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

Transmittal No: 94 LCM-134

Date: November 7, 1994

Division: Services & Community
Development

TO: Local District Commissioners

SUBJECT: Maximum State Aid Rates (MSARs) for Foster Children Placed in
Facilities Licensed by the Office of Alcohol and Substance
Services (OASAS) and the Office of Mental Retardation and
Developmental Disabilities (OMRDD)

ATTACHMENTS: A - Programs certified by OASAS and their foster care per
diem rates
B - Programs licensed by OMRDD and their foster care per
diem rates
C - Programs licensed by OASAS paid for by Medicaid
(A, B and C are Available On-Line)

The purpose of this LCM is to inform you of the MSARs approved by the State Division of the Budget (DOB) for programs certified by OASAS and licensed by OMRDD. As was described in 92 LCM-8, this allows you to receive reimbursement for foster children (including JD/PINS) placed in these facilities.

The rates for OASAS programs (Attachment A) are eligible for state and federal reimbursement. The state share is subject to the foster care or JD/PINS cap, as appropriate. These rates are in effect for the period January 1, 1993 through December 31, 1993. They will continue to be in effect until OASAS receives approval for its 1994 rates. Medical per diem rates are being separately negotiated with the Division of Health and Long Term Care. Until they are issued, foster children placed in these facilities will need to have a Medicaid card issued.

Attachment B contains the rates for programs licensed by OMRDD. The state share is subject to the foster care or JD/PINS cap, as appropriate. These rates are in effect for the period July 1, 1994 through September 30, 1994 and October 1, 1994 through June 30, 1995, unless otherwise noted. Foster children placed in these facilities will need to have a Medicaid card issued.

Attachment C contains a list of six other OASAS certified residential chemical dependency programs for youth. They are funded through Medicaid. Local districts should not be directly billed by these programs and they should not claim these costs as foster care.

System Instructions: Local departments of social services which place children in OASAS facilities should follow these procedures for WMS and CCRS.

- o Each child who is in the local commissioner's custody and is to be placed in foster care under the MOU should be included in a WMS Services case (case type 40) and be authorized as the Direct Service of Foster Care (08). No POS line for room and board payments can be entered at this time since the required system changes are still pending. Manual payments and claiming adjustments are required.
- o The child is to be tracked in CCRS and all Assessment Service Plans and Legal activity reporting are to be completed in the usual manner. Movement activities cannot be entered at this time.
- o An MA only case will have to be authorized to provide medical coverage where appropriate.
- o Systems instructions will be updated when an Agency Code is assigned to OASAS and when individual facility numbers are available. At that time, both the POS line and the CCRS movement entries will be allowed.

Questions concerning a child who is already in foster care and is in placement under the provisions of an MOU should be directed to the Bureau of Services Information Systems at 1-800-342-3727.

If you have any other questions regarding this matter, please contact Mr. Joseph Della Rocca, Bureau of Resource Management at 1-800-342-3009, extension 3-1496 or (518) 473-1496, (User ID AX4520).

Frank Puig
Deputy Commissioner
Division of Services and
Community Development

Office of Alcoholism and Substance Abuse Services
Rate Setting and Analysis

List of Long Term Certified Residential Chemical Dependency Programs for
Youth - Eligible for Foster Care Payments

			<u>Per Diem Rate</u>
1.	Program Name: Address: Contact: Phone:	Hill House 1 Hope Lane Albany, NY 12212 Mr. Glen Nichols (518) 452-0001	\$123.91
2.	Program Name: Address: Contact: Phone:	St. Joseph's Villa of Rochester 3300 Dewey Avenue Rochester, NY 14616 Mr. Stephen Hanson (716) 865-1550	\$111.33
3.	Program Name: Address: Contact: Phone:	PAHL House 106-108 9th Street Troy, NY 12180 Mr. John Penzer (518) 272-9206	\$ 69.30
4.	Program Name: Address: Contact: Phone:	P.R.C.D., Inc. 2654 Ridgeway Avenue Rochester, NY 14526 Mr. Glen Palmer (716) 723-7350	\$ 93.79

Office of Alcoholism and Substance Abuse Services
Rate Setting and AnalysisList of Certified Short-Term Residential Chemical Dependency Programs for
Youth - Eligible for Medicaid Payments

1. Program Name: Arms Acres
Address: Seminary Hill Road
Carmel, NY 10512

Contact: Deborah Gatins

Phone: (914) 225-3400
2. Program Name: Commonwealth Place
Address: 6010 East Molloy Road
Syracuse, NY 13211

Contact: Thomas Murphy

Phone: (315) 434-2470
3. Program Name: Conifer Park
Address: 150 Glenridge Road
Scotia, NY 12302

Contact: Gail Harkness

Phone: (518) 399-6446
4. Program Name: Park Ridge Hospital
Address: 1565 Long Pond Road
Rochester, NY 14626

Contact: Terry Wolff

Phone: (716) 454-1150
5. Program Name: Renaissance House
Address: 920 Harlem Road
West Seneca, NY 14224

Contact: Eleanor Martinez

Phone: (716) 854-2977
6. Program Name: Rose Hill
Address: P.O. Box 637 - 2 Elizabeth Drive
Massena, NY 13662

Contact: Joan Kilroy

Phone: (315) 764-9700