Supports Waiver Process Table for Agency Based and Participant Directed Service Delivery

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
INITIAL SELECTION OF CSC	Participant selects through SW Primary Freedom of Choice	Participant selects through SW Primary Freedom of Choice
	Form	Form
NEW ALLOCATION REPORTING	CSC submits SW Offer Reporting information by the 15 th of	CSC submits SW Offer Reporting information by the 15 th of
New ALLOCATION REPORTING	the month (at the latest) through Therap	the month (at the latest) through Therap
	HCFA 1500 submission through Medicaid Portal	HCFA 1500 submission through Medicaid Portal
PRE- ELIGIBILITY BILLING FOR CSC	Monthly unit \$143.00/month for 90 days	Monthly unit of \$143.00/month for 90 days
	Submit Request for Extension of Billing Form to SW	Submit Request for Extension of Billing Form to SW
	Manager through Therap Scomm	Manager through Therap Scomm
LEVEL OF CARE SUBMISSION	Submit through Third Party Assessor (TPA) Comagine	Submit through Third Party Assessor (TPA) Comagine portal
	portal (JIVA)	(JIVA)
SERVICE MODEL SELECTION -	CSC notifies TPA through initial Individual Service Plan and Budget submission and retains <i>DDSD Service Model</i>	CSC submits <i>DDSD Service Model Selection Form</i> to RO SW Liaison who enters the participant in the FMA Online Portal
INITIAL	Selection Form for record	CSC and participant complete <i>Employer of Record (EOR)</i> <i>Questionnaire</i> to identify (EOR)
SELECTING PROVIDERS/EMPLOYEES OR	Participant selects agency on Secondary Freedom of Choice Form (SFOC)	EOR recruits and hires employees and vendors using EOR Guide and support from CSC
VENDORS	CSC distributes SFOC to selected agency and retains copy for file	EOR completes and submits vendor and and/or employee packet to FMA
CAREGIVER CRIMINAL HISTORY SCREENING PROGRAM AND EMPLOYEE ABUSE REGISTRY	Provider agency completes before employee can begin working with the participant	EOR ensures completion and submits to FMA before employee can begin working with the participant
BUDGET	Fillable Excel Agency Based Budget Worksheet (AB BWS)	Fields embedded in FMA online portal FMA Online Portal application

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
INDIVIDUAL SERVICE PLAN TEMPLATE (ISP)	Fillable form available on SW Website submitted to TPA	Fillable fields completed within FMA Online Portal along
	with AB BWS for approval through Comagine portal (JIVA)	with budget fields completed for approval by TPA and
X = y	and revised as needed	revised as needed
	AB BWS submitted by CSC to TPA with ISP for initial,	Initials, Annuals, and Revision Budgets are submitted by the CSC in the FMA Portal system. The ISP must also be
	annual and revisions, as needed, via the Comagine Health Provider Portal (JIVA)	submitted with initial, annual and revision requests
	Required supporting documentation is dependent on	Required supporting documentation is dependent on
	service request and also submitted through Comagine Health Provider Portal (JIVA)	service request and submitted through Comagine Health Provider Portal (JIVA)
SUBMISSION OF INITIAL BUDGET, ANNUAL BUDGET AND REVISIONS WITHIN THE SAME SERVICE DELIVERY MODEL	Initial budgets are always on 1 st of the month and follow the 14-day rule	Initials always start on 1 st of the month and follow the 14- day rule
	Annuals must be submitted 30 days prior to expiration of the ISP	Annuals must be submitted 30 days prior to expiration of the ISP
	Revisions must be submitted 15 days prior to start of	Revisions must be submitted 15 days prior to start of
	service revision. No revisions within 60 days of end of ISP	service revision. No revisions within 60 days of end of ISP
	year unless approved by DOH for health and safety	year unless approved by DOH for health and safety
	reasons.	reasons.
	RFIs issued to the CSC by the TPA through Comagine	
REQUEST FOR MORE INFORMATION (RFI)	Health Provider Portal (JIVA)	RFIs issued to the CSC through the FMA Online Portal and Comagine Health Provider Portal (JIVA)
	Response time is 7 business days by the CSC from the date	
	the RFI is issued by TPA. If the CSC does not respond to an	Response time is 7 business days by the CSC from the date
	RFI for pending items within 7 calendar days, the TPA will	the RFI is issued by TPA. If the CSC does not respond to an
	issue another RFI until the RFI process has been	RFI for pending items within 7 calendar days, the TPA will
	exhausted. If the CSC does not respond to the RFI requests within 21 calendar days from the date of the first	issue another RFI until the RFI process has been exhausted. If the CSC does not respond to the RFI requests within 21
	RFI, the TPA may issue a technical denial.	calendar days from the date of the first RFI, the TPA may
		issue a technical denial.

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
	CSC uploads required documents through Comagine Health Provider Portal (JIVA)	CSC uploads required documents through Comagine Health Provider Portal (JIVA)
REQUEST FOR ADMINISTRATIVE ACTION (RFA)	No RFAs	RFAs issued to the CSC through the FFMA Online Portal and the Comagine Health Provider Portal (JIVA). Response time is 5 business days by the CSC from the date the RFA is issued by the TPA.
APPROVALS/DENIALS	Correspondence (Approval and Denial) letters will be mailed to participants. Denials will be issued with Fair Hearing Rights. CSCs can retrieve the correspondence letters and approved budgets in the Comagine Health Provider Portal (JIVA).	Correspondence (Approval and Denial) letters will be mailed to participants. Denials will be issued with Fair Hearing Rights. CSCs can retrieve the correspondence letters from the Comagine Health Provider Portal (JIVA). The approved budget will be in the FMA Online Portal FMA Online Portal
PARTIAL APPROVAL	 When some of the requested services have been approved, a Partial Decision is issued. Comagine Health will send a Partial Decision Letter to the SW Participant and upload the correspondence to Jiva for the CSC to retrieve. For services that are pending approval the RFI process will apply. CSCs are required to notify the appropriate providers of any denials 	 When some of the requested services have been approved, a Partial Decision is issued. Comagine Health will send a Partial Decision Letter to the SW Participant and upload the correspondence to Jiva for the CSC to retrieve. For services that are pending approval the RFI process will apply. CSCs are required to notify the appropriate providers of any denials.

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
OPEN/ CLOSE BUDGET FOR	To open budget mid ISP term: CSC retains Service Delivery	To open budget mid ISP term: CSC submits Service Delivery
CHANGE IN SERVICE DELIVERY MODEL	 Model Change Form which includes total budget amount remaining to transfer into agency-based service delivery model. AB CSC completes AB BWS with service start dates and appropriate units, and submits AB BWS and ISP to the TPA through the Comagine Health Provider Portal for review. To close budget mid ISP term: AB CSC submits revision AB 	 Model Change Form which includes total budget amount remaining to transfer into participant directed service delivery model to Regional Office SW Liaison. The RO SW Liaison enters the participant in FMA Online Portal . CSC completes new budget and ISP within FMA Online Portal for approval and revision as needed. To close budget mid ISP term: CSC revises budget with end
	BWS to TPA with end dates and prorated units. CSC enters remaining budget from total Service Summary on AB BWS in the Service Delivery Model Change Form. Transitions are always on 1 st of the month and follow the 14-day rule	dates in the FMA Online Portal CSC enters remaining budget total in <i>Service Delivery Model Change Form</i> to submit with opening of AB BWS. Transitions are always on 1st of the month and follow the 14 day rule
DISTRIBUTION OF AND ACCESS TO ISP, BUDGET AND EMERGENCY BACK-UP PLAN ACCESS	CSC distributes to participant, providers and Regional Office. DDSD access by request through Therap.	CSC distributes to participant, EOR, and DDSD access through FMA Online Portal
PRIOR TO SERVICE DELIVERY	 Medicaid Portal must show: COE: 096 Prior Authorization (PA) issued by TPA. A PA is not necessary for the CSC Agency. 	Medicaid Portal must show: • COE: 096 Budget approval by TPA in FMA Portal
CSC ONGOING BILLING	 HCFA 1500 submission through Medicaid Portal Monthly unit according to published fee schedule which cannot exceed 12 units per ISP term Transitions are always on 1st of the month; no half units can be billed. 	 HCFA 1500 submission through Medicaid Portal Monthly unit according to published fee schedule which cannot exceed 12 units per ISP term. Transitions are always on 1st of the month; no half units can be billed.
SERVICE BILLING	Provider Agency bills according to Prior Authorization, AAB, approved fee schedule and ISP through Medicaid Portal	EOR submits an Authorized Payment Request Form for vendor agencies and will authorize timesheets weekly for employees according to approved fee schedule.

REPRESENTATIVE Therap Scomm Scomm EXCEPTION TO STANDARDS Submit Exception to Standards Request Form to Regional Office through Therap Scomm/fax Submit Exception to Standards Request Form to Regional Office through Therap Scomm/fax Submit RcRA to Regional Office through Therap Scomm/fax REGIONAL OFFICE REQUEST FOR ASSISTANCE (RORA) Submit RORA to Regional Office through Therap Scomm/fax Submit RORA to Regional Office through Therap Scomm/fax DDSD TECHNICAL ASSISTANCE Technical Assistance Visits from Regional Office Technical Assistance Visits from Regional Office CSC MONITORING TOOL Required template completed in Therap Case Notes Required template completed in Therap Case Notes DHI Quality Management Bureau (QMB) Surveys for Community Supports Coordinator and CCS- Group DHI Quality Management Bureau (QMB) Surveys Community Supports Coordinator EOR oversees employees Bureau of Behavior Supports monitoring of Behavior Support Consultation Post Payment Audits through QMB Surveys and Office of Internal Audit DHI Hotline 1-800-445-6242 DHI Hotline 1-800-445-6242 INDIVIDUAL ACTION AND SAFETY PLAN (IASP) DHI Hotline 1-800-445-6242 DHI Hotline 1-800-445-6242 DHI Hotline 1-800-445-6242 INDIVIDUAL ACTION AND SAFETY PLAN (IASP) DOH approved provider agency administrator enrolls in the DDSD Training Hub and enrolls employees who must meet training requirements persW Service Standards		AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
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Training requirements detailed in service standards and apply to both service delivery models.		the DDSD Training Hub and enrolls employees who must	
Training requirements detailed in service standards and Training HUB and enrolls employees who must meet		meet training requirements per SW Service Standards	Participant Directed Vendor (Provider) who is hired by the
training requirements per SW Service Standards.			EOR and processed through the FMA enrolls in the DDSD

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
		CSC enrolls participant directed entities (EOR and direct hire employees) who must meet training requirements per SW Service Standards
		Training requirements detailed in service standards and apply to both service delivery models
	Participant submits CSC Agency Change Form to Regional Office SW Liaison who notifies new agency	Participant submits <i>CSC Agency Change Form</i> to Regional Office SW Liaison who notifies new agency
CHANGE CSC AGENCY	A transition meeting is held with participant, discharging agency and receiving agency. The receiving CSC Agency will forward the completed Letter of Transfer and Receipt to the DDSD Regional Office prior to the transfer. The discharging agency will submit a revision with an end	A transition meeting is held with participant, discharging agency and receiving agency. The receiving CSC Agency will forward the completed Letter of Transfer and Receipt to the DDSD Regional Office prior to the transfer.
	date their agency and a start date with new agency. TPA changes header in Omnicaid to include correct CSC	SW Liaison also new agency to individual in the FMA Online Portal.
	agency.	CSC Agency will be updated in the DDSD Training Hub.
	Transitions are always on 1 st of the month and follow the 14-day rule	Transitions are always on 1 st of the month and follow the 14-day rule

LINKS

Secondary Freedom of Choice Website: <u>http://sfoc.health.state.nm.us/</u> Medicaid Portal and Fiscal Management Agent : <u>https://nmmedicaid.portal.conduent.com/static/ContactUs.htm</u> DDSD Training Hub Tutorials for "Agency Admins" <u>http://cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/nm-waiver-training-hub-tutorials.html</u> FMA Online Portal : <u>https://nm.FMA Online Portal.com/nm/</u> Third Party Assessor Comagine (JIVA) <u>https://comaginepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin</u> Therap Help and Support (New Mexico) <u>https://help.therapservices.net/app/new-mexico</u> HSD Fees Schedules: <u>https://www.hsd.state.nm.us/providers/fee-schedules.aspx</u>