

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-145

Date: September 21, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment of Intensive Case Management (ICM) Providers in MMIS.

ATTACHMENTS: There are no attachments to this LCM.

The statewide Office of Mental Health's Comprehensive Medicaid Case Management (CMCM) program, Intensive Case Management (ICM) was described in 89 LCM-131. This memorandum conveys specific information regarding the enrollment of the OMRDD providers listed below.

This provider information is required for completion of the individual client WMS registration/termination procedures described in 89 ADM-29 (IV)(L) and 90 LCM-16. Please note that the WMS registration date may be retroactive to cover services provided to Medicaid clients since the agency's start date.

The following providers have been enrolled in MMIS under category of service 0265, rate code 5200:

<u>Provider Name</u>	<u>Provider ID #</u>	<u>Monthly Rate</u>	<u>Effective Dates of Rate</u>	<u>Agency's Start Date</u>
Columbia Co. Mental Health Center	01334981	\$520	1/1/92-12/31/92	1/1/92
The Reha- bilitation Ctr. - Cattaraugus Co.	01341886	\$447	1/1/92-12/31/92	5/1/92

Any questions concerning this transmittal may be directed to Barbara Pukis at (518) 474-0519, UserID =89D359.

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Additional information will be conveyed as other OMRDD CMCM providers are enrolled in MMIS.



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Deputy Commissioner
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