**To be completed by the individual's physician, psychiatrist, certified nurse practitioner, or physician's assistant as proof of eligibility for Mi Via, Self-Directed Medicaid Waiver services for individuals with brain injury.**

## Confirmation of ICD 9 Code

New Mexico Mi Via Brain Injury Services

I confirm that my patient has a brain injury diagnosis as indicated by the ICD 9 code(s) entered below.

Patient with Brain Injury ______________________________

SS # of Patient __________--__________--__________

ICD 9 Code ______________________________

ICD 9 Code ______________________________

ICD 9 Code ______________________________

Name ____________________________________________

**Physician/Psychiatrist—Please print**

Signature ____________________________________________

**Physician/Psychiatrist**

Date ____/____/____

On the reverse side of this form you will find a list of ICD 9 codes that may be related to your patient's brain injury. **Confirmation of at least one of these ICD 9 codes is a requirement for an individual with brain injury to be found medically eligible for Mi Via Waiver services.**

ATTACHMENT I

BI

12/21/06

# New Mexico Medicaid Mi Via Brain Injury ICD 9 Codes

| ICD 9 Code | Diagnosis |
|---|---|
| 191.0 – 191.8 | Malignant neoplasms of brain |
| 192.1 | Malignant neoplasms of brain, meninges |
| 192 | Malignant neoplasms of brain, cranial nerves |
| 198.3 | Secondary malignant neoplasm of brain |
| 198.4 | Secondary malignant neoplasm of other parts of nervous system |
| 225 | Benign neoplasm of brain & other parts of nervous system, brain |
| 225.1 | Benign neoplasm of brain & other parts of nervous system, cranial nerves |
| 225.2 | Benign neoplasm of brain & other parts of nervous system, cerebral meninges |
| 310.2 | Post Concussion Syndrome |
| 320.0 – 320.9 | Bacterial Meningitis |
| 321.0 – 320.8 | Meningitis due to other organisms |
| 322.0 – 322.9 | Meningitis of unspecified |
| 323.0 – 323.9 | Encephalitis, myelitis, encephalomyelitis |
| 324.0 | Intracranial and Intraspinal abscess |
| 325 | Phlebitis and thromophlebitis of intracranial venous sinuses |
| 326 | Intracranial and intraspinal abscess |
| 348.1 | Anoxic brain damage |
| 348.3 | Encephalopathy, unspecified |
| 430 | Subarachnoid hemorrhage |
| 852.0 – 852.9 | Subarachnoid hemorrhage following injury |
| 431 | Intracerebral hemorrhage |
| 432 | Other and unspecified intracranial hemorrhage |
| 433.0 – 433.91 | Occlusion and stenosis of precerebral arteries |
| 434.0 – 434.91 | Occlusion of cerebral arteries |
| 435.0 – 435.9 | Transient cerebral ischemia |
| 436 | Acute, but ill-defined cerebrovascular disease |
| 437.0 – 437.9 | Other and ill-defined cerebrovascular disease |
| 438.0 – 438.9 | Late effects of cerebrovascular disease |
| 800.0 – 800.95 | Fracture of vault of skull |
| 801.0 – 801.99 | Fracture of base of skull |
| 803.0 – 803.99 | Other and unqualified skull fractures |
| 804.0 – 804.99 | Multiple fractures involving skull or face with other bones |
| 850.0 – 850.9 | Concussion |
| 851.0 – 851.99 | Cerebral laceration and contusion |
| 852.0 – 852.59 | Subarachnoid, subdural, and extradural hemorrhage following injury |
| 853.0 – 853.19 | Other and unspecified intracranial hemorrhage following injury |
| 854.0 – 854.19 | Intracranial injury of other and unspecified nature |
| 905 | Late effect of fracture of skull and face bones |
| 907 | Late effect of intracranial injury without mention of skull fracture |
| 994.1 | Drowning and non-fatal submersion |
| 994.7 | Asphyxiation and strangulation |
| 995.5 | Child maltreatment syndrome |
| 995.8 | Adult maltreatment syndrome |

Attachment II

**INDIVIDUAL BUDGETARY ALLOTMENT** The state determines an individual budgetary allotment (IBA) for each Mi Via participant. The Mi Via IBA is the annual budget amount available to each participant, which can be utilized to purchase flexible combinations of services, supports and goods. The amount in an IBA is based upon the individual's assessed needs which are documented in a service and support plan (SSP). Services contained in the SSP must be within the scope of services covered within the Mi Via regulations and meet all applicable criteria. For the ICF/MR waiver populations, each participant's annual individual budget is based on the traditional Developmental Disabilities Waiver (DDW) Annual Resource Allotments (ARA) method. The DDW ARAs are determined by an analysis of expenditure and utilization data over a five-year period based on level of care and age of the individuals. The ARAs allow the individual to utilize a flexible combination of services that are identified in the traditional DDW Individual Service Plan (ISP) up to the maximum available amount.

A. Adult Budget Methodology

The adult (21 and over) Mi Via non-residential budgets are developed using the ARAs for non-residential services, deducting the cost for case management services and the State applied a 10 percent (10%) discount to the net remaining amount. The ten percent (10%) discount, which reflects administrative/overhead agency costs that are not provided by and included in the reimbursement to self-directed providers, is used to fund the fiscal management role under the self-directed waiver. The State performed this calculation for the remaining adult level of care ARAs. The State then calculated a weighted budget using the new amounts multiplied by the number of participants at the time of calculation in each corresponding level of care category to get a total cost divided by the total number of participants.

For adults that need to receive a Community Living service or enhanced supports similar to those residential options, the State then applied the same methodology to adult residential ARAs. The weighted residential ARA developed is added to the annual cost of the most flexible and community oriented Community Living Service in the traditional DDW, Family Living, to derive the Adult Enhanced Supports Budget allotment for Mi Via. b. Children's (0 – 20 years) Budget Methodology

The same methodology utilizing the DDW ARAs for children was applied. Generally, in New Mexico, children under 18 have residential options available through the Children, Youth and Families Department rather than through Waiver services. However, under the DDW, young adults ages 18-20 are eligible for Community Living Services. Should a young adult require residential or similar supports, a budgetary amount equal to Intensive Independent Living (IIL) under the DDW would be made available. The Intensive Independent Living rate was chosen as it provides assistance to an individual living at home or in his/her own home for 100 to 300 hours per month. This is equivalent to 8-10 hours per day and should provide sufficient support as these individuals are still receiving school services during the day.

The assigned budgets change as the person ages, at the time of the change or at recertification.

B. Medically Fragile

The State applies the same methodology to persons on the Medically Fragile Waiver (MFW) that transition to Mi Via, as they also would benefit from services available to other persons with developmental disabilities. The annual Mi Via budget for medically fragile children is calculated by removing case management and the ten percent (10%) discount (as with other Mi Via budget methodologies). The resulting budget, when included in the weighted calculations, is consistent with the weighted average of budgets for other children with developmental disabilities. For medically fragile individuals 21 years and over, the rates developed for Adults with Developmental Disabilities will apply including the opportunity to access community living services or enhanced supports.

Participants in Mi Via have authority to expend waiver funds for services through an authorized annual budget that is to be expended on a monthly basis. Mi Via budget calculations are customized according to three (3) distinct populations served by this waiver: Acquired Immunodeficiency Syndrome (AIDS), Coordination of Long-Term Services (CoLTS), and Brain Injury Category of Eligibility. The budget calculation process is derived either from the AIDS traditional waiver, the former Disabled and Elderly (D&E) traditional waiver, or State General Fund Traumatic Brain Injury (TBI) program. While the budget calculation process is similar, calculations and resulting budget amounts are separated according to the three (3) Mi Via populations served.

For the NF Waiver populations, budget amounts are based on a sampling in February 2007 of average costs of prior authorized units for either the AIDS or former D&E traditional waiver service budgets, minus case management service costs, minus environmental modification costs (for former D&E budgets only), and minus a discount of ten percent (10%). The ten percent (10%) discount, which reflects administrative/overhead agency costs that are not provided by and included in the reimbursement to self-directed providers, is used to fund the fiscal management role under the self-directed waiver. Environmental modification costs are excluded from the budget calculations since the ad hoc nature of this service misrepresents the typical budget cost of the majority of the population (approximately six percent (6%) of the former D&E traditional waiver population used this service). Full traditional waiver case management service costs for AIDS and the former D&E populations are transferred to administration and are used to fund the consultant function in the self-directed waiver. In addition, participants can manage their budgets with the ability to negotiate fees for different providers and rates in accordance with the Mi Via regulations (e.g., hiring individuals directly to provide services), as well as the option to choose a different array of services that better meet their individual need for homemaker/companion services. The State anticipates that individual participants are able to negotiate for more supports and services both in type and volume when they are in control of their purchasing decisions even with 10 percent (10%) less in their individual budget than the State previously experienced through the traditional waivers for the same or similar services. In essence, participants are better able to get the most from their budget dollars when they are empowered to negotiate the best possible rate.

a. Participants eligible for the Mi Via Brain Injury Category of Eligibility

For the Mi Via Brain Injury Category of Eligibility, budget amounts are based on the calculated Mi Via former D&E budgets (described above) as the starting point and are supplemented with supports and services unique to this population identified through the State General Fund TBI program and individual supported employment for adults.

b. Participants eligible for Mi Via through the AIDS Waiver

For the AIDS Mi Via budgets, AIDS Waiver Individual Service Plans (ISPs) were sampled as of the end of February 2007. ISPs for all traditional AIDS participants are identified and the aggregate group cost is determined. As described above, case management costs are removed from the aggregate group cost and the remainder is further discounted by ten percent (10%). The discounted amount is then divided by the number of ISPs to determine the AIDS Mi Via budget that is allocated to each applicable individual.

c. Participants eligible for Mi Via through the former D&E Waiver, now the CoLTS Waiver

To derive the schedule of budgets for former D&E participants, the costs of prior authorized units are separated by age band: children/young adults aged 0-20, and adults aged 21 and older. The former D&E Waiver average costs of prior authorized units are further broken down into a schedule of compatible case-mix groupings by utilizing a comprehensive individual assessment that determines the participants' level of homemaker need according to a four-tier rating scale.

Within each age band, the costs are sorted according to each participant's assessed need for authorization of homemaker hours: 1) none or mild; 2) moderate; 3) extensive; and 4) not applicable due to an assisted living arrangement. By using the appropriate age band grouping and each individual Mi Via participant's assessment of homemaker level of need (i.e., case mix grouping), an annual individual budget is established, as follows:

- CoLTS Adults (Age 21 and over) For the CoLTS adult (21 and over) Mi Via budgets, last available former D&E waiver ISPs were sampled as of the end of February 2007.

As one example, there were 950 adults assessed as moderate in their need for homemaker hours. The aggregate ISP cost of all former D&E waiver services for this group was $23,704,013. After removing case management and environmental modification costs, the aggregate cost was $21,208,053, at an average cost of $22,324 per person. Discounting this by 10 percent resulted in an average cost of $20,092 per person.

Based on the comprehensive individual assessment rating for homemaker need, each of the case-mix budgets for adults (Mild or None, Moderate, Extensive and Assisted Living) were calculated using the same methodology as the example above. A single budget amount was determined for each of the case-mix levels and allocated to each applicable Mi Via participant within the case-mix.

- CoLTS Children and Young Adults (Ages 0 - 20) For children and young adults aged 0 - 20, existing prior authorized former D&E Waiver service plans include service types or portions of units now covered by Early Periodic Screening, Diagnosis and Treatment (EPSDT) services. For this age group, an alternative cost basis for Mi Via participant budgets has been established by constructing a reasonable composite of services that are conducive to sustaining a child with special needs through Mi Via, including skilled therapies that support community integration, community access, and respite.

Services delivered by a licensed physical therapist, occupational therapist or speech language pathologist fulfill therapy needs not covered by the State plan under EPSDT requirements or by an Individual Education Plan (IEP) through the public schools. Community access activities are also not covered by the State plan under EPSDT or by the IEP through the public schools. Respite care is available in the CoLTS Waiver, but requests for prior authorization of this service have been omitted in many of the sampled 2007 care plans due to similar former waiver services previously available to this age group. When calculating the Mi Via children's budgets, pricing per unit for these services is based on similar former traditional waiver services discounted by ten percent (10%).

Three tiers of service need are identified according to the former D&E waiver comprehensive individual assessment rating for homemaker need: Mild or None; Moderate; and Extensive. Although the homemaker service is not part of the typical cost basis for this age group, the assessment rating method is used as an indicator to determine case-mix grouping bias.

A single budget allocation is determined for each of the three service tiers (Mild/None, Moderate, Extensive) that is allocated to each applicable child. The single budget for each tier includes the following:

- Discounted cost of Respite services of 14 days per year for Mild/None, 21 days per year for Moderate and 28 days per year for Extensive;
- Discounted cost of Non-EPSDT Skilled Therapy services single amount of $4,050 for each tier; and
- Discounted cost of Community Access services single amount of $3,978 for each tier.

d. Participants Eligible for Mi Via through the Brain Injury Category of Eligibility

Mi Via budgets for individuals with Brain Injury start with the base cost calculations used for Mi Via former D&E budgets with the same case-mix groupings by age band and assessed rating for homemaker need: Mild or None; Moderate; Extensive; and Assisted Living. Specific to this population, the costs are supplemented based on services authorized and utilized in New Mexico's State General Fund TBI program and individual supported employment for adults. The TBI program in State Fiscal Year 2006 was sampled, identifying the costs of TBI services that are not in the Medicaid State plan including alternative therapies and activities of daily living (ADL) skills coaching. (Alternative therapies and ADL skills coaching can be accessed under Mi Via through Participant Delegated Goods and Services.)

An average annualized cost per person of $1,550 is calculated for alternative therapies, $2,295 for ADL skills coaching and $9,600 for supported employment. The supplemental cost for alternative therapies discounted by 10 percent (10%) is applied to all case-mix groups, and the supplemental cost for ADL skills coaching and supported employment, discounted by 10 percent (10%), are applied to adults over 20.

Using this methodology 11 specific budget allocations are determined for the age groups listed. The age below are further broken down by the assessed rating for homemaker need: Mild/None, Moderate, Extensive, and Assisted Living

- Aged 0-18 years (Mild/None, Moderate and Extensive);
- Aged 19-20 years (Mild/None, Moderate, Extensive, and Assisted Living); and
- Aged Adults 21-64 (Mild/None, Moderate, Extensive, and Assisted Living).

State of New Mexico

**Mi Via Schedule of Participant Budgets**

Updated
March 2009

| Waiver group | AGE BAND | Further Breakout By Assessed Category of Need | **Mi Via Annual Budget** |
|---|---|---|---|
| AIDS | Any age | No further breakout for AIDS | **$36,249** |
| D&E | | **Rated need for homemaker care hours** | |
| | 0-20 | Mild | **$13,522** |
| | | Moderate | **$16,148** |
| | | Extensive | **$18,775** |
| | | | |
| | 21 and older | Participant in Assisted Living | **$18,276** |
| | | Otherwise... | |
| | | Mild | **$12,179** |
| | | Moderate | **$20,695** |
| | | Extensive | **$33,065** |
| Brain Injury | | **Rated need for homemaker care hours** | |
| | 0-18 | Mild | **$14,959** |
| | | Moderate | **$17,585** |
| | | Extensive | **$20,212** |
| | | | |
| | 19-20 | Mild | **$25,986** |
| | | Moderate | **$28,612** |
| | | Extensive | **$31,239** |
| | | | |
| | 21 and older | Participant in Assisted Living | **$30,740** |
| | | Otherwise... | |
| | | Mild | **$24,643** |
| | | Moderate | **$33,159** |
| | | Extensive | **$45,529** |
| | | | |
| DD and Medically Fragile | | **Need for Enhanced Support** | |
| | 0-20 | Without Enhanced Support | **$23,443** |
| | 18-20 as needed | With Enhanced support included | **$54589*** |
| | 21 and older | Without Enhanced Support | **$34,553** |
| | | With Enhanced support included | **$72,710** |

*$68,589 only if using trad. Family Living model

ATTACHMENT III

# MEDICAID MI VIA WAIVER
# RANGE OF RATES AND CODES

| MI VIA WAIVER SERVICE | Code | UNIT | PAYMENT RATES* |
|---|---|---|---|
| Homemaker/Companion* | 99509 | Hour | $13.51 - $14.60 |
| Physical Therapy* | G0151 | 15 min. | $13.51 - $24.22 |
| Occupational Therapy* | G0152 | 15 min. | $12.74 - $23.71 |
| Speech/Language Pathology* | G0153 | 15 min. | $16.06 - $24.22 |
| Intensive Case Management * | G9002 | Hour | $49.97 - $51.49 Please note that this service will no longer be available for new Mi Via participant SSP's or for revisions to SSP's effective 12/1/10. |
| Respite- Standard* | T1005RS | 15 min. | $1.88-$3.38 |
| Respite RN* | T1005RN | 15 min. | $.01-$10.90 |
| Respite- LPN* | T1005LPN | 15 min. | $.01-$6.79 |
| Respite- Home Health Aide* | T1005HHA | 15 min. | $.01-$4.08 |
| Community Access* | H2021 | 15 min. | $0.99 - $15.48** |
| Behavior Support Consultation* | H2019 | 15 min. | $12.24 - $20.65 |
| Emergency Response, Testing and Maintenance | S5160 | Each | Negotiated Rate*** |
| Emergency Response, Monthly Service Fee * | S5161 | Month | $36.71 - $40.79 |
| Environmental Modifications | S5165 | Each | Based on approved estimate (maximum of $7,000 every 5 years) |
| Nutritional Counseling – Adults * | S9470 | Hour | $.01-$42.83 |
| Private Duty Nursing – Adults- RN* | T1002 | 15 min. | $.01-$10.90 |
| Private Duty Nursing – Adults- LPN* | T1003 | 15 min | $.01-$6.79 |
| Supported Employment* | T2019 | 15 min. | $2.15 - $6.93 |
| Supported Employment* | T2018 | Day | $24.26 Please note that this service will no longer be available for new Mi Via |



ATTACHMENT IV

| | | | |
|---|---|---|---|
| | | | participant SSP's or for revisions to SSP's effective 10/1/10. |
| Adult Day Habilitation* | T2021 | 15 min. | $2.27 - $3.90 |
| Adult Day Health* | S5100 | 15 min. | $1.36 - $2.04 |
| Family Living * | T2033FL | Day. | $100.25 |
| Substitute Care* | T1005SC | 15 min | $3.50 |
| Supported Living * | T2033SL | Day | $ 42.57- $316.69 |
| Assisted Living * | T2031 | Day | $51.49 |
| Independent Living* | T2030 | Month | $1,866 - $2,668.60 |
| Transportation/Driver | T1999TD-H | Hour | Negotiated*** |
| Transportation/Driver | T1999TD-I | Each | Negotiated*** |
| Transportation | T1999MILE | Per Mile | $0.34 |
| Community Participation | T1999CP-H | Hour | Negotiated*** |
| Community Participation Item/Invoice | T1999CP-I | Item | Negotiated*** |
| Household Related Goods and Services (ie. lawn mowing) | T1999HG-H | Hour | Negotiated*** |
| Household Related Goods and Services | T1999HG-I | Each | Negotiated*** |
| Coaching/education for parents, spouse or others | T1999CE-H | Hour | Negotiated*** Please note that this service will no longer be available for new Mi Via participant SSP's or for revisions to SSP's effective 12/1/10. |
| Coaching/education for parents, spouse or others | T1999CE-I | Each | Negotiated*** Not available for paid caregivers effective12/1/10. |
| Resource Facilitation | T1999RF-H | Hour | Negotiated*** Please note that this service will no longer be available for new Mi Via participant SSP's or for revisions to SSP's effective 12/1/10. |
| Resource Facilitation | T1999RF-I | Each | Negotiated*** Please note that this service will no longer be |

| | | | available for new Mi Via participant SSP's or for revisions to SSP's effective 12/1/10. |
|---|---|---|---|
| Technology for Safety and Independence | T1999TS | Each | Negotiated*** |
| Alternative Medicine and Therapies | T1999AMT | Each | Negotiated*** |
| Health-Related services, equipment and supplies | T1999HR-I | Each | Negotiated*** |

*Range of rates that are paid by the New Mexico Medicaid program to provider agencies for services provided to participants in the Traditional Home and Community-Based Services Waivers (Disabled and Elderly, Developmental Disabilities, Medically Fragile and AIDS Waivers). **These rates are inclusive of taxes with the exception of those services marked with an*. These rates may include additional gross receipts tax if the services are provided by an approved traditional waiver provider subject to gross receipts taxes. ( for -profit provider). The consultant must indicate the inclusion of gross receipts tax as a note on the goal to alert the TPA. Additional costs of workers compensation insurance costs, where applicable, are attached in a separate table.** Actual amount to be paid for these services in Mi Via is based on these suggested ranges of rates and negotiated and established by the participant with the service provider. Mi Via participants can decide to pay less or, with justification, more than these rates. Justification for paying more than these rates more must be submitted for consideration and approval in writing along with the Service and Support Plan and budget.

**Substitute Care can only be utilized in conjunction with the traditional waiver Family Living Service and is limited to 4000 units (1000 hours) per year. Charges for this service code would be submitted on a Payment Request Form (PRF) with an attached invoice from the provider detailing the charge. This service will be paid only at the per unit rate of $3.50. PRF/Invoices reflecting a different rate will be retuned for correction.

*** Paid according to the amount negotiated between the participant and the service provider or vendor.

Request for payment is made by the Mi Via participant to the Financial Management Agent (FMA) for traditional waiver services and participant-delegated goods and services, according to the Mi Via participant's approved Service and Support Plan and budget. When the service is to be provided by an employee, payment is rendered upon submission of an employee's timesheets to the FMA; or, when the service provider is an independent contractor or when an item is purchased from a vendor, upon submission of an invoice to the FMA. Please refer to FMA payment instructions.

**Justification for paying more than these rates must be submitted for consideration and approval in writing along with the Service and Support Plan and budget.**

**New Mexico Minimum Wage**

**Each participant (or Employer of Record) is responsible for researching and ensuring payment of minimum**
**wage, both state, federal, or in some instances, "living wage." Please refer to state website for further information: http://www.workforceconnection.state.nm.us**

Minimum wage is the lowest hourly wage that businesses may legally pay to employees or workers. Recent legislation (SB 324) changed the state minimum wage law effective January 1, 2008. The federal government has also passed a higher federal minimum wage. Both the federal and state minimum wage increases are phased in on different dates.

Most New Mexico businesses will see the state minimum wage increase and will be required to pay a minimum wage of:

· $7.50 per hour effective January 1, 2009

Federal minimum wage increases:

· $7.25 per hour effective July 24, 2009

**For questions on minimum wage, please contact Wage and Hour Bureau at:**
· 301 West DeVargas Street, Santa Fe, NM 87501 [Phone: 827-7441 | Fax: 827-7474]
· 501 Mountain Road, Albuquerque, NM 87102 [ Phone:222-4667 | Fax:222-4666 ]
· 500 South Main, Suite 10200, Las Cruces, NM 88001 [Phone: 524-6195 | Fax: 524-6194]

**For more information on Federal Law on minimum wage visit the US DOL website at** http://www.dol.gov/dol/topic/wages/minimumwage.htm

## MI VIA EMPLOYEE WORKERS COMPENSATION RATE GUIDE*

| Hourly Wage | Workers Compensation | Cost to You |
|---|---|---|
| $7.50 | $0.24 | $7.74 |
| $8.00 | $0.25 | $8.25 |
| $8.50 | $0.27 | $8.77 |
| $9.00 | $0.29 | $9.29 |
| $9.50 | $0.30 | $9.80 |
| $10.00 | $0.32 | $10.32 |

| Hourly Wage | Workers Compensation | Cost to You |
|---|---|---|
| $12.50 | $0.40 | $12.90 |
| $13.00 | $0.41 | $13.41 |
| $13.50 | $0.43 | $13.93 |
| $14.00 | $0.44 | $14.44 |
| $14.50 | $0.46 | $14.96 |
| $15.00 | $0.48 | $15.48 |

This table shows the approximate cost to you for workers compensation insurance when you hire a worker. You can figure out rough workers compensation insurance cost by multiplying the wage you want to pay by 3.17 percent. Then, by adding the wage and workers compensation insurance costs together, you'll get the total "cost to you". This "cost to you" does not include health insurance benefits or other benefits that you, as the employer, may want to cover for your employees.

***When you decide how much you want to pay your worker, you must stay within the payment rates for services, as outlined on the preceding page, Mi Via Waiver Range of Rates and Codes. These ranges include taxes.**

*** Workers compensation insurance is required for all employees providing all of the services listed in the tables of this document.**