

Transmittal No: 98 OMM LCM -005

Date: May 21, 1998

To: Local District Commissioners
Care At Home Coordinators

Subject: Care At Home Program
Medicaid Model Waivers

Attachments: There are no attachments to this Memorandum.

This is a reminder regarding the Care At Home Medicaid Model Waiver Programs.

Local social services districts (LSSD) are notified each time a child is admitted into the Care At Home (CAH) Program. The notifying letter identifies into which CAH Program (i.e., CAH I, CAH II, etc.) the child is placed and specifies the appropriate Welfare Management System (WMS) Medicaid Restriction/Exception (R/E) type code (i.e., 62, 63, etc.) that the LSSD must put on file. It is the LSSD's responsibility to ensure that the R/E code is entered on the system (WMS menu selection 25 - Medical Assistance Menu) effective the child's first date of eligibility for the program. It is equally important that, when a child is moved from one program to another (e.g., CAH I to CAH II), the R/E code also is changed to correspond to the correct CAH Program placement. The R/E code must be end dated on the WMS subsystem when the child is discharged from CAH into general Medicaid.

Case management providers have been reminded that case management claims for CAH children will be denied unless the billing code appropriate to the specific CAH I, II, III, IV or V Program is used. The billing codes are as follows:

Program	R/R Code	Case Management Rate Codes
CAH I	62	2301 Downstate 2303 Upstate 2307 DDSO
CAH II	63	2302 Downstate

2308 DDSO		2304 Upstate
CAH III	64	2305 Downstate 2306 Upstate 2309 DDSO
CAH IV	65	2311 Downstate 2313 Upstate 2315 DDSO
CAH V	66	2312 Downstate 2314 Upstate 2316 DDSO.

It is the provider's responsibility to bill for services using the correct rate code for the appropriate CAH Program.

Payment for private duty nursing services to children in the CAH program requires the provider to bill Medicaid with either specific procedure code W9049 (LPN) or W9050 (RN). Providers, however, will only be paid for children properly enrolled by the LSSD in the CAH Program. We have instructed the private duty nursing providers to check with the CAH child's county of fiscal responsibility for the correct amount of reimbursement.

Provider's may have their claims returned for the following reasons:

01205 ONLY VALID FOR CAH RECIPIENTS

01206 RECIPIENT NOT IN CARE AT HOME PRG - INVALID RATE CODE BILLED

This occurs when a provider bills using a CAH case management rate code for a recipient NOT enrolled with R/E code with a value in the range 62 through 66.

01207 CARE AT HOME RATE DOES NOT MATCH RECIPIENTS PROGRAM

This occurs when the provider bills using a CAH case management rate code for a recipient in CAH BUT the code is in the range of a different CAH Program. The rate code does not match the R/E code for the program.

The above guidelines will assist in responding to questions regarding the provision of services to children in the CAH Program.

If you have any questions, please contact Ronita Heller, of the Bureau of Medicaid Policy and

Utilization
Review, at (518) 474-3107.

Ann Clemency Kohler, Deputy Commissioner
Office of Medicaid Management

STATE OF NEW YORK - DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
I N T E R O F F I C E M E M O R A N D U M

To: See Below

From: Karen A. Fuller, Ph.D., Director
Bureau of Medicaid Policy and Utilization Review

Subject: Draft OMM/LCM: Reminder regarding Care at Home Medicaid Model Waiver Programs

Date:

Attached is a draft OMM/LCM reminding local social services districts of their obligations relative to the administration of the Care At Home Program. Please review, sign, and return this memo with your comments (if any) by C.O.B. April 24, 1998. If you have any questions, please contact either Julie Elson or Karen Hogan at (518) 474-2262 or (518) 473-0151 respectively. Thank you for your cooperation.

TO: Harvey Bernard, M.D.
Medical Director

Joe Guy, Ph.D.
Director, BMRE

Joan Johnson
Director, BMS

Connie McElligott
Director, BDMO

Diane Smith
Director, BAS

Mary Fenn
Director, BEO

Betty Rice
Director, BME

Marilyn Desmond
Director, DQA & A

Attachment

STATE OF NEW YORK - DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
I N T E R O F F I C E M E M O R A N D U M

To: Ann Clemency Kohler, Deputy Commissioner
Office of Medicaid Management

From: Karen A. Fuller, Ph.D., Director
Bureau of Medicaid Policy and Utilization Review

Subject: Draft OMM/LCM: Reminder regarding Care at Home Model Waiver
Programs

Date: May 11, 1998

Attached is an OMM/LCM reminding local social services districts of their obligations relative to the administration of the Care At Home Program. All comments and revisions have been incorporated. If you approve issuance, please sign it and return for distribution. If you have any questions, please contact either Julie Elson or Karen Hogan at 4-2262 or 3-0151 respectively. Thank you.

Attachment