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¦      LOCAL COMMISSIONERS MEMORANDUM      ¦
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Transmittal No: 90 LCM-16

Date: February 1, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Registration/Authorization of Target Group Members
           for Comprehensive Medicaid Case Management (CMCM)

ATTACHMENTS: There are no attachments to this LCM.

This Local Commissioners' Memorandum is intended to complete and update the
instructions contained in 89 ADM-29 and 89 LCM-131 related to authorizing or
registering members of target groups to be case managed under CMCM using the
Recipient Restriction/Exception Subsystem in WMS.

According to federal guidelines, states may only provide case management
services to individuals who are members of target groups for whom a Title
XIX State Plan Amendment has been approved. Department Regulations section
505.16(a) prohibits duplication of case management services by more than one
provider entity at any one time.

To assure that only qualified individuals are served, the Department has
developed a code,   in the Recipient Restriction/Exception Subsystem to
control utilization of this service. This code will have no effect on any of
the other services which a Medicaid eligible individual needs. Combining
this code with the MMIS provider identification number will allow only the
provider whom the target group member has chosen to provide case management
to be paid for services.

Following are the instructions to be used for entering these codes:

    A.   Accessing the Recipient/Exception Subsystem

         Access the Medical Assistance Menu by choosing selection 25 on the
         WMS Menu.

Access the Restriction/Exception Subsystem by Typing "R" on the
Medical Assistance Menu.

Select the function: Input TYPE "I".

Enter three fields of data:

CIN
CASE NUMBER
WORKER ID

1.   Placement of an individual in a CMCM.

     After accessing the RE/EXC subsystem Input screen:

     a.   Enter the R/E code of 35 (CMCM) in the RE/EXC TYPE field.

     b.   Enter the Provider Identification Number of the CMCM in
          the PROVIDER ID field.

     c.   The RE/EXC PERIOD FROM date is entered equal to the first
          day of the month of the CMCM intake services date.

     d.   Transmit the information that was entered and review for
          accuracy.

     e.   Store the verified data using Special Function key 13.

2.   Transfers between CMCM's - A recipient may be enrolled in only
     one CMCM per month. An enrollment must begin on the first day
     of a month, and a disenrollment must end on the last day of a
     month.

     After accessing the RE/EXC subsystem Input screen:

     a.   Enter the RE/EXC TYPE, RE/EXC Provider ID, and the RE/EXC
          PERIOD THRU date.   The date entered must be the last day
          of the month the disenrollment is to become effective.

     b.   Transmit and review the data.

     c.   Enter the RE/EXC TYPE, the PROVIDER ID# of the new CMCM,
          and the date the enrollment is to become effective in the
          RE/EXC FROM field.   The from date must begin no earlier
          than the first of the month following disenrollment from
          the previous CMCM.

     d.   Transmit and review the data.

     e.   Press SF13 to store.

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3.   Termination of CMCM's

      After accessing the RE/EXC subsystem Input screen:

      a.   Enter the RE/EXC TYPE, PROVIDER ID#, and THRU DATE.   The
            date should be the effective date of the termination.

      b.   Transmit the date.

      c.   Press SF 13 to store.

4.   Inactivation - A termination of a placement will not correct
      and erroneous placement.   To inactivate an erroneous
      placement:

      After accessing the RE/EXC subsystem:

      a.   Enter the RE/EXC TYPE and the PROVIDER ID number of the
            CMCM to be inactivated.

      b.   Enter the RE/EXC THRU DATE equal to the RE/EXC FROM date
            of the CMCM to be inactivated.

      c.   Transmit and review the data.

      d.   Store using SF 13.

5.   Retroactive Error Correction - Follow the steps below to
      retroactively correct a placement where the wrong Provider
      I.D. No. was entered.

      After accessing the RE/EXC subsystem:

      a.   Terminate the placement with the wrong Provider I.D. No.

            i.   Enter the RE/EXC TYPE, PROVIDER ID #,   and THRU
                  DATE.   The date should be the last day of the
                  present month.

            ii.   Transmit and review the data.

      b.   Enroll the recipient with the correct Provider I.D. No.,
            retroactively.

            i.   Enter the R/E code of 35 (CMCM) in the RE/EXC TYPE
                  field.

            ii.   Enter the correct Provider I.D. No.   of the CMCM in
                  the Provider I.D. field.

            iii. The RE/EXC PERIOD FROM date is entered equal to the
                  from date of the placement terminated in 5.a.
                  above.

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        iv. Transmit and review the data.

        v.   Press SF13 to store.

The recipient will appear to be enrolled in two CMCM's at the same time for at least part of the period. However, only the one higher in the history stack will be appropriate.

Any questions on this material should be directed to:

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