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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 95 LCM-116

Date: October 12, 1995

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment of
Supportive Case Management (SCM) Providers in MMIS.

ATTACHMENTS: There are no attachments to this LCM.

The Department of Social Services has received State Plan Amendment approval from the Health Care Financing Administration to establish the statewide Office of Mental Health's Supportive Case Management (SCM) program as a Medicaid reimbursed service. SCM, as previously described in 94 LCM-96, is a Comprehensive Medicaid Case Management (CMCM) program directed to seriously mentally ill persons. Regional fees for SCM have been approved by the State Division of the Budget effective 1/2/95, with a subsequent decrease in the amounts effective 4/2/95.

SCM will coordinate services and supports for persons with mental illness to enable them to live successfully in the community. The provider information contained on page 2 and 3 of this LCM is required for completion of the individual client WMS registration/termination (code 35) procedures. Please note that the client's WMS registration date may be retroactive to cover services provided since the agency's start date.

Several directives have been issued to date in regard to CMCM. In August 1989, you received 89 ADM-29, which describes CMCM and how local and statewide CMCM programs are established. You have also received 90 LCM-16 which describes how the WMS Recipient/Exception subsystem is used to assist in the registration/termination procedure when clients are associated with CMCM programs. 89 LCM-131 advised you of the Office of Mental Health ICM-CMCM program which was the first statewide CMCM program. In addition to the above, you may reference 91 ADM-11 in regard to attributing costs for this service to client spenddown.

The following SCM providers listed by region have been enrolled effective 1/2/95 under category of service 0265, and with SCM rate codes 5205 or 5206, for a client to case manager ratio of 20:1 or 30:1, respectively. All of the fees are effective 1/2/95 with a decrease on 4/2/95.

<u>REGION</u>	<u>Provider Name</u>	<u>Provider ID #</u>	<u>Rate Code</u>	<u>Monthly Rate 1/2/95</u>	<u>Monthly Rate 4/2/95</u>
<u>Western</u>					
	Buffalo Federation of Neighborhood Centers	01230217	5206	\$148.00	\$142.00
	Family and Childrens Services	01164158	5206	\$148.00	\$142.00
	Genesee Mental Health Center	01392305	5206	\$148.00	\$142.00
	Lakeview Mental Health Services	01517968	5206	\$148.00	\$142.00
	MH Services Erie Northwest CMHC	01556472	5206	\$148.00	\$142.00
	Strong Memorial Hospital	01375460	5206	\$148.00	\$142.00
	Park Ridge	01372403	5206	\$148.00	\$142.00
<u>Central</u>					
	Oswego County MH	01427430	5206	\$151.00	\$145.00
	Transitional Living Services	01268148	5205	\$225.00	\$216.00
	Neighborhood Center of Utica	01556481	5205	\$225.00	\$216.00
	Catholic Charities (Utica)	01341868	5205	\$225.00	\$216.00
	Family Services of the Mohawk Valley	01556505	5205	\$225.00	\$216.00
	Onondaga County Dept. of Mental Health	01556514	5205	\$225.00	\$216.00

<u>REGION</u>	<u>Provider Name</u>	<u>Provider ID #</u>	<u>Rate Code</u>	<u>Monthly Rate 1/2/95</u>	<u>Monthly Rate 4/2/95</u>
<u>Hudson River</u>					
	Dutchess County Dept. of Mental Hygiene	01192158	5206	\$176.00	\$167.00
	Mental Health Association in Albany	01556523	5205	\$263.00	\$252.00
	Orange County Rehabilitation Center d.b.a. Occupations	01189019	5205	\$263.00	\$252.00
	Phelps Memorial Hospital Center--Psychiatry	01572292	5206	\$176.00	\$167.00
	St. Joseph's Medical Center	01176416	5206	\$176.00	\$167.00
	St. Vincent's Hospital	01152712	5206	\$176.00	\$167.00
	The New York Hospital-- Cornell Medical Center --Westchester Division	01199935	5206	\$176.00	\$167.00
<u>Long Island</u>					
	Federation Employment and Guidance Service (F.E.G.S.)	01371571	5206	\$166.00	\$159.00
	Nassau County Dept. of Mental Health	01143580	5206	\$166.00	\$159.00
	Catholic Charities	01464924	5206	\$166.00	\$159.00
	Maryhaven Center of Hope, Inc.	01266802	5206	\$166.00	\$159.00
	Sayville Project SUNY Stony Brook	01571851	5206	\$166.00	\$159.00
	Sunrise Psychiatric Clinic, Inc.	01556936	5206	\$166.00	\$159.00
	Pederson Krag Center	01556532	5206	\$166.00	\$159.00

<u>REGION</u>	<u>Provider Name</u>	<u>Provider ID #</u>	<u>Rate Code</u>	<u>Monthly Rate 1/2/95</u>	<u>Monthly Rate 4/2/95</u>
<u>New York City</u>					
	Bronx Lebanon Hospital	01571860	5205	\$258.00	\$248.00
	BRC Human Resources Corp	01571879	5205	\$258.00	\$248.00
	Maimonides Medical Center	01572256	5205	\$258.00	\$248.00
	Project Renewal	01572361	5205	\$258.00	\$248.00
	Puerto Rican Family Institute	01424217	5205	\$258.00	\$248.00
	Trustees of Columbia University, d.b.a. Community Support System	01572403	5206	\$172.00	\$165.00
	Upper Manhattan Mental Health Center	01570314	5205	\$258.00	\$248.00

Any questions concerning this transmittal may be directed to Barbara McManaman at (518) 473-1072, UserID AY3270.

Richard T. Cody
Deputy Commissioner
Division of Health and
Long Term Care