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|        INFORMATIONAL LETTER      |        TRANSMITTAL:  95 INF-18
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                                          DIVISION:  Health and
  TO:              Commissioners of                  Long Term Care
                   Social Services

                                          DATE:  May 17, 1995

   SUBJECT:        Assisted Living Program (ALP) Subsystem Entry




   SUGGESTED
   DISTRIBUTION:   Medical Assistance Staff
                   Director of Social Services
                   Staff Development Coordinators




  CONTACT PERSON:  Loretta R. Grose, 1-800-343-8859, extension 4-9151
                   or 518-474-9151, User ID AW0680

   ATTACHMENTS:    None
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<div align="center">FILING REFERENCES</div>

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
94 ADM-9		485.2	SSL 367-e		PHL 3614(6)
		485.3	(5)		10 NYCRR
		485.6	SSL 367-h		Part 86-7
		485.17	SSL 461-1		42 CFR
		486.5(c)			435.1009
		Part 494			92 LCM-2
		505.35			92 LCM-125
					94 LCM-32
					GIS 95
					MA/005

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   DSS-329EL (Rev. 9/89)
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The purpose of this letter is to inform districts of the corrected procedure for input of Principal Provider (PP) entries for recipients receiving services through the Assisted Living Program (ALP).

Districts were previously issued 94 ADM-9 and 92 LCM-2 which described the ALP and identified the role of the districts in the authorization and provision of Medicaid funded home care services to eligible ALP recipients. A General Information System (GIS) message, issued January 25, 1995 contained brief instructions regarding Principal Provider input.   This memorandum provides a detailed explanation of the purpose and process of Principal Provider entry.

Principal Provider is a subsystem of the Welfare Management System (WMS), the State operated system which collects and processes data used to authorize Public Assistance, Food Stamps, Medicaid and Services eligibility. As a subsystem of WMS, the Principal Provider retains data on recipients who are in hospitals, nursing facilities, child care facilities and, effective 11/1/94, Assisted Living Programs. The Principal Provider subsystem, or file, contains fields used to identify the recipient, the primary provider of medical care, and the effective date of service.   The information in this file is sent to the Department's fiscal agent, Computer Sciences Corporation (CSC), on a weekly basis and is matched against provider claims for care.   If required information is not on file at CSC or does not match the claim, the provider of service will not be paid. Payment will be inhibited until the appropriate correction is made.   Depending on the timing of the correction to the file, the claim will be pended or denied.   Entry of Principal Provider information does not negate the requirement that home care services for the ALP resident must be prior authorized by the resident's district of fiscal responsibility. A DSS-2032, NYS Medical Assistance (Title XIX) Program Order/Prior Approval Request-Personal Care must be completed for each ALP recipient.   As described in 94 LCM-32, districts will use the personal care services' prior approval numbers provided by the Department when prior authorizing home care services for ALP recipients. However, districts may also request a discrete block of prior approval numbers be issued to them for ALP prior authorizations.

Assessments of the client's appropriateness for the ALP should be completed in accordance with guidelines discussed in 92 LCM-2 and 94 ADM-9.   Assisted Living Program claims are valid only with coverage codes 01 (Full Coverage), 02 (Outpatient Only Coverage) and 10 (All Services Except Long Term Care).

Principal Provider entry must be done by the recipient's district of fiscal responsibility.   The Principal Provider subsystem is accessed in the normal manner.   For an ALP eligible recipient the PP type must be entered as 16 (valid WMS DE 21550 value). The appropriate Medicaid Management Information System (MMIS) provider identification number must be entered.   The provider number must equal the provider number used on the prior authorization.

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Enter the From Date equal to the date service under the ALP began (which
should equal the begin date of the prior authorization and can not be
earlier than November 1, 1994).   No entry should be made under the Thru
Date.   In addition, no entry should be made in the Exception Code field or
the Exception Code From Date field.   These fields must be left blank.   If
appropriate, the spenddown or excess monthly income amount should be entered
under Available Amount from the first day of the month the ALP service
began.   If the recipient has no excess income or spenddown, this field
should be "0" filled.

After data entry has been completed, transmit the information.   Successful
input generates the message INPUT ACCEPTED.   If there are any errors, the
fields in error blink and an error message or EXAMINE BLINKING FIELDS
message and an error number is returned.   After successful input, (the
message INPUT ACCEPTED has been displayed), F13 will store the transaction.
The message, DATA SUCCESSFULLY STORED ON DATABASE is returned.   The store
function must be completed or the information will not be retained on the
database.

The following is an example of a correct ALP Principal Provider entry:

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+----------------------------------------------------------------------+
¦                                                                      ¦
¦                                                                      ¦
¦                                                                      ¦
¦                      DATES OF SERV       EXCEPTION      AVAILABLE AMT ¦
¦                                                                      ¦
¦PP    PROVIDER        FROM      THRU    'T  FROM        AMT      FROM  ¦
¦                                                                      ¦
¦                                                                      ¦
¦16    00123456        111294                          00000.00   110194 ¦
¦                                                                      ¦
¦                                                                      ¦
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Any questions regarding this memorandum should be directed to Loretta Grose
at 1-800-343-8859, extension 4-9151, or directly at (518) 474-9151, User ID
AW0680.

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Richard T. Cody
Deputy Commissioner
Division of Health and Long Term Care