

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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TO: Local Commissioners

FROM: Ann Clemency Kohler, Director, Office of Medicaid Management

SUBJECT: Conversion of Manual HCBS Waiver Processing to MMIS

EFFECTIVE DATE: July 1, 1997

CONTACT PERSON: Linda Kelly, 518-473-5567

Commencing July 1, 1997, the Office of Mental Retardation and Developmental Disabilities (OMRDD) Home and Community Based Services (HCBS) waiver claims payment process will be moved from an off-line, manual process to the Medicaid Management Information System (MMIS). The local share responsibilities for the HCBS waiver services were borne by OMRDD since the implementation of this waiver in September 1991. Local governments will assume their 25% statutory Medicaid share for these services as a result of the conversion.

Specifically, the HCBS waiver services that will be converted to MMIS are: residential habilitation, day habilitation, pre-vocational, supported employment, and case management services provided by voluntary operated, (not for profit) agencies. There will be a local share for the above services if the person receiving the service is neither "621 eligible" nor eligible for overburden reimbursement, as noted on the Local Commissioner's Memorandum 92-LCM-170. State overburden reimbursement will remain in effect for HCBS waiver services.

The Federal Health Care Financing Administration (HCFA) has required that Medicaid waiver billing be claimed through MMIS in order to track services utilization as well as appropriate federal/state/local payment responsibilities.

Districts will receive county specific fiscal impact data under separate cover.