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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-33

Date: March 13, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment of
Intensive Case Management Providers in MMIS

ATTACHMENTS: There are no attachments to this LCM.

This is pursuant to 89 LCM-131 which described the Office of Mental Health's Comprehensive Medicaid Case Management (CMCM) program, Intensive Case Management (ICM). In that memorandum the Division of Medical Assistance announced the intention to provide local districts with specific provider information as ICM programs are enrolled in MMIS as CMCM providers. The first enrolled ICM CMCM is the State Office of Mental Health's State-provided Intensive Case Management Program. These are services provided by State-employed Intensive Case Managers who are located at various sites throughout the state. This provider information is also required for completion of the individual client WMS registration/termination procedures described in 89 ADM-29 (IV)(L) and 90 LCM-16. Please note the WMS registration date may be retroactive to the first ICM service as long as it does not predate April 1, 1989.

The State ICM's provider I.D. number is 01137237. The Category of Service is 0265. The rate code is 5200. The monthly rate, \$540, is effective April 1, 1989 through March 31, 1990.

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

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