



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Sidonie Squier, Secretary
Julie B. Weinberg, Director


INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 12-03

DATE: JAN 09 2013

TO: ISD AND MAD STAFF

FROM:  JULIE B. WEINBERG, DIRECTOR, MEDICAL ASSISTANCE DIVISION
TED ROTH, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH:  ROY BURT, BUREAU CHIEF, MEMBER SERVICES BUREAU

BY:  KATHRYN KARNOWSKY, MEMBER SERVICES BUREAU

SUBJECT: CHANGES IN WAIVER PROCESSING PROCEDURES

Since the Department of Health (DOH) and the Medical Assistance Division (MAD) have resumed issuing allocations for waiver programs, there are three changes that need to be made part of the approval process effective immediately.

1. New steps before approving a waiver application

1. All waiver applicants need to be checked against the Omnicaid web portal to see if the applicant has any other full coverage Medicaid category.
2. If the person has a waiver category or another full coverage Medicaid category and receives Personal Care Option Services (PCO) as verified on the Omnicaid web portal, example attached, the new waiver category cannot be approved until the month in which the new services- Individual Service Plan (ISP) or Service and Support Plan (SSP) or budget- **begin** regardless of the month of allocation, or month in which the application is received.

PCO will be visible on the Omnicaid web portal as the "Setting of Care".

There is a separate problem if the other full coverage Medicaid is category 037 (CYFD Adoption) as that will need to be closed before a Developmental Disabilities (DD) waiver category can come across to Omnicaid. Please contact MAD Member Services Bureau if there is an existing category 037.

3. If the person has another waiver category or is receiving PCO under another Medicaid category, it may be necessary to deny those waiver application months prior to the begin date of the new budget. Use code 555 and waive notices. The approval month will still generate an approval notice.

Workers will need to obtain the anticipated start date of the budget (ISP or SSP) from the case manager or consultant entity before approving the waiver category if there is an existing waiver category or the person receives PCO services. Case Managers/Consultant Entity phone numbers are located on the Primary Freedom of Choice (PFOC) form.

If a waiver applicant does not already have another waiver category, or is not already receiving PCO services, approval of the waiver can occur when all factors of eligibility are met.

Example #1: If a waiver applicant already receives SSI but is not receiving PCO, the waiver application can be approved as soon as all eligibility requirements are met.

However, if a waiver applicant does have another waiver category already or is receiving PCO services from another full Medicaid category, the waiver application cannot be approved without coordinating with the start date of the new budget.

Example #2: A WDI recipient who is also receiving PCO receives an allocation for a waiver in 12/12. This waiver cannot be approved until the month of the anticipated budget start date of 02/01/13 according to the consultant entity. The waiver application could be registered for 12/12, but the past months of 12/12 and 01/13 would be denied using code 555. The application could be approved only for 02/13 forward. Anything else would interrupt the PCO services which must be avoided until other services are in place.

Any full coverage Medicaid recipient, such as SSI, WDI or JUL, who also meets the nursing home level of care, can receive PCO services in the home setting. Currently, PCO is only offered through the CoLTS Managed Care Organizations (MCOs). PCO is not a waiver service and cannot coexist with a waiver category. There are waiver services very similar to PCO which can be included in the waiver budget.

Currently, the AIDS (090), Medically Fragile (MF 095) and Developmental Disabilities (DD 096) waivers are enrolled in the Salud! MCOs and the Disabled & Elderly (D & E 091,093, 094) and Brain Injury (BI 092) categories are enrolled in the CoLTS MCOs.

PLEASE NOTE: When a waiver category is approved, if that person was receiving PCO services under another category of full coverage Medicaid, the PCO services terminate. However, if the waiver category budget is not ready to begin, the person may be without services of any kind. Since we do not want PCO services to be interrupted, it has become necessary to coordinate the approval of the waiver category with the start date of the new waiver budget. Budgets can only begin with the first day of the future month.

Example #3: On 11/5/12, this SSI recipient has already received 5 days of PCO and the Case Manager wants to begin the budget on 11/01/12. The PCO providers would not be able to be paid for services

provided during 11/12. The budget cannot begin any sooner than 12/01/12. The waiver application cannot be approved any sooner than 12/01/12. Please refer the Case Manager to the MAD Member Services Bureau.

2. Why switch a waiver category?

Some waiver categories are more advantageous than others due to the service packages and budgets allowed for that category. For example, the DD waiver is more advantageous than the MF and D & E waivers for certain recipients. Switching from one waiver category to another waiver category must be coordinated to ensure there is no break in services for the recipient.

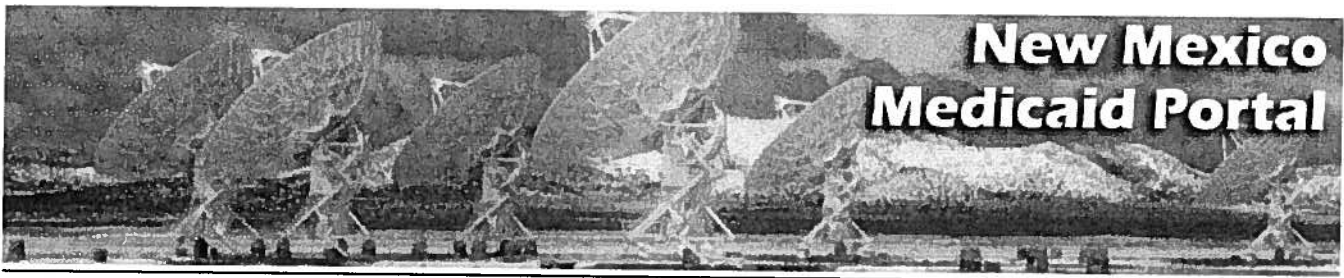
All budgets must begin with the first day of a month as no other start dates are acceptable. Making a new budget retroactive to the beginning of a month in which PCO services have already been provided for even a few days, is not acceptable.

3. What else needs to be done?

Since checking the Omnicaid web portal needs to be included in the approval process for every waiver applicant, it may be necessary for County Directors to arrange for additional staff members to have inquiry access to the Omnicaid web portal. Staff members needing to add access to Omnicaid must submit a new security access form to the ISD2 Helpdesk. Please ensure the box next to Omnicaid is selected.

If no one in the office has access to the Omnicaid web portal, please contact Member Services Bureau to provide the information on that waiver applicant.

Please direct questions regarding this material to Kathryn.karnowsky1@state.nm.us or 505 476-6867.



Org Name: NM State Organization

Provider ID or NPI: STATEORG

Eligibility Response

11/14/2012 02:01 PM MST



Inquiry Criteria

Date of Service: 11/14/2012

Client ID: 00000 [REDACTED]

For the requested date of service, your inquiry returned the following eligibility information.

Client Information

Client ID: 00000 [REDACTED]

Client Name: [REDACTED]

Date of Birth: [REDACTED]

Sex: [REDACTED]

Medicaid Card ID: [REDACTED]

Recertification Date: [REDACTED]

Category of Eligibility Information

COE Code	Benefit Description	COE Add Date	Co-Pay
004	Full Medicaid benefits	11/05/2012	

Lock-In Information

Lock In Type

BEHAVIORAL HLTH STATEWIDE ENT.

Provider Name

OPTUMHEALTH, CSC

Medicare Information

No Medicare information on file for the requested date of service.

Third Party Liability Information

No TPL information on file for the requested date of service.

Long Term Care Information [What's This?](#)

Level Of Care

Begin Date: 09/10/2011

LOC: NURSING FACILITY LEVEL

Add Date: 09/01/2010

End Date: 12/31/9999

Setting of Care: PCO ADULT

} Client is active PCO

[Modify Criteria](#)

[New Inquiry](#)