

1915(c) Waiver Allocation and Transition Guide

NEW ALLOCATIONS to Developmental Disabilities Waiver (DDW), Mi Via, or Supports Waiver											
Steps: New Allocations	Case Manager (CM), Consultant, Community Supports Coordinator (CSC) Responsibility	Additional Requirements for Self-Directed Programs									
Step 1 Receipt of PFOC	<p>Upon receipt of the PFOC and before initial contact, review the Medicaid web portal to determine if there is an existing Category of Eligibility (COE) for the allocation</p> <ol style="list-style-type: none"> 1. The COE – there are multiple COEs that offer full Medicaid benefits including, but not limited to: <ul style="list-style-type: none"> 001, 003, 004 – SSI Categories 100, 200, 300, 400 – MAGI Medicaid Categories 081, 083, 084 – Institutional Care 090, 091, 092, 093, 094 – Long-Term Care Categories 037, 046, 066 – Children Youth and Family (CYFD) Categories 095 – Medically Fragile Waiver (MFW) <p>Full coverage categories, not listed in this document, may be less common. If an agency has a question about a COE please contact the Consolidated Consumer Services Center (CCSC).</p> 2. If there is a COE verify the Level of Care (LOC) and Setting of Care (SOC): <p>Presence of a Level of Care and Setting of Care indicate the individual receives long-term care services through another program and services must be coordinated to ensure continuity of care.</p> <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">Program</th> <th style="width: 30%;">LOC</th> <th style="width: 30%;">SOC</th> </tr> </thead> <tbody> <tr> <td>Community Benefit – Agency Directed Waiver</td> <td>NFL</td> <td>ABD</td> </tr> <tr> <td>Community Benefit – Agency Directed No Waiver</td> <td>NFL</td> <td>ANW</td> </tr> </tbody> </table> 	Program	LOC	SOC	Community Benefit – Agency Directed Waiver	NFL	ABD	Community Benefit – Agency Directed No Waiver	NFL	ANW	
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	<p>*MFW <u>will not have a LOC/SOC</u> and can be identified by the COE 095. A Mi Via recipient who is medically fragile (COE095) can be identified by the COE 095 and LOC/SOC of MRO/MIV.</p> <p>3. Managed Care Organization</p> <p>If the individual does not have an existing Medicaid category that requires transition of care, then proceed to Step 4.</p>																									
<p>Step 2 Coordination with Other Programs</p>	<p>The CM/Consultant/CSC is required to coordinate a transition meeting.</p> <p>For individuals receiving long-term care services through an MCO, as indicated by the LOC/SOC, contact the MCO Care Coordinator to schedule a transition meeting.</p> <p>For individuals receiving services through an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) contact the ICF/IID provider to schedule a transition meeting.</p> <p>For individuals receiving services through the Medically Fragile Waiver (MFW) contact the UNM Medically Fragile Case Management Program (MFCMP) to schedule a transition meeting.</p> <p>The receiving agency will follow the applicable regional office request for assistance (RORA) process if they are unable to reach the discharging agency.</p>																									

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<p>Step 3 Transition Meeting</p>	<p>The transition meeting must include the individual and/or the individual’s legal representative as well as either the MCO Care Coordinator, ICF/IID provider, or MFW Nurse Case Manager.</p> <p>During the meeting a transition date must be established. The transition date is the date when the budget under the existing program ends and the new waiver budget begins. The transition date must be agreed upon by all parties. The start date for the budget, Individual Service Plan (ISP) or Service and Support Plan (SSP) must allow enough time to coordinate transition of services such that:</p> <ol style="list-style-type: none"> 1. There is no gap in service and continuity of care is maintained; 2. The individual fully transitions out of existing service and the rendering provider is informed of the service end date. <p>If there are changes to the agreed upon transition date after the meeting occurred, it is the responsibility of the receiving agency to inform all parties who participated in the transition meeting of the changes. It is the receiving agency’s responsibility to keep all parties informed of transitioned updates throughout the process to ensure there are no gaps in service.</p>	
<p>Step 4 Income Support Division Application</p>	<p>Client submits a completed application (HSD 100) to the Income Support Division (ISD) Institutional Care (IC) and Waiver Unit for determination of eligibility to establish the waiver COE 096. An application may be submitted in the following ways:</p> <p>Online – www.yes.state.nm.us Fax – 1-855-804-8960 Phone – 1-855-637-6574 Or by mail – Central ASPEN Scanning Area (CASA) PO BOX 830 Bernalillo, NM 87004</p> <p>ISD determines financial and medical eligibility based upon the information provided. The LOC is required for eligibility and will be provided to ISD by the Third-Party Assessor (TPA) via an interface. If an individual has not received a Social Security</p>	

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	<p>determination of disability ISD will request a Disability Determination Unit (DDU) review as part of the medical eligibility requirement.</p> <p>* An application (HSD 100) to ISD will not be required if the customer has an active Institutional Care (IC) or waiver category. The Primary Freedom of Choice (PFOC) will need to be provided to the IC/Waiver unit to change COE. Other full coverage Medicaid will still need an application.</p>									
<p>Step 5 Level of Care Process</p>	<p>Submit the LOC packet to the TPA, Comagine Health (formerly known as Qualis Health,) using the JIVA provider portal for a LOC determination.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 30%; text-align: center;">Waiver</th> <th style="text-align: center;">Normal Submission Process <i>(Match Letter Not Required)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">DDW</td> <td> <ul style="list-style-type: none"> MAD 378 signed by Physician, PA, or CNP Current H & P Current CIA </td> </tr> <tr> <td style="text-align: center;">Mi Via</td> <td> <ul style="list-style-type: none"> MAD 378 signed by Physician, PA or CNP Current H & P Current IHA </td> </tr> <tr> <td style="text-align: center;">Supports Waiver</td> <td> <ul style="list-style-type: none"> MAD 378 signed by Physician, PA or CNP Current H & P </td> </tr> </tbody> </table> <p>Once the TPA completes their review, the TPA will send the LOC determination to the ISD office so that ISD can establish and complete the waiver eligibility.</p> <p>Note: If ISD has not received a Level of Care from the TPA and the CM/Consultant/CSC has verified in JIVA that the LOC review has been completed, please contact the appropriate MAD/ESPB program staff for assistance.</p>	Waiver	Normal Submission Process <i>(Match Letter Not Required)</i>	DDW	<ul style="list-style-type: none"> MAD 378 signed by Physician, PA, or CNP Current H & P Current CIA 	Mi Via	<ul style="list-style-type: none"> MAD 378 signed by Physician, PA or CNP Current H & P Current IHA 	Supports Waiver	<ul style="list-style-type: none"> MAD 378 signed by Physician, PA or CNP Current H & P 	<p>Individuals on Mi Via may fax their LOC packet to 1-800-251-9993.</p>
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<p>Step 6 Service Plan and Budget Development</p>	<p>The CM/Consultant/CSC should begin working with the individual to begin the person-centered planning process and to develop the ISP or SSP and budget. <u>This step may happen simultaneously with steps 4 & 5.</u></p> <p>The ISP or SSP and the budget may not have an effective date prior to the begin date of the COE 096. The Consultant/CSC may submit the ISP or SSP and budget for review but the TPA may not approve or complete Omnicaid entry until the COE 096 is active. If the submitted ISP or SSP and budget have a begin date prior to the COE effective date the TPA will create an RFI.</p>	<p>Note: ISP or SSP and budgets for Mi Via and SW must begin on the 1st day of the month.</p>
<p>Step 7 Monitoring Timeline</p>	<p>Monitor steps 4-6 for timeliness and follow up regularly to verify if:</p> <ul style="list-style-type: none"> • The LOC is pending; • The COE is pending; or • Both the LOC and COE are pending; and <p>Based on what information is found follow up, as appropriate, to facilitate processing of the LOC, COE and/or both.</p> <p>Notify all parties who participated in the transition meeting of any changes to the transition timeline and update and submit the CIU as required. If there are concerns that a gap in service could occur, the agency will immediately contact applicable DDSD staff for review.</p> <p>DDW- Statewide CM Coordinator or RO CM Coordinator SW- Program Staff MFW – Program Manager</p>	
<p>Step 8 Service Plan & Budget Submission</p>	<p>After the CM/Consultant/CSC verifies the COE 096 is approved, submit the ISP or SSP and budget process following program guidelines assuring that there are no gaps in services.</p> <p>Note: If the anticipated budget start date has changed, the CM/Consultant/CSC will contact the members of the transition meeting as quickly as possible to coordinate provision of services as a result of the change. If there are concerns that a gap in service could occur, the agency will immediately contact applicable DDSD staff for review.</p>	<p>Note: ISP or SSP and budgets for Mi Via and SW must begin on the 1st day of the month.</p> <p>The budget must be submitted before the 14th day of the current month in order to begin the 1st day of the following month. Example: The budget is</p>

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	<p>DDW- Statewide CM Coordinator or RO CM Coordinator SW- Program Staff MFW – Program Manager</p>	<p>submitted on 1/10, the budget start date would be 2/1 or after.</p> <p>If the budget is submitted on, or after the 15th, day of the month then the budget start date would be the 1st day of the following month. Example: The budget is submitted on 1/15 the start date would be 3/1 or after.</p>
<p>Step 8 Verification of Services</p>	<p>The CM/Consultant/CSC and agency-based waiver providers MUST check the Medicaid web portal to verify begin date of waiver COE 096 and an approved waiver budget BEFORE providing services.</p>	<p>Self-directed providers including employees and vendors are not able to verify eligibility information in the Medicaid Portal and rely on the Consultant/CSC and EOR to notify the provider that services may begin.</p>
<p>Step 9 Notification to ISD</p>	<p>After the CM/Consultant/CSC verifies that an ISP or SSP and budget have been approved for the individual and the individual is in service, the agency will send a CIU via fax to ISD notifying them of the approved budget start date. ISD will then close coexisting COEs as appropriate.</p> <p>The receiving agency will submit a copy of the CIU to the DDSD Regional Office.</p> <p>Note: A CIU does not need to be submitted to ISD if the individual did not have a Medicaid COE prior to the waiver.</p>	