Developmental Disabilities Medicaid Waiver
Allocation Tip Sheet For Case Managers
Developmental Disabilities Supports Division
NM Department of Health

This Tip Sheet is intended for Case Managers to reference upon the initial scheduling and/or meeting with the new allocant and guardian. Here is an outline of the process.

INDIVIDUAL (ALLOCANT'S)/GUARDIAN'S RESPONSIBILITIES:

1. The individual/guardian is sent a letter of interest (allocation letter) inviting them to accept allocation to participate on the waiver.
2. The individual/guardian must return the Primary Freedom of Choice (PFOC) enclosed with the letter of interest selecting either the traditional waiver or Mi Via.
3. Using the PFOC, the individual/guardian who selected the traditional waiver chooses a case management agency.
4. The individual/guardian completes the Application/Redetermination of Eligibility for Medical Assistance (MAD 381). This form is included in the allocation packet with the allocation letter the individual receives.
5. The individual/guardian takes the completed MAD 381application to the County ISD office.
6. If the individual/guardian is not contacted to schedule a meeting with ISD within 10 days from the date of MAD 381application submission, it is their responsibility to call ISD to get appointment scheduled.

ISD OFFICE RESPONSIBILITIES:

1. Contact individual/guardian within 10 days from the date of receipt of the MAD 381 application to schedule an appointment to begin the financial eligibility determination process.
2. Refer individual/guardian to Disability Determination Unit (DDU) office for determination of disability if necessary.
3. Determine the individual's non-financial, financial and medical eligibility. The MAD 381 application must be acted upon and notice of approval, denial or delay must be sent out within 45 calendar days from the date of the application, or within 90 calendar days, if a disability determination is required.
4. If the 90-day waiver application processing time limit is approaching and action is still needed to complete the application, the ISD office *may* initiate a Client Information Update Form (CIU), MAD 054, to the Case Manager informing them that the 90-day limit is approaching and list the specific information that is still needed. If 90 days passes then the application will be denied and the individual must resubmit a new MAD 381 application. (If the process of determining Medicaid eligibility takes longer than 90 days, the CM contacts the individual/guardian to request an extension from ISD on their Medicaid eligibility determination for the DD Waver (DDW), or sends a CIU to ISD requesting an extension if the level of care or start date of the ISP is still pending. ISD must deny a case if all eligibility factors (financial and medical) are not met within 90 days from the MAD 381application submission date.)
5. If the applicant has to be transitioned from another waiver category or another Medicaid category, <u>and</u> receives Personal Care Option (PCO) services, the new waiver category will need to be coordinated with the anticipated date of the Individualized Service Plan (ISP) budget start date. **(Please see #11 under Case Manager Responsibilities below.)**
6. Notification will be sent to the Case Management agency of results of individual's financial and medical eligibility by a system generated approval or denial letter. (No additional notices or forms will be sent.)

CASE MANAGER RESPONSIBILITIES:

1. Upon receipt of the PFOC and the allocation letter from DDSD, complete and send the Allocation Reporting Form to the Regional Central Registry Unit (CRU) on the 1st and 15th of each month.
2. Check the Medicaid web portal to determine if a Medicaid Category of Eligibility exists for the allocation.

3. Complete the Comprehensive Individualized Assessment (CIA) Form.
4. Complete the Level of Care (LOC) Abstract Form (MAD 378).
5. Submit the LOC Abstract Form, CIA and the Medical History and Physical (H&P) to Third Party Assessor (TPA), Molina.
6. CMs have up to 90 days to obtain an approved LOC per Medicaid Regulations. CMs are urged to obtain an approved LOC as soon as possible. Molina will send a copy of the approved LOC to ISD and the Case Management agency.
7. If the process of determining financial and medical eligibility takes longer than 90 days, the CM contacts the individual/guardian to request an extension from ISD on their DDW eligibility determination, or send a CIU to ISD requesting an extension if the level of care or start date of the ISP is still pending. ISD must deny a case if all eligibility factors (financial and medical) are not met within 90 days from the application submission date.
8. Once the case manager has an begun the LOC process, the case manager contacts the Regional Office Eligibility Worker, so the Eligibility Worker can request a SIS assessment.
9. Once the case manager has written notification of Medicaid eligibility from ISD, the case manager submits it to the Regional Office Eligibility Worker.
10. Determine if the applicant is a "Waiver or PCO Transition Case."
    a. If the applicant is a Waiver or PCO Transition Case, go to Step #11 below.
    b. If the applicant is NOT a Waiver or PCO Transition Case, go to Step #12 below.
11. If the applicant has to be transitioned from another waiver category or another category of Medicaid and receives Personal Care Option (PCO) services, coordinate with ISD via the use of the CIU to notify them of the new allocation and that a SIS is being completed. For these Waiver or PCO Transition Cases, ISD and the CM will establish an Individualized Service Plan (ISP) and Category of Eligibility (COE) start date for the first day of a month.
12. Once the SIS is completed and the SIS score is received, develop the ISP and budget with an effective date to begin on the first day of a month.
13. Submit the ISP/budget worksheet and prior authorization forms, as appropriate, to the TPA, Molina. Important note: The TPA, Molina, will not issue a prior authorization for the ISP/budget until the DDW COE is approved by ISD.
14. If you have not received an ISP/ budget determination and ten (10) business days have passed, you may check the New Mexico Medicaid Portal for the status of the ISP. If the ISP is ready to be approved but is awaiting a COE approval, the "Auth Status" on the Prior Authorization Detail page will indicate "Closed". If ten (10) business days have passed and you don't see anything on the Prior Authorization Detail page, you may call the Molina Customer Service Line at (505) 348-0311 (Albuquerque local) or at (866) 916-3250 (Outside Albuquerque toll-free). Molina can also provide information on the status of the ISP/budget determination.
15. Important Note: Within the ten (10) business days of the ISP/budget submission you may hear from Molina in the form of a Request for Information (RFI). An RFI is a good indicator that your ISP/budget determination may take longer than 10 business days to process. The ten (10) business days is a rule of thumb that will help you keep track of the ISP/budget submission.
16. CMs have 90 days to obtain an approved ISP per Medicaid Regulations.
17. Services must be in place within 90 days from the date of COE approval (when there are no transition issues.)

18. Respond within 15 business days to the TPA, Molina, when an RFI is received. Note: An RFI may be issued if the ISP/budget effective date does not begin on the first day of a month where there is an approved DDW COE and a revised budget may need to be submitted.
19. Notify direct service providers of the effective start date of the ISP/budget and provide a copy of the approved budget with the prior authorization number. Remind providers they cannot begin services until both the DDW COE is approved and a prior approval with an authorization status of "Approved" has been issues by the TPA, Molina.
20. Submit the approved budget to the Eligibility Worker.

Questions and Tips for the Initial Contact with your New Allocation:

- The case manager should ask if the applicant completed the MAD 381 and handed it in to ISD. (A case manager may not complete the application or be a designated representative.) The case manager can recommend the Individual/guardian <u>make a copy of the completed MAD 381 to keep for their records.</u>
- The case manager can inform the individual/guardian that the MAD 381 is required <u>**ANNUALLY**</u>. It is the individual/guardian's responsibility to provide the following changes within 10 working days to ISD: change in income, assets for client exceed $2000.00, changes that would affect eligibility, change in home or mailing address, placement/discharge to or from a nursing home or hospital, change in Case Management agencies
- The case manager should ask if the applicant had a scheduled appointment to meet with ISD.
- The case manager should ask if the individual/guardian provided what the ISD requested.
  - Verification of Age, Citizenship, NM Residency, Marriage & Disability
  - Proof of Income for the last 30 days (Income Maximum $2130/month)
  - Proof of resources: bank statements, retirement funds, loans, stocks/bonds, trust funds, life insurance policies, property deeds, value of any property you own (Resources Maximum $2000)
  - Other information: Medical insurance, Power of Attorney, Guardianship or conservatorship papers
- The case manager should ask if the individual is an SSI recipient.
  - If the individual receives Supplemental Security Income (SSI,) they meet the Social Security Administration's definition of disability.
  - If the individual isn't a current SSI recipient, disability will have to be determined by the Disability Determination Unit, current medical reports will be needed
- The case manager should tell the individual/guardian that the applicant will need a current Abstract (MAD 378) signed by their physician and History and Physical (H&P-a current physical examination within the last year) for Level of Care determination.
- Ask the individual/guardian if the individual has existing Medicaid eligibility such as: Disabled and Elderly or CoLTS C Waiver; SSI, or Medically Fragile Waiver; or if the individual is receiving a Medicaid service such as the Personal Care Option or is in an ICF/MR facility.
- Documentation:
  - Suggest the individual/guardian get a notebook and/or binder to store medical reports, referrals, names of doctors, dates, treatments, facilities and internet research.
  - Suggest the individual/guardian keep a record and dates of benefit programs they have applied for.
  - Suggest the individual/guardian keep a calendar of medical appointments and when the annual review of eligibility is due

- An annual review of eligibility requires another application, MAD 381, along with current income and resource verifications

Please contact your DDSD Regional Office Case Management Coordinator if you have any questions regarding this process.

Metro Regional Office Main: (505) 841-5500 Toll Free: (800) 283-5548	Counties of Bernalillo, Sandoval, Torrance, and Valencia
Northwest Regional Office Main: (505) 863-9937 Toll Free: (866) 862-0448	Counties of Cibola, McKinley and San Juan
Northeast Regional Office Main: (575) 758-5934 Toll Free: (866) 315-7123	Counties of Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union
Southwest Regional Office Main: (575) 528-5180 Toll Free: (866) 742-5226	Counties of Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro
Southeast Regional Office Main: (575) 624-6100 Toll Free: (866) 895-9138	Counties of Chaves, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay and Roosevelt