



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



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**TO: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

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**THROUGH: MELANIE BUENVIAJE, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU**

**SUBJECT: ICF/IID LEVEL OF CARE PROCEDURES & DISCHARGES**

The purpose of this Supplement is to provide guidance and clarify policy for submission of ICF/IID Level of Care (LOC) documents and notification of client discharges to the Third-Party Assessor (TPA)/Utilization Reviewer (UR).

In accordance with current rules and policies, the Medical Assistance Division (MAD) will implement a streamlined Level of Care (LOC) submission and discharge process.

**Level of Care Submissions**

To ensure continuity of care for Medicaid clients, it is imperative that LOC requests are received and processed timely. The Medicaid rule at 8.350.3.9 NMAC outlines the LOC abstract submission requirements:

- Initial abstracts shall be submitted to the TPA/UR contractor within ten (10) working days after a client's admission to an intermediate care facility for individuals with intellectual disabilities (ICF-IID);
- Readmissions and continued-stay request abstracts must be submitted to the TPA/UR contractor ten (10) working days before the expiration of the currently certified length of stay.

An ICF/IID provider may request retroactive review of LOC abstracts that cannot be submitted within applicable timeframes following the rule outlined in 8.350.11 NMAC. Abstracts submitted for retroactive review must include supporting documentation of the reasons for delay as outlined in the rule.

In accordance with 8.350.3.11 NMAC, providers are allowed ten (10) late submissions per calendar year that are within the provider's control. If a provider exceeds ten (10) late submissions that are within the provider's control, the retroactive review may be denied.

Late abstracts beyond the ten (10) allowed by Medicaid, attributed to circumstances within the provider's control, will be approved using the effective the date the late LOC was received by the TPA/UR contractor. Medicaid does not reimburse providers for dates of service not covered by an approved abstract.

Examples of late submissions within the provider's control include:

- Staff illness
- Staff turnover

Late submissions are permissible for retroactive approval if certain conditions are met, see 8.350.3.10 NMAC for Abstract Submission for Level of Care Determinations, Request for Retroactive Prior Approval Review

Examples of late submissions outside of the provider's control include:

- Delays in obtaining the physician signature
- Delays caused by Medicaid eligibility decisions

MAD, through our TPA/UR contractor, began tracking late submissions effective July 1, 2021.

### **Psychological Evaluations**

The psychological evaluation is a requirement in the LOC packet. 42 CFR 456.370 requires that a psychological evaluation be completed before admission or authorization of payment. The psychological evaluation cannot be dated more than three (3) months before admission. The ICF/IID provider must adhere to this regulation for initial LOC submissions/admissions. The TPA/UR will issue a Request for Information (RFI) if the date of the psychological evaluation does not meet this requirement.

For annual LOC submissions/continued stays, the psychological evaluation will only be required if there is a change in the LOC or significant change in the client's condition. If there has not been a change, ICF/IID providers must indicate "No Change" on the psychological evaluation for the TPA/UR.

The Medical Assistance Division's TPA/UR contractor implemented this process effective July 1, 2021.

### **Discharges**

Effective immediately, the ICF/IID providers must notify the Medical Assistance Division (MAD) Exempt Services and Programs Bureau (ESPB) of client discharges. Clear communication of discharge from ICF/IID providers will support clients in accessing Medicaid covered benefits and services through a Centennial Care Managed Care Organization expeditiously.

If a client is discharged into the community, the ICF/IID provider must notify MAD/ESPB via fax at (505) 827-3138 or by secure email to the ESPB ICF/IID Program Coordinator within 24 hours of discharge. Sections A and B are the only required sections to be filled out. Notification of discharge should be noted on the MAD 378 form (ICF/IID Abstract) in Section A Box 1; indicate (handwrite) "Discharge" and date of discharge in Section A Box 2.

If a client is discharged to the Developmental Disabilities waiver (DDW), the ICF/IID provider must indicate "Transfer" in Section A Box 1 of the MAD 378 Assessment Type field and indicate DDW in Section A box 3. Sections A and B are the only required sections to be filled out. The MAD 378 must be sent to the MAD/ESPB via fax at (505) 827-3138 or by secure email to the ESPB ICF/IID Program Coordinator within 24 hours of the transfer to the waiver.

Should you have any questions regarding this Supplement, please contact Claudia Duran, ESPB ICF/IID Program Coordinator, at (505) 795-3475 or [Claudia.Duran@state.nm.us](mailto:Claudia.Duran@state.nm.us).