



STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Dennis P. Whalen
Executive Deputy Commissioner

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 99 OCC LCM-1

Date: April 12, 1999

Division: Office of
Continuing Care

TO: Local District Commissioners

SUBJECT: Prior Approval of Services Provided by Limited Licensed Home
Care Services Agencies (LLHCSA)

ATTACHMENTS: None

On September 4, 1998, the Department issued 98 OCC/ADM-1, Limited Licensed Home Care Services Agencies (LLHCSAs). This directive explained policies and procedures which districts are to follow in the authorization or reauthorization of Title XIX funded home care services provided by LLHCSAs. The directive further advised districts to implement LLHCSA contract requirements but not to prior authorize services until further notice from the Department. The purpose of this LCM is to notify districts that effective April 9, 1999 districts may prior authorize LLHCSA services.

As indicated in 98 OCC/ADM-1, the prior approval system utilized for prior authorization of Title XIX Personal Care Services will be used to authorize payment for Medicaid(MA) funded home care services provided by the LLHCSA. Home care services for which the district may prior authorize a LLHCSA to provide to a resident of an adult home or enriched housing program include: the personal care services which are not the responsibility of the adult home or enriched housing program to provide; and, selected nursing tasks (application of sterile dressings, administration of intramuscular and subsutaneous injections, and related nursing tasks).

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Districts will complete the DSS 2832-H Prior Approval of Personal Care Services Form using the rate codes contained in Attachment C of 98 OCC-ADM-01 when prior authorizing LLHCSA services. Districts may dedicate an allotment of their Personal Care Services Program (PCSP) prior approval numbers for LLHCSA prior authorization. In order to complete the prior authorization form, the LLHCSA will need to provide the district with the provider identification number and the district locator code assigned to the LHCSA during the Office of Medicaid Management's (OMM) provider enrollment process. When prior authorizing LLHCSA services, districts are asked to complete the primary diagnosis and corresponding ICDM-9 code fields of the prior authorization form. This information will assist the Department in developing future long term care policies for the adult care facility population.

Any questions concerning the prior authorization of LLHCSA services or information contained in this LCM, may be directed to Margaret O. Willard, or Shirley Gnacik of my staff, at (518) 478-1091.

Robert W. Barnett
Director
Office of Continuing Care