

+-----+
| LOCAL COMMISSIONERS MEMORANDUM |
+-----+

DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-4

Date: January 13, 1994

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Care At Home I and II Reassessments
replacing instructions contained in 93 LCM-168

ATTACHMENTS: Monthly Reporting Form (Available On-Line)

This LCM replaces 93 LCM-168 which conveyed a quarterly report.

As of 2/1/94, the Care At Home (CAH) I and II Program 120 day reassessments will not be sent to the New York State Department of Social Services (NYS DSS), but will be retained by the county.

Original applications will still be processed by NYS DSS, as before.

Counties will send a monthly report assuring us of compliance with reassessment requirements.

The monthly report should include child's name, Medicaid number, case manager, level of CAH (I - II etc.), reassessment period of most recent home assessment (required each 120 days), and a check-off that physician orders are current (required every 60 days). Also, please include the status of the DSS-639 (I or II and expiration date), assurance that the PPRI is current (required once each year). Also, note that the county should maintain the case management plan, which is required each 180 days. A check-off can be used to indicate that the county has a current plan on file.

Also, note the amount of the budget approved and the date the child is suspended or discharged from the program. The reason for the discharge should be noted, such as:

- on regular MA;
- on SSI - MA;
- moved;
- died;
- improved;
- other.

Please contact Janice Tricarico at (518) 473-5840 with any questions about this change or any problems with reassessments, budgets, etc. (0ma090)

Sue Kelly
Deputy Commissioner