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 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 5200:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID #</th>
<th>Monthly Rate</th>
<th>OMH Region</th>
<th>Effective Dates of Rate</th>
<th>Agency Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First in Essex County</td>
<td>01437443</td>
<td>$474</td>
<td>Central</td>
<td>9/2/93</td>
<td>9/1/93</td>
</tr>
</tbody>
</table>
Federation Employment and Guidance Service (F.E.G.S.)
- Provider ID #: 01371571
- Monthly Rate: $549
- Region: Long Island
- Effective Date: 12/2/93
- Start Date: 12/1/93

Federation Employment and Guidance Service (F.E.G.S.)
- Provider ID #: 01371571
- Monthly Rate: $525
- Region: New York City
- Effective Date: 10/2/93
- Start Date: 10/1/93

Jewish Board of Family and Children
- Provider ID #: 01436328
- Monthly Rate: $525
- Region: New York City
- Effective Dates of Rate: 7/2/93-9/1/93
- Start Date: 7/2/93

Lexington Center for Mental Health
- Provider ID #: 01436286
- Monthly Rate: $525
- Region: New York City
- Effective Dates of Rate: 7/2/93-9/1/93
- Start Date: 7/2/93

Puerto Rican Family Institute
- Provider ID #: 01424217
- Monthly Rate: $525
- Region: New York City
- Effective Dates of Rate: 7/2/93-9/1/93
- Start Date: 7/2/93

University Settlement
- Provider ID #: 01427196
- Monthly Rate: $525
- Region: New York City
- Effective Dates of Rate: 7/2/93-9/1/93
- Start Date: 7/2/93

Community Network, Inc.
- Provider ID #: 01424208
- Monthly Rate: $447
- Region: Western
- Effective Dates of Rate: 5/2/93-9/1/93
- Start Date: 5/1/93

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

Any questions concerning this transmittal may be directed to Paul Weinstein at (518) 473-6209, UserID AZ3200.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care