

<b>Department of Health Developmental Disabilities Supports Division (DDSD)</b>	<b>Procedure Number: IEBP-001</b> <b>Supersedes:</b> DDD-CST – 025; Department of Health Centralized Admission and Discharge Process for New Mexicans with Developmental Disabilities; 1-1-1995
<b>Procedure Title:</b>  Expedited Allocation to the Developmental Disability Waiver Program Procedure	
<b>Effective Date: June 18, 2007</b>	
<b>Approved:</b> Signature on File	<b>Date:</b> June 18, 2007

## I. POLICY REFERENCE

Expedited Allocation to the Developmental Disability Waiver Program Policy

## II. PURPOSE OF PROCEDURE

The purpose of this procedure is to establish a process by which an individual on the Central Registry who meets the federal definition can be allocated to Waiver services on a basis other than the individual's date of registration.

## III. APPLICABILITY

This procedure applies to all persons on the Central Registry who meet the federal definition for DD Waiver services and who are seeking expedited allocation to the Developmental Disabilities Waiver.

## IV. DEFINITIONS

*Expedited Allocation:* Means initiating services through the DD Waiver granted to an individual other than by the individual's date of registration.

*Expedited Allocation Committee:* Means a group composed of DDSD staff of varying disciplines comprised of Eligibility Management Unit members including: Program Manager, Registered Nurse, Psychologist and Social Worker.

## V. PROCEDURE

This procedure sets forth the sequence for processing a request for an Expedited Allocation.

<b>Responsible Person/Agency</b>		<b>Actions</b>
1.	Regional Office Designee	a. Check Central Registry to insure the individual meets Federal Definition for Developmental Disabilities for the Medicaid Developmental Disabilities Waiver Program.
		b. Identify the resources currently used and/or might be available to assist the individual in their current circumstances (e.g., Intermediate Care Facility for the Mentally Retarded; State General Funds; Early Periodic Screening Diagnosis and Treatment; etc.).
		c. Explore with the referring party whether the court system is involved due to possible current criminal record/charges. c. (1). When the referring party is an Attorney or Judge, the referral must be sent directly to the Office of General Counsel with a Legal Request Form.
		d. Gather the information to complete Expedited Allocation Referral Form.
		e. Submit the Expedited Allocation Form and all supporting documentation (Referral Packet) to the Expedited Allocation Committee Chairperson.
2.	Expedited Allocation Chair or Designee	a. Review documents for completeness within two (2) working days of receipt of the complete packet. If the packet is incomplete, it will be referred back to the Regional Office designee.
		b. Schedule an Expedited Allocation Committee meeting within five (5) working days of completing the review of the referral packet.
3.	Expedited Allocation Committee	a. Review the information on the case presented by the Regional Office designee.
		b. Discuss and make a recommendation either to allocate the individual to the DDW Program or deny and identify other available options.
		c. Send recommendation to the Intake and Eligibility Bureau Chief within three (3) working days of the Expedited Allocation Committee meeting.

4.	Intake and Eligibility Bureau Chief	a. Inform the chairperson of the approval or denial of the recommendation within three (3) working days of receipt of the committee recommendation.
5.	Expedited Allocation Committee Chair	<p>a. Initiate the allocation according to the established allocation procedure within three (3) working days of the approval by the Intake and Eligibility Bureau Chief or Developmental Disabilities Supports Division Director.</p> <p style="text-align: center;">-OR-</p> <p>b. Notify, in writing, the Regional Office designee, the individual or their representative, of the decision to not recommend allocation within three (3) working days of the denial decision.</p>

**VI. LIST OF ATTACHMENTS**

Expedited Allocation Referral Processing Form (attached)

**EXPEDITED ALLOCATION REFERRAL PROCESSING FORM  
INTAKE AND ELIGIBILITY BUREAU  
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION**

*The Regional Office staff will complete information in the section below:*

**Name:**

**DOB:**

**SS#:**

**Address:**

**Central Registry Status Effective Date:**

Date of Referral:

Reason for Referral:

Referred By: *(not a DDSD staff) Theresa Larson (Tammy Smart) CYFD*

Address:

Telephone:

Regional Office:

**Summary of individual's background, diagnoses, clinical history:** *(include information regarding behavioral challenges that pertain to placement or service needs – attach documents regarding treatment, placements, and diagnostics)*

**Description of Current Situation:** *(include description of where the person is living and what supports are in place):*

**Actions Taken and Results:** *(state all services, supports, resource possibilities such as insurance, personal finances, publicly-funded services that have been explored including dates. BE SURE TO ADDRESS ICF-MR and SGF SERVICES. Attach associated documents)*

**Crisis category:**

\_\_\_\_\_An individual whose current situation meets the statutory definition of abuse, neglect and/or exploitation; as substantiated by Adult or Child Protective Services.

\_\_\_\_\_The death or sudden disability of the primary caregiver which makes continued care of the individual no longer possible. An alternate primary caregiver is not available.

\_\_\_\_\_The individual, who meets eligibility criteria, has been court ordered for referral to the Department of Health, Developmental Disabilities Supports Division.

*The following will be completed by IEB staff:*

Date and Time Referral Received By IEB:

***Date and Time of Review Meeting:***

**Summary of Review Team Meeting:** *(Include names/titles of participants, major questions and points of discussion)*

**Name:** \_\_\_\_\_

Review team recommendations:

---

ADMINISTRATIVE REVIEW (signature and date):

**APPROVED:** \_\_\_\_\_

***DENIED:*** \_\_\_\_\_