



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

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LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 04 OMM LCM-1

Date: January 6, 2004

Division: Office of Medicaid
Management

TO: Local District Commissioners
Medicaid Directors

SUBJECT: Revised "Notification of Chapter 621 Status", OMRDD-5

ATTACHMENT: OMRDD-5, Sample copy

This Local Commissioners Memorandum (LCM) provides local districts with a revised "Notification of Chapter 621 Status" form (OMRDD-5) and informs districts of newly developed procedures for its use by the Office of Mental Retardation and Developmental Disabilities.

Background

Social Services Law sections 365(5) and 368-a (1)(f) require the State to reimburse local Departments of Social Services for the full cost of Medicaid expenditures, including administrative costs, made on behalf of individuals who are discharged from a Mental Hygiene facility, after having been a patient for five or more continuous years. Such individuals have become known as "Chapter 621 eligibles". Since 1982, the Office of Mental Health (OMH) and the Office of Mental Retardation and Developmental Disabilities (OMRDD) have been responsible for notifying the appropriate local Departments of Social Services (LDSS) when a "Chapter 621 eligible" individual is being discharged from their care and will require assistance from the LDSS. The OMH-5 and OMRDD-5 forms were specifically designed to notify the LDSS of such discharge and status. The OMH-5 and OMRDD-5 are the official forms recognized by the State Department of Health (SDOH) as documentation of an individual's 621 status and must be retained in the case record to support the 50% Federal/50% State charge claiming that is required for "Chapter 621 eligibles".

Program Implications

Effective immediately, OMRDD will begin using a newly revised OMRDD-5, a copy of which is attached to this LCM. To facilitate the issuance of the "Notification of Chapter 621 Status", the OMRDD-5 will no longer be issued by the Medical Records office of the developmental centers, but rather by the Revenue Support Field Office (RSFO) staff. The RSFOs are the local OMRDD offices that assist the Department in the eligibility determinations of certain individuals who reside in OMRDD certified and/or operated living arrangements. When an individual is discharged from an OMRDD operated residential program that will necessitate the SDOH/OMRDD Medicaid case being closed, in every instance, regardless of 621 status, the RSFO will forward a copy of the OMRDD-5 to a Medicaid district.

For individuals meeting the Chapter 621 criteria, the OMRDD-5 will be sent to the LDSS where the individual will reside upon discharge. Pursuant to Social Services Law section 62(1), the district of fiscal responsibility for "Chapter 621 eligibles" is ALWAYS "where found". When a Medicaid application is filed and eligibility determined for these individuals, it is important that proper coding be used in the Welfare Management System (WMS) to indicate 621 status (St/Fd Chgs field, code 05 defined as OMH/OMR Releasee.) Use of this code is critical to insure that no local share is charged for the Medicaid expenditures of qualified individuals.

As a courtesy, OMRDD will also send a copy of the OMRDD-5 to local districts indicating a person being discharged DOES NOT meet the 621 criteria. The district of fiscal responsibility for individuals not meeting the 621 criteria follows the residency guidelines as explained in OMM/ADM 97-1, "District of Fiscal Responsibility". Such notification will be sent to the district of fiscal responsibility and the district of residence, if the two are different. This notification is for informational purposes only.

The issuance of the OMRDD-5 is not intended to alter the Medicaid application process, but to help eliminate any question as to the Chapter 621 status of individuals who are likely to be applying for Medicaid.

Districts should continue to contact the Medical Records office of the Psychiatric Centers to obtain information regarding a mentally disabled individual's 621 status.

Questions

Questions regarding Chapter 621 eligibility should be directed to Eileen Lombardo of the Bureau of Medicaid Eligibility and Family Health Plus at (518) 473-1111.

Sincerely,

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management

Attachment

**STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

NOTIFICATION OF 621 STATUS

1. DSS County of Placement:	2. OMRDD provider to which individual is referred for services:
3. Individual's Name: (Last) (First) (M.I.)	4. Client Identification No. (CIN):
5. Date of Birth: (Month/Day/Year)	6. Social Security Number:
7. Date of Admission to OMRDD:	8. County of Fiscal Responsibility:
9. Chapter 621 Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. COMPLETED BY: Name & Title: _____ Date: _____ Signature: _____ Office Name & Address: _____ Office Telephone #: _____	
11. (a) Date sent to County of Placement:	11. (b) Date sent to County of Fiscal Responsibility

1. INSTRUCTIONS FOR COMPLETION:

- Items 1 and 2 – Enter names and addresses as indicated.
- Items 3, 4, 5, and 6 – Enter data from TABS.
- Items 7 and 8 – Determine from historical data in TABS or OMRDD file.
- Item 9 – Enter data from TABS.
- Item 10 – Self-explanatory.
- Item 11 (a) – Enter date.
- Item 11 (b) – Enter date, if applicable (See “Distribution of Form” instructions below).

11. DISTRIBUTION OF FORM:

- Original to DSS County of Placement
- Copy to OMRDD Revenue Support Field Office (RSFO) case folder
- Copy to County of Fiscal Responsibility if all of the following conditions are met:
 - 1) County of Fiscal Responsibility is different from County of Placement, and
 - 2) Individual is not Chapter 621, and
 - 3) Individual is being released to the community, a nursing home, ICF or hospital.