opportunity to assist the more at risk students who require support and motivation to stay in school. Our School Based Health Centers in Lincoln County have an impeccable history of integrity. I have personally seen the advocates work very hard to train teachers to fill the surveys out properly and I know a great deal of time is taken in doing this. Please think of another way to control the problem with those few who seem to be misusing the system. Its not fair to punish others who do their best NOT to abuse the funding.

Submitter : Mrs. Marian Jones
Organization : Oconee County Schools
Category : Speech-Language Therapist

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

The elimination of reimbursement under Medicaid for School Administration Expenditures and costs related to transportation of school-age children would put a burden on the schools for services that are required by IDEA and NCLB and resources are already severely limited. These students are receiving excellent, cost effective interventions within the school setting. If the student is eligible for these services, the school system is mandated by law to provide them and to show and document progress. The administrative personell who coordinate and manage these services spend much time and effort sceing that these students are provided what they need.

Submitter : Mrs. Sandy Thibodeaux
Organization : Mrs. Sandy Thibodeaux
Category : Other Health Care Provider

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

I have been involved with a non-profit organization for 9 years that works to help serve the children in the community, through the schools, a number of these families are in need of physical and mental health services. the organization I am speaking about, working through just one school district, assisted 200+ children last year with enrollment into the Medi-Cal or Healthy Families program. Schools are the best place for families to access health services. I urge you to continue your support for the school-based MAA program.

Submitter : Ms. Becky Balazic
Organization : Alma Public Schools
Category : Individual

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

Please do not cut funding to public school districts by passing CMS 2287. The students with disabilities are benefitting greatly by the funds generated through the medicaid program. These funds are assisting in covering the high cost supports needed for these students that state and federal governments have never been able to finance sufficiently. Our students need these funds. Please do not issue CMS 2287. Thank you so much for your consideration. Becky Balazic, Special Education Director, Alma Public Schools, Alma, Arkansas

Submitter : Mrs. Angela Farley-Bartels

Date: 09/13/2007

Organization : Alton Public Schools

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Congress Must Stop CMS from Cutting Funding to School Districts

The rule (CMS-2287-P) will impose a significant financial burden on local school districts, which is estimated to cost \$3.6 billion over five years. As a result, school districts will be forced to cut education services or replace lost Medicaid dollars with additional state and local taxpayer dollars.

The rule (CMS-2287-P) will make it more difficult for schools to provide needed services to students with disabilities at a time when the federal government is already woefully behind in their commitment to fund special education.

CMS-2287-P-42

Submitter :

Date: 09/13/2007

Organization :

Category : Speech-Language Therapist

Issue Areas/Comments

GENERAL

GENERAL

STOP CMS 2287

CMS-2287-P-43

Submitter : Dr. Pramod Menon
Organization : Dr. Pramod Menon
Category : Physician

Date: 09/13/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2287-P-43-Attach-1.PDF

43

Pramod Menon, MD
101 East Fairway Drive, Suite 206
Covington, LA 70433

VIA Electronic Submission to <http://www.cms.hhs.gov/eRulemaking>

Herb Kuhn, Acting Deputy Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1392-P,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850.

**RE: Proposed 2008 Changes to the Hospital Outpatient Prospective Payment System
CMS-1392-P. Packaging: Intravascular Ultrasound**

Dear Administrator:

The purpose of this letter is to submit comments to CMS on the Proposed Rule updating the Medicare Outpatient Prospective Payment System (OPPS). I support CMS's ongoing policy efforts to create payment incentives which promote more efficient delivery of hospital outpatient services, including CMS's packaging policies with respect to certain minor component services that are generally performed with another primary procedure. As a practicing interventional cardiologist who clearly understands the utility (and necessity) of intravascular ultrasound (IVUS), I am acutely interested in CMS policy changes that could negatively impact my patients' access to certain services. Based on my experience, I believe that CMS's proposed treatment of IVUS and/or Functional Measurement (FM) procedures (37250, 37251, 75946, 92978, 92979, 93571, and 93572) as intraoperative services is inappropriate for the reasons explained below. In contrast to CMS's proposal, **I urge CMS to exclude IVUS and FM from its packaging proposal and continue to pay separately for these services.**

Overview of IVUS and FM

IVUS is a tomographic imaging methodology that allows visualization of the inner wall of the coronary arteries through ultrasound technology. The progressive accumulation of plaque within the artery wall leads to stenosis (narrowing) of the artery (known as coronary artery lesions) and the risk of heart attack. IVUS imaging allows a physician to precisely determine both plaque volume and degree of stenosis within the wall of the artery. Although it is performed during coronary angiography, it is only used in selective cases. It is especially useful where angiographic images do not visualize lumen segments adequately. **IVUS is also used therapeutically to assess the effectiveness of treatments of stenosis (such as angioplasty, with or without stents), and the results of medical therapy over time.**

FM is a guide wire based technology that analyzes pressure and flow parameters from inside of the vessel. FM measures blood flow so we can judge stenosis severity.

Pramod Menon, MD

FM is also used in conjunction with angiography. The measurement provides physicians with specific clinical guidance to determine appropriate therapy.

In the limited percentage of cases where angiographic imaging produces ambiguity or is considered unreliable, the information gathered from IVUS and FM can guide patient management. IVUS and FM are also indicated to guide certain percutaneous coronary intervention (PCI) procedures to ensure proper geographic placement and sizing which has been proven to reduce subsequent complications.

Policy Concerns

CMS's proposed packaging of IVUS and/or FM with the payment rates for the associated ambulatory payment classifications (APCs) would limit my patients' access to these interventional tools and would thus jeopardize my ability to manage and treat their heart disease effectively and efficiently. Moreover, it is inconsistent with both CMS's rationale for packaging intraoperative procedures and CMS's overall goal of promoting efficient delivery of healthcare through payment policy.

According to CMS' proposed rule, packaging IVUS and FM would result in decreased reimbursement for certain IVUS or FM related APCs and increased reimbursement for others. For example, although reimbursement for APCs 80 (diagnostic cardiac catheterization) and 104 (transcatheter placement of intracoronary stents) would increase by \$250 and \$300 respectively, reimbursement for APC 83 (coronary angioplasty) would decrease by \$700. Accordingly, I question whether these reimbursement adjustments have been applied appropriately and in accordance with actual hospital costs to perform IVUS or FM. Based on the fact that the codes for IVUS and FM have only been in existence for a few years and the claims data is still emerging, appropriately apportioning costs for the purpose of packaging reimbursement for IVUS and FM may not yet be possible and CMS's packaging proposal for these services is thus premature.

In fact, performing IVUS or FM imposes a significant additional expense on the hospital (about \$2,000 per procedure in total costs). Hospitals would have to bear these costs if the adjusted APC rates do not appropriately cover the cost of both the primary procedure and the use of IVUS or FM. Therefore, if CMS's proposal becomes final, it would provide a significant financial incentive for hospitals to discourage utilization of IVUS and FM (even in clinically appropriate cases) and would discourage hospitals' investment in these beneficial technologies, in turn, limiting access to them to the detriment of patient care. Indeed, I am very concerned that this rule's elimination of direct hospital IVUS reimbursement will compel my hospital to withhold future access to this important technology because of cost concerns.

In the proposed rule, CMS's stated goal with respect to packaging of intraoperative services is to package reimbursement "for supportive dependent diagnostic testing or other minor procedures performed during independent procedures" that are "usually or always performed" with the primary procedure and not "sometimes or only rarely performed." 72 Fed. Reg. at 42659 - 60. Based on my experience, I do not believe that packaging payment for IVUS and FM furthers such a goal. Although IVUS and FM are performed during invasive coronary angiography in conjunction with either diagnostic exams or PCI's, they are by no means always

Pramod Menon, MD

usually or always performed, nor are they considered to be *minor* or *supportive* diagnostic procedures. For a variety of clinical reasons, an interventional cardiologist may believe that IVUS and/or FM are *not* appropriate or necessary for an individual patient, even if the primary diagnostic angiogram or PCI is indicated and performed. For example, in my practice IVUS or FM is clinically indicated in far less than 50% of diagnostic cardiac cath cases and cardiac angioplasty/stent cases. Further, these services consume significant resources such as time, staff, and supplies, and have unique therapeutic utility, separate and apart from the underlying primary procedure.

Indeed, IVUS and FM are tools to help interventional cardiologists make definitive therapeutic decisions in order to optimize the treatment and/or clinical management of the patient's condition. Limitations on the appropriate use of these technologies may lead to sub-optimal and costlier-than-necessary care. Not only would this place undue physical burdens on certain patients and their families, but it would unnecessarily create financial burdens for the Medicare program and thus undermine CMS's interest in cost-efficiency.

Recommendation

For the reasons explained above, I believe that CMS should reconsider its proposal to package IVUS and FM technology with primary procedures and continue its current policy of separately reimbursing for these procedures.

Thank you for your consideration of these comments.

Very truly yours,

Pramod Menon, MD

cc: Dr. William Rogers (Director, CMS Physicians' Regulatory Issues Team)
(William.Rogers@cms.hhs.gov)

Dr. Carol Bazell (Director, CMS Division of Hospital Outpatient Care)
(carol.bazell@cms.hhs.gov)

Submitter : Ms. Joan Reynolds

Date: 09/13/2007

Organization : Healthy Start

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

School-based Medicaid administrative claiming is a critical element for Medicaid health services for many students and their families. I feel that rule CMS-2287-P is incorrect in its recommendations and that CMS should instead continue to support Medicaid administrative claiming in schools.

As a social worker I see a lot of at risk students that require services provided by this revenue - services for Medi-cal students and disabled students that are difficult to provide in their homes in our rural county. School is a safe place for them to receive services and we all work closely with local Medi-Cal providers to bring them this care.

Submitter : Ms. Cindy Pearson

Date: 09/13/2007

Organization : School District

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

"Congress Must Stop CMS from Cutting Funding to School Districts"

CMS-2287-P will make it more difficult for schools to provide needed services to students with disabilities at a time when the federal government is already woefully behind in their commitment to fund special education.

Submitter : Mrs. Paula LeSueur
Organization : University of New Mexico
Category : Nurse Practitioner

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

I support passage of HB1017 and SB578 to insure that reimbursement for administrative and transportation costs continue for the Medicaid program. Elimination of this reimbursement would greatly affect the quality of care for our disabled students.

Submitter : Mrs. Rene Kiefer
Organization : self
Category : Individual

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

? The rule (CMS-2287-P) will make it more difficult for schools to provide needed services to students with disabilities at a time when the federal government is already woefully behind in their commitment to fund special education.

Submitter : Ms. Nannette Myers
Organization : Lane Education Service District
Category : Individual

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

The passage of this rule will deny children with special needs access to stay in school with their classmates. It will become much more difficult for schools to provide these children the opportunities they need to become productive, tax paying adults. Our Medicaid Administrative Claiming program serves 13 small rural school districts here in Lane County, Oregon. Through the MAC program these school districts are able to provide nursing services, transportation, and essential care to students with special needs. DON'T TAKE THAT AWAY! Please, I urge you in the strongest terms to NOT publish this proposed rule. Thank you.

Submitter : Mr. D Getty
Organization : JPGI
Category : Media Industry

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

Your proposal to cut funding to schools is fundamentally wrong. The outreach that schools across the country provide children has made a tremendous impact on the relationship between schools and families. In the State of California, the MAA Program is authorized under the California's Welfare and Institutions Code Section 14132.47. It is comprised not just of Federal funds, but State and local as well. If you cut off funding for medical outreach for children, the funds will have to come from the State and local level. If your worry is the arranging of transportation from home to school, then revise the program accordingly. But cutting it all together, especially without warning and with expenses in school districts already breaking their back, now you stop funding in the middle of a school year is committing financial terrorism on the educational system in this country. I would hope that you are rethinking what cutting this program would actually mean to education and health care for children. The impact on the Federal budget would not even be noticed, but for for schools, it will be another swift kick in the halls (pun intended). I urge you NOT to go forward with such a proposal.