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 | LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-84

Date: June 11, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment of Office of Mental Retardation and Developmental Disabilities' (OMRDD) Providers in MMIS

ATTACHMENTS: There are no attachments to this LCM.

The statewide Office of Mental Retardation and Developmental Disabilities' (OMRDD) Comprehensive Medicaid Case Management (CMCM) program was described in 90 LCM-36. 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 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 5221 at a fee of \$22.60 per hour.

<u>Provider Name</u>	<u>Provider I.D. #</u>	<u>Agency's Start Date</u>	<u>RMFO Responsible for LDSS liaison</u>	<u>Client Residential Status Limitations</u>
Chenango ARC	01174487	3/1/90	Binghamton (Jean Hecht)	At-Home only
People, Inc.	01171517	3/1/90	West Seneca (Sharon Wall)	VOCR only

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

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