

CENTENNIAL CARE SDCB Increase Rate of Pay Over the Range of Rates Request

This form should be completed and submitted by the MCO and is to be used to request an HSD/MAD review for an increase over the range of rates for SDCB services.

Member Name: _____
SSN/Member ID: _____
Managed Care Organization: _____
Submitted by: _____ Date: _____
Send to Theresa Griego (TheresaM.Griego@state.nm.us)

Current NFLOC Date Span:
Current SDCB Care Plan Dates:
Current Rate of Pay: \$
Proposed Pre-Tax Hourly Rate: \$
Proposed Post-Tax Hourly Rate including ETB/WC Rate of Pay: \$
Employee/Vendor Name:
SDCB Procedure Code/Service:

Check List:

In your request to HSD, you must include the following documentation with the completed SDCB Rate Increase Form:

- ✓ Budget Determination with the proposed rate of pay to show the total dollar amount for the SDCB Care Plan. The total budget cannot exceed the annual Nursing Facility Cost of Care Limit. Requests that are above the Nursing Facility Cost of Care should not be submitted as they will not be considered by HSD.
- ✓ Justification letter from the EOR/Member that includes the reason for the increase in pay.
- ✓ MCO recommendation.

<p>HSD/MAD Use Only</p> <p><input type="checkbox"/> Increase Approved</p> <p><input type="checkbox"/> Increase Denial Reason</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reviewed by: _____ Date _____</p>

CENTENNIAL CARE SDCB Increase Rate of Pay Over the Range of Rates Request

Instructions

Member and MCO Information

The MCO is responsible for completing this information and submitting the form to HSD/MAD.

Reason for the increase in the caregiver's rate of pay over the range of rates

The MCO must send all required documentation by completing the Checklist above.

HSD/MAD Use Only

Approved by: The HSD/MAD reviewer agrees with the MCO's determination of the proposed rate of pay.

Denial Reason: HSD/MAD disagrees with the MCO's determination of the proposed rate of pay. HSD/MAD must provide the reason for the denial. HSD/MAD may recommend the caregiver's pay rate remain the same as the current SDCB pay rate. HSD/MAD may propose an alternative pay rate.

- The form does not apply to Members who were migrated from Mi Via with an approved exception associated with rate of pay
- The form does not apply to Members who were grandfathered into the Self-Directed program with a budget that exceeds the Nursing Facility cost of care

***Incomplete form/documentation will be returned to the MCO**

*** Requests that are above the Nursing Facility Cost of Care should not be submitted as they will not be considered by HSD.**