

**Developmental Disabilities Supports Division  
Regional Office Review of Increases in Level of Care  
Guidelines**

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.

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.

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**Once received by the Regional Office, the following guidelines will be used to process and review the LOC packet, prior to submission to Molina-New Mexico Utilization Review:**

1. RO staff will enter the Request for LOC Increase Packet into the tracking log, and note the date received, along with their initials, on the Regional Office Request for LOC Increase Form (LOCIF). They will then route the packet to the appropriate person(s) for review.
2. The staff person(s) assigned to review this packet will first verify the following documents are present and complete, with signatures as required:

**Required Documentation**

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

If any of the above documentation is missing or incomplete, contact the case manager Via email, stating what is missing. The case manager has 72 hours to supply the missing documentation or request will be denied via email.

- a. Regional Office Request for LOC Increase Form ( LOCIF).**
  - 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. Does the attached documentation support this?

- II. Is the statement of specific conditions which support increasing the Level of Care, adequate?
  - III. If related to acute illness, hospitalization, or temporary behavioral episode: Does the information regarding the IDT Plan to re-evaluate or decrease level of support upon recovery, include timeframes? Are there strategies for increasing independence/ addressing behavior during recovery?
- b. Check to see that there is copy of the prior NMMUR –Approved LOC attached. Note the Level of Care on the prior LOC: does it match the current or requested LOC ?
  - c. Is the current LOC, signed by the Physician within 60 days? Has the scoring changed from the previous approved LOC?
  - d. Is the current Client Individual Assessment filled out completely? Does the information provided make sense in terms of the current stated reasons for requesting a LOC Increase?
  - e. Is the Health Assessment Tool attached, current within 60 days, and signed by the appropriate person? Does the data provided, and scoring support the request for LOC increase?
  - f. Is the attached ABS completely filled out? Does it note when it was completed? Was it completed within the last 60 days? Does the data gathered support the stated reasons for requesting an increase in LOC?
  - g. Is the Health and Physical Form current within 60 days?
  - h. Is the Molina Cover Sheet filled out completely?
  - h. If there are attached Incident Reports, do they relate to reasons for request for higher Level of Care Supports? Are they recent enough to account for increase?
  - i. Do any other documents, including meeting minutes, therapy recommendations 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 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.