

**Developmental Disabilities Supports Division
Regional Office Review of Increases in Level of Care
Instructions for Case Managers**

February 7, 2010

In order to monitor changes in Level of Care, DDS is requiring that any revision increasing the Level of Care (LOC) be submitted to the Regional Office for pre-review prior to submission to Molina Utilization Review. Case Managers should request Regional Office Technical Assistance if they are unclear as to the need for an increased Level of Care- or whether an Individual meets the criteria for increasing their Level of Care.

All LOC requests to increase an Individual’s Level of Care, (Revisions, Annual, or Re-Admit LOCs), MUST be sent to the Regional Office for review, and recommendation- prior to submission to Molina-New Mexico Medicaid Utilization Review. The Regional Office will submit the LOC revision to Molina directly, informing the Case Manager of their recommendation. Molina will return LOCs which increase the Level of Care to the case manager, if it was not routed through the Regional Office.

Case Managers must continue to submit a copy of the prior approved LOC abstract with all LOC submissions, including annual, revision, and re-admit until advised otherwise.

Case Managers must include the following documentation when submitting their LOC Increase Request to the Regional Office:

Required Documentation

a. Regional Office Request for LOC Increase Form – with specific reasons for LOC Increase request, and indication of duration of need for increased supports
b. Prior Approved LOC - approved by NMMUR
c. MAD 378 LOC Abstract w/ M.D. signature
d. Client Individual Assessment - Current within 60 days
e. Health Assessment Tool - Current within 60 days
f. ABS or Approved Assessment - administered within 60 days, signed and dated
g. Health and Physical Form - current within 60 days with Physician’s signature and date
h. Molina Cover Sheet
i. Incident Reports , as applicable
j. Other documents to support this request (as applicable: e.g. hospital discharge summary)

If any of the above documentation is missing or incomplete, when received by the Regional Office, the RO will contact the case manager via email, stating what is missing. The case manager has 72 hours to submit the missing documentation or request will be denied via email.

A more detailed description of the above documentation is as follows:

a. Regional Office Request for LOC Increase Form (LOCIF). Completed.

I. Check to see if the reason for increasing the LOC has been indicated:

- Acute illness or recovery from medical procedure
- Decline in function due to chronic medical condition, which requires increased support.
- Recent or long term changes in behavior, which may require temporary

increased level of support. Attach documentation to support this.

II. List specific conditions which support increasing the Level of Care at this time.

III. If related to acute illness, hospitalization, or temporary behavioral episode: Include information regarding how does the IDT Plan to re-evaluate or decrease level of support upon recovery, and include timeframes. Include strategies for increasing independence/ addressing behavior during recovery.

- b. Ensure that there is copy of the prior NMMUR –approved LOC attached.
- c. Include a current LOC, signed by the Physician within 60 days.
- d. Current Client Individual Assessment filled out completely.
- e. Health Assessment Tool attached, current within 60 days, and signed by the appropriate person.
- f. Attach the ABS completed within the last 60 days.
- g. Attach the Health and Physical Form current within 60 days.
- h. Attach Molina Cover Sheet, filled out completely.
- h. Include relevant, (recent) Incident Reports, which relate to reasons for request for an increase in Level of Care Supports.
- i. Attach any other documents, including meeting minutes, therapy recommendations- which support the need for increasing the LOC.

3. Regional Office staff will enter their findings in the Notes Section of the RO Request for LOC Increase Form. Then staff will make a recommendation with regard to the appropriateness of the request, based on the information provided.

4. Regional Office staff assigned will then forward the packet to Molina with authorization to process **or** with a request for a 2nd level clinical review, and will indicate that on the request form, in the final section.

5. Regional Offices will notify the case manager via email of the date the packet was forwarded to Molina, with an indication as to whether the request was determined to be appropriate, or whether a 2nd level review was requested from Molina.

6. Molina will notify the Case Manager, as well as the Regional Office of the outcome of their review.

7. Molina will return LOCs revisions which increase the Level of Care to the case manager, if it was not routed through the Regional Office.

The following Timelines will apply to the RO Review of Requests for Increased LOC process:

1. The Regional Office has ten business days to review the Request for LOC Increase Packet, and notify the Case Manager of their decision, and send the packet to Molina.
2. There will be NO Retro Reviews with regard to LOC Increase Requests.
3. Molina will follow the normal timelines for processing the LOC review submission, once received from the Regional Office.