

+-----+  
 | LOCAL COMMISSIONERS MEMORANDUM |  
 +-----+

Transmittal No: 94 LCM-65

Date: June 9, 1994

Division: Health and Long Term  
 Care

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>Date</u>	<u>Provider ID #</u>	<u>Monthly Rate</u>	<u>OMH Region</u>	<u>Effective Dates of Rate</u>	<u>Agency Start</u>
Families First in Essex County	01437443	\$474	Central	9/2/93	9/1/93

Date June 9, 1994

Trans. No. 94 LCM-65

Page No. 2

---

<u>Provider Name Date</u>	<u>Provider ID #</u>	<u>Monthly Rate</u>	<u>OMH Region</u>	<u>Effective Dates of Rate</u>	<u>Agency Start</u>
Federation Employ- ment and Guidance Service (F.E.G.S.)	01371571	\$549	Long Island	12/2/93	12/1/93
Federation Employ- ment and Guidance Service (F.E.G.S.)	01371571	\$525	New York City	10/2/93	10/1/93
Jewish Board of Family and Children	01436328	\$525 \$546	New York City	7/2/93-9/1/93 9/2/93	7/2/93
Lexington Center for Mental Health	01436286	\$525 \$546	New York City	7/2/93-9/1/93 9/2/93	7/2/93
Puerto Rican Family Institute	01424217	\$525 \$546	New York City	7/2/93-9/1/93 9/2/93	7/2/93
University Settlement	01427196	\$525 \$546	New York City	7/2/93-9/1/93 9/2/93	7/2/93
Community Network, Inc.	01424208	\$447 \$465	Western	5/2/93-9/1/93 9/2/93	5/1/93

Additional information will be conveyed as other OMH ICM providers are enrolled in MMIS.

Any questions concerning this transmittal may be directed to Paul Weinstein at (518) 473-6209, UserID AZ3200.

---

Sue Kelly  
Deputy Commissioner  
Division of Health and  
Long Term Care