

**INTERDEPARTMENTAL MEMO**

**MAD-GI: 13-03**

**DATE: November 13, 2013**

TO: ISD AND MAD STAFF

FROM: *AWB* JULIE B. WEINBERG, DIRECTOR, MEDICAL ASSISTANCE DIVISION  
*MM* MARILYN MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION *JTS for MM*

THROUGH: *AWB* ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

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SUBJECT: CLIENT INFORMATION UPDATE (CIU) MAD 054

The purpose of the CIU (MAD 054) is to utilize a single form to communicate important information regarding our Medicaid recipients in order to better serve them and ensure they receive services in a timely manner. It is very important that the CIU is responded to in a timely manner, preferably within 10 business days. Income Support Division (ISD) may also initiate a CIU when warranted for eligibility determinations.

The Department of Health (DOH) and the Human Services Department, Medical Assistance Division (MAD) issue allocation letters for Medicaid home and community-based services waiver programs. As a result of these allocations, there are various issues that must be communicated and coordinated with the ISD utilizing the new CIU. Employees of the following organizations who are authorized to use the CIU include: MAD, ISD, waiver Case Managers, Mi Via Consultants, and Centennial Care Managed Care Organizations (MCOs) and MCO support brokers.

The following sections describe how the CIU can be utilized effectively for the various waiver recipient scenarios:

Waiver Applicant with Coordination Required

***Recipient is allocated to a waiver COE and is currently receiving services under a different waiver COE.***

***Example: Recipient has a CoLTS c Waiver COE and has received a new allocation for the DD waiver.***

- The Case Manager or Consultant will send a CIU to the ISD office with an anticipated effective date (usually the first of a future month) for the waiver COE. This proposed effective date will match the Individual Service Plan (ISP) or Service Support Plan (SSP) start date.
  - ISD must respond to the submitter indicating the effective date of the new COE, if the recipient continues to meet financial eligibility and has met medical eligibility.
  - If factors of Medicaid eligibility have not been completed, ISD must respond to the CIU submitter indicating that the anticipated COE effective date is not possible.
  - If available, ISD may include an alternative COE effective date.
- If the 90-day waiver application processing time limit is approaching and action is still needed to complete the application, the ISD office may initiate a CIU to the Case Manager or Consultant informing them that the 90-day limit is approaching and that specific information is still needed. In turn, ISD may receive a request from the Case Manager or Consultant for an extension to complete the process.
- If a Disability Determination is required, ISD must indicate this in the response to the case manager or consultant to let them know that it may take up to 90 days to approve eligibility. Once a Disability

Determination is completed, the ISD case worker may use the CIU to inform the Case Manager or Consultant of the final decision.

**Recipient is allocated to a waiver COE and is currently receiving Personal Care Option (PCO) or Personal Care Services under a non-waiver COE.**

*Example: Recipient is on an SSI-related COE or Full Coverage Medicaid and has received a new allocation for the DD waiver.*

- The case manager or consultant will send a CIU to the ISD office with an anticipated effective date (usually the first of a future month) for the waiver COE. This proposed effective future date must allow enough time for current PCO services to be closed out for the recipient – this date is coordinated among several entities including MAD, case manager/consultant, the MCO service coordinator and provider(s).
  - ISD must respond to the submitter indicating the effective date of the new COE, if medical and financial eligibility have been approved by ISD for a COE approval.
  - If factors of Medicaid eligibility have not been completed, ISD must respond to the CIU submitter indicating that the anticipated COE effective date is not possible.
  - If available, ISD may include an alternative COE effective date.
  - ISD may also include information that may affect the effective date, such as a Disability Determination or missing medical eligibility (i.e. expired level of care).

Note: Communication utilizing the CIU is extremely important to ensure that certain services such as Personal Care Option or Personal Care Services do not stop prior to the new waiver COE begin date.

#### Recertification or Closure of Waiver COE

**Recipient fails to recertify timely or provide the required documents for recertification timely which may result in the closure of a waiver COE.**

If the waiver recipient attempts to recertify or provides information necessary to complete the annual review in the month following the month of closure:

- The ISD case worker can assume the allocation for that waiver category is still available to the client.  
*Example: An active client fails to recertify in the month of July and the case is closed effective July 31. The client provides a new application and all required documentation in August. The case can be processed without a CIU.*

If the waiver recipient reapplies for the waiver more than one month following the month of closure:

- ISD can use a CIU to advise the allocation entity that the person has re-applied for the waiver or request that the allocating entity respond to the CIU regarding whether the allocation is available or not.

*Example: An active client fails to recertify in the month of July and the case is closed effective July 31. The client provides a new application without all required documentation in September. ISD would need to send a CIU to the appropriate allocating entity, before processing the application, to ask whether or not the allocation is still available for the client. The allocating entity will need to send a new CIU back to the ISD office indicating whether or not the allocation is still available for that client.*

#### Existing COE 037

If there is an existing Medicaid COE 037 (CYFD Adoption) for a new waiver allocation, this COE must be closed before a waiver category can be entered. Please submit a CIU to the MAD Eligibility Bureau, attention: Sonya Pierce, if the recipient has a COE 037.

#### Centennial Care

The MCOs will utilize the CIU to communicate with ISD for the following issues:

- The MCOs will send a CIU to the ISD office to notify of a recipient being discharged from a Nursing Facility.
  - The CIU will include the begin date of home and community based waiver services. The ISD case worker will terminate the Institutional Medicaid category and activate the home and community based waiver category.
  - ISD must respond to the submitter confirming the new COE effective date.

Attached is a blank CIU, you can access this on the HSD website as well as at the following links:

<http://www.hsd.state.nm.us/mad/PBillingForms.html>

L:/ISD forms/MAD forms

Also attached are examples of completed CIU forms that ISD may initiate or receive from case managers or consultants.

***FILING INSTRUCTIONS***

Please make the following changes/replacements:

**Remove:** MAD GI 12-03

**Replace with** MAD GI 13-03

**Remove:** MAD 054 dated 04-11-12

**Replace with** MAD 054 dated 06-01-13

Please address questions concerning this material to [Annabellem.martinez@state.nm.us](mailto:Annabellem.martinez@state.nm.us) or 505-827-7749

# Client Information Update



### Section 1

<input type="checkbox"/> <b>Disabled &amp; Elderly</b> <input type="checkbox"/> <b>Medically Fragile</b> <input type="checkbox"/> <b>Developmental Disabilities</b> <input type="checkbox"/> <b>HIV/AIDS</b>	
<input type="checkbox"/> <b>Brain Injury</b> <input type="checkbox"/> <b>Institutional Care</b> <input type="checkbox"/> <b>Other :</b>	
<b>Today's Date:</b>	<b>Client Name:</b>
<b>To:</b>	<b>Date of Birth:</b>
<b>Submitted by: Name, agency, email, phone:</b>	<b>ID Number:</b>

### Section 2

<input type="checkbox"/>	<b>Application Status</b>	<b>Status:</b>
<input type="checkbox"/>	<b>Change of client Address</b>	<b>New Address:</b>
<input type="checkbox"/>	<b>Change of Case Management Agency / Consultant Agency/Care Coordinator/ Support Broker</b>	<b>New Information:</b>
<input type="checkbox"/>	<b>Level of Care</b>	<b>Dates:                          To:</b>
<input type="checkbox"/>	<b>Allocation/Transition</b>	<b>Allocation/Transition Dates:                          To:</b>
<input type="checkbox"/>	<b>Allocation on Hold</b>	<b>Date requested:</b>
<input type="checkbox"/>	<b>Denial/Closure Reason:</b>	<b>Date of Denial/Closure:</b>
<input type="checkbox"/>	<b>Plan of Care/ISP/SSP</b>	<b>Dates:                          To:</b>
<input type="checkbox"/>	<b>Deceased</b>	<b>Date of Death:</b>
<input type="checkbox"/>	<b>Nursing Facility Name:</b>	<b>Date of Admission:</b>
<input type="checkbox"/>	<b>Hospital Facility Name:</b>	<b>Date of Discharge:</b>
<input type="checkbox"/>	<b>Moved Out of State:</b>	<b>Date of Admission:</b>
<input type="checkbox"/>	<b>Incarceration</b>	<b>Date of Discharge:</b>
<input type="checkbox"/>	<b>Request Setting of Care Change</b>	<b>Last date of NM Residency, if known:</b>
<input type="checkbox"/>	<b>Request for ISD COE Extension Include reason in Comment(s).</b>	<b>Date and Expected Length of Incarceration:</b>
<input type="checkbox"/>	<b>Waiver Services Not Accessed (60 Day Rule):</b>	<b>Effective Date(s) of Change:</b>
<input type="checkbox"/>	<b>Other/Comments:</b>	<b>Extension Dates:</b>
<input type="checkbox"/>		<b>Enter last date of Waiver Services:</b>

### Section 3

<b>Date of Action:</b>	<b>Response completed by (Name and Agency):</b>
<b>Response:</b>	

**Important: When action is completed, Please return this form to the Submitter within 5-7 business days.**

# Client Information Update

## Instructions

**Purpose:** The Client information Update Form is a tool for internal communication among the following: Income Support Division (ISD); Human Services Division/Medical Assistance Division (HSD/MAD); Managed Care Organizations (MCO); Third Party Assessor (TPA); Case Management Agencies; Consultant Agencies; Support Brokers and partnering state agencies.

**Section 1:** Check appropriate Program/Service box, enter the date. To: who the CIU is intended for, Submitter information and Medicaid recipient information including client name, date of birth and ID number. (The ID number may be the social security number, Medicaid ID, Aspen MCI ID.)

### **Section 2: Status Update**

**Application status:** Check this box if inquiring on an application status. Select appropriate option from drop down list, (Open, Denied or Pending. Responder can also select from the drop down menu when responding to the question of a Status.)

**Change in Client Address:** Check this box and select appropriate option from drop down list, (Client, Guardian, and Authorized Representative). Enter New Address.

**Change of Case Management Agency/Consultant Agency/Care Coordinator/Support Broker:** Check this box if you are updating a change. Select appropriate option from drop down list and enter New Information including new address and phone number.

**Level of Care:** Check this box. Enter start and end dates of current Level of Care.

**Allocation/Transition:** Check this box if inquiring on a waiver allocation or a transition. Select appropriate option from drop down list, Allocation or Transition.

**Allocation/Transition Dates:** Enter start and end dates of the allocation or anticipated transition dates. (If additional information is needed for anticipated start and end dates, enter in the comments section.)

**(DDW only)Allocation on Hold:** Check this box if participant has chosen to hold their allocation (DDW only) and enter date requested.

**Denial/Closure Reason:** Check this box and select appropriate option from drop down list, (Denial, Closure). Enter date. (If additional information is needed for Denial/Closure enter in the comments section.)

**Plan of Care/ISP/SSP Dates:** Check this box. Enter start and end dates of current Plan of Care/ISP or SSP.

**Deceased:** Check this box and enter the date of death. Attach written proof of date of death if possible.

**Nursing Facility:** Check this box and enter the admission/discharge date, as applicable.

**Hospital Facility:** Check this box and enter the facility name. Enter the admission/discharge date, as applicable.

**Moved Out of State:** Check this box if client moved out of state and enter the last date of NM residency if known.

**Incarceration:** Check this box and enter the date and expected length of incarceration.

**Request Setting of Care Change:** Check this box and include the reason for Setting of Care change in the Comment section. Enter the effective date of change.

**Request for ISD COE Extension:** Check this box and include the reason in the Comment section, if requesting ISD to keep the COE open. Enter dates.

**Waiver Services Not Accessed:** Check this box if the waiver recipient has not received waiver services for 60 days or

more. Enter the last date of waiver services.

**Other/ Comments section:** Check this box and enter additional information as it pertains to the Status Updates above. Include any information to verify the request, including attachments if available. This box can also be used to request specific information not listed in section 2.

**Section 3:**

**Date of Action:** Recipient of form must enter the date completed.

**Response Completed By:** Enter name and entity to verify action is complete. When action is completed, return the form to the Submitter within 5-7 business days.

**Response:** Recipient of form will enter response to the inquiry.