

A Resource Guide for Independent Case Managers for the Developmental Disabilities Waiver



Developed by:

**The New Mexico
Department of Health
Developmental Disabilities Supports Division**

Acknowledgements

Many people, agencies, and organizations have contributed to the development of *A Resource Guide for Independent Case Managers for the Developmental Disabilities (DD) Waiver*. The collaborative nature required of this project was impressive, as was the individual effort put forth by each contributor. All of these individuals are commended for their time, initiative, and commitment to relationships of quality shared by case managers and the individuals and families they serve.

The following deserve special acknowledgement due to the critical roles they played from the inception of this project to its final outcome:

The Case Management Unit, Developmental Disabilities Supports Division

Jennifer Thorne-Lehman, Deputy Director

The Columbus Organization

Many representatives of provider organizations as well as other individuals within New Mexico's service system shared their time and thoughtful consideration of the content proposed for this manual. Their feedback was invaluable to those crafting the final edition and is well deserving of formal recognition.

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Use of this Guide



A Resource Guide for Independent Case Managers for the Developmental Disabilities (DD) Waiver was designed as a resource for New Mexico independent case managers (CM) who serve individuals with developmental disabilities. It serves as a ready-reference to information, resources, and tools you can use to enhance individuals' experiences with the service system and, most importantly, to support attainment of outcomes they personally seek to achieve.

This guide is structured in such a manner as to represent key aspects of the CM's role in his/her relationships with individuals and their families, guardians, advocates, all types of service providers, and others involved in the individual's life. Each chapter addresses a different process that the CM and team assist individuals to complete to secure and receive services and supports that are personally important to their health, safety, and growth as human beings. All chapters describe the rationale(s) for the activities described, the necessary procedures to complete them, and references to relevant policies and/or Regulations.

The guide is comprised of an **Introduction**, nine (9) **Chapters** and an **Appendix**.

Chapter	Title
I	How Individuals Become Eligible for Developmental Disabilities Waiver Services
II	Getting to Know the Individual
III	Making the Most of Meetings
IV	Planning with the Individual
V	Community Resources and Supports
VI	Keeping Things on Track
VII	Record Keeping on Behalf of the Individual
VIII	Creating the Individual's Budget & Billing for Services
IX	When an Individual Changes Services

The guide illustrates the role and responsibilities of CMs with the use of scenarios commonly encountered by individuals, their CMs and teams. These are real life examples of personal experience in services and supports.

The material in this guide can be used in different ways. The guide in its entirety can be used as a handy 'desk reference' for guidelines, protocols, tips, and samples of forms a CM uses on a regular basis. In addition, sections within chapters can serve to refresh knowledge and skills of a particular case management function, particularly those that address situations that arise only on occasion.

This guide can also be made available to colleagues, especially provider agency service coordinators, as well as other team members who play different roles in the lives of individuals. It can expand their understanding of CM interactions with and on behalf of individuals served.

Note: To review regulatory citations, refer to the hyperlink entered by each reference.

Chapter I

How Individuals Become Eligible for DD Waiver Services



- ◆ Eligibility Criteria
- ◆ Applying for Waiver Services
- ◆ Initial Financial Determination
- ◆ Clinical Eligibility
- ◆ Ongoing Eligibility & Reassessment

Chapter I

How Individuals Become Eligible for Developmental Disabilities Waiver Services

Eligibility Criteria

To qualify for the Developmental Disabilities Waiver program (DD Waiver), an individual must meet clinical and financial criteria. The DD Waiver eligibility criteria are as follows:

1. The individual has a developmental disability, defined as a severe chronic disability, other than mental illness, that is:
 - a) Attributable to a mental or physical impairment, including the result of trauma to the brain, or a combination of mental and physical impairments
 - b) Manifested before the person reaches the age of twenty-two years;
 - c) Expected to continue indefinitely; and
 - d) Responsible for substantial functional limitations in three or more of the following areas of major life activity:
 - i. Self-care
 - ii. Receptive and expressive language
 - iii. Learning
 - iv. Mobility
 - v. Self-direction
 - vi. Capacity for independent living
 - e) Reflects the individual's need for a combination and sequence of special coordinated treatment, generic or other support and services that are of lifelong or extended duration and are individually planned and coordinated.

2. The individual also has mental retardation or a specific related condition, limited to:
 - ◇ Cerebral palsy
 - ◇ Autism (including Asperger's syndrome)
 - ◇ Seizure disorders
 - ◇ Chromosomal disorders (e.g. Down syndrome)
 - ◇ Syndrome disorders
 - ◇ Inborn errors of metabolism
 - ◇ Developmental disorders of brain formation

3. The individual must also meet the level of care required in an Intermediate Care Facility for Persons with Mental Retardation (ICFMR). This Level of Care (LOC) determination is the responsibility of the independent case management agency once an individual is allocated; and

4. The individual must also meet all applicable financial eligibility requirements, as verified annually by the Income Support Division.

⇒ **Appendix: Decision Tree: DD Waiver Eligibility**

Applying for Waiver Services

Step 1: Initial Financial Determination

Registering at the Income Support Division (ISD)

1. The first step of the application process is to register at the Income Support Division (ISD); also known as the Welfare Office, Medicaid Office, or Food Stamp Office.
2. The applicant fills out a **Waiver Services Registration** form (**MAD 325**).
3. All Waiver programs are listed on the **Waiver Services Registration** form. An individual can apply for more than one Waiver program, but may only receive services from one Waiver program at a time. An application can also be made for an ICFMR facility; but ICFMR and Waiver program services cannot be **received** at the same time. However, an individual can be waiting for an opening on the DD Waiver while being served by an ICFMR.
4. The Registration form may be mailed or turned in at the ISD office. The application must be stamped with the current date. **Individuals should keep a copy of the registration form for their records.**
5. ISD will send a copy of the registration form to the Developmental Disabilities Supports Division (DDSD).

If an individual moves during any part of the application process, ISD *and* the local DDSD Regional Office must be informed of the individual's new address and phone number. It is important that this information is current so that he/she can be notified when funds are available for allocation to the DD Waiver Program.

Step 2: Initial Clinical Disability Determination Registering at DDS

1. Within two (2) weeks of submission of the **Waiver Services Registration** form (**MAD 325**), DDS will send the applicant a packet of documents. The packet will include instructions for filling out the **Central Registry Match for Services** form and the **Authorization for Release of Information**.
2. The applicant should call DDS if they have not received the packet within three (3) weeks of submitting the **MAD 325**.
3. The applicant must fill out the **Central Registry Match for Services** form completely and return it to the local DDS Regional Office.
4. The applicant must fill out the **Authorization for Release of Information** forms. This gives permission to doctors, hospitals, schools or others to send information to the DDS Regional Office to determine if they match the clinical eligibility definition.
5. The applicant sends the forms **directly** to the professionals and/or agencies that have been granted authorization to release records to DDS.
6. The applicant must have the forms signed, copied and returned to DDS.
7. The applicant should keep copies of all documents sent to DDS.
8. Upon receipt of the **Authorizations for Release of Information** forms, DDS will process the **Central Registry Match for Services** form.
9. The applicant can contact the local DDS Regional Office to check on the status of his/her application. DDS will let the applicant know if the office has received everything that is needed to make a determination. If not, DDS will let the applicant know what is still needed to complete the process. The applicant should make note of the name of person(s) contacted and keep copies of all documents sent to the Regional Office.
10. Initial disability screening may take several months to complete. The applicant

- will receive a letter stating whether the applicant meets the criteria established in the developmental disability definition and will therefore be placed on the central registry; or if not, how the applicant may request a fair hearing if he/she wishes to appeal the decision. If the applicant is placed on the central registry, the letter will also indicate his/her eligibility for state general funds or other services.
11. Once the money is available, a person on the Central Registry (“waiting list”) will receive a letter of allocation from the DDSD/Eligibility Unit stating there is an opening on the waiver for them and they are to choose a case management agency.
 12. Once the individual and/or family member chooses a case management agency, a representative of the DDSD/Eligibility Unit will send a copy of the Allocation letter, the signed Freedom of Choice and any other pertinent information to the selected agency.
 13. The case manager then has **five (5) working days** in which to contact the individual and schedule an initial meeting. During this call, it would be beneficial for the case manager to request that an appointment be made with the primary care physician so that the individual is able to have an annual physical exam, as part of the process of receiving waiver services.
 14. At the initial meeting, the case manager will take the opportunity to explain the waiver and services and providers available in the applicant’s area of the region.
 15. At this meeting it is imperative that the case manager provide the individual and/or family member with a Long Term Care Assessment Abstract (LTCAA) and a blank history and physical form to take with them to the doctor’s appointment. The case manager may score and complete the LTCAA with the family at this meeting or after the doctor’s appointment. The case manager is to

- highlight areas on the LTCAA, which the doctor is to complete and sign. [NOTE: The Long Term Care Assessment Abstract is the primary document which determines medical eligibility which enables a person to receive services from the DD Medicaid Waiver.]
16. During this first meeting, the case manager will also take the opportunity to explain the need to go to the local Income Support Division office to the individual and family. The ISD office will determine if the individual meets financial eligibility to receive services through the DD Medicaid Waiver.
 17. During this initial meeting, the case manager may take the opportunity to explain and score the Norm-Referenced Adaptive Behavior Tool with the individual and family or schedule a follow-up meeting.
 18. Whether at the initial meeting or a scheduled follow-up meeting, the case manager will explain and score the Norm-Referenced Adaptive Behavior Tool with the individual and/or family and also obtain information concerning medical concerns, skill ability in Activities of Daily Living and any pertinent social history in order to complete the Comprehensive Individual Assessment (CIA).
 19. Once the case manager receives the signed Long Term Care Assessment Abstract and completed history and physical form from the doctor, the case manager is ready to submit the entire **Level of Care Packet** to New Mexico Medicaid Utilization Review (NMMUR) for approval or denial. [It is important to note that meeting the criteria in the developmental disability definition does not guarantee the individual will meet the medical and financial eligibility to enable them to receive services from the Medicaid Waiver]. The entire Level of Care packet consists of the LTCAA, current physical exam and medical/clinical history, a norm-referenced Adaptive Behavioral Tool, the Comprehensive Individual Assessment (CIA) and a copy of the Allocation Letter.
 20. The entire process listed above is to take no longer than 90 days from the time

the case management agency receives the allocation from the DDSD/Eligibility Unit.

21. Once the case manager receives notification that the individual meets financial and medical eligibility, the case manager is responsible to schedule the Individual Service Planning meeting.

Ongoing Eligibility Reassessment by the Case Manager

Once an individual is allocated, found medically and financially eligible, and placed on the DD Waiver, the assessment process continues. On a yearly basis, the individual must be assessed clinically and financially to assure he/she is still eligible for waiver services. The CM coordinates this process.

The CM is responsible for completing the annual Level of Care (LOC) process with input from the individual, medical personnel, and team members. The results of the Norm-referenced Behavioral Tool of the Long Term Care abstract.

The CM then gives the abstract and history/physical form to the individual or the individual's primary care giver (be it a parent or agency), and instructs them to make an appointment for an annual physical. While waiting for the abstract and physical to be signed by the physician, the CM is responsible for completing the Client Individual Assessment (CIA).

For the two years the LOC packet is not submitted for approval to the NMMUR contractor, the CM is responsible for completing a new LOC abstract, including obtaining the physician's signature and a new history and physical. On the third year the individual is on the waiver, the CM is responsible for submitting the complete new LOC packet to the NMMUR contractor, 30 days prior to expiration. Nancy to check last sentence.

While the LOC (medical eligibility) is in the process of being completed, the county ISD office is responsible for sending a **Redetermination** form to the individual, guardian, or the assigned Representative Payee to complete and resubmit to ISD. This determination is done yearly to determine if the individual is still financially eligible for waiver services.

Remember: *An individual may be clinically eligible for the waiver, but not financially eligible.* If the Medical Assistance Worker (MAW) at ISD determines the individual continues to be financially eligible, he/she will submit a **MAW** letter to the CM, after receiving a copy of the **LOC Authorization** from NMMUR or the CM. Although the CM does not determine the individual's financial eligibility, he/she is responsible for ensuring all paperwork is completed in a timely manner and sent to ISD.

Once the individual is assessed as continuing to be clinically and financially eligible for waiver services, the CM is responsible for coordinating and facilitating the annual Individual Service Plan (ISP) meeting.