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

Transmittal No: 90 LCM-188

Date: November 26, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Initial and Continued Registration of CMCM for Hospitalized
and Institutionalized Clients

ATTACHMENTS: There are no attachments to this LCM.

This memorandum is meant to address questions regarding the appropriateness of authorizing/registering institutionalized or hospitalized clients in the Recipient Restriction/Exception Subsystem (90 LCM 16) for the purpose of receiving Comprehensive Medicaid Case Management (CMCM) and continuing CMCM services to institutionalized or hospitalized clients who are already registered.

CMCM regulation 18 NYCRR 505.16 (b) (4) prohibits the provision of CMCM services to institutionalized clients. In New York State, CMCM is meant to tie together the varied resources to maintain individuals in the community, who without support might be institutionalized or seriously underserved by the "system". Our reason for including this prohibition in the regulations was to differentiate this service from institutional social services and discharge planning and prevent duplication of services and payments, since these are included in institutional rates.

However, we do not wish to lump individuals who are hospitalized in acute care general hospitals for a short term into the category of "institutionalized" for the purposes of CMCM registration or payment rules, nor do we want to disrupt the case management/client relationship for short term returns to the institution. Consequently, we have developed the following interpretations which will be distributed to providers via the MMIS Provider Manual and used as the basis for audit by the State Department of Social Services.

- o In general, initial registration for CMCM can occur while a client is residing in the community or when discharge from an acute care general hospital is imminent. For example, a postpartum teenager still in the hospital may be registered in the Recipient Restriction/Exception Subsystem as a TASA CMCM client. If a client is hospitalized, case management should concentrate on the needs of the client once discharged from the hospital, and should not duplicate the efforts of the hospital social service worker or discharge planner, but rather should concentrate on implementing and monitoring the plan for the client. The case manager should meet with the hospital social service worker and/or discharge planner to review their recommendations, medical orders and follow-up care and to advise them of plans for ongoing case management of the client. CMCM service provided to clients who are registered while in the hospital may be claimed to Medicaid.

The initial Recipient Restriction/Exception Subsystem registration date for institutionalized clients (i.e. settings other than acute care general hospitals) should post date the institution discharge. Pre-discharge CMCM engagement activities for clients in institutional settings may be funded in the rate methodology constructed for certain target populations, but they cannot be claimed to Medicaid.

- o Already registered CMCM clients who are temporarily hospitalized/institutionalized may continue to receive CMCM services for up to 30 days after admission, when the admission is initially expected to be 30 days or less. CMCM providers are directed to document the basis for the initial expectations in the CMCM record which is subject to audit.

Please share these interpretations with district staff who are responsible for WMS registration of clients and CMCM coordination.

If you have any questions please call Catherine P. Moylan at (518) 474-9279.

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Deputy Commissioner
Division of Medical Assistance