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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-97

Date: August 9, 1994

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Provider Agreement Under the Care at Home Program
Effective August 1, 1994 for Home Adaptations

ATTACHMENTS: I DSS-4400 Care at Home Home Adaptations Approval Form
(not available on-line)

II Provider Agreement and Statement of Reassignments
(available on-line)

Based upon a review by the Health Care Financing Administration of our Care at Home Medicaid Model Waivers, we are required to establish a provider agreement for the home adaptation portion of the waived services.

Attached is the provider agreement and reassignment of Medicaid payments which will need to be completed and attached to each home adaptation request when you've chosen the contractor/provider. This form will be used for home adaptations in Care at Home I, II and V.

The contractor needs only to have one agreement on file with each local social services district. Photocopies of the original agreement may be attached to the home adaptation request submitted to this office.

Contact Janice Tricarico at (518) 473-5840 USER ID OMA090 with any questions.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care

PROVIDER AGREEMENT
BETWEEN THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
AND
STATEMENT OF REASSIGNMENT
BETWEEN THE LOCAL SOCIAL SERVICES DISTRICT
AND
PROVIDERS OF HOME ADAPTATIONS SERVICES

The below-named Provider of home adaptations services agrees to:

- (1) Bill only the local social services district for the home adaptation service(s) specified in the child's approved plan and provided according to this agreement and reassignment.
- (2) Accept as payment in full the agreed to amount for the home adaptation service(s).
- (3) Acknowledge that the local social services district can bill Medicaid on behalf of the home adaptation provider and retain any reimbursement obtained for these services.
- (4) Abide by all applicable local building and zoning codes and maintain appropriate and adequate insurance coverage.
- (5) Keep records necessary to disclose the extent of home adaptation services furnished to Medical Assistance recipients for a minimum of 6 years.
- (6) On request, furnish to the New York State Department of Social Services, or its designee, or the United States Department of Health and Human Services, any information maintained under paragraph (1), ownership and control information, and information regarding any Medicaid claims reassigned by the Provider to the local social services district.
- (7) Comply with federal and State statutory nondiscrimination provisions which prohibit discrimination on the basis of race, color, national origin, handicap, age, sex, religion and marital status.

Home Adaptation Provider

Authorized Signature DATE
Home Adaptation Provider

Address of Provider

Telephone Number of Provider

Authorized Signature DATE
Local Social Services District