

# *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.

# Table of Contents

Section	Page
<b>Acknowledgements</b>	<b>2</b>
<b>Table of Contents</b>	<b>3</b>
<b>Use of this Guide</b>	<b>9</b>
<b>Chapter VIII: Creating the Individual's Budget &amp; Billing for Services</b>	<b>152</b>
Annual Resource Allotments (ARA)	<b>153</b>
Services in Excess of the ARA	<b>158</b>
Exception Process	<b>159</b>
Authority and Responsibilities of the Case Manager	<b>160</b>
Completing the DD Waiver Individual ARA Budget Plan	<b>162</b>
Additional Services outside the ARA	<b>164</b>
Completing the Waiver Review MAD 046	<b>167</b>
Process for Changing Units	<b>167</b>
Approval or Denial of the MAD 046	<b>169</b>
DD Waiver Services and Basic Medicaid Benefits	<b>171</b>
Billable and NonBillable Activities	<b>173</b>

# 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**.

<b>Chapter</b>	<b>Title</b>
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 VIII

## Creating the Individual's Budget and Billing for Services



- ◆ **Annual Resource Allotments (ARA)**
- ◆ **Services in Excess of the ARA**
- ◆ **Authority and Responsibilities of the Case Manager**
- ◆ **Completing the DD Waiver Individual ARA Budget Plan**
- ◆ **Additional Services outside the ARA**
- ◆ **Completing the Waiver Review Form (MAD 046)**
- ◆ **Process for Changing Units**
- ◆ **Approval or Denial of the MAD 046**
- ◆ **DD Waiver and Basic Medicaid Benefits**
- ◆ **Billable & Non-Billable Activities**

## Chapter VIII

# Creating the Individual's Budget & Billing for Services

The Medicaid Waiver for individuals with Developmental Disabilities (DD Waiver) was made possible by Title XIX: Home and Community-Based Services Act of 1981. This act made an exception to or 'waived' traditional Medicaid requirements by making Medicaid funds available for home and community-based services as an alternative to institutional care for people with developmental disabilities.

The following information is provided to support the case manager (CM) in completing budgets and billing for services provided through the DD Waiver. The new CM must complete training and/or mentorship, as specified by the Developmental Disabilities Supports Division (DDSD) prior to completing Annual Resource Allotments, MAD 046 forms and/or billing for services.

### Annual Resource Allotments (ARA)

#### History

The state of New Mexico must assure the federal government that services delivered to individuals under the DD Waiver program are less expensive than serving those same individuals if they were in institutional settings such as an ICFMR. Historically, DDSD established a maximum amount for each type of service that Individual Service Plans (ISP) were allowed to include, in order to assure this cost effectiveness. In other words, only a

certain number of therapy units were allowed, a certain number of respite hours, a certain number of nursing hours and so forth; each service had its own cap.

Beginning July 1, 2002 DDSD changed this budgeting process to a system of Annual Resource Allotments (ARA), within which teams can select any amount of particular services, as long as the total cost of services does not exceed the amount of the individual's allotment. In other words, an ARA is a maximum budget amount, within which specific services must fit. This is intended to give individuals and their teams more flexibility in meeting individuals' unique needs, while still assuring the cost effectiveness of the overall program.

### Parameters for Annual Resource Allotments (ARA)

Individual ARA amounts are based upon the individual's age, Level of Care (LOC) score and residential service status. Service menus are slightly different for children versus young adults and adults. Parameters for each category are outlined below. Children whose 18<sup>th</sup> birthday occurs part way through their ISP "year", and are not in school, may choose to continue with services under the children's category until their annual ISP date, or they may choose to transition to the young adult category immediately.

The ARA does not include residential services, called Community Living Supports. The ARA amount is somewhat lower for individuals receiving Community Living Supports because the residential provider is required to provide certain supports as part of that service, such as transportation, personal care and nursing. If an individual moves into Community Living Supports during the ISP year, the ARA will be prorated based upon the percentage of funding used up to the date Community Living Supports began. Children are not eligible for Community Living Supports, unless an exception is granted by DDSD.

The ARA amounts are lower for adults age 18-21, than for those 22 and over, because young adults continue to be eligible for special education services through the public schools until their 22<sup>nd</sup> birthday, and therefore should not need to purchase as many day program services through their ARA. However, if a young adult receiving Community Living Supports is not enrolled in public school, he/she may access the Adult 22 and older level of ARA funding. Please be aware that the ARA amounts may be adjusted periodically, so check current limits with your supervisor. The following tables are current as of July 1, 2006.

### Allotments for Individuals Not Receiving

#### Community Living Supports

Age Range	Level of Care	ARA amount
Children up to age 18	1	\$32,495
	2	\$26,975
	3	\$21,453
Young Adults age 18-21	1	\$43,958
	2	\$41,434
	3	\$38,910
Adults age 22 and older	1	\$45,956
	2	\$40,803
	3	\$36,527

#### Allotments for Adults Who Also Receive Community Living Supports

Age Range	Level of Care	ARA amount
Young Adults age 18-21	1	\$23,577
	2	\$19,771
	3	\$16,300
Adults age 22 and older	1	\$36,436
	2	\$27,847
	3	\$24,055

#### Services Children may obtain through their ARA

**Note:** Please review the current DD Waiver Service Standards for definitions and requirements of each service.

- ◇ Case Management (children require a minimum of 4 monthly units, maximum of 12)
- ◇ Behavioral Support Consultation\*
- ◇ Community Access
- ◇ Occupational Therapy \*
- ◇ Physical Therapy \*
- ◇ Respite
- ◇ Speech Therapy \*
- ◇ Environmental Modifications
- ◇ Goods and Services
- ◇ Personal Care

\* Only to the extent not covered through Early Periodic Screening Diagnosis and Treatment (EPSDT).

## Services Young Adults and Adults age 22 and older, may obtain through their ARA

Young adults, and adults age 22 and older, who **do not** receive Community Living Supports, may select from the following menu of services:

- 1) Case Management (12 monthly units required)
- 2) Adult Habilitation
- 3) Behavioral Support Consultation
- 4) Community Access (supports to increase individuals' independence, participation in their community, and self-advocacy skills)
- 5) Individual Supported Employment

- 6) Intensive Supported Employment
- 7) Group Supported Employment
- 8) Occupational Therapy
- 9) Physical Therapy
- 10) Personal Care
- 11) Private Duty Nursing
- 12) Respite
- 13) Speech Therapy
- 14) Environmental Modification
- 15) Goods and Services
- 16) Nutritional Counseling
- 17) Substitute Care (Similar to Respite, but only for Family Living providers)

Young adults and adults who receive Community Living Supports may also choose from the above menu with the exception of the following services, which are provided as part of Community Living Supports. The residential provider is obligated to provide the following three (3) services:

- ◆ Personal Care
- ◆ Private Duty Nursing
- ◆ Nutritional Counseling

If an individual does not receive residential services, Personal Care, Private Duty Nursing, Nutritional Counseling may be added to the budget.

**Respite** is available for children and adults who live at home and have unpaid caregivers. Substitute Care is available only for Family Living providers. Family Living providers do not have Respite.

**Community Access** may be provided anytime. Community Access services do not include activities that would normally be part of an individual's residential life. Community Access services are designed to support active engagement in community life through participation in community cultural, social, civic, political, religious and/or recreational groups that include individuals who do not have disabilities who share a common interest.

For individuals with Community Living Supports, Non-Medical Transportation services can be purchased from **Goods and Services** through the ARA and are available only under the following conditions:

- ◆ Travel in excess of 100 miles round trip, which is required to meet ISP outcomes;
- ◆ Travel to and from the individual's employment; even if the individual is traveling from the site of another DD Waiver Service, e.g. Community Living or Adult Habilitation Services; and
- ◆ Non-medical transportation services are not used during the hours the individual receives Adult Habilitation services.

## Services in Excess of the ARA

There are three (3) services not included in the ARA but purchased in addition to services included in the ARA:

- ◆ Community Living Services which include Supported Living, Family Living, and Independent Living;

- ◆ Outlier Services which are one-to-one staff support for individuals with very high medical or behavioral needs. Outlier services are added on to existing residential and/or day services; and
- ◆ Environmental Modifications

## Exception Process

In some circumstances, DDS may authorize additional therapies and/or supported employment beyond the ARA through the **Exception Process**. These requests may be made, even if the individual has not utilized the full amount of his/her ARA. However, if there are funds available within the ARA, DDS advises that the team use the ARA to obtain additional needed therapies. The CM can authorize therapies within the ARA ceiling directly rather than having to go through the approval process with the DDS Regional Office. The Exception Process is as follows for therapies:

- ◆ CM submits a packet to the Regional Office with the current ISP and Provider Request form.
- ◆ The need for additional therapy services must be clinically justified with supporting documentation.
- ◆ The individual has already used at least \$6,000 worth of his/her ARA to obtain any combination of therapy services.
- ◆ The specific therapy requested must have already been funded at some amount under the individual's ARA.
- ◆ The additional therapy will not exceed: 72 hours each of OT, PT, SLP if it is the first year for the given therapy or 58 hours for subsequent years unless an approved clinical justification is granted, and 104 units of Behavior Consultation.
- ◆ Supported Employment: For all Adult and Young Adult Categories, additional funding outside the ARA may be requested to meet the needs of individuals who are

employed, or want to be employed, but resources within the ARA are insufficient to provide needed supports and services. The additional funds will be used for Supported Employment Services to assist the individual to gain or maintain employment or to maximize the number of hours they are able to work.

Environmental Modification Services are also available, but not included in the ARA amount. Providers of these services may be selected from the Freedom of Choice (FOC) list available from each DDS Regional Office, in the same manner that the individual or their guardian selects other service providers. Environmental Modification Services involve purchase and/or installation of equipment and/or modifications to the individual's residence necessary to ensure or to enhance the individual's level of independence and/or accessibility in the home environment. Funding for adaptations is capped at \$8,500 every five (5) years, inclusive of the provider's administrative cost. Examples include ramps, lifts, roll-in showers, doorway widening, alarm or signaling systems, voice activated devices, etc. Environmental Accessibility Adaptations may not be used for the individual's employment site or for vehicles. Division of Vocational Rehabilitation (DVR) may be a possible funding source for these needs.

## Authority and Responsibilities of the Case Manager with Respect to Billing and Budgets

- 1) After the Action Plan section of the ISP is completed, the CM should conduct a 'budget caucus' with the individual and family/guardian to discuss which services are priorities and which they might choose to forgo if there is not enough funding in the ARA for everything. This caucus can be as short as 20 minutes or as long as necessary. The CM, with the individual and family/guardian, reconvene with representatives from all provider agencies (with authority to sign the budget) and discuss allocation of ARA resources and finalize the budget. ***These supports must***

***directly relate to supports necessary for the individual to reach his/her desired outcomes, participate in the community, and assure his/her health and safety.***

This meeting may be separate from the annual meeting held to develop the ISP, or may just follow a break for the caucus on the same day as the ISP meeting.

- 2) Explore alternatives to DD Waiver services that could support the individual so that ARA funds are only used for supports that are not otherwise available (e.g. maximize natural supports).
- 3) Based upon team decisions made at the ISP meeting, the CM completes the ISP document and Waiver Services Review Form (MAD 046).

⇒ **Appendix: Sample MAD 046**

- 4) The CM has five (5) working days from the ISP meeting to obtain signatures to verify supports that are agreed upon by the providers. If providers fail to sign the MAD 046 in a timely manner, they are ineligible to bill for services; however providers remain responsible for provision of all services identified in the ISP developed by the team.
- 5) The CM has sole authority to approve the MAD 046, unless one of the criteria below, which requires New Mexico Medicaid Utilization Review (NMMUR) approval, is met:
  - a. The individual will be accessing a Community Living Support for the first time,
  - b. The individual is changing from a less restrictive Community Living to a more restrictive Community Living Service (e.g., moving from Independent Living to Family Living or from Family Living to Supported Living),
  - c. Awake at Night Staff is requested for a Community Living Support, for the first time,
  - d. Outlier funding is being requested for the first time or to be continued for an additional six (6) months, or
  - e. Department of Health (DOH) requests a third party review.
- 6) Even though NMMUR approval of the budget is not needed according to the above criteria, the CM must submit the MAD 046 to NMMUR for data entry. The MAD 046

must be submitted at least 30 calendar days before the expiration date of the current ISP.

- 7) If NMMUR approval is needed, relevant justification and supporting documents must be submitted with the MAD 046 at least 30 days prior to ISP expiration, but not sooner than 45 days prior to ISP expiration.
- 8) Monitor utilization of the ARA budget. ***This is very important, as funding for services will terminate until the beginning of the next ISP year if the individual uses all the funding in the ARA prior to the end of the ISP year.*** When this information is requested, DDSD Regional Office case management coordinators can provide technical assistance to the CM.
- 9) Prepare and submit revisions to the ARA budget as needed. The CM has two (2) weeks to submit budget revisions requested by providers.
- 10) Prepare and submit requests for exceptions to the ARA.
- 11) Monitor quality, effectiveness and appropriateness of services and supports delivered. As part of this monitoring, a face-to-face visit with the individual must occur at least once each month (twice each month, if the individual is a Jackson Class Member).

Although there is no specific training in this area, DDSD Regional Office staff are available for any needed clarifications and other technical assistance.

## Completing the DD Waiver Individual ARA Budget Plan

### Background

The ARA budget plan is used to determine how much money is being spent for the individual. The team needs to budget funds so that they stay within the allotted ARA. The DD Waiver Individual ARA budget plan is to be reviewed by the team during any meeting

that requires the team to address the budget in ensuring all relevant services are included in the ARA budget plan.

All services included in the ARA budget plan must be transferred to the MAD 046, including needed services that are outside the ARA (i.e. residential services). The CM will complete the ARA budget form and the MAD 046. The ARA form is generally addressed and reviewed by the team at the ISP meeting; however, the CM can insert the basic information and then, back at his/her office, enter the units and amounts on the computer in order to determine how much money is being spent within the ARA and make sure the ARA budget is not exceeded. If correct, the services are transferred to the MAD 046.

⇒ **Appendix: ARA Budget Forms  
MAD 046**

Keep in mind that there are **5** different ARA categories of budget plans as follows:

- 1) **Children's ARA:** Children up to the age 18
- 2) **Young Adult ARA:** Age 18-21 (for individuals not receiving Community Living Supports)
- 3) **Young Adult ARA Community Supports:** Age 18-21 for individuals receiving Community Living Supports
- 4) **Adult ARA Supports:** Age 22 and older for individuals not receiving Community Living Supports
- 5) **Adult ARA Community Supports:** Age 22 and older for individuals receiving Community Living Supports

## Additional Services Outside of the Annual Resource Allotment

### Adult Community Supports, Adult ARA, Young Adult Community Supports and Young Adult ARA

1. Environmental Accessibility
2. Adaptation Consultant
3. Supported Living
4. Independent Living
5. Additional Therapy hours (exceptions as per criteria noted in *Services in Excess of the ARA*, Paragraph # 2)
6. Outlier – These services are outside the ARA budget, do not impact or change the ARA, and do not use any of the ARA funds. Residential and Day Habilitation services are outliers.
7. Additional Supported Employment (Exception Process)

*Bob's annual ISP meeting has just been held, as his plan will expire later this month (November). Bob celebrated his 21<sup>st</sup> birthday in October and will continue to attend high school until graduation this coming May. He lives at home with his two parents. Due to cerebral palsy, Bob uses a wheelchair and a computerized augmentative communication device.*

*During the strengths, preferences and needs portion of the ISP, the team discovered that Bob loves to spend time cruising the internet on his computer; he especially enjoys trading for comics over sites such as E-Bay and participating in chat rooms related to his interest in comic books. He also stated his desire to move to a place of his own and to have a girlfriend - these desires were incorporated into Bob's long-term vision. He also wishes his laptop had wireless internet capacity so that he isn't limited to use of the PC in his bedroom when accessing the internet.*

*The team was also reminded of the importance of supporting Bob to prevent pressure sores. Last year he suffered greatly with a pressure sore. Luckily this was successfully treated and the physical therapist was able to obtain a new type of padding for his wheelchair; he hasn't had any additional problems with pressure sores so far. Since his father's back injury, the family also requires assistance in helping Bob bathe. The physical therapist and speech language pathologist have both requested 72 hours each of therapy, given the number of hours utilized last year.*

*Desired outcomes from Bob's action plan include:*

- 1. Moving to a place of his own after graduation;*
- 2. Finding a girlfriend; and*
- 3. Getting a job after graduation; preferably in a comic book store or one related to computers.*

*As a Young Adult at Level 2, Bob has \$41,434.00 in his ARA to work with. During the budget caucus with Bob and his parents, the CM discovers that Bob's parents' 25<sup>th</sup> wedding anniversary is coming up in April and they are planning a "second honeymoon" to Australia for three weeks; therefore they are requesting a significant amount of Respite to be included for this purpose, as well as other breaks throughout the year. They also emphasize how important personal care support is to their family in helping Bob bathe three times each week. The team had suggested some Community Access services to support Bob in attending activities where he might meet young women with similar interests. Bob likes this idea very much.*

*Bob's father is concerned that the therapists are asking for more hours than Bob will really need this year. Last year it took a lot of trial and error for the communication device to work for Bob, but now it's working well. Also, last year there was a lot of physical therapy time wrapped up in adjusting Bob's wheelchair, creating a support plan, and training everyone on how to help Bob prevent pressure sores, but now all of that is also going well.*

*Bob's father is questioning why he would need more than one-hour of each therapy per week. In addition, Bob is asking that supported*

*employment be included in his budget starting in June, after he graduates, so he can find a job in order to afford his own place. The CM explains that for approximately the first six months, DVR should pay for job development and so he probably won't need to use his ARA for that purpose until next year.*

*Based upon all these consideration (see below), it looks like the supports that Bob and his family want and need can be provided well within the existing ARA and no exceptions are needed. The CM reminds Bob that she can help him revise the budget at any time if his situation changes and that it will likely be different next year, especially if Bob moves to his own place. The CM, Bob and his family agree to present the following back to the team after lunch:*

<i>Respite:</i>	<i>2,360 (15 minute) units = \$8,142.00</i>
<i>Personal Care:</i>	<i>312 hours = \$4,396.08</i>
<i>Community Access:</i>	<i>384 (15 minute) units = \$1,416.96</i>
<i>Physical Therapy:</i>	<i>58 hours (232 units) = \$5,426.48</i>
<i>Speech Therapy:</i>	<i>58 hours (232 units) = \$5,426.48</i>
<i>Supported Employment:</i>	<i>DVR will fund beginning next summer</i>
<i>Goods and Services:</i>	<i>\$500.00 to purchase wireless Internet hardware and software for his laptop</i>
<b><i>Total:</i></b>	<b><i>\$25,308.00</i></b>

*The team agrees with this proposal as a starting place, with the caveat that PT will be increased if Bob has recurrent problems with pressure sores. The CM completes the MAD 046 and submits it to BC/BS for data entry.*

## Children's Services

- ◆ Environmental Modification
- ◆ Additional Therapy hours (exceptions as per criteria noted in Services in Excess of the ARA, Paragraph # 2)
- ◆ Outlier

## Completing the Waiver Review Form (MAD 046)

The Medical Assistance Division (MAD) Waiver Review form (MAD 046) is to be completed by the CM and signed by all relevant team members to indicate their agreement to provide listed Waiver services in accordance with the ISP. Signatures by providers must be obtained within five (5) working days of the annual ISP meeting (or any interim team meeting resulting in change(s) to the current services and/or budget.

⇒ **Appendix: MAD 046**  
**Sample MAD 046**  
**Case Management Service Standards**

<http://www.health.state.nm.us/ddsd/regulationsandstandards/ddwaiverstandards/ddwaiverstandards3-1-03.pdf>

## Process for Changing Units

When there is a need for a change within the individual's ISP, the team needs to agree to complete a revision to the budget to either reduce or increase the service units to support the individual's dreams, aspirations and outcomes. The Day Habilitation examples that follow demonstrate this process.

### Example

*In February 2004, Patti's ISP initially requested 1278 units of Day Habilitation services. In July 2004, Patti's circumstances changed, which necessitated a change to Patti's ISP that resulted in the need to reduce Day Habilitation services and increase Respite services. Use this example to review the following formulas to increase or decrease units provided below.*

## Formula for Reducing Units

Use a new MAD 046 form for a revision and clearly mark "Revision" on the form. Indicate which revision number of the ISP this is for tracking purposes and billing issues.

1. In the example above, changes to Patti's life and ISP will result in a decrease in day habilitation services.
2. On the first line item of the Waiver Review form (MAD 046), under the "Units Requested" box write the words: "Reduce to (number) units".
3. The revised number of units entered should reflect the total number of units that have been and will be used for the entire timeframe of the services for **this** plan year. (Not to include services from prior plan year.)
4. To calculate and make the reduction, the CM :
  - ◆ Determines the number of units already used for Day Habilitation services. In this case 552 units were used;
  - ◆ Determines the number of units needed for the remainder of the plan year. In this case, 500 more units are needed for the remainder of the plan year;
  - ◆ Adds the number of units in 1 to the number of units in 2. In this case  $552 \text{ units} + 500 \text{ units} = 1052 \text{ units}$ .
  - ◆ The total number of units (1052 units) for the timeframe of Day Habilitation services for this plan year (February 2004 to February 2005) is written on the first line item of the Waiver Review Form (MAD 046) under the "Units Requested" column. **Example:** *Reduce to 1052 units.*

### Formula for Increasing Units

- 1) On the first line item of the Waiver Review Form (MAD 046), under "Units Requested" write the words: "Increase to (number) units"
- 2) The revised number of units entered should reflect the total number of units that *have been* and *will be* used for the entire timeframe of the services for *this* plan year. (Not to include services from prior plan year.)

3) In the example above, the change to Patti's circumstances that necessitated a change to her ISP reducing Day Habilitation services also necessitated an increase in Respite services. Patti's February 2004 budget requested 200 units of Respite services. An additional 100 units of Respite services are needed.

To increase Respite units, the CM:

- ◆ Identifies the number of Respite units requested on the current version of this ISP. In this case 200 units were requested.
- ◆ Identifies the additional number of Respite units now required. In this case 100 additional units are required.
- ◆ Adds the number of units in 1 to the number of units in 2. In this case, 200 units +100 units = 300 units.
- ◆ The total number of units (300 units) for the timeframe of Respite services for this plan year (February 2004 to February 2005) is written on the second line item of the MAD 046 under the "Units Requested" column. Example: *Increase to 300 units.*

## Approval or Denial of the MAD 046

Once the ISP, ARA and MAD 046 are completed, the CM must submit the documents for quality assurance through the agency. Once this process is completed, the agency will submit the documents to NMMUR for utilization review and/or data entry. In some situations NMMUR must authorize services being requested on the MAD 046 (see table below), otherwise the MAD 046 is authorized by the case management supervisor and sent to NMMUR simply for data entry.

The review process by NMMUR results in approval or denial of the MAD 046 based on whether the budget, LOC, and ISP reflect the team's consensus regarding the individual's

service needs. Once NNMUR receives the MAD 046 from the CM, it will have six (6) working days to:

- ◆ Approve it,
- ◆ Deny it, or
- ◆ Return it to the CM for correction or to request additional information, clarification, and/or corrections from the CM regarding proposed services prior to payment authorization. This is often referred to as a “buck back.” This request will be submitted by NNMUR on a standardized form.

Requiring New Mexico Medicaid Utilization Review	Required Supporting Documents
Initial Community Living Services	Documents demonstrating that less restrictive services will not meet the individual’s needs (e.g. Respite and Personal Care). See <b>DD Waiver Service Standards</b> for criteria.
A change from one type of Community Living Service to another (e.g. from Supported Living to Family Living)	Documentation from the team explaining why the change is in the individual’s best interest.
Request for Outlier Staffing	Outlier Worksheet completed by service provider, and a copy of the ISP and MAD 046. Refer to <b>DD Waiver Service Standards</b> for criteria.
Request for Awake at Night Staffing	Documents justifying the need for this level of staffing (for initial request and every six (6) months thereafter). For example: a letter from the individual’s physician indicating the need for frequent monitoring of a medical condition throughout the night.

## Training Resources

Training is available from DDSD Regional Offices regarding completion of the **Outlier Worksheet**.

Exceptions of the ARA for therapies and Supported Employment are approved or denied by the DDSD Regional Office. See the **DD Waiver Service Standards** for information on requesting an exception to the ARA.

⇒ **DD Waiver Service Standards**

[www.health.state.nm.us/ddsd/regulationsandstandards/pg01standards.htm](http://www.health.state.nm.us/ddsd/regulationsandstandards/pg01standards.htm)

## DD Waiver Services and Basic Medicaid Benefits

Individuals on the DD Waiver maintain their eligibility for all basic Medicaid benefits available to other Medicaid recipients. If the individual receives his/her basic Medicaid benefits through one of the three Salud Managed Care contractors, he/she is likely to receive case management and/or care coordination through that contractor as well as from his/her DD Waiver CM. Case management and/or care coordination through the contractor can be very helpful in addressing concerns about accessing necessary medical and/or behavioral health services.

Member Services can help link you with the appropriate Salud CM/care coordinator if the individual has specific questions about his/her Salud benefits. The DD Waiver CM can contact Member Services regarding general questions about Salud benefits.

◆ Lovelace Salud: (505) 232-2700 (Albuquerque)

1-888-232-2750 (toll free)

◆ Presbyterian Salud: M-F 7:00 am-10:00 pm

(505) 923-5200 (Albuquerque)

1-888-977-2333 (toll free)

- ◆ Molina: M-F 8:00 am-5:00 pm  
(505) 342-0595 (Albuquerque)  
1-800-580-2811 (toll free)

All three Salud contractors use the same agencies for dental and vision services as follows:

- ◆ Doral Dental: 1-800-417-7140
- ◆ Vision Service Plan: 1-800-877-7195

Each Salud contractor uses a separate company to handle transportation to medical appointments as follows:

- ◆ Lovelace Transportation: 1-877-735-0111
- ◆ Presbyterian Transportation  
Northern New Mexico: 1-800-725-3467  
Southern New Mexico: 1-800-432-9630 (Call 24 hours in advance)
- ◆ Molina Transportation-ITM: 1-888-593-2052

The Contract Administration Bureau at MAD oversees the above three managed care contractors. They can be reached at **1-888-997-2583** if the individual has a problem or complaint with his/her Salud benefits. (Be aware that each Salud contractor also has a grievance process in place that can be initiated by calling Member Services for the particular Salud entity.)

If the individual is exempt from Salud and receives Medicaid benefits through the Fee for Service system of independent Medicaid providers, information can be obtained through the Benefits Bureau at MAD by calling the Division Director at **(505) 827-3134** (or call toll free at **1-888-997-2583** and ask to speak to a representative in the Benefits Bureau). In addition, Medicaid has a tribal liaison to assist Native American recipients. The CM can call the above toll free number and ask to be transferred to this individual as well.

## Billable and Non-Billable Activities

Case management providers are obligated to comply with Medicaid Waiver billing rules and regulations. All billable case management activities must be documented. Medicaid requires that providers maintain up-to-date written documentation of all services provided. Date of service, in and out times, legible narratives and CM signature must be provided. This documentation may be maintained in the case management case notes or progress notes. The ***DD Waiver Service Standards: Case Management Services*** states the following regarding billable services:

- ◇ Billable case management activities include services and supports within the Scope of Service.
- ◇ Case management may be provided at the same time on the same day as any other service.

⇒ ***Billing Instructions-Long Term Care Services-Attachment D***

[http://www.state.nm.us/hsd/mad/pdf\\_files/Billinginstructions/8314.pdf](http://www.state.nm.us/hsd/mad/pdf_files/Billinginstructions/8314.pdf)

### Activities that are Billable

- ◇ **Facilitating** team meetings and ongoing eligibility determination for the DD Waiver.
- ◇ **Assessing** an individual's need for services, identifying strengths and desired outcomes.
- ◇ **Service Planning** based on current assessments.
- ◇ **Monitoring** implementation of the service plan and to ensure health and safety.
- ◇ **Re-evaluation** of services for effectiveness and efficiency.
- ◇ **Record keeping** to maintain current service plan, medical information, documentation of monitoring efforts, narratives, and billing requirements.
- ◇ **Coordinating** specialized, generic, and natural supports and services.

## Activities that are Non-Billable

- 1) **Direct clinical services**, therapy and other direct services;
- 2) **Transporting** individuals to medical appointments, therapy sessions, place of employment, etc.;
- 3) **Travel** to and from visits with the individual, team meetings, site visits, etc.
- 4) **Case management** services provided to individuals in nursing homes, hospitals and other such facilities;
- 5) **Discharge planning** for individuals in nursing homes, hospitals and other such facilities;
- 6) **Case management** services provided to individuals who are ineligible for the DD Waiver program;
- 7) **Outreach activities**;
- 8) **Case management** services to individuals that are not residents of New Mexico; and
- 9) **Participation in training** in any educational courses or DDSD required trainings except for Individual-Specific Training in the ISP in which the CM is a required to participate

The CM is eligible to bill for services from the date the signed *Freedom of Choice* (FOC) is received at the agency and work begins on the LOC packet. There are two FOC levels. **Primary FOC** means that an individual or the court appointed legal guardian applying for Waiver services is assured the opportunity to choose his/her own case management agency. **Secondary FOC** refers to the individual's or the court appointed legal guardian's right to choose an authorized service provider as long as the particular service has been approved in the ISP. The decision to change providers can be made by the person or his/her guardian.

The case management agency compiles and submits billing for reimbursement on a monthly basis. The new CM will be trained by the agency. The CM is responsible for submitting information and documentation according to the timelines established by the agency. The CM may be required to complete additional training or mentorship as identified by DDSD.