| LOCAL COMMISSIONERS MEMORANDUM | +-----

Transmittal No: 95 LCM-19

Date: March 1, 1995

Division: Health and Long Term

Care

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment of

Intensive Case Management (ICM) Providers in MMIS.

ATTACHMENTS: There are no attachments to this LCM.

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 OMH 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:

Provider	Provider	Monthly	OMH	Effective	Agency Start Date
Name	ID #	Rate	Region	Date of Rate	
Lakeview Mental Health Services d.b.a. Ontario Children and Youtl	01517968 n	\$465.00	Western	9/2/94	9/1/94

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Provider Name	Provider ID #	Monthly Rate	OMH Region	Effective Date of Rate	Agency Start Date
Steinway Child and Family Services d.b.a.: Steinway Childrens ICM	01501284	\$546.	NYC	7/2/94	7/1/94

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.

Richard T. Cody
Acting Deputy Commissioner
Division of Health and
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