

December 21, 2016

To Interested Parties,

In accordance with the New Mexico Human Services Department (HSD), this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting written comments January 3, 2017 through February 3, 2017, regarding proposed amendments to the following Managed Care Policy Manual sections:

- 1) **Section 02 Provider Network**  
The Core Service Agency (CSA) section has been removed due to Managed Care Organizations not having the authority to designate CSAs. Added language about monitoring MCO provider access.
- 2) **Section 04 Care Coordination**  
Added information on the MCO requirements for implementation of the Community Benefit Services Questionnaire (CBSQ).
- 3) **Section 05 Transitions of Care**  
Added language about transitioning a member from a nursing facility (NF) to the community.
- 4) **Section 07 Community Benefit**  
Added definitions to clarify the policy. Added information about when members do not need an allocation. Clarified allocation processes for all categories of registration. Added language to describe the circumstances under which a member may request an Exception to his/her category of registration, and when an Expedited allocation may be granted using the Exception process. Added medical eligibility timelines for the Managed Care Organization (MCO) to determine the Nursing Facility Level of Care (NF LOC) and when the NF LOC determination must be transmitted to the ISD and MMIS eligibility systems.
- 5) **Section 08 Agency-Based Community Benefit (ABCB)**  
Added provider requirements to ensure compliance with the Federal Home and Community Based Settings Rule. Clarified Electronic Visit Verification requirements for personal care services (PCS). Removed references to timesheets for PCS. Removed the requirement that the individualized plan of care (IPoC) for PCS services must be sent to the MCO for approval. Clarified the description of respite services.

- 6) **Section 09 Self-Directed Community Benefit (SDCB)**  
Added provider requirements to ensure compliance with the Federal Home and Community Based Settings Rule. Added additional information to clarify allowable cell phone services under related goods. Clarified the description of respite service to align with SDCB. Added that non-medical transportation for minors is not a covered service.
- 7) **Section 13 Alternative Benefit Package – Medically Frail & ABP Exempt Chronic Substance Dependency (CSD)** has been removed and replaced with Substance Use Disorder (SUD) Criteria.
- 8) **Section 14 School Based Health Centers**  
Eliminated the requirement for site visits by Department of Health Office of School and Adolescent Health (DOH/OSAH) and HSD/MAD for initial certification of SBHCs for Medicaid billing.
- 9) **Section 17 Managed Care Reports**  
Added the process for submission, resubmission, and review of Centennial Care Reports.

#### **Public Comments –**

The public may view the proposed Managed Care Policy Manual revisions on the Human Services Department webpage at:

<http://www.hsd.state.nm.us/public-notice-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

#### **Important Dates**

- **Comments must be submitted by 5:00 p.m. Mountain Standard Time (MST) on February 3, 2017.** Recorded comments may be left at (505) 827-1337. Interested persons may also submit comments via electronic mail to: [madrules@state.nm.us](mailto:madrules@state.nm.us). Interested persons may also submit written comments to HSD/MAD, PO Box 2348, Santa Fe, NM 87504.
- Comments and responses will be compiled and made available upon request by March 1, 2017. After considering the comments received and making changes deemed necessary, the final version of the Managed Care Policy Manual will also be available and effective **March 1, 2017** on the HSD website:

<http://www.hsd.state.nm.us/LookingForInformation/managed-care-policy-manual.aspx>.

Sincerely,



Nancy Smith-Leslie, Director

cc: Angela Medrano, Deputy Director, HSD/MAD

Kim Carter, Bureau Chief, HSD/MAD, Centennial Care Contracts Bureau

Megan Pfeffer, Bureau Chief, HSD/MAD, Quality Bureau

Tallie Tolen, Bureau Chief, HSD/MAD, Long-Term Services and Supports Bureau