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

Transmittal No: 93 LCM-156

Date: November 5, 1993

Division: Health & Long Term
Care

TO: Local District Commissioners
Special Distribution to Medicaid Supervisors, WMS Coordinators

SUBJECT: Registration/Authorization of Target group members for
Comprehensive Medicaid Case Management (CMCM) Programs

ATTACHMENTS: None

This Local Commissioners' Memorandum is intended to remind you of the instructions in 90 LCM-16 relative to the authorization/registration of target groups to be case managed under CMCM using the Recipient Restriction/Exception Subsystem in the Welfare Management System (WMS).

According to Federal guidelines, states may only provide case management services to individuals who are members of target groups for whom a Title XIX State Plan Amendment has been approved. Department Regulations Section 505.16(a) prohibits duplication of case management services by more than one provider entity at any one time.

To assure that only qualified individuals are served, the Department developed a code, "35" in the Recipient Restriction/Exception Subsystem, to control utilization of this service. This code has no effect on any of the other services which a Medicaid eligible individual needs. Combining this code with the MMIS provider identification number allows only the provider whom the target group member has chosen to provide case management to be paid for services. For additional information on CMCM please refer to previous communications on CMCM including: 89 ADM-29, 89 LCM-131, 90 LCM-16 and 90 LCM-36.

Districts are notified of the addition of new CMCM provider agencies and are given the list of approved MMIS provider identification numbers as approvals

occur. Enrollment of Medicaid recipients in the following Comprehensive Medicaid Case Management (CMCM) programs requires entry of code 35 on the Recipient Exception/Restriction Subsystem.

- o AIDS CMCM serves HIV+ women and children, individuals in AIDS Community Services Programs and certain at-risk individuals through organizations under contract to the AIDS Institute.
- o TeenAge Services Act (TASA) CMCM targets pregnant, parenting and at risk teens under 21 years of age.
- o Office of Mental Health Intensive Case Management (OMH ICM) consists of individuals who are seriously and chronically mentally ill, require intensive, personal and proactive intervention to help them obtain those services which will permit functioning in the community. (See also 89 LCM-131)
- o Office of Mental Retardation and Developmental Disabilities (OMRDD) CMCM consists of individuals who are developmentally disabled, in need of ongoing and comprehensive rather than incidental case management and reside in OMRDD Certified Family Care Homes, Community Residences, live independently or with family or reside in residential facilities certified by a state agency other than OMRDD and are referred by the residential facility, or its supervising or certifying agency. (See also 90 LCM-36)
- o Early Intervention offers CMCM to infants or toddlers from birth through age two years who have or are suspected of having a developmental delay or a diagnosed physical or mental condition. (Note: This is a new program. Municipal Early Intervention agencies will be authorized as the only providers of early intervention CMCM services. Additional information on Early Intervention CMCM will be forthcoming.)
- o Neighborhood Based Alliance CMCM is targeted to individuals in areas designated as economically disadvantaged through the State's NBA RFQ process. The first NBA area targeting classes of individuals as underserved and establishing case management programs is the City of Newburgh in Orange County. (Note: The City of Fulton in Oswego County has recently been added and a provider rate is pending approval.)
- o Onondaga County CMCM targets women of child bearing age residing in Onondaga County who are pregnant or are parenting infants under one year of age.

The Medicaid Management Information System (MMIS) Provider Manual for CMCM explains the process of registering/authorizing CMCM recipients in the Welfare Management System (WMS) in Section 2.2.6 (page 2-53 of the 10/91 revision). The effective date of registration/authorization may be retroactive to the date on which the client accepts CMCM services but may not be prior to the effective start up date of the CMCM provider which is indicated in the notices of CMCM provider authorization.

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Providers whose claims are denied, because the recipient's restriction code is not on file or inaccurate data is entered on the file, will receive the message "Recipient not in CMCM for service date(s); Restricted/Excepted Recipient File update required," on the remittance statement. The provider must complete the registration of the client before resubmitting the claim for payment. Local social services districts will be contacted for update of the file by providers, the Office of Mental Health Local Governmental Unit or the Office of Mental Retardation and Developmental Disabilities Revenue Management Field Office as directed in the MMIS Provider Manual for CMCM.

Thank you for your cooperation in this effort. Please feel free to direct any questions to:

Case Management Unit
Bureau of Primary Care
Division of Health and Long Term Care
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243
or, 1-800-342-3009 (Ext. 31072) (UserID OME250)

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care