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 | LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 91 LCM-161

Date: September 11, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment
 of Intensive Case Management (ICM) Providers in MMIS

ATTACHMENTS: There are no attachments to this LCM.

The statewide Office of Mental Health's Comprehensive Medicaid Case Management (CMCM) program, Intensive Case Management (ICM), was described in 89 LCM-131. This memorandum conveys specific information regarding the enrollment of the ICM 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 to Medicaid clients since the agency's start date.

The following provider has been enrolled in MMIS under category of service 0265 and rate code 5200:

<u>Provider Name</u>	<u>Provider I.D. #</u>	<u>Monthly Rate</u>	<u>Effective Dates of Rate</u>	<u>Agency's Start Date</u>
Buffalo Federation of Neighborhood Centers	01230217	\$502	10/1/90-12/31/90	10/1/90

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

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