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 | LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 92 LCM-96

Date: June 25, 1992

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 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 that 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 5200:

| <u>Provider Name</u> | <u>Provider ID #</u> | <u>Monthly Rate</u> | <u>Effective Dates of Rate</u> | <u>Agency's Start Date</u> |
|--|----------------------|---------------------|--------------------------------|----------------------------|
| Comm. Mental Hlth Ctr. of Glens Falls Hospital | 01222504 | \$646 | 2/1/91-12/31/91 | 2/1/91 |
| Oswego Hospital Mental Health Division | 01271109 | \$453 | 1/1/91-12/31/91 | 4/1/91 |

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|---|----------|-------|-----------------|--------|
| Mental Health Assoc. of Ulster County | 01248324 | \$850 | 4/1/91-12/31/91 | 4/1/91 |
| Mental Health Assoc. of West. County | 01230226 | \$648 | 4/1/91-12/31/91 | 4/1/91 |
| Northern NY Center | 01285083 | \$455 | 1/1/92-12/31/92 | 1/1/92 |
| Resource Ctr. for Independent Living | 01296684 | \$455 | 1/1/92-12/31/92 | 1/1/92 |
| Allegany Co. Commun. Svcs. | 01287801 | \$447 | 1/1/92-12/31/92 | 1/1/92 |
| Allegany Re- habilitation Association | 01292011 | \$447 | 1/1/92-12/31/92 | 1/1/92 |
| Steuben Co. Community Svcs. Board | 01296708 | \$447 | 1/1/92-12/31/92 | 1/1/92 |
| Transitional Svcs. Assoc. | 01293241 | \$520 | 1/1/92-12/31/92 | 1/2/92 |
| Mental Hlth. Assoc. of Rockland Co. | 01308947 | \$520 | 1/1/92-12/31/92 | 1/1/92 |

Any questions concerning this transmittal may be directed to Barbara Pukis at (518) 474-0519, User ID OME250.

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

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