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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-36

Date: March 19, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Provision of Office of Mental Retardation and Developmental
Disabilities Case Management Services as a Medicaid Service

ATTACHMENTS: I - OMRDD's Program Authorization Forms
(Not Available on-line)
II - LDSS' OMRDD Liaison Designation Form
(Available on-line)

In August 1989, you received 89 ADM-29, which describes Comprehensive Medicaid Case Management (CMCM) and how local and statewide CMCM programs are established. You have also received 90 LCM-16 which describes how the WMS Recipient/Exception subsystem is used to assist in the registration/termination procedure when clients are associated with Comprehensive Medicaid Case Management Programs. 89 LCM-131 advised you of the Office of Mental Health ICM-CMCM program which was the first statewide CMCM.

This memorandum provides information on services provided through the Office of Mental Retardation and Developmental Disabilities (OMRDD). The OMRDD program is referred to in this document as OMRDD CMCM and is the second statewide program under CMCM.

OMRDD CMCM is established on the basis of a proposal and State (Medicaid) Plan Amendment and operates under a Memorandum of Understanding between SDSS and OMRDD. It is intended to serve Medical Assistance eligibles:

- (i) who are either developmentally disabled;
- (ii) are in need of ongoing and comprehensive rather than incidental case management and

- (iii) reside in OMRDD certified Family Care Homes, Community Residences, live independently or with family or
- (iv) reside in residential facilities certified by State agencies other than OMRDD and are referred by the residential facility or its supervising or certifying agency.

The target group is individuals with a documented need for an ongoing and comprehensive plan of assistance to access community services. For these persons, provision of case management is necessary to support a non-institutional living situation and to help individuals attain or retain capability for maximum personal independence. OMRDD, through its Revenue Management Field Offices (RMFO), is responsible for issuing programmatic authorization for clients participating in OMRDD CMCM. They issue program participation authorization via the forms attached hereto as Attachment 1. Since the forms contain the information necessary for WMS data input, we recommend that the LDSS use these forms to complete the registration/termination processes. Also attached is an explanation of form items for purposes of LDSS registration/termination activities in WMS. The LDSS is responsible for determining Medicaid eligibility and for registering authorized clients into the WMS recipient/exception subsystem as OMRDD CMCM clients. Other aspects of LDSS responsibilities are specified in 89 ADM-29 IV (L).

In addition to WMS data input information in 89 ADM-29 V(A) and 90 LCM-16, local districts should carefully review the ADM section IV (L) entitled "Local District Responsibilities for registration/termination of case management services". In the referenced section please read "RMFO" for "provider". The RMFO will act as liaison between the provider agency and the local DSS on all matters related to WMS registration and termination of OMRDD CMCM clients.

According to the approved OMRDD CMCM proposal and State (Medicaid) Plan Amendment, providers of OMRDD CMCM shall only be the Borough/District Developmental Services Offices (B/DDSOs) of OMRDD and agencies and organizations so designated by OMRDD.

Currently, there is no local agency administrative or financial involvement in CMCM services provided at the B/DDSOs. The voluntary agencies which OMRDD has designated as OMRDD-CMCM providers will be enrolled into MMIS on a phased-in basis. This first group of providers is expected to include:

<u>Agency</u>	<u>Client Capacity</u>	<u>Client Residential Status Limitations</u>	<u>RMFO Resp.</u>	<u>Service Area</u>
People, Inc. Residential Programs 320 Central Park Plaza Buffalo, NY 14214	241	VOCR only	West Seneca Sr. Agent Sharon Wall	Erie, Niagara Chautauqua
Westchester ARC 39 West Moreland Ave. White Plains, NY 10606	31	VOCR only	Letchworth Village Sr. Agent Gary O'Loughlin	Westchester
Nassau AHRC 189 Wheatly Rd. Brookville, NY 11545	225	VOCR only	Long Island Sr. Agent Denis Zadorecki	Nassau
Chenango Workshop 17 Midland Dr. Norwich, NY 13815	75	"at home" only	Binghamton Sr. Agent Richard Wierman	Chenango
Epilepsy Services of Southern NY 4 Secor Road Thiells, NY 10984 <u>and</u> c/o Orange Co. Dept. of Mental Health Outpatient Clinic Harriman Drive Goshen, NY 10924	50	"at home" only	Letchworth Village (for Orange, Rockland) Poughkeepsie (for Ulster) Sr. Agent Pat Miller	Orange Rockland Ulster

In the above listing, client residential status refers to the segment of the target population which the agency is currently permitted to serve. VOCR refers to Voluntary Operated Community Residents. "At home" residents are those who live independently or with family. While there is no local share for VOCR clients, the programs will be permitted to expand services to "at home" clients, however, LDSS will be notified before this expansion occurs.

The information provided above is only for planning purposes. As MMIS enrollment of these providers is completed, LDSS will be notified by way of another LCM of the agency, MMIS provider ID#, the start date, the procedure/rate code and fee, the RMFO responsible for LDSS liaison and the client residential status limitations.

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As additional agencies are identified for the phase-in, local districts will be advised so that they may institute registration and termination procedures with the relevant RMFOs. This phase-in notification will be followed by an LCM when enrollment is completed.

We recommend that you designate a contact person within your district to be responsible for liaison with the RMFO and to receive information from SDSS on future developments. Please complete and return the attached LDSS' OMRDD liaison designee form as soon as possible to:

Ms. Catherine P. Moylan
MA Specialist III
NYS Department of Social Services
Division of Medical Assistance
Bureau of Primary Care
40 North Pearl Street
Albany, New York 12243

Questions on this release may also be directed to Ms. Moylan at (518) 474-9279.

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

_____ District designates the following individual
as liaison for OMRDD CMCM activities:

NAME _____

TITLE _____

PHONE _____

Return to:

Catherine P. Moylan
MA Specialist III
NYS Department of Social Services
Division of Medical Assistance
Bureau of Primary Care
40 North Pearl Street
Albany, New York 12243