

CMS-2261-P-383

**Submitter :** Ms. Marge Berglind  
**Organization :** Child Care Association of Illinois  
**Category :** Other Association

**Date:** 10/05/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-2261-P-383-Attach-1.DOC

October 4, 2007

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference : File code CMS-2261-P

The Child Care Association of Illinois is submitting the following comments on the Proposed Rule for coverage for Rehabilitative Services under the Medicaid program, as published in the Federal Register August 13, 2007.

## I. BACKGROUND - GENERAL COMMENTS

### Impact on Poor Children

The proposed amendments by CMS to protect Medicaid beneficiaries would in effect limit access to Medicaid for currently eligible poor children and we see it as an effort to cut vital federal funds to states by reducing funding for children. We ask that states not be penalized for stepping up to meet the needs of the nation's poor children and families. According to the Medicaid regulations which identifies **mandatory eligibility groups**, "states have some discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. To be eligible for Federal funds, states are required to provide Medicaid coverage for most people who get Federally assisted income maintenance payments, as well as for related groups not getting cash payments. Some examples of the mandatory Medicaid eligibility groups include the following:

- Limited income families with children, as described in Section 1931 of the Social Security Act, who meet certain of the eligibility requirements in the state's Aid to Families with Dependent Children (AFDC) in effect on July 16, 1996;
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act."

While we welcome rule clarifications and your commitment to protect the fiscal integrity of the Medicaid program, many of these rule changes could be used to narrow or potentially eliminate the very children it was written to help rehabilitate as identified in the mandatory eligibility groups. We strongly recommend that CMS work with child welfare providers, the states, and other federal agencies to create a system of fiscal accountability, which supports best practice for children

with mental health needs and allows for the provision the most appropriate Medicaid rehabilitative services in the least restrictive setting.

To protect the nation's poor children the Child Care Association of Illinois asks for the following considerations.

### **Importance of Rehabilitative Services for Children in Foster Care and Child Care Institutions**

Children that enter the foster care system or are placed in child care institutions under the federal requirements applicable to Title IV-E are at an extremely high risk for both physical and mental health issues as a result of biological factors and the maltreatment they were exposed to at home. 80% of children in out of home care meet the clinical criteria for behavioral problems or psychiatric diagnosis.

When children are removed from their home base and placed in state custody, child welfare agencies funded through Title IV-E are responsible for meeting their health and mental health needs, and virtually all children in foster care and child care institutions are eligible for and obtain health care services through Medicaid.

Funding for those most applicable Rehabilitative services have increasingly been accessed by states – especially for children with mental illness – for two reasons. The increase was promoted in part by the recommendations from the President's New Freedom Commission on Mental Health, issued in 2003, to improve the nation's mental health system. Secondly, the Children's Federal Services Review (CFSR) has identified mental health services as the major area of deficiency that is not being met within the child welfare system funded with Title IV-E.

## II. PROVISIONS OF THE PROPOSED RULE

### **C. Written Rehabilitation Plan**

In Section 440.130(d)(3), it adds a requirement that covered rehabilitative services for each individual must be identified in a written rehabilitation plan.

#### Concerns:

We are concerned about the extent of the requirements that must be included in the written rehabilitation plan. This would place an administrative burden on Medicaid providers in order to address the overall extent of all requirements.

The plan requirement to indicate the anticipated providers of the services and the extent to which the services may be available from alternate providers of the same service would be administratively burdensome.

Recommendation: Substitute for the requirement that the plan list the potential providers of the same service requirement that the plan include an assurance that the individual received this information to the extent the service planning team is aware of all existing providers.

## **F. Requirements and Limitations for Rehabilitative Services**

### **2. Limitations for Rehabilitative Services – Intrinsic Elements**

Under this section it explicitly states that rehabilitation does not include services “furnished through a non medical program as either a benefit or administrative activity including services that are intrinsic to elements of programs other than Medicaid, such as foster care, child welfare, education, child care ..... juvenile justice. (Proposed Section 441.45 (b) (1) through (b) (8)). The proposed rule seems grounded in the assumption that rehabilitation services serve as “intrinsic elements” within a series of other federally funded programs, and that states are duplicating their funding streams in seeking support from Medicaid for these services. This leaves the questions of what is considered to be “intrinsic to” a program. How would that be defined?

Concern: Congress explicitly rejected adopting an “intrinsic to” test in regards to Medicaid rehabilitative services when debating and finalizing the Deficit Reduction Act, so the authority to make this application to Medicaid Rehabilitation Services would need to be done through change in the law and not through regulation.

Concern: While it is helpful to clarify what is covered by Medicaid and what is covered by other federal programs, the proposed regulation and its “intrinsic to” test does not properly consider the child welfare system funded under Title IV-E and the application of Medicaid programs to children’s services. The child welfare system is required to ensure that the children in their care get the services they need, including medical and mental health. The results of the CFR’s of the 50 states indicate that state child welfare agencies are already struggling to meet these needs largely because the mental health system as reported by the President’s New Freedom Commission is “fragmented and in disarray”.

If the proposed “intrinsic to” test is applied to child welfare and Medicaid resulting in the requirement that the services needed by the child in care would come only from the child welfare system, this would eliminate critical mental health services that the CFR’s have even identified. If Medicaid is not there to assist, what will be done to infuse greater dollars into the Mental Health system so that the services that are needed are being provided and available?

Recommendation: We would propose the removal of the reference “intrinsic to” in the rule and use the basic definitions from the other federal programs as the guideline for determining the coverage of services. In the definition for Title IV-E it specifically provides for payment for a child placed in a foster family home or child care institution and that these children are Medicaid eligible and therefore eligible for Medicaid defined services. As stated by the Code of Federal Regulations, Title 45, Chapter XIII, Part 1355.20, Title IV-E covers the cost of food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child and reasonable travel for a child’s visitation with family or other caretakers. For child care institutions it must also “include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentence”.

The Code of Federal Regulations at 1356.60 Fiscal Requirements (Title IV-E) specifically prohibit States from claiming Title IV-E federal financial participation (FFP) for medical or rehabilitative services as “Allowable administrative costs do not include the costs of social services provided to the child, the child’s family or foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors or home conditions.”

Mental health services are a critical portion of the services that need to be made available to children in foster care and child care institutions but are not covered under Title IV-E and should be covered by Medicaid if they meet the Medicaid regulations.

## 2. Limitations of Rehabilitative Services – Provider Choice

Section 441.45 (b) (1) emphasizes language that requires that “the individual must have free choice of providers”.

Concern: The clients in the child welfare system are children and adolescents who are wards of the state and do not choose these services amongst a list of available providers. For those children, the choice should include birth parent, the child who is old enough, and legal guardian.

### Definitions for Rehabilitation Services versus Habilitation Services

Section 441.45(b)(2) speaks to a distinction between the terms “habilitation” and “rehabilitation”. Rehabilitation refers to measures used to restore individuals to their best functional levels. It states that individuals receiving rehabilitation services must have had the capability to perform an activity in the past rather than to actually have performed the activity.

Section 441.45(a)(2) states that rehabilitative services claimed for Medicaid payment are only those provided for the maximum reduction of physical or

mental disability and restoration of the individual to the best possible functional level.

Concern: These sections of the proposed rule as with numerous other sections of the proposed rules have language that is geared more for adults than for children. In children's services, we have to be sensitive to the developmental levels of children. In such cases rehabilitative services are geared to move children to expected levels they have not reached. Rehabilitative services should be used to achieve these type of functional goals for children. Such rehabilitative steps are not geared to restoring a child to a previous level of functioning as with an adult.

Recommendation: Language should be included that references rehabilitative services are also used to achieve an "expected level" of development for children.

### **Exclusion of Services Provided to Residents of an Institution for Mental Disease**

In section 441.45 (b) (4) it is proposed to exclude payment for services that are provided to residents of an institution for mental disease (IMD) including residents of a community residential treatment facility of over 16 beds, that is primarily engaged in providing diagnosis, treatment or care to person with mental illness, that does not meet the requirements at Section 440.160.

Concern: It appears that language here is more readily applicable to the adult population in determining what is an IMD. In the child welfare system, funding is provided through Title IV-E to child care institutions as referenced in 45 CFR Chapter 13 Part 1355 and 1356 and, although the interchange of wording used when speaking about them may at times include residential treatment facility, they are not licensed as a residential treatment facility within the child welfare system. Child welfare programs are licensed as child care institutions per the language of the IV-E federally funded program and not as psychiatric under 21 residential treatment facilities. Title IV-E pays for room and board costs for the placement of children in foster family homes or child care institutions.

Recommendation: According to the definitions for Title IV-E under the Social Security Act (45 CFR Chapter 13 Part 1356) for foster care and child care institutions, these settings would be allowable for Medicaid services if the state licensing provisions (Title 89: Social Services, Chapter III, Dept. of Children and Family Services, Subchapter e: Requirements for Licensure, Part 404) are so established within a state and the services provided meet the definitions for Medicaid rehabilitative services. The inherent intent of the child care institution is to improve the level of functioning of the child so that they would be moved to a less restrictive setting so this would meet the definitions for rehabilitative services.

Any child welfare program licensed as a child care institution should not be included in the language of a community residential treatment facility referenced in section 441.45 (b) (4). The reference to an IMD should not apply to child care institutions as defined by state licensing rule.

### **E. Settings**

Also under section 440.130(d)(5), it is proposed that rehabilitative services may be provided in a facility, home or other setting.

Recommendation: Child care institutions should be included as an example of one of these settings. Inpatient is associated with a psychiatric facility and child care institutions do not meet that definition according to licensing regulations of the state (Title 89: Social Services, Chapter III, Dept. of Children and Family Services, Subchapter e: Requirements for Licensure, Part 404) and should not meet that definition in order to provide a level of care needed in a community based setting, but not within the inpatient setting of a hospital. It is agreed that rehabilitative services do not include room and board in an institutional setting as that is paid through other federal funding in the child welfare system such as Title IV-E. Rehabilitative services provided within the child care institution setting should be eligible for Medicaid if they meet the definitions.

Thank you for the opportunity to comment on the proposed regulation.

Sincerely,

Margaret M. Berglind  
President/CEO  
Child Care Association of Illinois

**Submitter :** Mr. David Kershner

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

**Issue Areas/Comments**

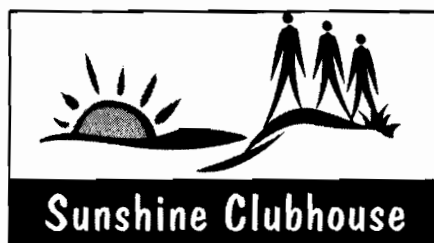
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"See Attached"

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October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

To Whom It May Concern:

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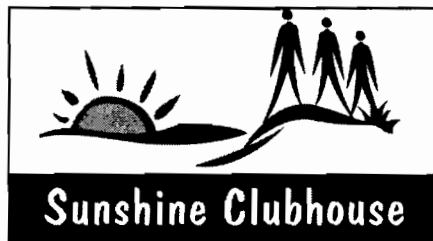
The recent changes in practice by CMS and the associated proposed rule changes published on August 13, 2007 are having a dramatically negative effect at the local level in many states and threaten to do the same throughout the country. The effect of the rule changes may be well intentioned but in practice they will create a situation where medically necessary services and supports will be eliminated for some of this country's most vulnerable citizens – those with severe and persistent mental illness.

Although these rule changes may be appropriate for people with physical rehabilitative needs, according to a recent NAMI publication, 73% of people receiving Medicaid rehabilitative services, have mental health care needs. People with long term mental illness have a very distinct set of long term needs, for a wide array of supporters; these are quite different from the needs of others requiring rehabilitative services, and must be funded differently. The dramatic shift of mental health funding to Medicaid has diminished the flexibility for states to provide the needed community services to people with mental illness.

Some of the proposed rule changes simply reduce this population's access to needed services – without any back up plan to fund services or programs. Many of these services have been working effectively with CMS approved Medicaid funding for more than ten years. However, with the recent changes in CMS practice, they now find that they are no longer able to provide the crucial support network that people with serious mental illness so desperately need. The net result is that numbers of people with persistent mental illness are being deprived of a chance to build a meaningful future for them. To create, or suddenly start enforcing, bureaucratic clinical and administrative processes without additional or alternative funding from states is the equivalent of a substantial cut in services for people who already have more than their fair share of burdens. A reduction or elimination of services puts individuals with severe and persistent mental illness at risk of unnecessary institutionalization in our hospitals or even worse in our prison system.

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

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Our example of the inappropriateness of these changes in funding programs for people with mental illness is the emphasis on returning a person to “previous levels of functioning.” Because recovery from mental illness is often a long- term process, this definition will likely reduce or eliminate many necessary psychosocial rehabilitation type services and supports.

Although I wholeheartedly support the idea of “person centered” services and rehabilitation plans, it would be ineffective and eventually very expensive to have this kind of plan without a consistent funding stream for the other necessary recovery focused services such as education, employment, housing and pre-vocational services. Clubhouses affiliated with the International Center for Clubhouse Development (ICCD) have a long and rich history of providing a cost effective array of services such as these in a community based environment, ICCD Clubhouse more than other programs have strong partnerships with the local business, educational institutions and other social service providers.

Therefore it is my opinion that none of the proposed rule changes should be implemented until each state (or the federal government) has a plan in place to provide the necessary recovery focused services that would be “covered” by Medicaid. The plan must not exclude people with mental illness from psychosocial services needed to maintain their recovery progress, such as ICCD Certified Clubhouse.

It is a mistake to re-organize funding for long approved services in an effort to reduce short term spending. A poorly developed strategy will result in unnecessary – and more costly emergency spending and over-reliance on emergency services.

Most importantly, these changes will have a tragic impact on the lives and futures of millions of people struggling to recover from the long - term effects of serious mental illness. In the interest of short term spending cuts, these changes will quickly erode the essential support networks that allowed Americans with serious mental illness to begin the long and difficult process of rebuilding their lives. In my opinion, that would be an unconscionable mistake.

Sincerely,

David Kershner  
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**Submitter :** Ms. Johnise Bloch  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

**Issue Areas/Comments**

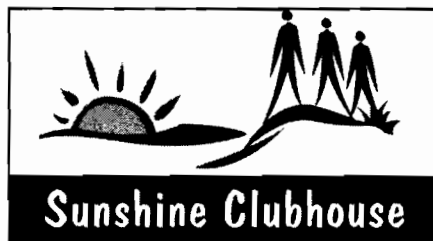
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# 582



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
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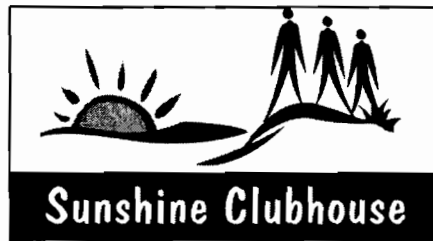
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Sincerely,

Johnise Bloch  
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**Submitter :** Mrs. Alisse Williams  
**Organization :** Sunshine Clubhouse  
**Category :** Health Care Professional or Association

**Date:** 10/05/2007

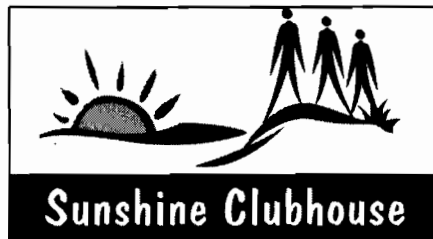
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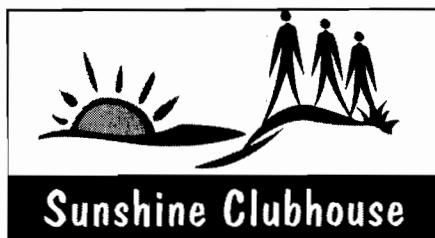
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Sincerely,

Alisse Williams  
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**Submitter :** Mr. Stevie Franklin

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

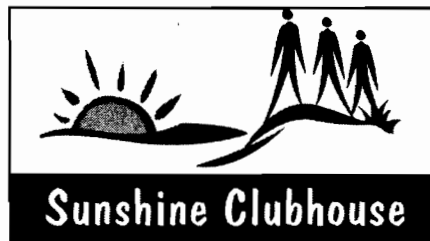
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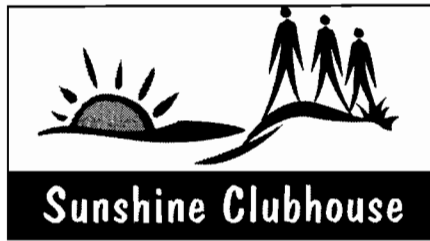
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Sincerely,

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**Submitter :** Mr. Rolando Owens

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

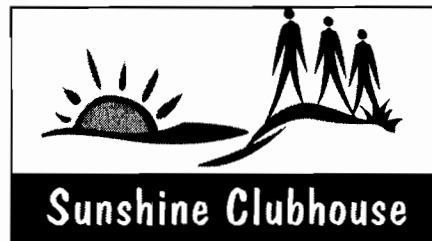
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-388-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

To Whom It May Concern:

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Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

Phone: (574) 283-2325 Fax: (574) 283-2029



Our example of the inappropriateness of these changes in funding programs for people with mental illness is the emphasis on returning a person to “previous levels of functioning.” Because recovery from mental illness is often a long- term process, this definition will likely reduce or eliminate many necessary psychosocial rehabilitation type services and supports.

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Sincerely,

Rolando Owens  
2435 Roys Ave.  
Elkhart, Indiana 46517

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Dennis Branstetter

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

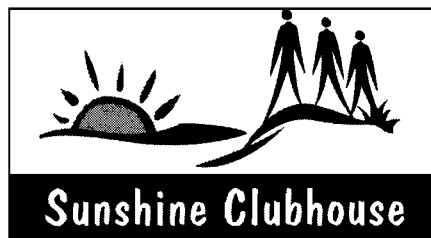
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[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)





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Sincerely,

Dennis Branstetter  
52626 Marks Street  
South Bend, Indiana 46637

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Joseph Gerencser

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

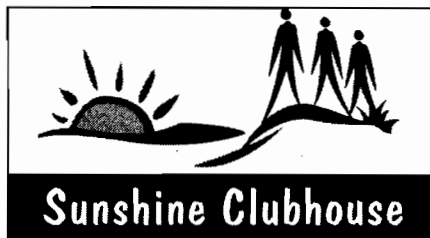
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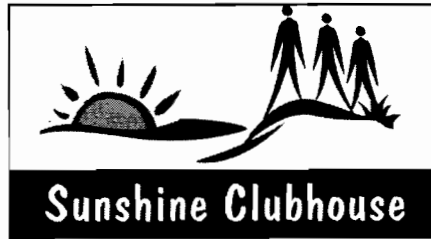
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Sincerely,

Joseph Gerencser  
4335 Irish Hills Drive  
Apartment 1-C  
South Bend, Indiana 46614

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Ken Magiera  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

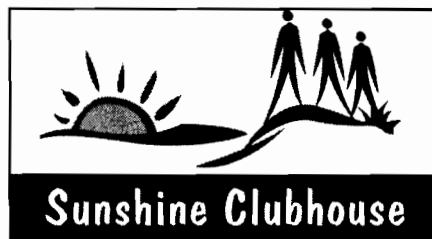
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-391-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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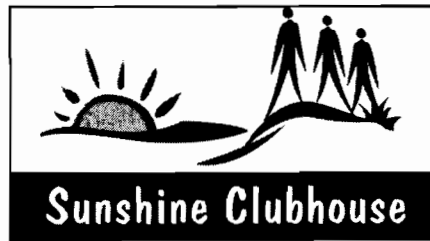
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Sincerely,

Ken Magiera  
3016 Portage Avenue  
South Bend, Indiana 46628

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Ms. Nisa Freedomwalker

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

**Issue Areas/Comments**

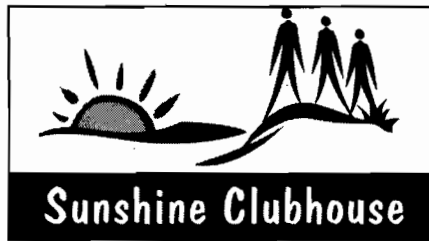
**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-392-Attach-1.DOC





October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 21244-8018

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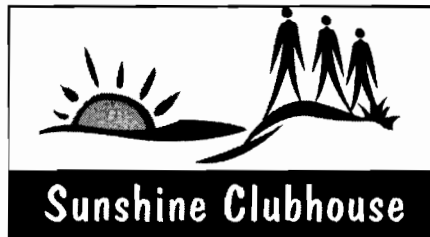
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Sincerely,

Nisa Freedomwalker  
443 South Kenmore  
South Bend, Indiana 46619

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Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Miss. Melissa Marrero

**Date:** 10/05/2007

**Organization :** UNC Chapel Hill

**Category :** Nursing Aide

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

To whom it may concern,

I support mental health rehabilitation services all over the country. As a nursing aide and a nursing student, I have seen first hand the impact these services have on the mentally ill. Not only do rehabilitation services improve the health and wellness of numerous ill patients, they also give them the opportunity to regain their right to life and refrain from hospitalization. Indeed, this is a medical cause as mental health is just as important as physical. Although some rehabilitation services are not provided inside the hospital, they are still important services that indeed address and improve the mental health of those who suffer. Mental illnesses are no fault of the individuals who suffer from them, as chemical imbalances cannot be controlled by strong will. Therefore, to take away services to improve their health is taking away a fundamental right to life.

For most of these ill citizens, they are incapable of holding a permanent job within the community. For that reason, Medicaid coverage is their only hope for an opportunity to get their life on the right track. At rehabilitation services, mentally ill patients have hope, encouragement, and supportive friends to facilitate their drive to stay healthy. These services provide interactions with individuals, practice with jobs in the real world, observation for safety reasons, and much more. Also, with these services, mentally ill patients are less likely to relapse and end up back in the hospital as workers are able to recognize early symptoms and get them fixed sooner. Medicaid coverage for these services is a necessity and a right of individuals who participate in these programs. Not only does Medicaid insure improved health for the mentally ill, but it will benefit society and the community in which these individuals live. Without Medicaid coverage, mentally ill persons are able to roam the streets alone with an increase risk for danger to themselves and others. With an interest for the safety of society and the right to life for mentally ill citizens, I support that Medicaid continue to pay for services provided through rehabilitation services.

Sincerely,  
Melissa Marrero

**Submitter :** Mr. Tom Buell  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

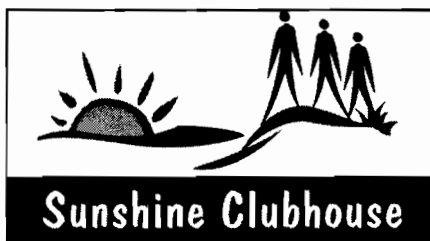
**Issue Areas/Comments**

**GENERAL**

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"See Attachment"

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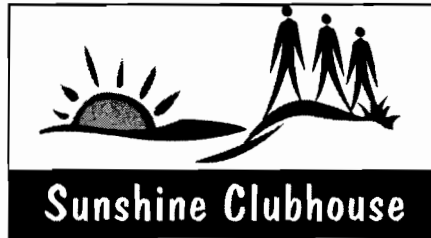
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Sincerely,

Tom Buell  
1003 East Broadway  
Mishawaka, Indiana 46545

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Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Ron Zik  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

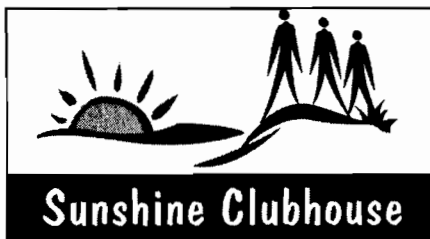
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-395-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
 Department of Health and Human Services  
 Attn: CMS-2261-P  
 P.O. Box 8018  
 Baltimore, MD. 212440-8018

To Whom It May Concern:

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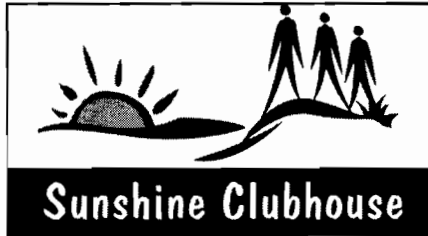
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Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)





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Sincerely,

Ron Zik  
437 North Niles  
Apartment 128  
South Bend, Indiana 46617

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Dr. Dale Klatzker  
**Organization :** The Providence Center  
**Category :** Health Care Provider/Association

**Date:** 10/05/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

#396

file:///C:/ELECTRONIC%20COMMENTS/ELECTRONIC%20COMMENTS/E-Comments/Active%20Files/Missing%20file1.txt

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951..

**Submitter :** Mr. Richard Daniels

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

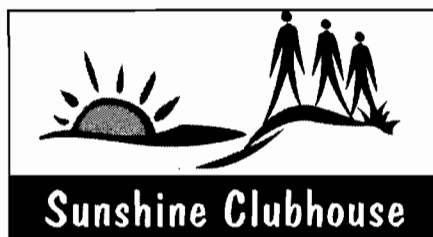
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-397-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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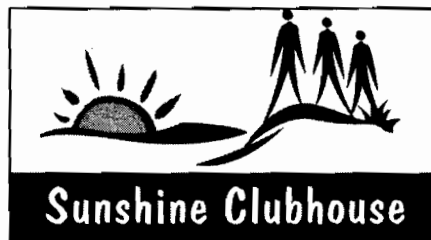
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[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)



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Sincerely,

Richard Daniels  
5024 West Western Avenue  
South Bend, Indiana 46619

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Matt Marcione

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

**Issue Areas/Comments**

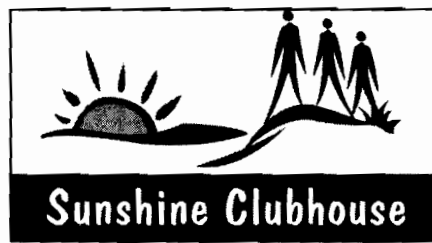
GENERAL

GENERAL

"See Attachment"

CMS-2261-P-398-Attach-1.DOC

#398



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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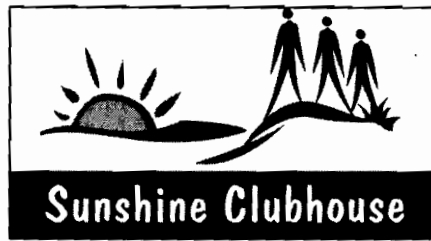
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Sincerely,

Matt Marchione  
1031 Patty Lane  
Apartment A-4  
South Bend, Indiana 46615

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Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Dr. David Ley

**Date:** 10/05/2007

**Organization :** NM Solutions

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

The purpose of this letter is to express concerns related to the proposed rule changes (CMS-2261-P) by the Centers for Medicare and Medicaid Services (CMS) as it relates to therapeutic foster care.

The proposed changes by CMS are a threat to the well being of seriously emotionally and behaviorally disturbed children and adolescents who have benefited from the service of therapeutic foster care. Therapeutic foster care provides an intensive level of service that provides an environment which allows for individuals to learn new ways to manage their emotional and behavioral challenges in the context of a family environment. This environment also teaches the skills necessary to become productive members of society. The act of prohibiting the use of Medicaid funds to pay for therapeutic foster care will result in the institutionalization of children and adolescents who are currently successful in community based placements, and will create a significant barrier to the process of transitioning children from hospital or acute care facilities, via therapeutic foster care, to community based settings.

We urge you to reconsider the proposed rule changes (CMS-2261-P), as they are a significant threat to the well being of children and youth.

**Submitter :** Mrs. Tammara Beane

**Date:** 10/05/2007

**Organization :** Work, Inc

**Category :** Individual

**Issue Areas/Comments**

**Background**

**Background**

This ruling is looking to shift Day Habilitation services from the Medicaid State Plan to the Home and Community based Waiver. Day Habilitation Programs are designed in Massachusetts for individuals with developmental disabilities that combines the clinical, medical, life training and other therapeutic skills of p.t. o.t. speech etc to our most vulnerable individuals that we support.

**Collections of Information**

**Requirements**

**Collections of Information Requirements**

By switching from our State Medicaid Plan to the Home and community Based Waiver in Massachusetts, we could face the following loses for the individuals that Work Inc. supports:

- lost services in nursing, P.T. O.T. and Speech.
- Face caps on the #'s of people served at this level
- Eliminate bi-annual rate reviews with no room for cost of living or other rate adjustments
- Increase administrative inefficiencies cost shift from one state system to another.

**GENERAL**

**GENERAL**

see comments under background. Obviously Work, Inc. opposes this proposed rule change based on the reasons stated below

**Submitter :** Mr. Chris Bender  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

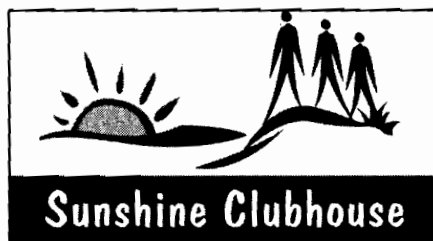
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-401-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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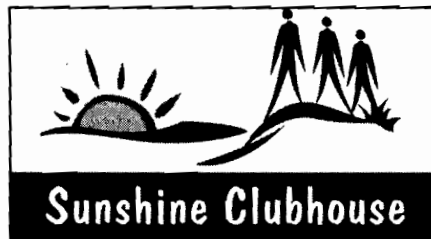
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Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

Phone: (574) 283-2325 Fax: (574) 283-2029



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Sincerely,

Chris Bender  
501 Alonzo Watson Drive  
Apartment 116  
South Bend, Indiana 46601

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Ms. Marilyn Jenner

**Date:** 10/05/2007

**Organization :** Sunshine Clubhouse

**Category :** Individual

**Issue Areas/Comments**

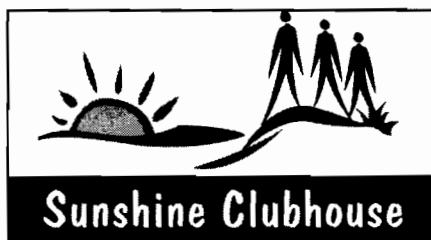
**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-402-Attach-1.DOC

CMS-2261-P-402-Attach-2.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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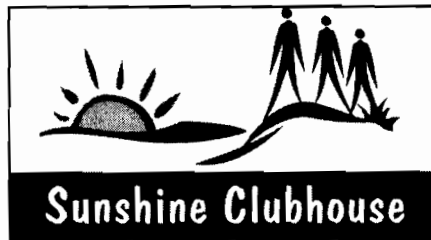
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Sincerely,

Marilyn Jenner  
416 North Main Street  
Apartment 101  
South Bend, Indiana 46601

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Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Ms. Nancy Brown  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

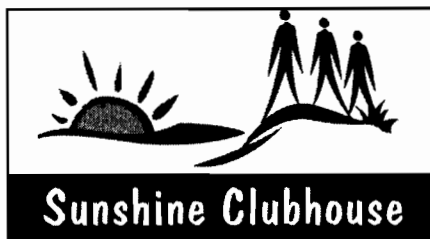
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-403-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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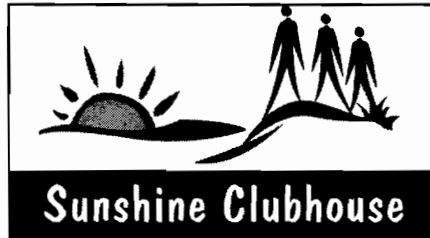
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Phone: (574) 283-2325 Fax: (574) 283-2029



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Sincerely,

Nancy Brown  
437 North Niles  
Apartment 112  
South Bend, Indiana 46617

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Ed Love  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

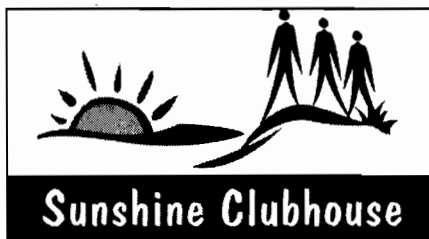
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-404-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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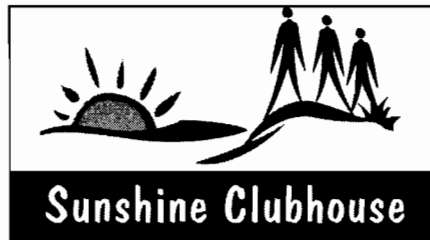
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To create, or suddenly start enforcing, bureaucratic clinical and administrative processes without additional or alternative funding from states is the equivalent of a substantial cut in services for people who already have more than their fair share of burdens. A reduction or elimination of services puts individuals with severe and persistent mental illness at risk of unnecessary institutionalization in our hospitals or even worse in our prison system.

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

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Sincerely,

Ed Love  
1518 Lincolnway West  
South Bend, Indiana 46618

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Paul Cassone

**Date:** 10/05/2007

**Organization :** The Guild for Exceptional Children, Inc.

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**Background**

Background

This rule would eliminate necessary clinic services for people with developmental disabilities. This does not make any sense on medical, moral or fiscal grounds. People with developmental disabilities -- in many instances -- require clinical assistance to MAINTAIN their present capabilities. This fact seems to go unrecognized by this rule change.

The long term implications of this rule change could well be that more individuals with developmental disabilities end up in nursing homes and hospitals as they age as opposed to aging in place at their current ICF, IRA or other group homes. This makes sense for neither the individuals nor the taxpayers.

Paul Cassone



**Submitter :** Mr. Steve Ciara  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

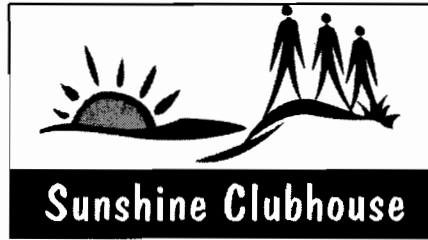
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-406-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
 Department of Health and Human Services  
 Attn: CMS-2261-P  
 P.O. Box 8018  
 Baltimore, MD. 212440-8018

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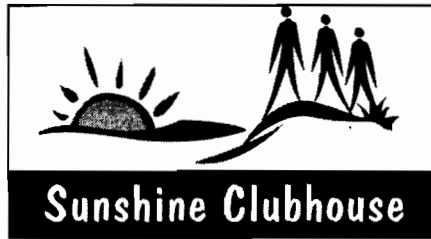
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Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617

Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)



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Sincerely,

Steve Ciara  
52255 Hollyhock  
South Bend, Indiana 46637

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Mike McClean  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

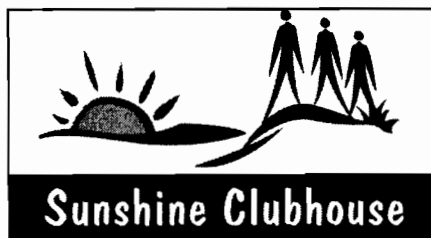
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-407-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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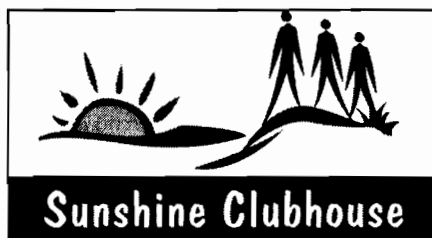
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Sincerely,

Mike McClean  
19732 Lucinda  
South Bend, Indiana 46614

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Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Ms. Alice Thompson  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

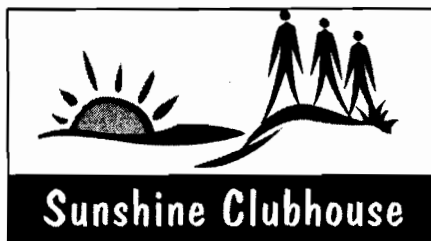
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attached"

CMS-2261-P-408-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 21244-8018

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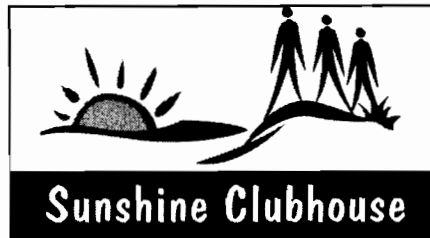
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[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)





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Sincerely,

Alice Thompson  
5024 West Western Avenue  
South Bend, Indiana 46619

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)

**Submitter :** Mr. Arthur Barry  
**Organization :** Sunshine Clubhouse  
**Category :** Individual

**Date:** 10/05/2007

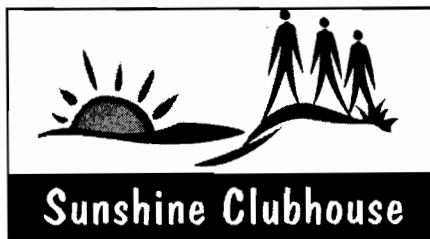
**Issue Areas/Comments**

**GENERAL**

GENERAL

"See Attachment"

CMS-2261-P-409-Attach-1.DOC



October 11, 2007

Centers for Medicaid & Medicare Services  
Department of Health and Human Services  
Attn: CMS-2261-P  
P.O. Box 8018  
Baltimore, MD. 212440-8018

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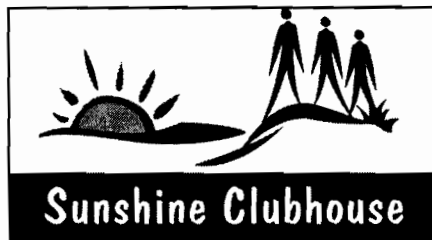
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Sincerely,

Arthur Barry  
3213 Pleasant Street  
South Bend, Indiana 46615

Sunshine Clubhouse - 520 Crescent Avenue - South Bend Indiana 46617  
Phone: (574) 283-2325 Fax: (574) 283-2029

[sunshineclubhouse@sunshineclubhouse.com](mailto:sunshineclubhouse@sunshineclubhouse.com)