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

Transmittal No: 90 LCM-149

Date: September 14, 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 provider 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 start date of the agency.

The following provider has 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>
NYC Association for the Help of Retarded Children	01189720	7/2/90	Manhattan/621 Unit (Maureen Koch-Frances)	At-home only

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

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