



# STATE OF NEW YORK

## DEPARTMENT OF HEALTH

Corning Tower      The Governor Nelson A. Rockefeller Empire State Plaza      Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

<b>LOCAL COMMISSIONERS MEMORANDUM</b>
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**Transmittal No:** 02 OMM LCM-03

**Date:** December 19, 2002

**Division:** Office of Medicaid  
Management

**TO:** Local District Commissioners

**SUBJECT:** Care At Home I and II Waiver Quarterly Reporting

**ATTACHMENTS:** Quarterly Reporting Form (Available On-Line)

This LCM replaces 94 LCM-4, which conveyed a monthly report format for counties to use in reporting compliance with Medicaid Care At Home I and II Waiver reassessments. These reports will now be due on a quarterly basis using the attached format. This change will provide Care At Home Coordinators additional time to gather the necessary information and submit their reports in three-month increments.

For the reporting period beginning January 1, 2003 counties must send this quarterly report assuring us of compliance with reassessment requirements. The quarters will be as follows: January-March, April-June, July-September and October-December. These reports will be due by the 6<sup>th</sup> day in the month following each quarter. Therefore, the first report is due April 6, 2003. Reports should be sent to the attention of Maria Dowling, NYS Department of Health, Bureau of Maternal & Child Health, One Commerce Plaza, Suite 727, Albany, New York 12210 (e-mail mad14@health.state.ny.us).

The quarterly report should include the following:

- Child's Name
- Level of Care
- Date of Birth
- Social Security Number
- Client Identification Number (C.I.N.)
- DSS-639 Disability Determination information including Group and Expiration Date

- Any changes in Case Management Agency and the Change Date
- Suspend Date and Reason for Suspension (use corresponding numbers)

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Please share this LCM with the Care At Home Coordinator in your county. If you have any questions regarding this new quarterly reporting form, please contact Maria MacLasco at (518) 473-5313 (e-mail mxml2@health.state.ny.us).

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Kathryn Kuhmerker  
Deputy Commissioner