NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner

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LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM-71

Date: April 24, 1992

Division: Medical Assistance

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.

Provider Name	Provider ID #	Agency's Start Date	RMFO Responsible for LDSS Liaison	Client Residential Status Limitations
Assoc. in Manh. for Autistic Child. (Manhattan, Bronx)	01269850	7/1/91	Manhattan (Maureen Koch-Frances)	At-Home

Provider Name	Provider ID #	Agency's Start Date	RMFO Responsible for LDSS Liaison	Client Residential Status Limitations
Chautauqua Co. Office for the Aging (Chautauqua, Allegany)	01268506	6/1/91	West Seneca (Sharon Wall)	At-Home
Community Res. Opp. for Handicapped (Kings)	01280524	11/1/91	Manhattan (Maureen Koch-Frances)	VOCR
Epilepsy Assoc. of Rochester (Albany, Schenectady)	01269516	11/1/91	Rochester (Karen Desso)	VOCR
Madison Co. ARC (Madison, Oneida, Onondaga)	01272971	1/1/91	Newark (Philip Dodd)	At-Home & VOCR
NY Society for Deaf (Bronx, Kings, Queens, Manhattan, Richmond)	01271856	6/1/91	Manhattan (Maureen Koch-Frances)	At-Home
Ontario Co. ARC (Ontario)	01271865	7/1/91	Newark (Philip Dodd)	VOCR
Oswego Co. Opportunities (Oswego)	01271154	10/1/91	Newark (Philip Dodd)	VOCR
Program Dev. Services (Brooklyn)	01271181	10/1/91	Manhattan (Maureen Koch-Frances)	VOCR
UCP & Handi-capped Persons of the Utica Area (Oneida)	01277370	6/1/91	Rome (Thomas J. Thomas)	At-Home

Provider Name	Provider ID #	Agency's Start Date	RMFO Responsible for LDSS Liaison	Client Residential Status Limitations
Wildwood Programs (Albany, Fulton, Renss., Saratoga, Schenectady, Schoharie)	01268542	4/1/91	Albany (Peter Keegan)	At-Home & VOCR

Please note that there is a correction to the provider identification numbers conveyed via 92 LCM-11 dated January 13, 1992 for the following two providers. The correct provider ID for Variety Preschooler's Workshop (Nassau) is 01257354 and for UCP and Handicapped Children's Association of Chemung County it is 01257327.

Any questions concerning this transmittal may be directed to Barbara Pukis at (518) 474-0519, User ID OME0250.

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

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance