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 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 5221 at a fee of $6.52 per quarter hour.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID #</th>
<th>Agency’s Start Date</th>
<th>RMFO Responsible for LDSS Liaison</th>
<th>Client Residential Status</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easter Seal Society of Monroe County</td>
<td>01364387</td>
<td>1/1/93</td>
<td>Rochester (Karen Desso)</td>
<td>At-Home</td>
<td></td>
</tr>
<tr>
<td>Family Consultation of Eastchester</td>
<td>01353144</td>
<td>9/1/92</td>
<td>Letchworth (Gary O’Loughlin)</td>
<td>At-Home</td>
<td></td>
</tr>
</tbody>
</table>
Any questions concerning this transmittal may be directed to Barbara Pukis at (518) 474-0519, UserID #89D359.

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

Gregory M. Kaladjian
Executive Deputy Commissioner