



New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-3103

INTRADEPARTMENTAL MEMORANDUM

MAD-GI: 07-01

DATE: February 8, 2007

TO: ALL ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MAD
FREDRICK SANDOVAL, DIRECTOR, ISD

THROUGH: ROBERT D. BEARDSLEY, BUREAU CHIEF, CLIENT SERVICES BUREAU

BY: BENITA GALLEGOS, MANAGEMENT ANALYST
CLIENT SERVICES BUREAU

**SUBJECT: HOME AND COMMUNITY-BASED SERVICES WAIVER
ISD2 PROGRAMMING CHANGES**

In an effort to align waiver policy and programming, several changes were made to the ISD2 system effective October 10, 2006.

1. ELIGIBILITY START DATE

An application can only be approved on the ISD2 system when the Individual service plan has been in effect for thirty (30) days. The eligibility start date is based on the date of application or the start date of the ISP whichever is later, per MS 290.600.11A. If the application is processed with an ISP in effect for less than thirty (30) days, the "MAMS" screen will not produce a message but the ISD2 system will generate an error message code of "636-F" on the "ERRS" screen, "*ISP begin date must be at least 30-days prior to approval date.*" If an application is registered in a month prior to the current month and the ISP begin date is after the application date, the worker may have to manually deny those months with the code of "R 545 No eligible members" and override the denial notices.

EXAMPLE 1: The worker is approving case on the ISD2 system on 5/20/06, the application date is 5/12/06, the ISP begin date is 4/6/06, the eligibility start date will be 5/1/06.

EXAMPLE 2: The worker is approving the case on the ISD2 system on 8/15/06, the application date is 6/5/06, the ISP begin date is 7/14/06, the eligibility start date will be 7/1/06 the application month of 6/06 must be manually denied with the code of "545 NO ELIGIBLE MEMBERS" and the notice overridden.

2. NEW ACTION ITEM CODE

To ensure that a waiver applicant's eligibility has been determined within 90 days, code "302 - CONTACT CMA FOR LOC" will populate on the worker's ACTI screen on days 15, 30, 45, 60, 75 and 90 prompting the worker to contact the case management agency for the level of care (LOC). If the LOC has not been received, contact the case management agency/consultant agency via the Case Information Update (CIU) form.

3. 90-DAY AUTO DENIAL

The auto denial process has been extended. Waiver applications will now auto deny on the 90th day. Applications can be extended beyond the 90th day by completing the "I" application change function and entering the appropriate delay reason.

4. MANDATORY CASE MANAGEMENT FIELD

The case management agency field located on the "MAAR" screen is a mandatory field and cannot be bypassed without entry of the case management agency's name and address.

5. NEW MAW FIELD

A new field called the MAW letter field has been added to the lower left hand corner of the "MAMS" screen. When a waiver case has been finalized on either a "G" or "F" function, or the case is determined to meet all waiver criteria including LOC, the new field will be populated with the current date.

6. AUTOMATED MAW LETTER

The MAW letter serves two functions: 1) to notify the case management agency that all Medicaid criteria have been met and 2) waiver services can begin when the ISP has been approved. A case cannot be approved until the ISP has been in effect for 30 days.

The MAW letter can be generated on ISD2 or prepared manually and sent to the case management agency in order to initiate approval of the ISP. Upon completion of the "G" function including the LOC information, the new MAW field will be populated with the current date, and the MAW letter will be generated and mailed to the appropriate program manager and case management agency. This new function eliminates the worker manually completing and mailing the MAW Notification of Action form MAD 060 to the program manager and case management agency.

A MAW LETTER WILL NOT BE GENERATED WHEN THE "G" AND "H" FUNCTIONS ARE COMPLETED ON THE SAME DAY. A manual MAW Notification of Action form, MAD 060, must be completed and mailed to the appropriate program manager and case management agency.

During the periodic review process, using the "F" function will populate the MAW field when the case is determined eligible and is confirmed on the "MANF" and "MAEL" screens. The MAW will be populated with the current date and the MAW letter will be generated and mailed to the appropriate program manager and case management agency.

A MAW letter **will not** be generated when the applicant/recipient fails the eligibility test on the MANF and MAEL screens during the “G” and “F” functions.

A copy of the MAW letter will be sent to the appropriate state agency according to the category of eligibility, as indicated below.

Categories 90, 95, 96 DEPT OF HEALTH
 LONG TERM SVS DIV
 P.O. BOX 26110
 SANTA FE, NM 87502-6110

Categories 91, 92, 93 and 94 NM ALTSD ESDS
 2550 CERRILLOS RD.
 WEST CAPITOL COMPLEX
 SANTA FE, NM 87505

7. NEW WAIVER REPORTS

Two new waiver reports will be produced and available on dispatch.

One report will be by GEO ADMN, EWID# , category, application date, client SS#, client name, case management agency, # of days the application has been pending, the date the MAW letter was sent, begin and end date of the LOC, and begin and end dates of the ISP.

The second report will provide information on the case status, to include the reason code if denied, the date the MAW letter was issued, the case management agency name, the number of days from the date of application (aka freedom of choice date), the date the MAW letter was issued, and the number of days from the date the MAW letter was issued to the begin date of the ISP.

Please address your questions to Benita Gallegos at 505-476-6823 or by e-mail at Benita.Gallegos@state.nm.us or Kathryn Karnowsky at 505-476-6867 or by e-mail at Kathryn.Karnowsky1@state.nm.us .

* * * C O N S O L I D A T E D E R R O R L I S T * * * 093 ERRS 01
MNTH: 1006

DISPLAY ERROR TEXT FOR THIS CODE: 636

ERROR CODE	SCREEN	LOCATION IDENTIFIER	ERROR CODE	SCREEN	LOCATION IDENTIFIER
636-F	MAMS	942579795 093			

636 ISP-BEGIN DATE MUST BE AT LEAST 30 DAYS PRIOR TO APPROVAL DATE *

SE BERN
ISD FIELD OFFICE
P.O. BOX 543
ALBUQUERQUE
87103
841-2600

WORKER 0000
942557198 / 001882447

NM

09/14/06

NOTICE TO MANAGER

00000

***** MEDICAL ASSISTANCE WORKER LETTER ***** (275091)

RE: SIMON SAYSNOT

The individual named above has met the Level-of-Care and financial eligibility criteria necessary to receive a Home and Community Based Waiver Services.

The Individual Service Plan (ISP) is needed for Medicaid approval. Medicaid approval is pending the receipt of the approved ISP from your Case Management Agency.

If you have any questions please call the case worker.

RIGHTS TO APPEAL:

The last page of this/these notice(s) explains both your civil rights and your right to a fair hearing. Please read these carefully. If you need further assistance, contact your caseworker. Si necesita mas ayuda, por favor contacte a su trabajador(a).

SE BERN
ISD FIELD OFFICE
P.O. BOX 543
ALBUQUERQUE
87103
841-2600

WORKER 0000
942557198 / 001882447

NM

09/14/06

NOTICE TO DOH

NM ALTSD ESDS
2550 CERRILLOS RD.
WEST CAPITOL COMPLEX
SANTA FE NM 87505

***** MEDICAL ASSISTANCE WORKER LETTER ***** (475091)

RE: SIMON SAYSNOT

The individual named above has met the Level-of-Care and financial eligibility criteria necessary to receive a Home and Community Based Waiver Services.

The Individual Service Plan (ISP) is needed for Medicaid approval. Medicaid approval is pending the receipt of the approved ISP from your Case Management Agency.

If you have any questions please call the case worker.

RIGHTS TO APPEAL:

The last page of this/these notice(s) explains both your civil rights and your right to a fair hearing. Please read these carefully. If you need further assistance, contact your caseworker. Si necesita mas ayuda, por favor contacte a su trabajador(a).

UPDATE * * * C A S E N O N - F I N A N C I A L * * * 093 MAMS 01
MNTN: 1106 * * * M A O M I S C D A T A * * * ACTI

CASE-ID: 942579795 T CATEGORY: 093
FOR FAMILY WITH SHELTER OR UTILITY EXPENSES, ENTER DATA ON SHLT SCREEN

LAST-NOTICE PREVIOUS ERROR-PRONE INSTITUTIONAL-CARE-ALLOWANCES
DATE TYPE COUNTY PROFILE EXCESS-SHELTER V EXTRA-MAINT

INTERVIEW		PERIODIC-REVIEW		MAINTENANCE-ALLOWANCE		OASDI
DATE	TIME	START-DT	END-DT	NUM-IN	GROSS	COST-OF
(MMDDYY)	(HHMM)	(MMYY)	(MMYY)	TYPE	HOUSE	LIVING-AMT
122806	0730					

MAW	IND-SERVICE-PLAN		INCOME		LEVEL-OF-CARE-DATA		
DATE	BEGIN-DT	END-DT	DIVERSION		BEGIN-DT	END-DT	
(MMDDYY)	(MMDDYY)	(MMDDYY)	TRUST	LEVEL V	(MMDDYY)	(MMDDYY)	
	120106	123106	N	S Y	120106	120107	

VERIF-REMARKS: 120406

"ENTER" KEY = CONTINUE "PF3" = CANCEL
"PF4" = SKIP/HOLD "PF5" = PAGE BACKWARD

UPDATE * * * C A S E N O N - F I N A N C I A L * * * 093 MAMS 01
MNTH: 1006 * * * M A O M I S C D A T A * * * ACTI

CASE-ID: 942579795 T CATEGORY: 093
FOR FAMILY WITH SHELTER OR UTILITY EXPENSES, ENTER DATA ON SHLT SCREEN

LAST-NOTICE PREVIOUS ERROR-PRONE INSTITUTIONAL-CARE-ALLOWANCES
DATE TYPE COUNTY PROFILE EXCESS-SHELTER V EXTRA-MAINT

INTERVIEW		PERIODIC-REVIEW		MAINTENANCE-ALLOWANCE		OASDI	
DATE	TIME	START-DT	END-DT	NUM-IN	GROSS	COST-OF	
(MMDDYY)	(HHMM)	(MMYY)	(MMYY)	TYPE	HOUSE	INCOME	LIVING-AMT
122806	0730						

MAW	IND-SERVICE-PLAN		INCOME	LEVEL-OF-CARE-DATA			
DATE	BEGIN-DT	END-DT	DIVERSION	LEVEL	V	BEGIN-DT	END-DT
(MMDDYY)	(MMDDYY)	(MMDDYY)	TRUST			(MMDDYY)	(MMDDYY)
120406	110106	123106	N	S	Y	120106	120107

VERIF-REMARKS: 120406

"ENTER" KEY = CONTINUE "PF3" = CANCEL
"PF4" = SKIP/HOLD "PF5" = PAGE BACKWARD