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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 96 LCM-44

Date: May 3, 1996

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 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 have been enrolled under category of service 0265, and with SCM rate code 5205, for a client to case manager ratio of 20:1. 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>Start Date</u>	<u>Monthly Rate 1/2/95</u>	<u>Monthly Rate 4/2/95</u>
<u>New York City</u>	Bellevue Hospital Center SCM	01596987	1/2/95	\$258	\$248
	Beth Israel Medical Center SCM	01597108	8/2/95		\$248
	Black Veterans for Social Justice SCM	01483352	1/2/95	\$258	\$248
	Builders for the Family and Youth SCM	01142387	1/2/95	\$258	\$248
	Coney Island Hospital SCM	01579588	1/2/95	\$258	\$248
	Mental Health Assoc. of New York City SCM	01606308	10/2/95		\$248
<u>Western</u>	Tompkins County Mental Health SCM	01143553	1/2/96		\$213

Any questions concerning this transmittal may be directed to Lynn Jung at (518)474-0778, UserID AY0090.

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