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TITLE 8 SOCIAL SERVICES
CHAPTER 314 LONG TERM CARE SERVICES - WAIVERS
PART 6 MI VIA HOME AND COMMUNITY-BASED SERVICES WAIVER

8.314.6.1 ISSUING AGENCY: New Mexico Human Services Department.
[8.314.6.1 NMAC - N, 12-1-06]

8.314.6.2 SCOPE: The rule applies to the general public.
[8.314.6.2 NMAC - N, 12-1-06]

8.314.6.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See NMSA 1978 27-2-12 et. seq. (Repl. Pamp. 1991).
[8.314.6.3 NMAC - N, 12-1-06]

8.314.6.4 DURATION: Permanent.
[8.314.6.4 NMAC - N, 12-1-06]

8.314.6.5 EFFECTIVE DATE: December 1, 2006, unless a later date is cited at the end of a section.
[8.314.6.5 NMAC - N, 12-1-06]

8.314.6.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, eligible participants, covered services, non-covered services, utilization review, and provider reimbursement.
[8.314.6.6 NMAC - N, 12-1-06]

8.314.6.7 DEFINITIONS: [RESERVED]

8.314.6.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of medicaid-eligible individuals by furnishing payment for quality health services at levels comparable to private health plans.
[8.314.6.8 NMAC - N, 12-1-06]

8.314.6.9 MI VIA HOME AND COMMUNITY-BASED SERVICES WAIVER (MV HCBSW): To help New Mexican waiver recipients receive necessary services in a cost-effective manner, the human services department/medical assistance division (HSD/MAD) has obtained a home and community-based services waiver (HCBSW). The mi via waiver provides self-directed home and community-based services to eligible HCBS waiver recipients who are disabled or elderly (D&E), developmentally disabled (DD), medically fragile (MF), those diagnosed with acquired immunodeficiency syndrome (AIDS), and those diagnosed with certain brain-injuries (BI). (See section 2176 if the Omnibus Budget Reconciliation Act of 1981, codified at 42 CFR 441.300 Subpart G.) The goal of the mi via waiver (MVW) is to provide a home and community-based alternative to institutional care that facilitates greater participant choice, direction and control over services and supports that are identified in the participant's individualized service and support plan (SSP), purchased within an agreed upon individual budgetary allotment (IBA), and delivered by service providers or vendors chosen by the participant. The MVW IBA is the annual budget amount available to each participant, which can be utilized to purchase flexible combinations of services, supports and goods. The MVW participant works with a consultant to develop and implement the SSP and in accordance with the mi via service standards. This part describes MVW eligible participants, eligible providers, covered waiver services, non-covered services, utilization review and provider reimbursement.
[8.314.6.9 NMAC - N, 12-1-06]

8.314.6.10 SUPPORTS FOR SELF-DIRECTION:

A. **Consultant contractor agency (CCA):** The consultant contractor agency hires individual consultants to assist individual mi via participants. The consultant provides the following services:

(1) assist the participant with understanding mi via by sharing information regarding the range and scope of choices, options, rights, risks, and responsibilities associated with self-direction;

(2) assist the participant during development of the SSP;
(3) assist the participant during development of the individual budget; and
(4) complete quality assurance activities as follows:
(a) ensure that all applicable procedures related to the plan and budget development occur;
(b) monitor implementation of the plan;
(c) communicate with the financial management agent to monitor appropriate use of the authorized budget, according to the SSP;
(d) support the participant in developing and implementing the individual quality assurance plan;
(e) support the participant in revising the SSP and budget, as indicated, to meet the participant's changing needs; and
(f) contact the participant at least four (4) times per year, including two (2) face to face contacts.

B. **Financial management agent (FMA)**: Based on the participant's individual SSP and budget, the FMA:
(1) must verify that individuals are eligible for medicaid, MVW services or other health insurance prior to the provision of goods or services;
(2) set up an individual account;
(3) make expenditures that follow the authorized budget, including processing and paying invoices for goods and services approved in the service plan;
(4) handle all payroll functions on behalf of participants who hire service providers and other support personnel, including:
(a) collecting and processing timesheets of support workers;
(b) processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance;
(c) answering inquiries and solving problems related to the FMA's responsibilities;
(d) receiving and disbursing funds for the payment of participant-directed services under an agreement with the medicaid agency and ALTSD;
(e) execute and hold medicaid provider agreements as authorized under a written agreement with the medicaid; and
(f) track and report on income, disbursements and balances of participant funds, including providing the participant with a monthly report of expenditures and budget status, and the state with a quarterly and annual documentation of expenditures.

[8.314.6.10 NMAC - N, 12-1-06]

8.314.6.11 ELIGIBLE PROVIDERS:

A. Eligible independent providers, including non-licensed homemaker/companion workers provider agencies and vendors, must be approved by the financial management agent (FMA). The designee of the two MVW state-operating agencies, aging and long-term services department, elderly and disabilities services division (ALTSD/EDSD) which operates the MVW for the D&E, AIDS and BI populations; and the department of health, developmental disabilities support division (DOH/DDSD), which operates the MVW for the DD and MF populations. Eligible providers and vendors must also execute an approved medicaid provider participation agreement with the FMA. In order to be approved as a provider or vendor, independent providers, agencies, or vendors must meet the following conditions set forth in these regulations and submit an enrollment packet for approval to the FMA containing the completed medicaid mi via provider agreement application.

B. Individual providers, provider agencies or vendors are employed by the MVW participant under the following conditions.
(1) Employed individuals and vendors must be qualified and follow the general contract provisions.
(2) All professional providers are required to follow the licensing regulations set forth by their profession, as applicable. This includes, but is not limited to licensed registered nurses (RN), licensed practical nurses (LPN), social workers, physical therapists (PT), physical therapy assistants (PTA), occupational therapists (OT), certified occupational therapy assistants (COTA), and speech language pathologists (SLP), counselors, psychologists, etc. Refer to the New Mexico board of licensure for information regarding applicable licensure.
(3) Pass a criminal background check performed pursuant to 7.1.9 NMAC and in accordance with NMAC 1978 Section 29-17-1 of the Caregivers Criminal History Screening Act.

(4) Relatives/legal guardians, except legally responsible individuals (e.g., parents of minor children or spouses) may be hired and paid for waiver services. Payment is made to participant's relative, legal guardian or attorney-in-fact for services when the relative/legal guardian is qualified to provide the service. The services must be identified in the SSP, and the participant or his representative is responsible for verifying that services have been rendered by completing, signing and submitting documentation, including the timesheet, to the FMA. There are no specific limits on the amount of services furnished by a relative or legal guardian.

(5) Legally responsible individuals, (e.g., the parent [biological or adoptive] of a minor child [under age 18] or the guardian of a minor child) who must provide care to the child, or a spouse of a MVW participant, may be hired and paid for waiver services under extraordinary circumstances in order to assure the health and welfare of the participant and avoid institutionalization.

(a) Extraordinary circumstances include the inability of the legally responsible individual to find other qualified, suitable caregivers when the legally responsible individual would otherwise be absent from the home and, thus, the caregiver must stay at home to ensure the participant's health and safety.

(b) Legally responsible individuals may not be paid for any services that they would ordinarily perform in the household for individuals of the same age who did not have a disability or chronic illness.

(c) Hiring of legally responsible individuals must be approved by the aging and long term services department (ALTSD) prior to submission of the SSP and budget to the utilization review contractor.

C. Once enrolled, providers and vendors receive a packet of information including medicaid MVW program policies, billing instructions, and other pertinent material from the FMA, ALTSD/EDSD or DOH/DDSD, as appropriate. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from the state.

D. **Qualifications of participant-delegated goods and services providers:** Goods and services providers are typical vendors in the community, according to the goods, services and supports needed.

E. **Qualifications of homemaker/companion providers:** Homemaker/companion services may be provided by independent homemaker/companion providers or personal care agencies.

(1) Individual homemaker/companion workers must possess the following qualifications:

(a) be 18 years of age;

(b) demonstrate the capacity to perform required tasks;

(c) be able to communicate successfully with the participant; and

(d) pass a criminal background check.

(2) The mi via participant or representative evaluates the homemaker/companion worker's training needs, provides or arranges for training, as needed, and supervises the worker. Training expenses will be paid by the participant with the agreed upon individual budgetary allotment if the participant cannot provide the training directly to the homemaker/companion and there is no other means available for the training.

F. **Qualifications of adult day health providers:** Adult day health must be licensed by DOH as an adult day care facility pursuant to 7.13.2 NMAC and meet all requirements and regulations set forth by DOH as an adult day health center pursuant to 7.13.2 NMAC.

G. **Qualifications for community living service providers:** There are three types of community living services: family living, supported living and independent living. Community living service providers must meet all qualifications set forth by the DOH/DDSD, developmentally disabled waiver (DDW) definitions and service standards and be accredited by an approved organization in accordance with the DDSD accreditation policy.

(1) **Family living service** providers for adults must meet the qualifications for staff set forth by the DOH/DDSD, DDW service definitions and standards.

(2) **Supported living service** providers must meet the qualifications for residential facility staff set forth by the DOH/DDSD, DDW service definitions and standards.

(3) **Independent living service** providers must meet the qualifications for residential facility staff set forth by the DOH/DDSD, DDW service definitions and standards.

H. **Qualifications of adult day habilitation providers:** Adult day habilitation providers must meet all qualifications set forth by the DOH/DDSD, DDW service definitions and standards and be accredited by an approved organization in accordance with the DDSD accreditation policy.

I. **Qualifications of supported employment providers:** Individual supported employment, customized supported employment and group supported employment providers must meet all qualifications set forth by the DOH/DDSD, DDW service definitions and standards and be accredited by an approved organization in accordance with the DDSD accreditation policy.

J. **Qualifications of respite providers:** Respite services may be provided by eligible homemaker/companion providers; licensed registered or licensed practical nurses; or hospital, nursing facility, or ICF/MR providers, as appropriate.

K. **Qualifications of assisted living providers:** Assisted living providers must be licensed as an adult residential care facility by DOH pursuant to 7.8.2 NMAC, and meet all the requirements and regulations set forth by DOH as an adult residential care facility pursuant to 7.8.2 NMAC *et seq*.

L. **Qualifications of behavior support consultation providers:** Behavior support consultation providers must meet all qualifications set forth by the DOH/DDSD, DDW definitions and service standards.

(1) Providers of behavior support consultation services must possess qualifications in at least one of the following areas: licensed psychiatrist, licensed clinical psychologist, licensed psychologist associate, (masters or Ph.D. level), a licensed independent social worker (LISW), licensed master social worker (LMSW), licensed professional clinical counselor (LPCC), licensed professional counselor (LPC), licensed psychiatric nurse (MSN/RNCS), licensed marriage and family therapist (LMFT), or licensed practicing art therapist (LPAT).

(2) Providers of behavior support consultation must maintain a current New Mexico licensure with their professional field licensing body.

M. **Qualifications of environmental modification providers:** Environmental modification providers must possess an appropriate plumbing, electrician, or contractor license.

N. **Qualifications of emergency response providers:** Emergency response providers must comply with all laws, rules and regulations of the New Mexico state corporation commission for telecommunications and security systems.

O. **Qualifications of community access providers:** Community access providers must meet all qualifications set forth by the DOH/DDSD DDW service definitions and standards and be accredited by an approved organization in accordance with the DDSD accreditation policy.

P. **Qualifications of private duty nursing providers for adults:** Direct nursing services are provided by individuals who are currently licensed as registered or practical nurses by the New Mexico state board of nursing.

Q. **Qualifications of extended state plan skilled therapy providers for adults:** Physical and occupational therapists, speech/language pathologists, and physical therapy assistants must possess a therapy license in their respective field from the New Mexico regulation and licensing department. Certified occupational therapy assistants must possess an occupational therapy assistant certification from the New Mexico regulation and licensing department. Speech clinical fellows must possess a clinical fellow license from the New Mexico regulation and licensing department.

R. **Qualifications of extended state plan skilled therapy providers for children:** Physical and occupational therapists, speech/language pathologists, and physical therapy assistants must possess a therapy license in their respective field, from the New Mexico regulation and licensing department. Certified occupational therapy assistants must possess an occupational therapy assistant certification from the New Mexico regulation and licensing department. Speech clinical fellows must posses a clinical fellow license from the New Mexico regulation and licensing department.

S. **Qualifications of nutritional counseling providers for adults:** Nutritional counseling providers must be registered as dietitians by the commission on dietetic registration of the american dietetic association.

T. **Qualifications of intensive case management providers:** Intensive case management providers must have the skills and abilities necessary to perform case management services and possess the following qualifications:

(1) one year clinical experience related to the target population; and
(2) licensed social worker, as defined by the New Mexico board of social work examiners; or
(3) licensed registered nurse, as defined by the New Mexico board of nursing; or
(4) bachelor’s degree in social work, counseling, nursing, special education, or closely related field.

[8.314.6.11 NMAC - N, 12-1-06]

8.314.6.12 PROVIDER RESPONSIBILITIES: The financial management agent (FMA), which reimburses providers who furnish services to mi via medicaid recipients must comply with all medicaid participation requirements, maintain records which are sufficient to fully disclose the extent and nature of services provided to recipients and comply with random and targeted audits conducted by HSD, ALTSD or its audit agent. The department or its designee will seek recoupment of funds from providers when audits show inappropriate billing for services. Providers who furnish services to mi via medicaid recipients and bill the FMA must comply with all medicaid FMA participation requirements. See 8.302.1 NMAC, *General Provider Policies*.

[8.314.6.12 NMAC - N, 12-1-06]

8.314.6.13 ELIGIBLE RECIPIENTS: The MVW program is limited to the number of federally authorized unduplicated recipient (UDR) positions and program funding to individuals who have received an allocation for BI, DD, MF, D&E, or AIDS waiver services; and to individuals who meet an institutional level of care (LOC) criteria and financial criteria as determined by HSD. Individuals who are institutionalized, hospitalized, or receive personal care option (PCO) services are eligible only for consultant services that are required to coordinate the transition of services to the MVW. See 8.290.400.10 NMAC, *Basis for Defining the Group*. Eligible recipients must meet specific requirements for the DD, MF, D&E, AIDS waiver and brain injury populations, respectively, to be eligible for MV waiver services, as follows:

A. **Developmental disability:** Individuals who have a severe chronic disability, other than mental illness, that:

(1) is attributable to a mental or physical impairment, including the result of trauma to the brain, or a combination of mental and physical impairments;

(2) is manifested before the person reaches the age of twenty-two years;

(3) is expected to continue indefinitely;

(4) results in substantial functional limitations in three or more of the following areas of major life activity:

(a) self-care;

(b) receptive and expressive language;

(c) learning;

(d) mobility;

(e) self-direction;

(f) capacity for independent living; and

(g) economic self-sufficiency;

(5) reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other support and services that are of life-long or extended duration and are individually planned and coordinated;

(6) have mental retardation or a specific related condition; related conditions are limited to cerebral palsy, autism (including asperger syndrome), seizure disorder, chromosomal disorders (e.g. downs), syndrome disorders, inborn errors of metabolism, and developmental disorders of brain formation; and

(7) who require intermediate care facility for the mentally retarded (ICF/MR) level of care.

B. **Medically fragile:** Individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who:

(1) have a development disability or developmental delay, or who are at risk for developmental delay;

(2) have a medically fragile condition defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one or more of the following:

(a) life-threatening condition, characterized by reasonably frequent periods of acute exacerbation, which requires frequent medical supervision and/or physician consultation, and which, in the absence of such supervision or consultation, would require hospitalization;

(b) frequent, time-consuming administration of specialized treatments which are medically necessary; or dependence on medical technology such that without the technology a reasonable level of health could not be maintained; examples include, but are not limited to, ventilators, dialysis machines, enteral or parenteral nutrition support and continuous oxygen; and

(3) require ICF/MR level of care.

C. **Disabled and elderly:** Individuals who are elderly (age 65 or older), or persons with a disability (blind or disabled) as determined by the disability determination unit utilizing social security disability guidelines, who require nursing facility LOC and either reside in the community, are institutionalized, or are at risk of institutionalization.

D. **AIDS:** Individuals who have been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related conditions (ARC) and who require hospital or nursing facility level of care.

E. **Brain-injured:** Individuals (through age 64) with an injury to the brain of traumatic or acquired origin resulting in total or partial functional disability or psychosocial impairment or both. Additional criteria include:

(1) the term applies to open and closed head injuries caused by: an insult to the brain from an outside physical force, anoxia, electrical shock, shaken baby syndrome, toxic and chemical substances, near-drowning, infections, tumors, or vascular lesions;

(2) BI may result in either temporary or permanent, partial or total impairments in one or more areas including, but not limited to: cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech;

(3) the term "***brain injury***" does not apply to brain injuries that are congenital, degenerative, induced by birth trauma or neurological disorders related to the aging process, or chemically caused brain injuries that are a result of habitual substance abuse; the BI participant must have a documented BI diagnosis, as listed in the international classification of disease (ICD 9) codes which can be obtained from ALTSD or HSD/MAD; and

(4) individuals who require nursing facility level of care.

[8.314.6.13 NMAC - N, 12-1-06]

8.314.6.14 PARTICIPANT RESPONSIBILITIES: Mi via participant responsibilities are as follows:

A. assist with applying for mi via eligibility, including your medical and financial eligibility;
B. develop a plan and budget;
C. follow plan and budget;
D. report on how things are going and let someone know if help is needed;
E. work with consultant;
F. work with financial agent;
G. arrange to get the goods needed and paid for;
H. hire, manage and fire employees;
I. maintain records;
J. follow the mi via self-directed waiver guidelines; and
K. appropriately use state funds.

[8.314.6.14 NMAC - N, 12-1-06]

8.314.6.15 COVERED WAIVER GOODS AND SERVICES: MVW covers goods and services for a specified and limited number of waiver recipients as a cost-effective alternative to institutionalization. The program is limited to the number of federally authorized unduplicated recipient positions and program funding.

A. **Participant-delegated goods and services:** Goods or services are designed to enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in community activities and employment. Goods and services must meet the following requirements:

(1) be designed to meet the participant's functional, medical or social needs and advances the desired outcomes identified in the service and support plan (SSP); and

(2) unless otherwise stated herein, be contained in an allowable category of the new MVW service standards.

B. **Homemaker/companion services:** Homemaker/companion services are provided on an episodic or continuing basis that enable participants to accomplish tasks that they would normally do for themselves if they did not have a disability. The services are not intended to replace supports available from a primary caregiver. Children who receive homemaker/companion services through the state plan, including EPSDT program or medicaid school-based services, would not be able to purchase duplicate homemaker/companion services through mi via. The types of assistance include:

(1) personal care (e.g., hygiene/grooming, bathing, showering, dressing, shaving, oral care, nail care, perineal care, toileting); bowel and bladder elimination; non-invasive catheter care and colostomy care; skin care; support for the self-administration of medication; mobility assistance (e.g., ambulation, transfer);

(2) assistance with therapeutic activities or an individualized exercise program;

(3) meal preparation (e.g., preparation, eating or feeding supports);

(4) minor maintenance of assistive devices (e.g., changing batteries on a communication board, routine cleaning of equipment) and minor wheelchair maintenance;

(5) household services (e.g. mopping, dusting, vacuuming, bed making, changing linen, laundry, cleaning bathroom, cleaning the kitchen area);

(6) support services that promote participants' independence (e.g., accompaniment or assistance with transportation, shopping, errands, translating/interpreting);

(7) mobility training including the use of public transportation services;

(8) activities of daily living to support the individual in the work place or at the site of community inclusion activities;

(9) visual monitoring and support of the individual at the worksite or community inclusion site due to a condition that interferes with the maintenance of a job due to behavioral or medical issues, or health and safety concerns;

(10) support services that promote participant access to employment areas;

(11) support services to encourage participants to integrate therapy plans as appropriate in work and community settings;

(12) non-medical transportation to enable recipients to gain access to waiver and other community services, activities, and resources; and

(13) chore services (e.g. intermittent major household tasks that must be performed seasonally or in response to some natural or other period event including: outdoor activities such as yard work and snow shoveling; indoor activities such as window washing; cleaning of attics/basements; cleaning carpets, rugs and draperies; refrigerator/freezer defrosting; and the necessary cleaning of vehicles, wheelchairs and other adaptive equipment or home modifications).

C. **Adult day health services:** Adult day health services are generally provided for two or more hours per day on a regularly scheduled basis (one or more days per week), by a licensed adult day health facility that offers health and social services to assist participants to achieve optimal functioning. Nursing services and skilled maintenance therapies (physical, occupational and speech) may be provided within the adult day health setting. Transportation to and from the facility is not included in the rate for this service.

D. **Community living services:** Community living services are individually tailored supports that assist participants with the acquisition, retention, or improvement of skills related to living independently in the community. Supports include: adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, and social and leisure skill development. Services include: personal care; assistance with money management; maintaining social, spiritual and individual relationships; reminding, observing, and monitoring medication and pharmacy needs; providing assistance with self-administration of medication and medication administration, including the use of certified medication aides; nutritional counseling; and assistance to participants who require a wheelchair for mobility and need physical assistance for bathing, dressing, and transfers. Homemaker/companion services cannot be provided to individuals who receive community living services.

(1) Community living services include three types of living arrangements.

(a) **Supported living services** are typically provided in a home setting of four (4) or fewer residents and must be available up to 24 hours-a-day.

(b) **Family living services** may be furnished by a companion, surrogate, foster, or natural family member who meets the requirements and is approved to provide family living services in the individual's home or the home of the family living services provider. Substitute care is a component of family living services that provides relief for the paid caregiver and must be provided in accordance with DDSD DDW definitions and standards.

(c) **Independent living services** are designed to increase or maintain the participant's skills and independence and promote self-advocacy. Independent living services are for people who need less than 24-hour staff support per day. Services include 24-hour on-site response capability to meet a participant's scheduled or unpredictable needs and to provide supervision, safety and security.

(2) Community living services must be provided in accordance with the DOH/DDSD DDW service definitions and standards.

(3) Payment for community living services does not include the cost of room and board, the cost of building maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a residence required to assure the health and welfare of residents.

E. **Adult day habilitation services** are intended to provide meaningful day and individualized activities that support the participant's definition of a meaningful day. Adult day habilitation services enable the participant to increase or maintain their capacity for independent functioning and decision-making.

(1) Adult habilitation services consist of a daily program of functional and meaningful activities that assist with acquisition, retention, or improvement in self-help, socialization and adaptive skills that take place in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Adult day habilitation services include:

(a) participation in adult education;

(b) identification of community resources and connections;

(c) development of pre-vocation skills;
(d) opportunities to pursue hobbies and recreation/leisure or other interests;
(e) transportation during adult day habilitation services;
(f) personal care and activities of daily living;
(g) assistance with self-administration of medication, reminding/observing/monitoring of medication and pharmacy needs, and medication administration, including the use of certified aides;
(h) nursing oversight and direct care;
(i) integration of therapy plans; and
(j) nutritional counseling.

(2) Adult habilitation services must be provided in accordance with the DOH/DDSD DDW service definitions and standards.

F. **Supported employment services:** Supported employment services consist of intensive, ongoing supports that enable disabled participants to perform job duties in a work setting.

(1) Supported employment is conducted in a variety of settings, where persons without disabilities are employed. Supported employment activities are designed to increase or maintain the participant's skill and independence, and may include:
(a) career exploration;
(b) career enhancement;
(c) job development;
(d) job placement;
(e) on-the job training and support;
(f) self-employment;
(g) job coaching;
(h) job site analysis;
(i) skills training;
(j) benefits counseling;
(k) employer negotiations;
(l) co-worker training;
(m) vocational assessment;
(n) arrangement of transportation;
(o) medication administration;
(p) nursing support while at the work place;
(q) integration of therapy plans;
(r) assistance with the use of assistive devices and medical equipment; and
(s) personal care activities.

(2) Supported employment consists of individual supported employment, self-employment and group supported employment models.

(a) **Individual supported employment** offers one-to-one support to participants placed in jobs in the community and support is provided at the work site as needed for the individual to learn and perform the job. Participants must have the opportunity for integration into work settings where most of the people in the work setting are not disabled. Individual supported employment may include competitive jobs in the public or private sector, and self-employment. The service delivery model for individual supported employment includes a job coach, and job developer.

(i) The job coach provides: training, skill development and employer consultation that an individual may require while learning to perform specific work tasks on the job; co-worker training; job site analysis; situational and/or vocational assessments and profiles; integration of therapy plans related to the workplace; education of the individual and co-workers on rights and responsibilities; medication administration; and benefits counseling.

(ii) The job developer provides: initial development of an employment action plan; job development activities; employer negotiations and job restructuring; job sampling; and placement in a job related to the individual's desired outcomes.

(b) **Self-employment** services assist the individual to gain self-employment or engage in other entrepreneurial initiatives. The service delivery model for self-employment services includes a business consultant. The business consultant assists the individual with:
(i) development of a business plan;
(ii) identification and procurement of business loans and other financial resources;

(iii) marketing, advertising, obtaining a business license, permits, tax registration and other legal requirements for a business enterprise; and

(iv) banking services, financial management and the development and maintenance of information management systems necessary for business operations.

(c) **Group supported employment** provides onsite supervision of individuals working as a group (two or more individuals with one job coach) in community-based employment settings.

(3) Supported employment services are provided in accordance with the DOH/DDSD DDW service definitions and standards.

G. **Respite care services:** Respite is a flexible family support service. The primary purpose of respite is to provide support to the individual and give the primary, unpaid caregiver time away from their duties.

(1) Respite services include:

(a) assistance with routine activities of daily living (e.g., bathing, toileting, preparing or assisting with meal preparation and eating);

(b) enhancing self-help skills;

(c) providing opportunities for leisure, play and other recreational activities;

(d) assisting the individual to enhance self-help skills, leisure time skills and community and social awareness;

(e) providing opportunities for community and neighborhood integration and involvement; and

(f) providing opportunities for the individual to make his own choices with regard to daily activities.

(2) Respite services may be provided in the individual's home, the provider's home, in a community setting of the family's choice (e.g. community center, swimming pool, and park), at a center in which other individuals are provided care, or in an institution, as necessary.

(3) Respite services cannot be provided in conjunction with supported or independent living. Respite may be provided to individuals in family living, but the service may not be billed for the same time period as family living.

H. **Assisted living:** A residential service that includes personal care and supportive services (homemaker, chore, attendant services, meal preparation), including companion services; medication oversight (to the extent permitted under state law), 24-hour, on-site response capability to meet scheduled or unpredictable participant needs and to provide supervision, safety and security.

(1) Services also include social and recreational programming. Coverage does not include 24-hour skilled care or supervision or the cost of room or board.

(2) Nursing and skilled therapy services are incidental, rather than integral, to the provision of assisted living services. If services are provided by third parties, they must be coordinated with the assisted living provider.

(3) Participants who access this service cannot utilize mi via personal care/homemaker, environmental modifications, emergency response, or adult day health services.

I. **Behavior support consultation:** Behavior support consultant services consist of functional support assessments, positive behavioral support plan development, and training and support coordination for an individual related to behaviors that compromise an individual's quality of life. Factors that compromise an individual's quality of life include behaviors that: interfere with forming and maintaining relationships, integrating into the community, or completing activities of daily living; or pose a health and safety risk to the individual or others.

(1) Behavior support consultation:

(a) informs and guides the participant's service and support providers toward understanding the factors contributing to the individual's behavior; these factors include:

(i) genetic and genomic predisposition;

(ii) developmental and physiological compromises;

(iii) residual impact of abuse and trauma;

(iv) co-occurring developmental disabilities and mental illnesses;

(v) communicative intent; and

(vi) environmental issues.

(b) identifies support strategies to ameliorate contributing factors with the intention of enhancing functional capacities, adding to service provider competency to predict, prevent and respond to interfering behavior and to reduce interfering behavior(s);

(c) supports effective implementation based on a comprehensive functional assessment and subsequent service and support plan (SSP);

(d) collaborates with medical and ancillary therapies to promote coherent and coordinated services addressing behavioral issues, and to limit the need for psychotherapeutic medications; and

(e) monitors and adapts support strategies based on the response of the individual and his service and support providers.

(2) Based on the individual's SSP, services are delivered in an integrated/natural setting or in a clinical setting.

(a) **Integrated support model:** Strategic prevention and intervention support activities within the behavior support consultant's scope of service are a usual and vital aspect of all interactions between the individual and the service and support providers as opposed to discrete, separate individual treatment or therapy. The prevention and intervention support activities are provided within the natural settings of an individual's life (such as home, day habilitation site, vocational site, community locations, or at the SSP meetings).

(b) **Non-integrated support activities:** Support interventions provided at a behavior support consultant's office or any location that an individual would not otherwise visit, if they did not have an appointment with the behavior support consultant.

(3) Behavior support consultation services must be provided in accordance with the DOH/DDSD DDW service definitions and standards.

J. **Environmental modification services:** Environmental modification services include the purchase or installation of equipment, or making physical adaptations to an individual's residence that are necessary to ensure the health, welfare and safety of the individual or enhance the individual's level of independence.

(1) Adaptations include the installation of ramps and grab-bars; widening of doorways or hallways; installation of specialized electric and plumbing systems to accommodate medical equipment and supplies; lifts or elevators; modification of bathroom facilities (roll-in showers, sink, bathtub, and toilet modifications, water faucet controls, floor urinals and bidet adaptations and plumbing); turnaround space adaptations; specialized accessibility, safety adaptations/additions; trapeze and mobility tracks for home ceilings; automatic door openers/doorbells; voice-activated, light-activated, motion-activated and electronic devices; fire safety adaptations; purchase and installation of air filtering devices, heating or cooling adaptations; glass substitute for windows and doors; modified switches, outlets or environmental controls for home devices; and alarm and alert systems or signaling devices.

(2) All services shall be provided in accordance with applicable federal, state and local building codes.

(3) The environmental modification provider must: ensure proper design criteria are addressed in planning and design of the adaptation; provide or secure licensed contractor(s) or approved vendor(s) to provide construction or remodeling services; provide administrative and technical oversight of construction projects; provide consultation to family members, waiver providers and contractors concerning environmental modification projects to the individual's residence; and inspect the final environmental modification project to ensure that the adaptations meet the approved plan submitted for environmental adaptation.

(4) Environmental modifications are managed by professional staff available to provide technical assistance and oversight to environmental modification projects.

(5) Excluded are improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant. Modifications designed to add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation.

K. **Emergency response services:** Emergency response services provide an electronic device that enables a participant to secure help in an emergency at home and avoid institutionalization. The participant may also wear a portable "help" button. The system is connected to the participant's phone and programmed to signal a response center when a "help" button is activated. The response center is staffed by trained professionals. Emergency response services include:

(1) installing, testing and maintaining equipment;

(2) training participants, caregivers and first responders on use of the equipment;

(3) twenty-four (24) hour monitoring for alarms;

(4) checking systems monthly or more frequently, if warranted by electrical outages, severe weather, etc.; and

(5) reporting participant emergencies and changes in the participant's condition that may affect service delivery.

L. **Community access services:** Community access services are skilled interventions that involve training of participants and community members, ongoing assessment of the community's social environment, and

the development and implementation of strategic, individualized habilitation activities. Services are designed to promote maximum participation in community life, support individuals in achieving their desired outcome, promote self-advocacy, and enhance a participant's ability to control his environment through focused teaching of adaptive skills, self-help and socialization skills. Services are provided in integrated settings with persons who are not disabled.

(1) Community access services include:

(a) development of a community resource action plan within the service and support plan (SSP) that identifies available community resources and considers the individual's needs and desires related to community access;

(b) facilitation of inclusion of individual within a community group or volunteer organization;

(c) opportunities for the participant to join formal/informal associations, community groups; and

(d) provide opportunities for inclusion in a broad range of community settings.

(2) Community access services provide:

(a) opportunities to pursue social and cultural interests;

(b) choice-making;

(c) medication administration;

(d) nutritional counseling;

(e) volunteer time in the community and opportunities to engage in meaningful social roles;

(f) assisting participants to develop social roles valued by non-disabled members of the community; and

(g) assisting with the development of natural supports within integrated settings.

M. **Private duty nursing for adults:** Private duty nursing services include activities, procedures, and treatment for a physical condition, physical illness or chronic disability. Services include: medication management, administration, teaching, aspiration precautions, feeding tube management, gastrostomy and jejunostomy, skin care, weight management, urinary catheter management, bowel and bladder care, wound care, health education, health screening, infection control, environmental management for safety, nutrition management, oxygen management, seizure management and precautions, anxiety reduction, staff supervision, and behavior and self-care assistance.

N. **Extended state plan skilled therapy services for adults:** Skilled therapy services include physical therapy, occupational therapy or speech language therapy. Services are provided when state plan skilled therapy services are exhausted. Adults on the mi via waiver would access therapy services under the state plan only for acute and temporary conditions that are expected to improve significantly in a reasonable and generally predictive period of time. Therapy services focus on maintenance, community integration, socialization and exercise, or enhance support and normalization of family relationships.

(1) **Physical therapy:** Diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities. Physical therapy addresses the restoration, maintenance and promotion of optimal physical function, wellness and quality of life related to movement and health. Physical therapy include activities that:

(a) increase, maintain or reduce the loss of functional skills; and/or

(b) treat a specific condition clinically related to an individual's developmental disability; and/or

(c) support the individual's health and safety needs; and/or

(d) identify, implement, and train on therapeutic strategies to support the individual and their family or support staff consistent with the individual's service and support plan (SSP) desired outcomes and goals.

(2) **Occupational therapy:** Diagnosis, assessment and management of functional limitations intended to assist adults to regain, maintain, develop and build skills that are important for independence, functioning and health.

(a) Occupational therapy services typically include:

(i) customized treatment programs to improve one's ability to perform daily activities;

(ii) comprehensive home and job site evaluations with adaptation recommendations;

(iii) skills assessments and treatment;

(iv) assistive technology recommendations and usage training; and

(v) guidance to family members and caregivers.

(b) Occupational therapy services are designed to:

(i) increase, maintain or reduce the loss of functional skills; and/or

(ii) treat specific conditions clinically related to an individual's developmental disability; and/or

(iii) support the individual's health and safety needs; and/or

(iv) identify, implement, and train therapeutic strategies to support the individual and their family or support staff consistent with the individual's SSP desired outcomes and goals.

(3) **Speech and language pathology:** Diagnosis, counseling and instruction related to the development and disorders of communication including speech fluency, voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal, and sensor motor competencies.

(a) Speech language pathology is also used when an individual requires the use of an augmentative communication device.

(b) Services are designed to:

(i) improve or maintain the individual's capacity for successful communication or to lessen the effects of individual's loss of communication skills; and/or

(ii) improve or maintain the individual's ability to eat foods, drink liquids, and manage oral secretions with minimal risk of aspiration or other potential injuries or illness related to swallowing disorders;

(iii) identify and implement therapeutic strategies and train the individual and their family or support staff consistent with the individual's SSP desired outcomes and goals;

(iv) incorporate therapy goals; and

(v) be delivered in an integrated natural setting, clinical setting or in a group.

(4) **Individual integrated therapy model:** Interventions provided by a licensed therapist within the natural setting of an individual's life (such as home, day habilitation site, vocational site, community locations or at SSP planning meetings). This model does not include services provided in an isolated, non-integrated manner unless a direct skilled therapy services is provided and applied to a functional activity/routine in collaboration with a caregiver during the same session.

(5) **Individual clinical model:** Interventions provided by a licensed therapist in a clinic setting such as a therapy clinic or therapist's office or services delivered in an isolated, non-integrated manner. A clinical setting would include any location that an individual would not otherwise visit if they did not have a therapy appointment.

(6) **Group integrated therapy model:** Integrated therapy services delivered in a group with a ratio of two (2) or three (3) individuals to one therapist designed to benefit the individuals involved. The purposes may include, but are not limited to teaching caregivers strategies and techniques for supporting several individuals to participate in an activity/routine that naturally occurs with small groups (in the home, day habilitation site, vocational site or community location) or to teach and practice opportunities for physical and communication interaction in a small group context. The context of the group must reflect the context of a naturally occurring activity/ routine, i.e., yoga group instruction; social interaction; leisure activity; etc.

(7) **Group clinical model:** Therapy services that are delivered in a clinical setting in a group with a ratio of three (3) or two (2) individuals to one therapist that are designed to benefit the individuals involved. Purposes may include, but are not limited to, teaching individual strategies and techniques to participate in an activity/routine that naturally occurs with small groups, including physical and verbal interactions. A clinical setting would include any location an individual would not otherwise visit if they did not have a therapy appointment.

O. **Extended state plan skilled therapy services for children:** Skilled therapy services include physical therapy, occupational therapy or speech language therapy. Services are provided when state plan skilled therapy services are exhausted and when services are not available through an individual education plan of a medicaid school-based program. Mi via allows participants, under twenty one (21) years of age to receive therapy services that focus on community integration, socialization and exercise, or that enhance support and normalization of family relationships.

(1) **Physical therapy:** Services delivered by a licensed physical therapist to provide the following:

(a) physical therapy interventions to promote participation in recreation and/or community integration activities as defined in the MVW service standards;

(b) adaptation of exercise equipment;

(c) training for family members or other support persons to promote ongoing fitness of the child;

(d) assessment for appropriate environmental modifications in the home as described in mi via waiver service standards;

(e) recommending equipment, and/or techniques, and/or therapy interventions to increase family/caregiver ability to provide support for the child's comfort and convenience or to increase the independence of the individual in non-medically related daily life activities;

(f) interventions for children with swallowing disorders to prevent aspiration in accordance with the team approach described in DOH aspiration prevention policy and procedures, as appropriate to the therapist's scope of practice;

(g) coordination with other therapists serving the child through EPSDT, and/or the medicaid school-based services program, and/or with other disciplines; and

(h) associated evaluation, assessment and training of child, family and/or other caregivers related to above activities.

(2) **Occupational therapy:** Services delivered by a licensed occupational therapist to provide the following:

(a) occupational therapy interventions to promote participation in recreation or community integration activities as defined in the MVW service standards;

(b) adaptation of exercise equipment and associated training for family members or other support persons to promote ongoing fitness of the child;

(c) assessment for appropriate environmental modifications in the home as described in the MVW service standards;

(d) recommending equipment, and/or techniques, and/or therapy interventions to increase family/caregiver ability to provide support for the child's comfort and convenience or to increase the independence of the individual in non-medically related daily life activities;

(e) interventions for children with swallowing disorders to prevent aspiration in accordance with the team approach described in DOH aspiration prevention policy and procedures, as appropriate to the therapist's scope of practice;

(f) coordination with other therapists serving the child through EPSDT, and/or the medicaid school-based services program, and/or with other disciplines; and

(g) associated evaluation, assessment and training of child, family or other caregivers related to above activities.

(3) **Speech language pathology:** Services delivered by a licensed speech language pathologist to provide the following:

(a) speech language interventions to promote participation in recreation and/or community integration activities as defined in the mi via waiver service standards;

(b) interventions for children with swallowing disorders to prevent aspiration in accordance with the team approach described in DOH's aspiration prevention policy and procedures, as appropriate to the therapist's scope of practice;

(c) recommending equipment, and/or techniques, and/or therapy interventions to increase family/caregiver ability to facilitate communication or to increase the independence of the individual in non-medically related daily life activities;

(d) coordination with other therapists serving the child through EPSDT, and/or the medicaid school-based services program, and/or other disciplines; and

(e) associated evaluation, assessment and training of child, family or other caregivers related to above activities.

(4) Based upon therapy goals, services may be delivered in integrated natural setting, clinical setting and/or in a group.

(a) **Individual integrated therapy model:** Interventions within the licensed therapist's scope of service when provided within the natural settings of an individual's life (such as home, day habilitation site, vocational site, community locations or at SSP planning meetings). This model does not include services provided in an isolated, non-integrated manner unless a direct skilled therapy services is provided and applied to a functional activity/routine in collaboration with a caregiver during the same session.

(b) **Individual clinical model:** Interventions within the licensed therapist's scope of service when provided in a clinic setting such as a therapy clinic or therapist's office or when services are delivered in an isolated, non-integrated manner. A clinical context would include any location that an individual would not otherwise visit if they did not have a therapy appointment. This unit is also used for the following therapy activities:

(i) development of individual specific therapy treatment plan;
(ii) development of support plans;
(iii) development of guidelines to caregivers;
(iv) development of mealtime procedural programs;
(v) report writing;
(vi) clinic/office-based assistive technology fabrication; and

(vii) phone consultation.

(c) **Group integrated therapy model:** Integrated therapy services delivered in a group with a ratio of two (2) or three (3) individuals to one therapist designed to benefit the individuals involved due to a group context. The purposes may include, but are not limited to teaching caregivers strategies and techniques for supporting several individuals to participate in an activity or routine that naturally occurs with small groups (in the home, day habilitation site, vocational site or community location), or to teach and practice opportunities for physical and communication interaction in a small group context. The context of the group must reflect the context of a naturally occurring activity/routine i.e., yoga group instruction, social interaction, leisure activity, etc. One therapist can bill for no more than three individuals regardless of the number of participants.

(d) **Group clinical model:** Therapy services delivered in a clinical setting, in a group with a ratio of two (2) or three (3) individuals to one therapist designed to benefit the individuals involved due to a group context. Purposes may include, but are not limited to teaching individuals strategies and techniques to participate in an activity/routine that naturally occurs with small groups, or to teach and practice opportunities for physical and communication interaction in a small group context. A clinical setting would include any location an individual would not otherwise visit, if they did not have a therapy appointment. Individuals receiving physical, occupational or speech language therapy services through the state plan, including EPSDT program or medicaid school-based services, would not be able to purchase duplicate therapy services through mi via.

P. **Nutritional counseling services for adults:** Nutritional counseling services include assessment of the participant's nutritional needs, development and/or revision of individuals nutritional plan, counseling and nutritional intervention, and observation and technical assistance related to implementation of the nutritional plan.

Q. **Intensive case management services:** Intensive case management is a skilled service that assists participants with care coordination, including services such as:

(1) access to and coordination among primary, preventive and chronic care providers;
(2) crisis intervention and planning;
(3) staff training;
(4) training related to health maintenance and safety;
(5) end of life directives;
(6) family mediation;
(7) mi via participants may wish to delegate some management of their care to a skilled-level case manager;
(8) intensive case management services may assist participants with the identification of and linkage to community resources and activities that are beyond the scope of medicaid services including recreational, social and educational activities;
(9) intensive case management services must be included in the individual participant's service and support plan and budget, along with other purchased services; and
(10) intensive case management services are distinct waiver services, purchased by the participant, and not related to the consultant's support role.

[8.314.6.15 NMAC - N, 12-1-06]

8.314.6.16 NON-COVERED SERVICES: Only the services listed as covered waiver services are covered under the MVW program. Medicaid state plan services may be available to waiver recipients through the regular medicaid program. Goods and services that are available to the recipient through another source are not covered under the MVW program. Experimental goods and services are not covered. Goods and services are not covered if such provision would violate federal and state statutes and regulations Medicaid state plan services are subject to the limitations and coverage restrictions that exist for other medicaid services. See 8.301.3 NMAC, *General Noncovered Services*, for an overview of non-covered services. Medicaid does not cover room and board as waiver service or ancillary services.
[8.314.6.16 NMAC - N, 12-1-06]

8.314.6.17 SERVICE AND SUPPORT PLAN (SSP) AND INDIVIDUAL BUDGETARY ALLOTMENT (IBA) : Based on the individual budgetary allotment determined by the state, an individualized service and support plan (SSP) and associated budget are developed at least annually by the participant in collaboration with the participant's consultant and others that the participant invites to be part of the process. The consultant serves in a supporting role to the participant, assisting the participant to understand mi via, and with developing and implementing the SSP and budget. The SSP and budget are developed and implemented in

accordance with the mi via service standards and submitted to the state's utilization review contractor for final approval.

A. **SSP components:** The SSP contains:

(1) the waiver services that are furnished to the participant, the projected amount, frequency and duration, and the type of provider who furnishes each service;

(2) other services needed by the participant regardless of funding source, including state plan services;

(3) informal supports that complement waiver services in meeting the needs of the participant;

(4) methods for coordination with state plan services and other public programs;

(5) methods for addressing health care needs, when relevant to the participant;

(6) methods for monitoring implementation, determining life satisfaction, measuring quality and making continual improvement;

(7) information, resources or training needed by the participant and service providers;

(8) methods to address the participant's health and safety, such as 24-hour emergency and back-up services; and

(9) individual budget.

B. **Individual budgetary allotment (IBA):** Each participant's annual IBA is determined by the state as follows:

(1) for mi via participants transferring from the AIDS, D&E, DD or MF waiver, the IBA is the sum of waiver paid claims incurred by the participant during a twelve (12) month date-of-service period, beginning with the most recent sixteen (16) months of service minus the first four (4) months of service to ensure that claims have been paid; from the twelve (12) month sum, the annual budget is calculated by subtracting case management expenditures and calculating ninety (90) percent of the remainder;

(2) for participants with no prior waiver cost experience, the annual budget will be calculated based on algorithms developed by the state for recipients of the same waiver population (AIDS, D&E, DD, MF) with similar characteristics as the mi via participant;

(3) for mi via participants with BI category, the IBA is based on the mean average expenditure for individuals with brain injuries across all waivers, less case management, and calculating ninety (90) percent of the remainder; or

(4) an individual can request an adjustment to the budget, based on their needs; changes are initiated through the consultant and submitted to the state for consideration.

C. **SSP and budget review criteria:** The following SSP and budget review criteria shall be applied per mi via service standards as follows:

(1) services, supports and goods identified in the SSP can be approved if they enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in community activities and work so long as the services or items meet the following requirements:

(a) the service or item is designed to meet the participant's functional, medical or social needs and advances the desired outcomes in his SSP;

(b) the service or item is documented in the SSP;

(c) the service or item is not prohibited by federal and state statutes and regulations, including the state's procurement code; and

(d) one or more of the following additional criteria are met:

(i) the service or item would increase the participant's functioning related to the disability;

(ii) the service or item would increase the participant's safety in the home environment; or

(iii) the service or item would decrease dependence on other medicaid-funded services.

(2) services, supports and goods that cannot be covered include:

(a) services covered by the state plan, medicare, other third-parties, including education, home-based schooling and vocational services; or available through another source;

(b) services, supports or goods provided to or benefiting persons other than the individual participant;

(c) room and board;

(d) personal items and services not related to the disability;

(e) experimental goods/services; and

(f) vacation expenses.

D. **SSP and budget supports:** The participant is assisted by the consultant and financial management agent in development and implementation of the SSP and budget, as specified in the mi via service standards.

E. **Submission for approval:** The utilization review contractor must approve the SSP and budget. The utilization review contractor must approve certain changes in the SSP and budget, as specified in the mi via service standards and in accordance with 8.302.5 NMAC, *Prior Authorization and Utilization Review*.

F. **Quality assurance and quality improvement:** Multiple mechanisms are utilized in the quality assurance and improvement system, as specified in the mi via service standards, that include the shared roles of the participant, providers, consultant, FMA and state, for assuring that participants' functional needs are satisfied, approved funds are used appropriately, and the quality of the mi via program is continually improving.
[8.314.6.17 NMAC - N, 12-1-06]

8.314.6.18 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: All medicaid services, including services covered under this medicaid waiver, are subject to utilization review for medical necessity and program requirements. Reviews may be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*.

A. **Prior authorization:** Services, supports and goods specified in the SSP and the associated budget require prior authorization from MAD or its designee. The SSP must specify the type, amount and duration of services. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.

B. **Eligibility determination:** To be eligible for MVW program services, medicaid recipients must require the (LOC) of services provided in an intermediate care facility for the mentally retarded (ICF-MR) for participants identified as DD and MF, in a nursing facility for participants identified as D&E, AIDS, and BI. Prior authorization of services does not guarantee that individuals are eligible for medicaid.

C. **Reconsideration:** The CCA can request a re-review or a reconsideration. See 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions*.
[8.314.6.18 NMAC - N, 12-1-06]

8.314.6.19 REIMBURSEMENT:

A. The consultant contractor agency (CCA) and financial management agency (FMA) must submit claims for reimbursement to the MMIS contractor for processing.

B. Claims must be billed per the billing instructions. Reimbursement to service providers and vendors under mi via is made, as follows:

(1) once enrolled with the FMA, MVW service providers receive instructions and documentation forms necessary for claims processing;

(2) MVW service providers must submit claims for reimbursement to the mi via FMA contractor for processing; claims must be filed per the billing instructions provided by the FMA;

(3) participants and MVW service providers must follow all medicaid FMA billing instructions; and

(4) reimbursement to providers of MVW services is made at a predetermined reimbursement rate negotiated by the participant with the provider and approved by the utilization review contractor, but at no time can the total expenditure for services exceed the participant's IBA.

C. Reimbursement may not be made directly to the participant, either to reimburse the participant for expenses incurred or enable the participant to directly pay a service provider.
[8.314.6.19 NMAC - N, 12-1-06]

HISTORY OF 8.314.6 NMAC: [RESERVED]