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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM-31

Date: February 19, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: State Initiated Comprehensive Medicaid Case Management
(CMCM) Quality Assurance Survey

ATTACHMENTS: District specific listing of State Initiated CMCM Program
Providers - (not available on-line)

State Initiated CMCM Quality Assurance Survey Form - (not
available on-line)

Attached for your information is a listing, as of October 31, 1991, of State initiated Comprehensive Medicaid Case Management (CMCM) program providers serving Medicaid recipients in your County. Also attached for distribution to your staff are copies of the "State Initiated Comprehensive Medicaid Case Management (CMCM) Quality Assurance Survey". I am asking you to have your director(s) of services review and complete a response for each CMCM agency listed. For some providers, both adult and children's services staff may be appropriate contributors, but only one response per provider is requested.

As described in administrative directive 89 ADM-29 and 18 NYCRR 505.16, the monitoring of CMCM provider operations for State initiated programs is the responsibility of the designated State oversight agency. That agency is required by regulation to report to this Division on both the semi-annual on-site monitoring results and their annual overall program evaluation.

While the provider(s) are being monitored by the responsible State agency, the Division of Medical Assistance (DMA) is aware that there are provider service effectiveness and efficiency issues which the social services district is in a unique position to evaluate. We also understand there are times when the official policies of the social services district and the provider organization may come into conflict or when staff interpretations of those policies impede service to clients. Consequently, we want to direct the State oversight agency's monitoring toward issues interfering with the providers' service effectiveness and, if appropriate, toward specific follow-up and corrective actions. We are also interested

in bringing the social services district perspective on service provision into the CMCM policy formation process.

To accomplish this link we need your help in this first step. DMA staff will follow-up with your agency and the oversight agencies on the issues identified in the attached survey. Please return the survey(s) by March 16, 1992. If you have no significant concerns regarding the CMCM programs identified, please so indicate on the form(s) and return by the above date.

The DMA Case Management Unit staff will do the following:

- o review each response and contact the social services district regarding intended disposition;
- o provide sufficient details and summary of selected significant issues for the State oversight agency to review;
- o pursue a report from the State oversight agency on the results of its review and monitor any necessary corrective action undertaken as a result; and
- o provide feedback to the district.

Any questions regarding this survey should be directed to Barbara McManaman or Karen Hogan at (518) 473-6209.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance