

WGIUPD

GENERAL INFORMATION SYSTEM  
**DIVISION:** Office of Medicaid Management

11/07/00

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GIS 00 MA/026

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Betty Rice, Director  
Division of Consumer and Local District Relations

**SUBJECT:** MBL Mass Rebudgeting and Principal Provider Update Interface

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Bureau of Local District Support:  
Upstate 518-474-9130 NYC 212-268-6855

This message concerns the upcoming MBL Mass Rebudgeting and the election that is available to districts to have new NAMI amounts automatically updated on the Principal Provider Subsystem. In light of the new NAMI adjustment procedures outlined in 00 OMM/ADM-6, districts are advised that if they opt to participate in the Principal Provider Update that is offered as part of MBL Mass Rebudgeting, they must ensure that all NAMI Change notices are mailed no later than 10 days prior to January 1, 2001. Social services districts that cannot get their chronic care notices mailed within this time frame should not participate in Principal Provider Update. Such districts will use the NAMI adjustment procedures as outlined in 00 OMM/ADM-6 to budget any income increases that are effective January 1, 2001.

Your Participation in the Principal Provider Update Interface - A letter went out September 26, 2000 requesting districts to indicate whether they wished to participate in the MBL Principal Provider Update Interface. While some districts have already returned their response, we are requesting confirmation again from each district in light of the notification requirements addressed in this message. This will provide districts with the opportunity to change their original election.

Each district must complete the bottom portion of this GIS message and fax it to the attention of Ken Jerge, Office of Medicaid Management, at (518) 402-6664. All faxes must be received by November 10, 2000.

Thank you for your immediate attention to this matter.

MBL - MASS REBUDGETING OPTION SELECTION FORM - 2000 (10/31/00)

PLEASE CHECK ONE

\_\_\_\_\_ OPTION 1 DISTRICT DOES NOT WISH TO PARTICIPATE IN THE MBL  
PRINCIPAL PROVIDER UPDATE INTERFACE

\_\_\_\_\_ OPTION 2 DISTRICT DOES WISH TO PARTICIPATE IN THE  
PRINCIPAL PROVIDER UPDATE INTERFACE

DISTRICT \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_