

9 SELF-DIRECTED COMMUNITY BENEFIT (SDCB)

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PURPOSE

The Self-Directed Community Benefit (SDCB) is intended to provide a community-based alternative to institutional care that facilitates greater member choice, direction and control over covered services and supports.

SDCB provides self-directed Home and Community-Based Services (HCBS) to eligible members who are living with conditions associated with aging, disabilities, certain traumatic or acquired brain injuries (BI), acquired immunodeficiency syndrome (AIDS).

Home and Community-Based Services shall meet the following standards:

- A. are integrated and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment, and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;
- B. are selected by the individual from among setting options including non-disability specific settings. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs and preferences;
- C. ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint;
- D. optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact; and
- E. facilitate individual choice regarding services and supports, and who provides them.

GUIDING PRINCIPLES

All members:

Have value and potential;

Will be viewed in terms of their abilities;

Have the right to participate and be fully included in their communities; and

Have the right to live, work, learn, and receive services and supports to meet their individual needs, in the most integrated settings possible within their community.

PHILOSOPHY OF SELF-DIRECTION

Self-direction is a tool that leads to self-determination, through which members can have greater control over their lives and have more freedom to lead a meaningful life in the community. Within the context of SDCB, self-direction means members choose which covered services they need, as identified in the most recent Comprehensive Needs Assessment (CNA). SDCB members also decide when, where and how those SDCB covered services will be provided and who they want to provide them. SDCB members decide who they want to assist them with planning and managing their SDCB covered services within a managed care environment. Self-Direction means that SDCB members have more choice, control, flexibility, freedom and responsibility in directing their community benefits.

DEFINITIONS AND ACRONYMS

1. **Authorized Agent (AA):** The member may choose to appoint an authorized agent designated to have access to medical and financial information for the purpose of offering support and assisting the member in understanding community benefit services. The member may designate a person to act as an authorized agent by signing a release of information form indicating the member's

consent to the release of confidential information. The authorized agent will not have the authority to direct SDCB. Directing services remains the sole responsibility of the member or his/her legal representative.

The member's authorized agent does not require a legal relationship with the member. While the member's authorized agent can be a service provider for the member, the authorized agent cannot serve as the member's care coordinator/support broker. If the authorized agent is an employee, he/she cannot sign his/her own timesheet.

2. **Authorized Representative (AR):** Authorized representative is an individual designated to represent and act on the member's behalf. The member or authorized representative must provide formal documentation authorizing the named individual or individuals to access the identified case information for a specified purpose and time frame. An authorized representative may be an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a guardian, or any other individual or individuals designated in writing by the eligible recipient or member.
3. **Centers for Medicare and Medicaid Services (CMS):** federal agency within the United States Department of Health and Human Services that works in partnership with the states to administer Medicaid. CMS must approve all Medicaid programs.
4. **Employer of Record (EOR):** Individual responsible for directing the work of SDCB employees by recruiting, hiring, training, supervising and terminating employees, and ensuring payment to employees and vendors.
5. **Financial Management Agency (FMA):** Contracted with each Centennial Care MCO and helps the SDCB member implement the approved SDCB Care Plan by receiving and processing payment requests for the SDCB member's employees and vendors, tracking the SDCB expenditures and credentialing the SDCB employees and vendors.
6. **FOCoSonline:** The web-based system used by the SDCB FMA for receiving and processing SDCB payment requests. The *FOCoSonline* system is also used by SDCB members, care coordinators, and support brokers to develop and submit SDCB care plan/budget requests for MCO/UR review, and to monitor utilization and spending throughout the SDCB care plan year.
7. **Human Services Department (HSD):** Designated by the Center for Medicare and Medicaid Services (CMS) as the Medicaid administering agency in New Mexico. HSD is also responsible for operating the SDCB Home and Community Based Services for populations that meet the Nursing Facility Level of Care (Disabled & Elderly, Brain Injury, and AIDS).
8. **Legally Responsible Individual (LRI):** A person who has a duty under State law to care for another person. This category typically includes: the parent (biological or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or the spouse of a SDCB member. Payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a SDCB member. Exceptions to this prohibition may be made under extraordinary circumstances specified by the State, utilizing documentation specified by the State and only after approval by the appropriate MCO.
9. **Managed Care Organization/Utilization Review (MCO/UR):** Provides services related to medical eligibility determination and re-determination, and NFLOC for SDCB members. The MCO also performs utilization management duties – review and approval or denial of each individual services or related goods requested in the SDCB care plan/budget.
10. **Quality Assurance and Quality Improvement (QA/QI):** Processes utilized by state and federal governments, programs and providers whereby appropriate oversight and monitoring of community benefits of assurances and other measures provide information about the health and welfare of members and the delivery of appropriate services. This information is then collected, analyzed and used to improve services and outcomes and to meet requirements by state and federal agencies. Quality plans, systems and processes are designed and implemented to maintain continuous quality improvement.
11. **Reconsideration:** SDCB members who disagree with an adverse decision made by the MCO/UR

may submit a written request through a care coordinator/support broker to the MCO/UR for a reconsideration of the adverse decision. These requests must include new, additional information that is different from, or expands on, the information submitted with the initial request.

- 12. Self-Directed Community Benefit (SDCB):** Is a component of the State's 1115 (c) Medicaid Managed Care waiver which allows eligible members the option to access SDCB Medicaid funds, using the essential elements of person-centered planning, individualized budgeting, member protections, and quality assurance and quality improvement. SDCB members have choices (among the state-determined SDCB services and related goods) in identifying, accessing and managing the services and related goods needed to meet their personal goals.
- 13. SDCB Budget:** The maximum budget allotment available to an eligible SDCB member, determined by his/her established nursing facility level-of-care (NF-LOC), comprehensive needs assessment (CNA), and the amount and type of services the member was receiving in the ABCB. Based on this maximum amount, the eligible SDCB member will develop a SDCB care plan to meet his/her assessed functional, medical and habilitative needs to enable that member to remain in the community.
- 14. SDCB Care Plan:** A plan that includes approved SDCB services of the SDCB member's choice; the projected cost, frequency and duration of services and related goods; the type of provider who will furnish each service or related good; other services and related goods to be used by the member. Each SDCB care plan shall include a back-up plan which lists who the member will contact if regularly scheduled employees or service providers are unable to report to work. The SDCB care plan is mandatory for all SDCB members and must be processed through the *FOCoOnline* system.
- 15. SDCB Member:** An individual who meets the medical and financial eligibility and is approved to receive services through the SDCB after having receiving ABCB for a minimum of 120 calendar days.
- 16. Support Broker (SB):** An individual who provides support to SDCB members and assists the member (or the member's family or representative, as appropriate) in arranging for, directing and managing SDCB services and supports as well as developing, implementing and monitoring the SDCB care plan and budget. Individual support brokers work for MCO-approved support broker agencies or may be directly employed by a MCO.

SDCB MEMBER RIGHTS

A SDCB member has the right to:

1. Decide where and with whom to live;
2. Choose his/her own work or productive activity;
3. Choose how to establish community and personal relationships;
4. Make decisions regarding his/her own support, based upon informed choice;
5. Be respected and supported during the decision-making process and in the decisions made;
6. Recruit, hire, train, schedule, supervise and terminate SDCB service providers, as necessary;
7. Receive training, resources and information related to SDCB in a format that meets the American with Disabilities Act (ADA) requirements;
8. Have the right to appeal denial decisions through the MCO appeals and state fair hearing processes;
9. Transfer to programs that are not self-directed; and
10. Receive culturally competent services.

SDCB MEMBER RESPONSIBILITIES

SDCB members have certain responsibilities in order to participate in the program. Failure to comply with these responsibilities or other program rules and policies can result in an involuntary termination from the SDCB.

The most basic responsibility of each SDCB member is to maintain his/her financial and medical eligibility to remain in the SDCB. This includes completing the required documentation to determine

initial and annual financial eligibility and participating in the initial and annual comprehensive needs assessment (CNA) conducted by the Managed Care Organization (MCO). The care coordinator and support broker may assist with the application and recertification process as needed.

1. Ongoing SDCB Member Responsibilities:

- A. Comply with the rules and policies that govern the SDCB;
- B. Maintain an open and collaborative relationship with the care coordinator and support broker, and work together to determine support needs related to the activities of self-direction, develop an appropriate SDCB care plan/budget request, receive necessary assistance with carrying out the approved SDCB care plan/budget, and with documenting service delivery;
- C. Communicate with the support broker at least once a month, either in person or by phone, and meet with the support broker in-person at least once every three (3) months. Report concerns or problems with any part of SDCB to the support broker or care coordinator;
- D. Use SDCB funds appropriately by only requesting services and related goods covered by the SDCB and only purchasing services and related goods after they have been approved by the MCO/UR;
- E. Comply with the approved SDCB care plan and not spend more than the authorized budget;
- F. Work with the care coordinator by attending scheduled meetings and assessments, in the member's home as required, and providing documentation as requested;
- G. Respond to requests for additional documentation and information from the care coordinator, support broker, Fiscal Management Agency (FMA), and the MCO/UR within the required deadlines;
- H. Report to the local Income Support Division (ISD) office, within 10 business days, any change in circumstances, including, but not limited to, a change in address or hospitalization, which may affect eligibility for the program. Changes in address or other contact information must also be reported to the care coordinator, support broker and the FMA within 10 calendar days;
- I. Report to the care coordinator and support broker if hospitalized for more than three (3) consecutive nights so that a new appropriate LOC can be obtained; and
- J. Communicate with SDCB service providers, State contractors and State personnel in a respectful, non-abusive and non-threatening manner.

- 2. Member/Employer of Record (EOR) Responsibilities:** Every SDCB member must have an Employer of Record (EOR) who is responsible for directing the work of SDCB employees, and ensuring accurate and timely employee and vendor payment requests are sent to the FMA for processing. A member may be his/her own EOR unless the member is a minor, or has a plenary or limited guardianship or conservatorship over financial matters in place. If a SDCB member's Power of Attorney includes the authority to make decisions regarding financial matters, the POA must be the member's EOR due to the financial responsibilities inherent in the SDCB program. A designated EOR may not be an employee of the member. Members may also designate an individual of their choice to serve as their EOR, subject to the EOR meeting the qualifications specified in the SDCB rules and policies. The care coordinator conducts an EOR Self-Assessment with the SDCB member to determine if the member will require assistance in fulfilling the EOR responsibilities. If the EOR Self-Assessment demonstrates that the member is not able to be his/her own EOR, and the member does not designate a qualified individual to serve as the EOR, the member shall not be allowed to transfer to SDCB until the member designates a suitable EOR.

An EOR is responsible for recruiting, hiring, training, supervising and terminating employees, as necessary. The EOR will establish work schedules and tasks and provide relevant training. The EOR will keep track of SDCB budget amounts spent on paying employees and for approved services and related goods. EORs authorize the payment of timesheets and invoices by the Financial Management Agency (FMA). An EOR cannot be paid for any services utilized by the

SDCB member for whom he or she is the EOR and the EOR cannot be paid for performing the EOR functions.

The SDCB member/EOR responsibilities include:

- A. Arranging for the delivery of SDCB services, supports and related goods as approved in the SDCB care plan;
- B. Verifying and attesting that employees meet the minimum qualifications for employment as required by the SDCB;
- C. Orienting, training, and directing SDCB employees in providing the services that are described and authorized in the member's SDCB care plan;
- D. Establishing a mutually agreeable schedule for employees' services in writing and providing fair notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies;
- E. Submitting all necessary and required documents to the FMA. Documents must be completed and provided to the FMA according to the timelines and rules established by the State. Documents include, but are not limited to, vendor and employee agreements, vendor information forms, criminal background check forms, time-sheets, payment request forms (PRFs) and invoices, updated employee information, and other documentation needed by the FMA to process timely and accurate payment to SDCB providers;
- F. Agreeing that SDCB employees may not begin work until all materials necessary for a criminal background check have been received by the FMA and the employee has successfully passed the Consolidated Online Registry (COR) Background Check;
- G. Agreeing to select or employ the employee on an interim (temporary) basis until a final criminal background check (CBC) has been successfully completed, for those crimes determined to be disqualifying convictions as stated in NMSA 1978, Section 29-17-3. The EOR discusses this with the employee and reserves the right to dismiss the employee based on the results of the CBC;
- H. Providing fair notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies;
- I. Review and approve/deny completed employee timesheets in order to pay employees according to the FMA predetermined payroll schedule. Net wages are gross earnings calculated according to the employee's pay rate, minus payroll deductions for the employee's share of applicable state, federal, and local payroll withholdings;
- J. Reporting any incidents of abuse, neglect or exploitation by any employee or other service provider to the support broker and/or care coordinator;
- K. Maintaining SDCB employee and service records and documentation in accordance with SDCB rules and policies, and federal and state employment rules;
- L. Fully cooperating with the NM Department of Workforce Solutions (DWS) in any investigations or other matters related to his/her SDCB employees;
- M. Fully cooperating with the State's worker's compensation carrier, currently NM Mutual. Responsibilities include reporting claims and providing information to NM Mutual;
- N. Meeting federal employer requirements, such as completing and maintaining a federal I-9 form for each employee as required by law; and
- O. When necessary, requesting assistance from the support broker and/or care coordinator with any of these SDCB responsibilities.

SDCB SUPPORTS

In the SDCB, important resources of support and direction for SDCB members are the MCO, the Support Broker and the FMA. The MCO determines initial and on-going medical eligibility, reviews and authorizes the SDCB care plan/budget, and provides support to the SDCB member to ensure successful implementation of the SDCB care plan. The Support Broker provides support to the SDCB member (or the member's family/representative, as appropriate) in arranging for, directing, and managing SDCB services and supports as well as developing, implementing, and monitoring the SDCB care plan and budget. The FMA acts as the intermediary between the SDCB member and the Medicaid payment system

and assists the SDCB member or the EOR with employer- related responsibilities.

1. Managed Care Organization

The MCO provides services related to medical eligibility determination and re-determination, and determines the NFLOC for SDCB members. The MCO also performs utilization management duties – review and approval or denial of each individual SDCB care plan. All SDCB members have a care coordinator and a support broker. The care coordinator and support broker assist the SDCB member with virtually every aspect of the SDCB. The support broker is instrumental in developing the SDCB care plan and provides an additional layer of assistance to ensure successful implementation of the SDCB care plan.

2. Care Coordinator

The care coordinator (CC) is responsible for managing the member’s acute care, behavioral health care, long-term care, and home and community based services. In SDCB, the care coordinator is primarily responsible for coordinating all aspects of the SDCB member’s care and for determining the SDCB budget, and submitting the SDCB care plan to the MCO/UR for review and approval/denial. SDCB CC related assistance includes, but is not limited to:

- A. Understanding SDCB member and EOR roles and responsibilities;
- B. Identifying resources outside the SDCB, including natural and informal supports, that may assist in meeting the SDCB member’s needs;
- C. Understanding the array of SDCB covered services, supports, and related goods;
- D. Determining and assigning the annual budget for the SDCB member, based on the CNA, to address the home and community based needs of the SDCB member in accordance with the requirements stated in the managed care contract and the member’s Community Benefit;
- E. Providing the support broker with the current and all historical Comprehensive Needs Assessments (CNA) including the Assessor’s individual specific health and safety recommendations, and the calculations used to determine the SDCB budget;
- F. Monitoring utilization of SDCB services and related goods on a regular basis;
- G. Conducting employer-related activities such as completing the EOR self-assessment with the member and informing the FMA of the designated EOR;
- H. Identifying and resolving issues related to the implementation of the SDCB care plan/budget;
- I. Assisting the SDCB member with quality assurance activities to ensure implementation of the SDCB member’s SDCB care plan/budget, and utilization of the authorized budget;
- J. Recognizing and reporting critical incidents, including abuse, neglect, exploitation, emergency services, law enforcement involvement, and environmental hazards;
- K. Monitoring quality of services provided by support brokers; and
- L. Working with the member to provide the necessary assistance for successful SDCB implementation.

3. Support Broker

Support broker services are direct services intended to educate, guide, and assist the SDCB member to make informed planning decisions about SDCB services and supports and to assist the SDCB member with quality assurance related to the SDCB care plan. This leads to the development of a SDCB care plan that is based on the SDCB member’s assessed needs and is in accordance with 8.308.12 NMAC, and the Medical Assistance Division Managed Care Policy Manual.

Support broker services help the SDCB member to identify supports, services and related goods that meet his/her need for SDCB needs identified in the most recent CNA and are specific to the member’s disability or qualifying condition and help prevent institutionalization. Support broker services provide a level of support to SDCB members that are unique to their individual needs in order to maximize their ability to self-direct in the SDCB.

- A. The extent of assistance is based upon the individual SDCB member’s needs, and includes, but is not limited to, providing help and guidance to:

- a. Educate members on how to use self-directed supports and services and provide information on program changes or updates;
 - b. Review, monitor and document progress of the member's SDCB care plan;
 - c. Assist in managing budget expenditures and complete and submit SDCB care plan revisions;
 - d. Assist with EOR functions including, but not limited to recruiting, hiring and supervising SDCB providers;
 - e. Assist with developing job descriptions for the SDCB direct support caregivers;
 - f. Assist with completing forms related to SDCB employees;
 - g. Assist with approving timesheets and purchase orders or invoices for related goods, obtaining quotes for services and related goods as well as identifying and negotiating with vendors;
 - h. Assist with problem solving employee and vendor payment issues with the FMA and other relevant parties;
 - i. Facilitate resolution of any disputes regarding payment to SDCB providers for services rendered;
 - j. Develop the SDCB care plan based on the SDCB budget amount determined by the annual CNA; and
 - k. Assist in completing all documentation required by the FMA.
- B. Support broker services begin with the enrollment of the member in SDCB and continue throughout the SDCB member's participation in SDCB. The support broker shall:
- a. Conduct a transition meeting, including the transfer of program information prior to the SDCB enrollment meeting, for those members transitioning from the Agency Based Community Benefit (ABCB);
 - b. Assist SDCB members to transition from/to ABCB/SDCB.
 - c. Provide the SDCB member with information, support and assistance during the annual Medicaid eligibility processes, including the annual CNA and the annual medical/financial eligibility processes;
 - d. Assist existing SDCB members with annual LOC requirements within ninety (120) calendar days prior to the expiration of the LOC;
 - e. Schedule member enrollment meetings within five (5) business days of notification and support broker agency selection. The actual enrollment meeting should be conducted within 30 calendar days. Enrollment activities include but are not limited to:
 - i. Ensure the member has received and reviewed the SDCB Rules and Managed Care Policy Manual and provide responses to their questions and/or concerns;
 - ii. General overview of the SDCB including key agencies, their responsibilities and contact information;
 - iii. Discuss the annual Medicaid eligibility requirements and offer assistance in completing these requirements as needed;
 - iv. Discuss and review SDCB member roles and responsibilities;
 - v. Discuss and review the EOR roles and responsibilities;
 - vi. Discuss and review the processes for hiring SDCB employees and contractors and required paperwork;
 - vii. Discuss and review the process and paperwork for hiring Legally Responsible Individuals (LRI) as employees;
 - viii. Discuss and review the background check and other credentialing requirements for SDCB employees and vendors; and
 - ix. Referral for accessing training for the FOCOnline system; and to obtain information on the Financial Management Agency (FMA).
 - f. Schedule the date for SDCB care plan meeting within 10 business days of the SDCB enrollment meeting.

- g. Provide information on the SDCB care plan including covered services and related goods, planning tool and community resources available;
 - h. Assist the SDCB members in utilizing all program assessments including CNAN, to develop each SDCB care plan;
 - i. Educate members regarding SDCB covered services, supports and related goods;
 - j. Assist SDCB member to identify resources outside SDCB that may assist in meeting his/her needs as identified in the CNAN.
 - k. Assist the SDCB member with the application for LRI as employee process; submit the application to the MCO/UR;
 - l. Assist SDCB members with the Environmental Modification process;
 - m. Serve as an advocate for the SDCB member, as needed, to enhance his/her opportunity to be successful in the SDCB;
 - n. Assist the SDCB member with reconsiderations of services or related goods denied by the MCO/UR, submit documentations as required, and participate in MCO appeals process and State Fair Hearings as requested by the MCO, SDCB member or state;
 - o. Assist the SDCB member with the quality assurance activities to ensure implementation of the member's SDCB care plan, and utilization of the SDCB annual budget;
 - p. Assist SDCB members to transition to another support broker agency when requested. Support Broker transitions should occur within 30 calendar days of SDCB member's written request, but may occur sooner based on the needs of the SDCB member. Transition from one support broker agency to another can only occur at the first of the month. Support broker agency transitions may not occur if there are less than 120 days remaining in the current LOC; and
 - q. Assist SDCB members to identify and resolve issues related to the implementation of the SDCB care plan.
- C. Support Brokers must ensure that the SDCB care plan for each member is submitted in the appropriate format as prescribed by the state, by using the *FOCoSonline* system.
- a. The SDCB care plan in *FOCoSonline* shall include the following:
 - i. The requested services and supports that are covered by the SDCB, and necessary to address the needs of the member as determined through the CNA and person-centered planning process;
 - ii. The purpose for the requested services, expected outcomes, and methods for monitoring progress must be clearly and specifically identified and addressed;
 - iii. Clear, specific and accurate calculation of the employee/vendor reimbursement rate including all local and/or federal taxes using the calculator in *FOCoSonline*; and
 - iv. The quality indicators, identified by the member, for the services and supports provided through the SDCB. SDCB care plan revisions shall be completed and submitted as needed, in the format as prescribed by the state. No more than one (1) revision is allowed to be submitted at any given time. The annual SDCB care plan must be submitted to the care coordinator and MCO/UR at least 30 calendar days prior to the expiration of the current SDCB plan so that sufficient time is afforded for MCO/UR review. A copy of the final approved SDCB care plan and budget documents must be provided to each SDCB member.
- D. Support brokers will contact the SDCB member in person or by telephone at least monthly for a routine follow-up. Support brokers will meet in person with the member at least once per quarter. It is mandatory that a minimum of one visit per SDCB care plan year is to be conducted in the member's home. Support brokers will, at a minimum:
- a. Review spending patterns;

- b. Review and document progress of SDCB care plan/budget implementation;
- c. Document the usage and effectiveness of the SDCB backup plan; and
- d. Document the purchase of related goods.

The quarterly visits are for the following purposes:

- a. Review and document progress on implementation of the SDCB care plan;
 - b. Review and document any usage and the effectiveness of the 24-hour backup plan and update the backup plan as necessary;
 - c. Review SDCB care plan and budget spending patterns (over and underutilization);
 - d. Review and document the SDCB member's access to SDCB related goods requested and approved in the SDCB care plan;
 - e. Review any incidents or events that have impacted the SDCB member's health and welfare or ability to fully access and utilize service(s) as identified and approved in the SDCB care plan; and
 - f. Identify other concerns or challenges as noted by the member/representative/EOR.
- E. Administrative Requirements

Support broker services may be provided by direct MCO personnel or by Support Broker Agencies subcontracted by the MCO. SDCB members may choose to work with any MCO-approved support broker agency in their region. If an MCO employs MCO personnel to provide support broker services, the same qualifications and criteria that are used for Support Broker Agencies also applies to the MCO personnel.

The support broker agency shall comply with all applicable federal, state rules, all policies and procedures governing support broker services, all terms of their provider agreement and shall meet all of the following requirements, as applicable:

- a. Have a current business license issued by the state, county, or city government as required;
- b. Maintain financial solvency;
- c. Ensure all employees providing support broker services under this standard attend all state-required orientation and trainings and demonstrate knowledge of and competence with the SDCB rules, policies and procedures, philosophy, including self-direction, financial management processes and responsibilities, CNA, person-centered planning and SDCB care plan development, and adhere to all other training requirements as specified by the state;
- d. Ensure that all employees are trained and competent in the use of the FMA and FOCo*Online* system;
- e. Ensure all employees providing services under this scope of service and all other staff are trained on how to identify and where to report critical incidents abuse, neglect and exploitation; and
- f. Ensure compliance with the Caregivers Criminal History Screening Requirements (7.1.9 NMAC) for all employees.
- g. The support broker agency shall develop a quality management plan to ensure compliance with regulatory and program requirements and to identify opportunities for continuous quality improvement.

The support broker agency shall ensure that SDCB members have access to their support broker. This requirement includes, but is not limited to the following:

- a. The support broker agency must maintain a presence in each region for which they are providing services;
- b. The support broker agency must maintain a consistent way (for example, phone, pager, email, and fax) for the SDCB member to contact the support broker provider during typical business hours which are 8:00 a.m. to 5:00 p.m. Monday through Friday;

- c. The support broker agency must maintain a consistent way (for example phone, pager, email, and fax) for the SDCB member to contact the support broker provider during non-business hours: prior to 8:00 a.m. and after 5:00 p.m. MST on weekdays and on weekends and for emergency purposes;
- d. The support broker agency must provide a location to conduct confidential meetings with SDCB members when it is not possible to do so in the SDCB member's home. This location must be convenient for the SDCB member and compliant with the Americans with Disabilities Act (ADA);
- e. The support broker agency must maintain an operational fax machine at all times;
- f. The support broker agency must maintain an operational email address, internet access, and the necessary technology to access SDCB related systems;
- g. The support broker agency shall maintain a current local/state community resource manual.
- h. The support broker agency shall adhere to Medicaid General Provider policies 8.302.1.
- i. The support broker agency shall ensure the development and implementation of a written grievance procedure in compliance with 8.349.2.11 NMAC.
- j. The support broker agency shall meet all of the qualifications set forth in 8.304.12 NMAC.
- k. The support broker agency shall maintain HIPAA compliant primary records for each SDCB member including, but not limited to:
 - i. Current and historical SDCB care plan and budget;
 - ii. Contact log that documents all communication with the SDCB member;
 - iii. Completed/signed quarterly visit form(s);
 - iv. MCO/UR documentation of approvals/denials, including SDCB care plan and revision requests;
 - v. MCO/UR correspondence; (requests for additional information, etc.);
 - vi. Copy of current and all historical Comprehensive Needs Assessment (CNA) including the Assessor's individual specific health and safety recommendations;
 - vii. Notifications of medical and financial eligibility;
 - viii. SDCB budget utilization reports from the FMA;
 - ix. Environmental Modification approvals/denials;
 - x. Responsible Individual (LRI) approvals/denials;
 - xi. Documentation of SDCB member and employee incident management training;
 - xii. Copy of legal guardianship or representative papers and other pertinent legal designations; and
 - xiii. Copy of the approval form for the authorized representative and/or authorized agent.

F. Support Broker Qualifications

Support broker agencies shall ensure that all individuals providing support broker services meet the criteria specified in this section.

- a. Support broker providers shall:
 - i. Be at least 18 years of age;
 - ii. Possess a minimum of a Bachelor's degree in social work, psychology, human services, counseling, nursing, special education or a closely related field;
 - iii. Have one (1) year of supervised experience working with seniors and/or people living with disabilities;
 - iv. Complete all required SDCB orientation and training courses; and
 - v. Pass a nationwide caregiver criminal history screening pursuant to NMSA

1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC; or

- b. Support broker providers shall:
 - i. Be at least 18 years of age;
 - ii. Have a minimum of six (6) years of direct experience related to the delivery of social services to seniors and/or people living with disabilities;
 - iii. Be employed by an enrolled support broker agency or be employed by a Centennial Care MCO ;
 - iv. Complete all required SDCB orientation and training courses; and
 - v. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.

G. Conflict of Interest

The support broker agency may not provide any other direct services for SDCB members that have an approved SDCB care plan and are actively receiving services in the SDCB, and the support broker agency may not employ, as a support broker, any immediate family member or guardian of a member in the SDCB that is served by the support broker agency.

H. Critical Incident Management Responsibilities and Reporting Requirements

All incident reports for the Home and Community Based and Behavioral Health Services population involving Abuse, Neglect, Self-Neglect, Exploitation, Environmental Hazard, Law Enforcement Involvement, and Emergency Services, must be reported to the member's MCO, Support Broker and/or Adult Protective Services (APS).

- a. The support broker agency shall provide training to SDCB members related to recognizing and reporting critical incidents. Critical incidents include: abuse, neglect, exploitation, emergency services, law enforcement involvement, environmental hazards and member deaths. This SDCB member training shall also include reporting procedures for SDCB employees, members/member representatives, and other designated individuals. (Please refer to the Critical Incident Management Responsibilities for requirements).
- b. The support broker agency will also maintain documentation that each SDCB member has been trained on the critical incident reporting process. This member training shall include reporting procedures for SDCB members, employees, member representative, and/or other designated individuals.
- c. The support broker agency shall report incidents of abuse, neglect and/or exploitation as directed by the state.
- d. The support broker agency will maintain a critical incident management system to identify, report, and address critical incidents. The support broker is responsible for follow-up and assisting the individual to help ensure health and safety when a critical incident has occurred.

4. Financial Management Agent

The Financial Management Agent (FMA) is under contract with the MCOs to provide payment for SDCB services and related goods which are approved on the SDCB care plan.

A. The FMA is responsible for providing the following services in the SDCB:

- a. Assure SDCB compliance with state and federal employment and IRS requirements;
- b. Assist each SDCB member/EOR to set up a unique Employer Identification Number (EIN) if they intend to hire employees;
- c. Answer member inquiries, solve related problems, and offer periodic trainings for SDCB members and their representatives on how to handle the SDCB billing and invoicing processes;
- d. Provide all SDCB members with necessary documents, instructions and guidelines;
- e. Collect all documentation necessary to verify that SDCB providers and vendors have the qualifications and credentials required by the SDCB rules;

- f. Collect all documentation necessary to support the SDCB member's specific arrangements with each employee and vendor, including employment agreement forms and vendor agreement forms;
- g. Successfully complete criminal history and/or background investigations for prospective SDCB service providers, pursuant to 7.1.9 NMAC and in accordance with 1978 Section 29-17-1 NMAC of the Caregivers Criminal History Screening Act;
- h. Check the Department of Health Employee Abuse Registry, pursuant to 7.1.12 NMAC Consolidated Online Registry (COR), to determine whether prospective SDCB service providers or employees of SDCB members are included in the registry. If a prospective SDCB provider or employee is listed in the Abuse Registry, that person or vendor may not be employed by a SDCB member/EOR;
- i. Process and pay invoices for SDCB services and related goods that are approved in the SDCB member's care plan, when supported by required documentation;
- j. Handle all payroll functions on behalf of SDCB members who hire direct service employees and other support personnel, including collecting and processing timesheets of support workers, processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurances;
- k. Track and report on SDCB employee payment disbursements and balances of SDCB member funds, including providing the SDCB member and his/her care coordinator/support broker with a monthly report of expenditures and budget status; and
- l. Report any concerns related to the health and safety of a SDCB member or that the SDCB member is not following the approved SDCB care plan/budget to the care coordinator and/or support broker, and HSD/MAD, as appropriate.

B. *FOCoSonline*

- a. In addition to the above functions, the FMA operates *FOCoSonline*. *FOCoSonline* is a web-based system that is used for FMA functions such as housing the SDCB care plan, noting the annual SDCB budget, tracking the credentialing status of employees and vendors, timesheet submission, payment processing for employees and vendors, and tracking the SDCB care plan/budget expenditures.
- b. *FOCoSonline* is also used by SDCB members, support brokers and care coordinators to develop and submit a SDCB care plan for MCO/UR review and approval/denial.
- c. The MCO/UR also uses *FOCoSonline* to receive SDCB care plan/budget requests and request additional information from the SDCB member and care coordinator/support broker, and to indicate what SDCB services, supports and related goods have been approved or denied.
- d. The FMA will provide SDCB members, care coordinators and support brokers with training and access for *FOCoSonline*, as well as on-going technical assistance and help with problem solving.

PLANNING AND BUDGETING FOR SDCB COVERED SERVICES

1. SDCB Care Plan Development Processes

The SDCB care plan development process starts with person-centered planning. In person-centered planning, the SDCB care plan must revolve around the individual SDCB member and reflect his/her chosen lifestyle, cultural, functional, and social needs for successful community living. The goal of the SDCB care plan development process is for the SDCB member to achieve a meaningful life in the community, as defined by the SDCB member. Upon enrollment in SDCB and choosing his/her support broker agency, each SDCB member shall receive a SDCB budget amount, which is determined by the care coordinator, based on the results of the NFLOC and the CNA. The SDCB budget amount is entered into *FOCoSonline* by the care coordinator. The SDCB member will receive information and training from the care coordinator and/or support broker about covered

SDCB services and the requirements for the content of the SDCB care plan.

The SDCB member is the leader in the development of the SDCB care plan. The SDCB member will take the lead, or be encouraged and supported to take the lead to the best of his/her abilities, to direct the development of the SDCB care plan. If the SDCB member desires, he/she may include family members or other individuals, including service workers or providers, in the SDCB care plan development process. The SDCB care plan is entered into *FOCoSonline* by the support broker.

The SDCB care plan is developed one (1) goal at a time. Each goal shall include a clear and complete explanation of the requested service(s) or good(s) as defined in the service description, how they are related to the SDCB member's condition and why they are appropriate for the SDCB member.

In addition, each goal includes full details about each of the requested service(s) or good(s), including, but not limited to: amount, frequency, cost or estimated cost, and rate of pay.

The SDCB care plan is developed by the SDCB member and the support broker. Once the SDCB care plan request is complete and approved by the SDCB member, the support broker notifies the care coordinator, via *FOCoSonline*, that the member's SDCB care plan is ready for review and submission into *FOCoSonline*. After reviewing the SDCB care plan, the care coordinator will submit it in *FOCoSonline* to the MCO/UR for review and approval or denial using *FOCoSonline*. Annual SDCB care plans shall be submitted by the care coordinator to the MCO/UR no later than 30 calendar days prior to the end of the current SDCB care plan/budget year. MCOs must provide the SDCB member with a written notice of action for all MCO/UR decisions made in response to SDCB service related requests made by the SDCB member via *FOCoSonline*.

2. SDCB Member's Employer Authority

The SDCB EOR is the common-law employer of all SDCB service providers. The FMA serves as the SDCB member's agent in conducting payroll and other employer-related responsibilities that are required by federal and state law.

3. SDCB Member Decision-Making Authority

SDCB members shall have authority to do the following:

- A. Complete the employer paperwork to be submitted to the FMA;
- B. Determine the amount paid for SDCB services within the State's approved limits (Range of Rates, Appendix C.);
- C. Schedule the provision of SDCB services;
- D. Specify service provider qualifications of the SDCB member's choice, consistent with the qualifications specified in the SDCB rules and the Managed Care Policy Manual;
- E. Specify how SDCB services are provided, consistent with the SDCB rules and the Managed Care Policy Manual;
- F. Identify potential SDCB service providers and vendors and refer them to the FMA for enrollment;
- G. Arrange to have potential SDCB service providers paid for the approved SDCB services by ensuring that all proposed SDCB employees and service providers complete all FMA required paperwork, including a criminal background check when necessary. Payment for approved SDCB services and related goods cannot be made until all necessary and required paperwork is successfully completed and approved by the FMA;
- H. Review, approve and submit SDCB provider timesheets to the FMA within established timeframes. Timesheets may be submitted to the FMA by fax or through *FOCoSonline*. Failure to submit SDCB provider timesheets within the required timeframes will result in SDCB providers not being paid in accordance with the employee payroll schedule; and
- I. Review, approve and submit payment requests, according to the SDCB care plan, for approved SDCB services and related goods identified in the approved SDCB care plan.

The SDCB member/EOR must submit to the FMA a Purchase Request Form (PRF) and an invoice or receipt from a SDCB vendor for any item he/she has an approved SDCB goal and budget to purchase.

- J. Additionally, the SDCB members:
- a. Cannot/will not be reimbursed directly for any SDCB services, supports and/or related goods;
 - b. Must follow the SDCB care plan as approved by the MCO/UR;
 - c. Shall work with the FMA to have all potential SDCB employees, providers and vendors approved and enrolled prior to delivery or provision of any SDCB service or good; and
 - d. Shall be accountable for the use of all SDCB funds.

SDCB QUALIFICATIONS FOR ALL SDCB EMPLOYEES, INDEPENDENT PROVIDERS, PROVIDER AGENCIES AND VENDORS

In order to be approved as a SDCB employee, an independent provider, a provider agency (excluding support broker agencies, which are covered later in this document) or a vendor, each entity must meet the general and service specific qualifications found in the SDCB rules and Managed Care Policy Manual, and submit an employee agreement packet or vendor agreement packet, specific to the SDCB provider or vendor type, for approval to the FMA.

[SDCB providers must meet all Federal and state requirements for home and community based providers.](#)

In order to be an authorized provider for SDCB, and receive payment for delivered services, the potential provider must complete and sign an employee agreement or vendor agreement and provide all required credentialing documents. The potential provider's credentials must be verified by the member/EOR and the FMA.

1. General qualifications for SDCB individual employees, independent providers, including non-licensed homemaker/companion workers and provider agencies who are employed by a SDCB member/EOR to provide direct services:
 - A. be at least 18 years of age;
 - B. be qualified to perform the service and demonstrate capacity to perform required tasks;
 - C. be able to communicate successfully with the SDCB member;
 - D. pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 - E. complete training on critical incident, abuse, neglect, and exploitation reporting;
 - F. complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; the member is also responsible for providing and arranging for employee training and supervising employee performance; training expenses for paid employees cannot be paid for with the SDCB member's annual budget;
 - G. meet any other service specific qualifications, as specified in the SDCB rules (8.308.12 NMAC); and
 - H. maintain documentation of services provided per the SDCB rules (8.308.12 NMAC).
2. General qualifications for SDCB vendors, including those providing professional services:
 - A. be qualified to provide the service;
 - B. possess a valid business license, if applicable;
 - C. if a professional provider, be required to follow the applicable licensing regulations set forth by the profession; refer to the appropriate New Mexico board of licensure for information regarding applicable licenses;
 - D. if a support broker provider, meet all of the qualifications set forth in 8.308.12 NMAC;
 - E. if a currently approved SDCB provider, be in good standing with the appropriate state agency;
 - F. meet any other service specific qualifications, as specified in the SDCB rules (8.308.12

NMAC); and

- G. maintain documentation of services provided per the SDCB rules (8.308.12 NMAC).
3. General qualifications for Legally Responsible Individuals (LRIs) who provide services:
 - A. LRIs, e.g., the parent/guardian (biological, legal or adoptive) of a minor child (under age 18) or the guardian of a minor child, who must provide care to the child, or a spouse of a SDCB member, may be hired and paid for the provision of SDCB covered services (except support broker) under extraordinary circumstances in order to assure the health and welfare of the member, to avoid institutionalization and provided that the state is eligible to receive federal financial participation (FFP).
 - B. Extraordinary circumstances include the inability of the parent/legal guardian to find and retain other qualified, suitable caregivers when the parent/guardian would otherwise be absent from the home and, thus, the parent/guardian must stay at home to ensure the member's health and safety. The member may request that the LRI (parent/guardian or spouse) be allowed to be employed by the SDCB member/EOR and provide SDCB services as approved in the member's current SDCB care plan. The request must include documentation showing all attempts to employ other available resources in the member's community, the challenges the member and/or providers encountered, and why the member-chosen providers were unable to successfully provide the approved SDCB covered service as approved in the SDCB care plan.
 - C. LRIs may not be paid for any services that they would ordinarily perform in the household for individuals of the same age who do not have a disability or chronic illness. This includes, but is not limited to, transportation of minors to and from school, activities and events.
 - D. Requests to employ a LRI must be submitted in writing to the MCO. The request must be approved or denied in writing by the appropriate MCO/UR staff member. The approval of a LRI must be renewed annually, at the same time as the NFLOC and SDCB care plan.
 - E. Services provided by LRIs must:
 - a. meet the definition of a SDCB covered service and be specified in the member's approved SDCB care plan;
 - b. be provided by a SDCB member's parent/guardian or spouse who meets the provider qualifications and training standards specified in the SDCB rules and these service descriptions and qualifications for that covered SDCB service; and
 - c. be paid at a rate that does not exceed the SDCB Range of Rates (Appendix C) for the specific service the LRI is approved to provide, and be approved by the MCO/UR.

SDCB COVERED SERVICES

1. All SDCB services are subject to the approval of the MCO/UR. Below is a list of SDCB covered services and related goods for members in SDCB, followed by a detailed service description:
 - A. Behavior Support Consultation Services
 - B. Customized Community Support
 - C. Emergency Response
 - D. Employment Supports
 - E. Environmental Modifications
 - F. Home Health Aide
 - G. Homemaker/Direct Support
 - H. Nutritional Counseling
 - I. Private Duty Nursing
 - J. Related Goods
 - K. Respite
 - L. Skilled Therapy Services for Adults
 - M. Specialized Therapies
 - N. Transportation (Non-Medical)

2. Descriptions for each of the above SDCB covered services.

A. BEHAVIOR SUPPORT CONSULTATION SERVICES

a. Definition of Service

Behavior Support Consultation services consist of functional support assessments, treatment plan development and training and support coordination for a SDCB member related to behaviors that compromise a member's quality of life. Behavior Support Consultation services are provided in an integrated/natural setting or in a clinical setting.

b. Scope of Services

- i. Inform and guide the SDCB member, family, employees and/or vendors toward understanding the contributing factors to the SDCB member's behavior;
- ii. Identify support strategies to enhance functional capacities, adding to the provider's competency to predict, prevent and respond to interfering behavior and potentially reducing interfering behaviors;
- iii. Support effective implementation based on a functional assessment and subsequent SDCB care plans;
- iv. Collaborate with medical and ancillary therapies to promote coherent psychotherapeutic medications; and
- v. Monitor and adapt support strategies based on the response of the SDCB member and his/her family, employees and/or vendors.

c. Behavior Support Consultant Qualifications – Individual:

- i. Provide a tax identification number;
- ii. Maintain a member file within HIPAA guidelines to include:
 1. Member's SDCB care plan;
 2. Reports as requested in the SDCB care plan;
 3. Contact notes; and
 4. Training roster(s).
- iii. Have and maintain a current New Mexico license with the appropriate professional field licensing body; current licensure may be any of the following:
 1. Medical doctor (M.D.);
 2. Licensed clinical psychologist;
 3. Licensed psychologist associate (masters or PhD level);
 4. Licensed social worker (LISW or LMSW);
 5. Licensed professional clinical counselor (LPCC);
 6. Licensed professional counselor (LPC);
 7. Licensed psychiatric nurse (MSN/RNSC);
 8. Licensed marriage and family therapist (LMFT); or
 9. Licensed practicing art therapist (LPAT).

d. Behavior Support Consultant Qualifications - Provider Agency:

- i. Provide a tax identification number; and current business license issued by state, county or city government, if required.
- ii. Maintain a member file within HIPAA guidelines to include:
 1. Member's SDCB care plan;
 2. Reports as requested in the SDCB care plan;
 3. Contact notes; and
 4. Training roster(s).
- iii. Ensure therapists have and maintain a current New Mexico license with the appropriate professional field licensing body; current licensure may be any of the following:
 1. Medical doctor (M.D.);
 2. Licensed clinical psychologist;

3. Licensed psychologist associate (masters or PhD level);
4. Licensed social worker (LISW or LMSW);
5. Licensed professional clinical counselor (LPCC);
6. Licensed professional counselor (LPC);
7. Licensed psychiatric nurse (MSN/RNSC);
8. Licensed marriage and family therapist (LMFT); or
9. Licensed practicing art therapist (LPAT).

B. CUSTOMIZED COMMUNITY SUPPORTS

a. Definition of Service

Customized Community Support Services are designed to offer the SDCB member flexible supports that are related to the member's qualifying condition or disability. Customized Community Supports may include participation in congregate community day programs and centers that offer functional meaningful activities that assist with acquisition, retention, or improvement in self-help, socialization and adaptive skills. Customized Community Supports may include adult day habilitation, adult day health and other day support models. Customized Community Supports are provided in community day program facilities and centers and can take place in non-institutional and non-residential settings.

Customized Community Supports settings must be integrated and support full access of individuals receiving Centennial Care Community Benefits to the greater community, including opportunities to seek employment, and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, with the same degree of access as individuals not receiving Medicaid HCBS.

These services are provided at least four (4) or more hours per day one (1) or more days per week as specified in the member's SDCB care plan. Customized Community Supports cannot duplicate ~~or~~ any other SDCB service.

b. Scope of Services

Customized Community Support services include, but are not limited to the following:

- ii. Provide supports in congregate and community day programs that assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills;
- iii. Adult day health services;
- iv. Adult day habilitation services; and
- v. Other day support model services.

c. Customized Community Supports Qualifications - Provider Agency:

- i. Possess a current business license, if applicable;
- ii. Meet financial solvency;
- iii. Adhere to training requirements;
- iv. Maintain member records for each member within HIPAA compliance;
- v. Develop and adhere to a records management policy;
- vi. Develop and adhere to quality assurance rules and requirements; and
- vii. Adult day health provider agencies must be licensed by NM DOH as an adult day care facility pursuant to 7.13.2 NMAC.
- viii. Ensure all assigned staff meets the following qualifications:
 1. Be at least 18 years of age;
 2. Have at least one (1) year of experience working with people with disabilities;
 3. Be qualified to perform the service and demonstrate capacity to perform required tasks;

4. Be able to communicate successfully with the member/member representative;
5. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
6. Complete training on critical incident, abuse, neglect, and exploitation reporting;
7. Complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's budget; and
8. Meet any other service qualifications, as specified in the SDCB rules.

C. EMERGENCY RESPONSE

a. Definition of Service

Emergency Response services provide an electronic device that enables a member to secure help in an emergency at home and thereby avoid institutionalization. The member may also wear a portable "help" button to allow for mobility. The system is connected to the member's phone and programmed to signal a response center when a "help" button is activated. The response center is staffed by trained professionals.

b. Scope of Services

- i. Testing and maintaining equipment;
- ii. Training SDCB members, caregivers and first responders on the use of the equipment;
- iii. 24 hour monitoring for alarms;
- iv. Checking systems monthly or more frequently if warranted (e.g. electrical outages, severe weather); and
- v. Reporting member's condition that may affect service delivery.
- vi. Initial set-up and installation of ERS devices is not a covered service; see the service description for Environmental Modification for allowance of the initial set-up and installation.

c. Emergency Response Qualifications – Vendor/Agency:

- i. Comply with all laws, rules and regulations of the New Mexico State Corporation Commission for Telecommunications and Security Systems; and
- ii. Comply with all laws, rules and regulations from the Federal Trade Communication Commission (FCC) for telecommunications.

D. EMPLOYMENT SUPPORTS

a. Definition of Service

Employment Support services provide support to the member in achieving and maintaining employment in jobs of his/her choice in his/her community. The SDCB member must exhaust all available vocational rehabilitation supports prior to requesting Employment Supports on his/her SDCB care plan. Employment Supports cannot duplicate any other SDCB service. Employment Supports include two (2) types of services: job coaching and job-development. The specific Employment Support service to be provided must be clearly described in the SDCB member's care plan and must address specific employment-related activities.

Employment Supports will be provided by staff at current or potential work sites.

If member is self-employed, Employment Supports may be provided in a setting other than a formal work site. When Employment Support services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by members receiving SDCB services as a result of their disabilities, but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Employment Supports settings must be integrated in, and support full access for individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment, and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Centennial Care Community Benefits.

Providers will maintain a confidential case file for each individual that documents activities, progress and scope of work outlined in the member's SDCB care plan. Documentation is maintained in the file of each member receiving this service to demonstrate that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or IDEA.

- b. Employment supports include the following services:
 - i. Job Coaching: Job coaching is a service provided to members when the services are not otherwise available for the member under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job coaching services are available 365 days a year, 24 hours a day. Services are driven by the member's SDCB care plan, budget and job. Medicaid funds are not used to pay the member. Job coaches will adhere to the specific supports and expectations negotiated with the member and employer prior to service delivery.
 - ii. Job Development: Job development services are provided to SDCB members when the services are not otherwise available for the member under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job development is a service provided to members by skilled staff. The service has five (5) components: job identification and development activities; employer negotiations; job restructuring; job sampling; and job placement.
- c. Scope of Job Coach Services
Job coach services will include, but are not limited to the following:
 - i. Provide support to members as contained in the SDCB care plan as to achieve his/her outcomes;
 - ii. Teach vocational skills in a workplace setting;
 - iii. Employ job-coaching techniques and help SDCB members learn to accomplish job tasks to the employer's specifications;
 - iv. Increase the member's capacity to engage in meaningful and productive interpersonal interactions with co-workers, supervisors and customers;
 - v. Identify and strengthen natural supports that are available to the member at the job site and decrease paid supports in response to increased natural supports;
 - vi. Identify specific information about the member's employment interests, preferences and abilities;
 - vii. Effectively communicate with the employer about how to support the member to succeed including any special precautions and considerations of the member's disability, medications, or other special concerns;

- viii. Monitor and evaluate the effectiveness of the service and provide reports or documentation to the member as requested in the SDCB care plan;
 - ix. Address behavioral, medical or other significant needs identified in the SDCB care plan;
 - x. Follow any individual specific therapeutic recommendations including speech, occupational and/or physical therapy, behavioral support, special diets and other therapeutic routines that are noted in the SDCB care plan;
 - xi. Communicate effectively with the member including communication through the use of adaptive equipment as well as the member's communication dictionary, if applicable, at the work site;
 - xii. Monitor the health and safety of the member;
 - xiii. Model behavior, instruct and monitor any work place requirements to the member;
 - xiv. Adhere to professionally acceptable business attire and appearance, and communicate professionally and in a respectful manner; and
 - xv. Adherence to rules of the specific work place, including dress, confidentiality, safety rules and other areas required by the employer.
- d. Scope of Job Development Services
- i. Identify potential employers and jobs in the area that provide work opportunities consistent with the member's preferences, interests and choice;
 - ii. Negotiate job functions, hours and supervision in the SDCB member's best interest;
 - iii. Conduct satisfaction surveys as requested by the SDCB member;
 - iv. Broker relationships between the employer and the SDCB member in order to develop and maintain job success;
 - v. Identify potential employers and jobs in the area that provide work opportunities consistent with the SDCB member's preferences, interests and choices;
 - vi. Conduct job task analysis to ensure appropriate job match(es);
 - vii. Assess barriers to SDCB member skill development on the job and provide or obtain appropriate accommodations tailored to the SDCB member's ability to master task;
 - viii. Interact professionally in individual and group contacts, on the phone, in writing with various levels of the company, including human resources and management;
 - ix. Assist the employer with Americans with Disabilities Act (ADA) issues, Work Opportunity Tax Credit (WOTC) eligibility, requests for reasonable accommodations, disability awareness training and workplace modification or make referrals to appropriate agencies;
 - x. Utilize, refer and communicate with the Division of Vocational Rehabilitation (DVR) concerning job placement and referral activities consistent with industry and SDCB standards;
 - xi. Utilize Department of Workforce Solutions (DWS) Navigators and One-Stop Career Centers, , Business Leadership Network (BLN), Chamber of Commerce, Job Accommodation Network (JAN), Small Business Development Centers, Retired Executive, Businesses, community agencies, and the NM Employment Institute to achieve employment outcomes;
 - xii. Maintain on-going communication with various levels of the employer company to assure satisfaction to both the SDCB member and the company;
 - xiii. During the time of service delivery, ensure the SDCB member's earnings and benefits are in accordance with Fair Labor Standards Act (FLSA). Each member's earnings and benefits will be reviewed at least semi-annually

- during the SDCB care plan year to ensure the appropriateness of pay rates and benefits;
- xiv. Conduct a vocational assessment or profile as deemed necessary upon request of the member;
 - xv. Provide a career development plan as deemed necessary or upon the request of the SDCB member;
 - xvi. Develop specific supports and expectations at the work site that are appropriate to the setting and negotiated with the employer prior to and during employment;
 - xvii. Verify and ensure that SDCB members receive job benefits and services such as paid time off, health insurance, retirement, awards, raises, performance reviews and training consistent with those in a similar job category; and
 - xviii. Provide career and skill development for advancement and integration in work-related activities or events.
- e. Job Coach Qualifications – Individual Provider
- i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the SDCB member;
 - iv. Experience as a job coach for at least (1) one year;
 - v. Experience for at least (1) one year using job and task analyses;
 - vi. Trained on American with Disabilities Act (ADA);
 - vii. Trained on the purpose, function and general practices of the Division of Vocational Rehabilitation (DVR);
 - viii. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 - ix. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 - x. Complete SDCB member specific training; the evaluation of training needs is determined by the SDCB member or his/her legal representative; SDCB member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's annual budget; and
 - xi. Meet any other service qualifications, as specified in the SDCB rules.
- f. Job Developer Qualifications – Individual Provider
- i. Be at least 18 years of age;
 - ii. Pass criminal background check and abuse registry screen;
 - iii. Experience as a job developer for at least (1) one year;
 - iv. Experience for at least (1) one year developing and using job task and analyses;
 - v. Experience for at least (1) one year working with the Division of Vocational Rehabilitation, an independent living center or organization that provides employment supports or services for people with disabilities;
 - vi. Trained on the purposes, functions and general practices entities such as:
 - 1. Department of Workforce Solutions Navigators;
 - 2. One-Stop Career Centers;
 - 3. Business Leadership Network;
 - 4. Chamber of Commerce;
 - 5. Job Accommodation Network;
 - 6. Small Business Development Centers;
 - 7. Retired Executives; and

8. New Mexico Employment Institute.
- vii. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
- viii. Complete training on critical incident, abuse, neglect, and exploitation reporting;
- ix. Complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's annual budget; and
- x. Meet any other service qualifications, as specified in the SDCB rules.
- g. Job Coach and/or Job Developer Qualifications – Provider Agency
 - i. Possess a current business license, if applicable;
 - ii. Meet financial solvency;
 - iii. Adhere to training requirements;
 - iv. Maintain individual records for each member within HIPAA compliance. The agency will maintain a confidential case file for each member that documents activities, progress and scope of work outlined in the member's SDCB care plan;
 - v. Develop and adhere to a records management policy; and
 - vi. Develop and adhere to quality assurance rules and requirements.
 - vii. Ensure job coaches have the following qualifications:
 1. Be at least 18 years of age;
 2. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 3. Be able to communicate successfully with the member;
 4. Experience as a job coach for at least one year;
 5. Experience for at least one year using job and task analyses;
 6. Trained on American with Disabilities Act (ADA);
 7. Trained on the purpose, function and general practices of the Division of Vocational Rehabilitation (DVR);
 8. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 9. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 10. Complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's annual budget; and
 11. Meet any other service qualifications, as specified in the SDCB rules.
- h. Ensure job developers have the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Experience as a job developer for at least (1) one year;
 - iii. Experience for at least (1) one year developing and using job task and analyses;
 - iv. Experience for at least (1) one year working with the Division of Vocational Rehabilitation, an independent living center or organization that provides

- employment supports or services for people with disabilities;
- v. Trained on the purposes, functions and general practices entities such as:
 1. Department of Workforce Solutions Navigators;
 2. One-Stop Career Centers;
 3. Business Leadership Network (BLN);
 4. Chamber of Commerce;
 5. Job Accommodation Network (JAN);
 6. Small Business Development Centers;
 7. Retired Executives; and
 8. New Mexico employment institute.
- vi. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7
- vii. a-1 et seq. and 8.11.6 NMAC;
- viii. Complete training on critical incident, abuse, neglect, and exploitation reporting;
- ix. Complete SDCB member specific training; the evaluation of training needs is determined by the SDCB member or his/her legal representative; SDCB member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid SDCB providers cannot be paid for with the SDCB member's annual budget; and
- x. Meet any other service qualifications, as specified in the SDCB rules.

E. ENVIRONMENTAL MODIFICATION

a. Definition of Service

Environmental Modification services include the purchase and/or installation of equipment and/or making physical adaptations to a SDCB member's residence that are necessary to ensure the health, welfare, and safety of the SDCB member or enhance the SDCB member's level of independence. All approved services shall be provided in accordance with applicable federal, state, and local building codes.

The Environmental Modification provider must ensure proper design criteria is addressed in the planning and design of the adaptation, provide or secure licensed contractor(s) or approved vendor(s) to provide construction services, provide administrative and technical oversight of construction projects, provide consultation to family members, providers and contractors concerning Environmental Modification projects to the SDCB member's residence, and inspect the final Environmental Modification project to ensure that the adaptations meet the approved plan submitted to the SDCB member's care coordinator for environmental adaptation.

Environmental Modifications are managed by professional staff available to provide technical assistance and oversight to Environmental Modification projects. All services shall be provided in accordance with applicable federal, state, and local building codes.

b. Scope of Services

Environmental Adaptations include the following:

- i. Installation of ramps and grab-bars;
- ii. Widening of doorways/hallways;
- iii. Installation of specialized electric and plumbing systems to accommodate medical equipment and supplies;
- iv. Installation of lifts/elevators;
- v. Modification of bathroom facilities (roll-in showers, sink, bathtub, and

- toilet modifications, water faucet controls, floor urinals and bidet adaptations and plumbing);
 - vi. Turnaround space adaptations;
 - vii. Installation of specialized accessibility/safety adaptations/additions;
 - viii. Installation of Trapeze and mobility tracks for home ceilings;
 - ix. Installation of Automatic door openers/doorbells;
 - x. Installation of Voice-activated, light-activated, motion- activated and electronic devices;
 - xi. Installation of Fire safety adaptations;
 - xii. Installation of Air filtering devices;
 - xiii. Installation of heating/cooling adaptations;
 - xiv. Installation of glass substitute for windows and doors;
 - xv. Installation of modified switches, outlets or environmental controls for home devices; and
 - xvi. Installation of alarm and alert systems, emergency response systems, and/or signaling devices.
- c. Environmental Modification Qualifications – Individual Contractor and Agency Contractor
- i. Current business license;
 - ii. Appropriate plumbing, electrician, contractor license; and/or
 - iii. Appropriate technical certification or other license to perform the modification.
- d. The Environmental Modification provider must:
- i. Provide a one (1)-year warranty from the completion date on all parts and labor;
 - ii. Have a working knowledge of Environmental Modifications and be familiar with the needs of persons with functional limitations in relation to Environmental Modifications;
 - iii. Provide consultation to family members, providers and MCOs concerning Environmental Modification projects to the SDCB member's individual's residence, and inspect the final Environmental Modification project prior to the member/EOR requesting the final payment to ensure that the adaptations meet the approved plan as submitted and approved for environmental adaptation; and
 - iv. Provider must establish and maintain financial reporting and accounting for each member.
- e. The Environmental Modification provider will submit the Environmental Modification Service Cost Quote Packet containing the following information and documentation to the MCO:
- i. Environmental Modification evaluation;
 - ii. Service Cost Estimate. Drawings of the proposed modifications. The estimated start date of the work on the proposed modification; (equipment, materials, supplies, labor, travel, per diem, report writing time, and completion date of modification);
 - iii. Letter of Acceptance of Service Cost Estimate signed by the SDCB member/EOR;
 - iv. Letter of Permission from property owner. If the property owner is someone other than the member, the letter must be signed by the property owner and the member;
 - v. The Construction Letter of Understanding. If the property owner is someone other than the member, the letter must be signed by the property owner and the member; and
 - vi. Documentation demonstrating compliance with the Americans with

Disabilities Act (ADA).

- f. The Environmental Modification provider must submit the following to the MCO, after the completion of work:
 - i. Letter of Approval of Work completed signed by the SDCB member/EOR ;
 - ii. Photographs of the completed modifications.
- g. The MCO must submit the following information to the provider:
 - i. Care Coordinator Individual Assessment of Need.
- h. Reimbursement
Environmental Modification providers must maintain appropriate record keeping of services provided, and fiscal accountability as indicated in the Medicaid Provider Participation Agreement (MPPA). Billing is on a project basis, one (1) unit per Environmental Modification project. Reimbursement for Environmental Modification services will be based on the negotiated rate with the SDCB member/EOR.

Environmental Modification services are limited to five thousand dollars (\$5,000.00) every five (5) years, beginning from the first date of service. Additional services may be requested if the member's health and safety needs exceed the specified limit. The \$5,000.00 – five (5) year time limit applies across all Community Benefit packages where Environmental Modifications are a covered service. *Example:* an Agency Based Community Benefit (ABCB) member receives an Environmental Modification of \$2,300 leaving a \$2,700 available balance for future Environmental Modification. Six (6) months later the ABCB member transitions to the Self-Directed Community Benefit (SDCB), the member now has \$2,700 available for Environmental Modifications.

Environmental Modifications excludes those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the member, such as carpeting, fences, roof repair, storage sheds or other outbuildings, furnace replacement, insulation, and other general household repairs. Adaptations that add to the total square footage of the home are also excluded from this benefit except when necessary to complete an adaptation related to the SDCB member's medical condition.

F. HOME HEALTH AIDE

- a. Definition of Service
Home Health Aide services provide total care or assist a SDCB member in all activities of daily living. Home Health Aide services assist the SDCB member in a manner that will promote and improve the SDCB member's quality of life and provide a safe environment for the SDCB member. Home health aide services can be provided outside the SDCB member's home.

State plan Home Health Aide services are intermittent and are provided primarily on a short-term basis; whereas, in SDCB, Home Health Aide services are hourly services for members who need this service on a more long-term basis.

Home Health Aides may provide basic non-invasive nursing assistant skills within the scope of their practice. Home Health Aides do not administer medication(s), adjust oxygen levels, perform any intravenous procedures or perform sterile procedures. Home Health Aide services are not duplicative of homemaker/direct support services.

- b. Scope of Services
 - i. Provide personal hygiene (e.g. sponge bathing, showering, bed shampooing, shaving, oral hygiene dressing);

- ii. While under the supervision of a licensed physical therapist or licensed nurse (RN or LPN), assist with ambulation, transfer and range of motion exercises;
 - iii. Assist with menu planning, meal/snack preparation and assist member with eating as necessary;
 - iv. As ordered by a physician and under supervision of a licensed nurse (RN or LPN), he/she will assist with bowel and bladder elimination with activities such as: catheter care, colostomy care, enemas, insertion of non-prescribed suppository, prosthesis care and vital signs;
 - v. Provide homemaking services (e.g. laundry, linen change, cleaning);
 - vi. Pick up medication(s);
 - vii. Assist or prompt member in self administration of medication(s);
 - viii. Observe general condition of member and report changes to supervisor;
 - ix. Document SDCB member's status and services furnished, infection control procedures; and
 - x. Recognize emergencies and adhere to emergency procedures.
- c. Home Health Aide Qualifications – Agency Provider
- i. Licensed in New Mexico as a home health agency, rural health clinic or federally qualified health center;
 - ii. Possess current business license;
 - iii. Meet financial solvency;
 - iv. Adhere to training requirements;
 - v. Maintain individual records for each SDCB member within HIPAA compliance;
 - vi. Develop and adhere to records management policy; and
 - vii. Develop and adhere to quality assurance policies and processes.
 - viii. Supervision must be performed by a registered nurse. Such supervision must occur at least once every 60 calendar days in the member's home, and shall be in accordance with the New Mexico Nurse Practice Act and be specific to the member's SDCB care plan. Contact must be made with family members during supervision.
 - ix. Ensure all assigned staff meets the following qualifications:
 - 1. Be at least 18 years of age;
 - 2. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - 3. Have successfully completed a home health aide training program, as described in 42 CFR 484.36(a)(1) and (2); or have successfully completed a home health aide training program pursuant to 7.28.2.30 NMAC. Copies of Certified Nurse Aide (CNA) certificates must be maintained in the personnel file of the home health aide;
 - 4. Be able to communicate successfully with the member;
 - 5. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 - 6. Complete training on critical incident, abuse, neglect, and exploitation reporting; and
 - 7. Meet any other service qualifications, as specified in the SDCB rules.

G. HOMEMAKER/DIRECT SUPPORT

a. Definition of Service

Homemaker or Direct Support services are provided on an episodic or continuing

basis to assist the SDCB member to accomplish tasks he/she would normally do for him/herself if he/she did not have a disability. Homemaker or direct support services are provided in the member's home and in the community, depending on the member's needs. The SDCB member identifies the homemaker or direct support worker's training needs. If the SDCB member is unable to do the training him/herself, the SDCB member arranges for the needed training.

Providers will bill for services in shared households within state guidelines. Two (2) or more SDCB members living in the same residence, who are receiving services and supports under SDCB will be assessed both independently and jointly to determine coverage of services and supports that are shared. Services and supports will be approved based on common needs and individual needs.

Services are not intended to replace supports available from a primary caregiver or natural supports. Although a member's assessment for the amount and types of services may vary. Homemaker or Direct Support services are not provided 24 hours a day. Allocation of time and services must be directly related to an individual's functional level to perform ADLs and IADLs as indicated in the CNA.

This service is not available for members under age 21 because personal care services are covered under the Medicaid state plan as expanded EPSDT benefits for SDCB members under age 21.

b. Scope of Services

Homemaker/Direct Support Services include but are not limited to the following:

- i. Assist the SDCB member with activities of daily living;
- ii. Perform general household tasks, not including services such as yard maintenance;
- iii. Provide companionship to acquire, maintain or improve social interaction skills in the community; and
- iv. Attend trainings as designated by the SDCB member in the SDCB care plan.

c. Homemaker/Direct Support Qualifications – Individual Provider

- i. Be at least 18 years of age;
- ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
- iii. Be able to communicate successfully with the SDCB member;
- iv. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
—Complete training on critical incident, abuse, neglect, and exploitation reporting;
- v. Complete SDCB member specific training; the evaluation of training needs is determined by the member or his/her legal representative; SDCB member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for ---paid providers cannot be paid for with the SDCB member's annual budget; and
- vi. Meet any other service qualifications, as specified in the SDCB rules.

d. Homemaker/Direct Support Qualifications – Agency Provider

- i. Home health agencies must hold a home health agency license;
- ii. Possess a current business license, if applicable;
- iii. Meet financial solvency;
- iv. Adhere to training requirements;

- v. Maintain individual records for each SDCB member within HIPAA compliance;
- vi. Develop and adhere to a records management policy; and
- vii. Develop and adhere to quality assurance rules and requirements.
- viii. Ensure all assigned staff meet the following qualifications:
 - 1. Be at least 18 years of age;
 - 2. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - 3. Be able to communicate successfully with the SDCB member;
 - 4. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screening pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 - 5. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 - 6. Complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; member is also responsible for providing and arranging for employee training and supervising employee performance; training expenses for paid employees cannot be paid for with the SDCB member's annual budget; and
 - 7. Meet any other service qualifications, as specified in the SDCB rules and Managed Care Policy Manual.

H. NUTRITIONAL COUNSELING

- a. Definition of Service
Nutritional Counseling services are designed to meet the unique food and nutritional needs of SDCB members. This does not include oral-motor skill development services, such as those provided by a speech pathologist.
- b. Scope of Services
 - i. Assessment of nutritional needs;
 - ii. Development and/or revision of the SDCB member's nutritional plan; and
 - iii. Counseling and nutritional intervention and observation and technical assistance related to implementation of the nutritional plan.
- c. Nutritional Counseling Qualifications - Individual Provider:
 - i. Be licensed per the New Mexico Regulation and Licensing Department; Nutrition and Dietetics Practice Act, NMSA 1978, Section 61-7A et.seq.
- d. Nutritional Counseling Qualifications - Agency Provider:
 - i. Current business license; and provide a tax identification number;
 - ii. Ensure staff meet the following qualifications:
 - iii. Licensed per the New Mexico Regulation and Licensing Department; Nutrition and Dietetics Practice Act, NMSA 1978, Section 61-7A et.seq.

I. PRIVATE DUTY NURSING FOR ADULTS

- a. Definition of Service
Private Duty Nursing for Adults services includes activities, procedures, and treatment for a SDCB member's physical condition, physical illness or chronic disability. Children (individuals under the age of 21) receive this service through the state plan Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
- b. Scope of Services
Private duty nursing services for adults may include performance, assistance and education with the following tasks:
 - i. Medication management, administration and teaching;
 - ii. Aspiration precautions;
 - iii. Feeding tube management, gastrostomy and jejunostomy;

- iv. Skin care;
 - v. Weight management;
 - vi. Urinary catheter management;
 - vii. Bowel and bladder care; Wound care; Health education and screening;
 - viii. Infection control;
 - ix. Environmental management for safety;
 - x. Nutrition management;
 - xi. Oxygen management;
 - xii. Seizure management and precautions;
 - xiii. Anxiety reduction;
 - xiv. Staff supervision; and
 - xv. Behavior and self-care assistance.
- c. ~~Private Duty Nursing Qualifications – Agency PROVIDER~~
- i. Licensed in New Mexico as a Home Health Agency, Rural Health Clinic or federally Qualified Health Center (FQHC Agency);
 - ii. Possess current business license;
 - iii. Meet financial solvency;
 - iv. Adhere to training requirements;
 - v. Maintain individual records for each member within HIPAA compliance;
 - vi. Develop and adhere to a records management policy; and
 - vii. Develop and adhere to quality assurance policies and processes.
 - viii. Ensure all assigned staff meet the following qualifications:
 - ix. Licensed by the New Mexico State Board of Nursing as a RN or LPN;
 - x. Demonstrate capacity to perform required tasks;
 - xi. Be able to communicate successfully with the member;
 - xii. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 - xiii. Individual RN/LPN providers must be licensed by the New Mexico state board of nursing as an RN or LPN; and
 - xiv. Meet any other service qualifications, as specified in the SDCB rules.
- d. ~~Private Duty Nursing Qualifications – Individual PROVIDER~~
- i. Provide a tax identification number;
 - ii. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN;
 - iii. Demonstrate capacity to perform required tasks;
 - iv. Be able to communicate successfully with the SDCB member;
 - v. Complete training on critical incident, abuse, neglect, and exploitation reporting; and
 - vi. Meet any other service qualifications, as specified in the SDCB rules.

J. RELATED GOODS

a. Definition of Service

Related Goods are services, goods, and equipment, including supplies, fees or memberships (such as for conferences or classes), which support the SDCB member to remain in the community, decrease the need for other Medicaid services and reduce the risk for institutionalization. Related goods must promote personal safety and health, accommodate the SDCB member in managing his/her household and/or facilitate activities of daily living. The related goods must not be available through another source including the Medicaid state plan and/or Medicare, and the SDCB member must not have the personal funds needed to purchase the goods.

Related goods must be documented in the SDCB care plan in a manner that clearly

describes how the related good will advance the desired outcomes in the SDCB member's care plan. Related goods must be linked to the SDCB member's identified needs and are intended for the sole use of the SDCB member, and one caregiver, if appropriate. All related goods, must be approved by the MCO/UR. The cost and type of related good is subject to approval by the MCO/UR. SDCB members are not guaranteed the exact type and model of related good that is requested. The support broker and/or the care coordinator can work with the SDCB member to find other (including less costly) alternatives. Items that are purchased with SDCB funds cannot be returned for store credit, cash or gift cards. Experimental or prohibited treatments and related goods are excluded.

b. Scope of Services

Related Goods must address a specific, assessed need identified in the member's CNA (including improving and maintaining the member's opportunities for full membership in the community) and must directly relate to the SDCB member's qualifying condition or disability. Related goods must explicitly address the SDCB member's clinical functional, medical or habilitative needs.

Related Goods must meet all of the following requirements:

- i. Are related to a need or goal identified in the approved care plan;
 - ii. Are for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance;
 - iii. Promote opportunities for community living and inclusion;
 - iv. Are able to be accommodated within the member's budget without compromising the member's health or safety; and
 - v. Are provided to, or directed exclusively toward, the benefit of the member.
- c. Medicaid does not pay for the purchase of related goods or services that a household not including a person with a disability would be expected to pay for as a routine household or personal expense. Examples include, but are not limited to:
- i. Goods or services that are considered primarily recreational or diversional;
 - ii. Cell phones and cell phone service for SDCB members who are minors (these are items that legally responsible individuals such as a parent/guardian, or spouse would ordinarily purchase for household members of the same age who do not have a disability or chronic illness);
 - iii. Cell phone services including fees for data and GPS in excess of \$100 per month or more than one cell phone per SDCB member;
 - ~~iii-iv.~~ Cell phone services that include more than one cell phone or cell phone line per SDCB member; cell phone service, including data, is limited to the cost of one hundred dollars per month;
 - ~~iv-v.~~ Room and board, meaning shelter expenses (including property-related costs such as home and property maintenance, insurance policies, utilities and all deposits; and all food items other than nutritional supplements as approved in the SDCB care plan);
 - ~~v-vi.~~ Purchase of usual and customary furniture/home furnishings,
 - ~~vi-vii.~~ Regularly scheduled upkeep, maintenance and repairs of a home, addition of fences, insulation, construction of storage sheds or other outbuildings, except upkeep and maintenance of modifications or alterations to a home which are an accommodation directly related to the SDCB member's qualifying condition or disability;
 - ~~vii-viii.~~ Regularly scheduled upkeep, maintenance and repairs of a vehicle or van, or tire purchase or replacement, except upkeep and maintenance of modifications or alterations to a vehicle or van, which is an accommodation directly related to the SDCB member's qualifying condition or disability.

- ~~viii~~-ix. Purchase, lease, or rental of a vehicle, including recreational vehicles;
 - ~~ix~~-x. Memberships/fees related to religious activities/events;
 - ~~x~~-xi. Purchase of animals and the costs of maintaining animals, including the purchase of food, veterinary visits, grooming and boarding but with the exception of training and certification for service dogs;
 - ~~xi~~-xii. Purchase of insurance policies, such as automobile, health, life, burial, renter's, home-owner, service warranties or other such policies, including the purchase of cell phone insurance;
 - ~~xii~~-xiii. Personal goods or items not related to the SDCB member's qualifying condition or disability, including clothing and personal hygiene products and accessories;
 - ~~xiii~~-xiv. Moving expenses including but not limited to the cost of moving truck rental, gas/mileage, labor, storage, moving equipment and supplies;
 - ~~xiv~~-xv. Vacation expenses, including means of transport, guided tours, meals, tips, lodging or similar recreational expenses including fuel, mileage or driver time reimbursement for vacation travel by an automobile;
 - ~~xv~~-xvi. Costs associated with conferences or classes, including airfare, lodging, mileage/gas, or meals;
 - ~~xvi~~-xvii. Training expenses for employees;
 - ~~xvii~~-xviii. Professional housecleaning or yard maintenance;
 - ~~xviii~~-xix. Formal academic degrees or certification-seeking education, educational services covered by IDEA, or vocational training provided by the public education department (PED), division of vocational rehabilitation (DVR); and
 - ~~xix~~-xx. For electronics such as cell phones, computers (including desktop, laptop, and tablets), monitors, printers and fax machines, copiers, and other electronic equipment, no more than one of each type of item may be purchased at one (1) time, and member electronics may not be replaced more frequently than once every three (3) years.
- d. Related Goods Qualifications - Vendor Agency Provider:
- i. Valid tax identification for the state and federal governments.

K. RESPITE

a. Definition of Service

Respite is to be used to give the primary caregiver a break on an episodic basis in the event of an emergency or to prevent burnout. Respite is a flexible family support service that provides support to the SDCB member and allows the primary unpaid caregiver time away from his/her duties. Respite services are used to allow the SDCB member's unpaid primary caregiver a limited leave of absence in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency, therefore the primary unpaid caregiver may not be the paid Respite provider. Respite provides a temporary relief to the primary caregiver of a SDCB member during times when the caregiver would normally provide unpaid care. Respite services are furnished on a short term basis and can be provided in the SDCB member's home, the provider's home, in community setting of the family's choice (e.g., community center, swimming pool and park, or at a center in which other individuals are provided care).

Respite services may be provided by eligible individual respite providers; licensed registered (RN) or practical nurses (LPN); or respite provider agencies.

b. Scope of Services

Respite services include, but are not limited to the following:

- i. For members meeting NFLOC, respite services are limited to a maximum

of 100 hours annually per care plan year provided there is a primary ~~unpaid provider~~ caregiver. The 100 hour Respite service applies across all community benefit packages where Respite is a covered service. Additional hours may be requested if an eligible beneficiary's health and safety needs exceed the specified limit.

- ii. Assist with routine activities of daily living (e.g. bathing, toileting, preparing or assisting with meal preparation and eating);
 - iii. Enhance self-help skills, leisure time skills and community and social awareness;
 - iv. Provide opportunities for leisure, play and other recreational activities;
 - v. Provide opportunities for community and neighborhood integration and involvement;
 - vi. Provide opportunities for the SDCB member to make his/her own choices with regards to daily activities.
 - vii. Respite services do not include the cost of room and board;
 - viii. Cannot be used for purposes of day-care; and
 - ix. Cannot be provided to school age children during school hours.
- c. Respite Qualifications – Individual Provider
- i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the SDCB member;
 - iv. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;
 - v. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 - vi. Complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's annual budget;
 - vii. Meet any other service qualifications, as specified in the SDCB rules and Managed Care Policy Manual; and
 - viii. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN.
- d. Respite Qualifications - Provider Agency
- i. Possess a current business license, if applicable;
 - ii. Meet financial solvency;
 - iii. Adhere to training requirements;
 - iv. Maintain individual records for each SDCB member within HIPAA compliance;
 - v. Develop and adhere to a records management policy; and
 - vi. Develop and adhere to quality assurance rules and requirements.
 - vii. Ensure all assigned staff meet the following qualifications:
 - 1. Be at least 18 years of age;
 - 2. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - 3. Be able to communicate successfully with the SDCB member;
 - 4. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC;

5. Complete training on critical incident, abuse, neglect, and exploitation reporting;
6. Complete SDCB member specific training; the evaluation of training needs is determined by the SDCB member or his/her legal representative; member is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the SDCB member's SDBC annual budget;
7. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN; and
8. Meet any other service qualifications, as specified in the SDCB rules and Managed Care Policy Manual.

L. SKILLED MAINTENANCE THERAPIES SERVICES

a. Definition of Service

Skilled Maintenance Therapies are provided when Medicaid state plan skilled therapy services are exhausted. Adult members in SDCB access therapy services under the Medicaid state plan for acute and temporary conditions that are expected to improve significantly in a reasonable and generally predictable period of time. A signed therapy referral for treatment must be obtained from the SDCB member's primary care physician. The referral will include frequency, estimated duration of therapy, and treatment/procedures to be rendered. Therapy services provided to adults in SDCB are to focus on health maintenance, improving functional independence, community integration, socialization, exercise or to enhance supports and normalization of family relationships.

- i. Physical Therapy is the diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities.
- ii. Occupational Therapy is the diagnosis, assessment and management of functional limitations intended to assist adults to regain, maintain, develop and build skills that are important for independence, functioning and health.
- iii. Speech Language Therapy services preserve speech fluency, voice, verbal, written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal and sensor motor competencies. Speech Language Pathology is also used when a SDCB member requires the use of an augmentative communication device. Based upon therapy goals, services may be delivered in an integrated natural setting, clinical setting or in a group.

b. Scope of Services

i. Physical Therapy:

1. Diagnostic activities to determine the dysfunction of physical and functional activities;
2. Activities to increase, maintain or reduce the loss of functional skills;
3. Treat specific condition(s) clinically related an SDCB member's qualifying condition or disability;
4. Activities to support the SDCB member's health and safety needs; and
5. Identify, implement and train on therapeutic strategies to support the SDCB member, family and/or staff in the home setting or other environments as addressed in the SDCB care plan.

ii. Occupational Therapy

1. Diagnostic activities to determine skills assessment and treatment;
2. Write treatment program to improve one's ability to perform daily tasks;

3. Comprehensive home, employment and/or volunteer sites evaluations with adaptation recommendations;
 4. Provide guidance to family members and caregivers;
 5. Make assistive technology recommendations and provide usage training for SDCB members, family and staff; and
 6. Identify, implement and train on therapeutic strategies to support the SDCB member, family and/or staff in the home setting or other environments as addressed in the SDCB care plan.
- iii. Speech and Language Pathology
1. Improve or maintain the SDCB member's capacity for successful communication or to lessen the effects of the member's loss of communication skills;
 2. Consultation on usage and training on augmentative communication devices;
 3. Activities to improve or maintain the SDCB member's ability to eat food, drink liquid and manage oral secretions with minimal risk of aspiration or other injuries or illness related to swallowing disorders; and
 4. Activities to identify, implement, and train on therapeutic strategies to support the SDCB member, his/her family and/or staff consistent with the member's SDCB care plan.
- iv. Therapy Qualifications – Individual Therapist Provider
1. Provide a tax identification number.
 2. Maintain a case file within HIPAA guidelines for the SDCB member to include:
 - a. SDCB member's SDCB care plan;
 - b. Reports as requested in the SDCB care plan;
 - c. Contact notes;
 - d. Training roster(s); and
 - e. Assessments for Environmental Modification requests.
 3. Licensures:
 - a. Physical therapists will be licensed as per the New Mexico Regulation and Licensing Department; Physical Therapy Act NMSA 1978, Section 61-12-1.1 et.seq;
 - b. Occupational therapists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-12A- 1et.seq.; and
 - c. Speech and Language Pathologists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-14B- 1et.seq.
- v. Therapy Qualifications – Provider Agency
1. Current business license;
 2. Provide tax identification number;
 3. Ensure physical therapists maintain a case file within HIPAA guidelines for the SDCB member to include:
 - a. SDCB member's SDCB care plan;
 - b. Reports as requested in the SDCB care plan;
 - c. Contact notes;
 - d. Training roster(s); and
 - e. for Environmental Modification requests.
 4. Ensure therapists has appropriate license for service
 - a. Physical therapists will be licensed as per the New Mexico

- Regulation and Licensing Department; Physical Therapy Act NMSA 1978, Section 61-12-1.1 et.seq.;
- b. Occupational therapists will be licensed as per the New Mexico Regulation and
- c. Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-12A- 1et.seq.; and
- d. Speech and Language Pathologists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-14B- 1et.seq.

M. SPECIALIZED THERAPIES SERVICES

a. Definition of Service

Specialized Therapies are non-experimental therapies or techniques that have been proven effective for certain conditions. Services must be related to the SDCB member's disability or condition, and ensure the SDCB member's health and welfare in the community. The service will supplement to (not replace) the SDCB member's natural supports and other community services for which the SDCB member may be eligible.

Experimental or investigational procedures, technologies or therapies and those services covered in Medicaid state plans are excluded.

Only the specific specialized therapy services outlined below are covered in the SDCB.

b. Scope of Services:

- i. **Acupuncture** is a distinct system of primary health care. The goal of acupuncture is to prevent, cure or correct any disease, illness, injury, pain or other physical or mental condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain physical health and increased mental clarity. Acupuncture may provide effective pain control, decreased symptoms of stress, improved circulation and a stronger immune system, as well as other benefits. See Acupuncture and Oriental Medicine Practitioners 16.2.1 NMAC.
- ii. **Biofeedback** uses visual, auditory or other monitors to provide SDCB members physiological information of which they are normally unaware. This technique enables a SDCB member to learn how to change physiological, psychological and behavioral responses for the purposes of improving emotional, behavioral and cognitive health performance. Biofeedback may assist in strengthening or gaining conscious control over the above processes in order to self-regulate. Biofeedback is also useful for muscle re- education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm or weakness.
- iii. **Chiropractic** care is designed to locate and remove interference with the transmissions or expression of nerve forces in the human body by the correction of misalignments or subluxations of the vertebral column and pelvis. Chiropractic care restores and maintains health for treatment of human disease primarily by, but not limited to adjustment and manipulation of the human structure. Chiropractic therapy may positively affect neurological function, improve certain reflexes and sensations, and increase range of motion and lead to improved general health. See Chiropractitioners 16.4.1 NMAC.

- iv. **Cognitive rehabilitation therapy** is designed to improve cognitive functioning with the following activities: reinforcing, strengthening, or re-establishing previously learned patterns of behavior; establishing new patterns of cognitive activity; or compensatory mechanisms of impaired neurological systems. Treatments may be focused on improving a particular cognitive domain such as attention, memory, language, or executive functions. Alternatively, treatments may be skill-based, aimed at improving performance of activities of daily living. The overall goal is to restore function in a cognitive domain or set of domains or to teach compensatory strategies to overcome specific cognitive problems.
 - v. **Hippotherapy** is a physical, occupational and speech- language therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes. Hippotherapy applies multidimensional movement of a horse for members with movement dysfunction and may increase mobility and range of motion, decrease contractures and aid in normalizing muscle tone. Hippotherapy requires that the member use cognitive functioning especially for sequencing and memory. Members with attention deficits and behavior problems are redirecting attention and behaviors by focusing on the activity. Hippotherapy involves therapeutic exercise, neuromuscular education, kinetic activities, therapeutic activities, sensory integration activities and individual speech therapy. The activities may also help improve respiratory function and assist with improved breathing and speech production.
 - vi. **Massage therapy** is the assessment and treatment of soft tissues and their dysfunction for therapeutic purposes primarily for comfort and relief of pain. It includes gliding, kneading, percussion, compression, vibration, friction, nerve strokes, stretching the tissue and exercising range of motion and may include the use of oils, salt glows, hot or cold packs or hydrotherapy. Massage increases the circulation, helps loosen contracted, shortened muscles and can stimulate weak muscles to improve posture and movement, improves range of motion and reduces spasticity. Massage therapy may increase, or help sustain, a member's ability to be more independent in the performance of activities of daily living; thereby, decreasing dependency upon others to perform or assist with basic daily activities. See Massage Therapists 16.7.1 NMAC.
 - vii. **Naprapathy** focuses on the evaluation and treatment of neuro-musculoskeletal conditions and is a system for restoring functionality and reducing pain in muscles and joints. The therapy uses manipulation and mobilization of the spine and joints and muscle treatments such as stretching and massage. Based on the concept that constricted connective tissue (ligaments, muscles and tendons) interfere with nerve, blood and lymph flow, naprapathy uses manipulation of connective tissue to open these channels of body function. See Naprapathic Practitioners 16.6.1 NMAC.
 - viii. **Native American healing therapies** encompass a wide variety of culturally-appropriate therapies that support members in their communities by addressing their physical, emotional and spiritual health. Treatments may include prayer, dance, ceremony and song, plant medicines and foods, participation in sweat lodges, and the use of meaningful symbols of healing, such as the medicine wheel and/or other sacred objects.
- c. Specialized Therapy Qualifications – Individual Therapist Provider
- i. Current New Mexico state license as applicable:
 - 1. Acupuncture and Oriental Medicine license

2. Biofeedback – license in a healthcare profession whose scope of practice includes biofeedback, and appropriate specialized training and clinical experience and supervision.
 3. Chiropractic Physician license
 4. Cognitive rehabilitation therapy – license in a health care profession whose scope of practice includes cognitive rehabilitation therapy, and appropriate specialized training and clinical experience and supervision.
 5. Hippotherapy – license in a health care profession whose scope of practice includes hippotherapy and appropriate specialized training and experience.
 6. Massage therapy license
 7. Naprapathic Physician license
 8. Native American Healers – individuals who are recognized as healers within their communities. This form of therapy may be provided by community-recognized medicine men and women and others as healers, mentors and advisors to SDCB members.
- d. Specialized Therapy Qualifications - Provider Agency
1. Current business license; and
 2. Provide tax identification number
 3. Group practice/vendor staff must hold current New Mexico licensure and training in their respective discipline as follows:
 - a. Acupuncture and Oriental Medicine license
 - b. Biofeedback – license in a healthcare profession whose scope of practice includes biofeedback, and appropriate specialized training and clinical experience and supervision.
 - c. Chiropractic Physician license
 - d. Cognitive rehabilitation therapy – license in a health care profession whose scope of practice includes cognitive rehabilitation therapy, and appropriate specialized training and clinical experience and supervision.
 - e. Hippotherapy – license in a health care profession whose scope of practice includes hippotherapy and appropriate specialized training and experience.
 - f. Massage therapy license
 - g. Naprapathic Physician license
 - h. Native American Healers – individuals who are recognized as healers within their communities.

N. TRANSPORTATION (NON-MEDICAL)

a. Definition of Service

Transportation services are offered in order to enable SDCB members to gain access to and from other community services, activities and resources, as specified by the SDCB care plan. Transportation services are intended for access to the member's local area, within a 75 mile radius of the SDCB member's home. Transportation services under SDCB are non-medical in nature, whereas transportation services provided under the Medicaid state plan are to transport members to medically necessary physical and behavioral health services. Transportation for the purpose of picking up pharmacy prescriptions is allowed. Transportation for the purpose of vacation is not covered through the SDCB.

[Non-medical transportation services for minors is not a covered service as these are services that a LRI would ordinarily provide for household members of the same age who do not have a disability or chronic illness.](#)

Transportation is reimbursed in three (3) different ways to the driver: by the mile; by the trip; or at an hourly rate. It may also be paid through the purchase of a bus pass or local taxi. Payments are made to the SDCB member's individual transportation employee or vendor or to a public or private transportation service vendor. Payments cannot be made to the SDCB member. Whenever possible, natural supports should provide this service without charge.

b. Scope of Services

The service will be provided as specified in the SDCB member's SDCB care plan. SDCB transportation services cannot be used instead of, or to replace, transportation services available under the Medicaid state plan.

~~Payment of transportation services cannot be made to legally responsible individuals (parent/guardian, or spouse) who would ordinarily provide transportation for household members of the same age who do not have a disability or chronic illness.~~ Payment is allowable for transportation to and from specific locations/sites that provide specific services that are approved in the member's care plan goals.

c. Transportation Qualifications - Individual Provider

- i. Be at least 18 years of age;
- ii. Possess a valid New Mexico driver's license;
- iii. Be free of physical or mental impairment that would adversely affect driving performance;
- iv. No driving while intoxicated (DWI) convictions within the previous two (2) years;
- v. No chargeable (at fault) accidents within the previous two (2) years;
- vi. Have current CPR/First Aid certification;
- vii. Complete training on critical incident, abuse, neglect, and exploitation reporting; and
- viii. Possess and maintain current insurance policy and registration.

d. Transportation Qualifications – Provider Agency

- i. Current business license;
- ii. Valid tax identification number;
- iii. Have a current basic First Aid kit in the vehicle;
- iv. Each vehicle will contain a current insurance policy and registration; and
- v. Ensure drivers meet individual qualifications:
 1. Be at least 18 years of age;
 2. Possess a valid New Mexico driver's license;
 3. Be free of physical or mental impairment that would adversely affect driving performance
 4. No driving while intoxicated (DWI) convictions within the previous two (2) years;
 5. No chargeable (at fault) accidents within the previous two (2) years;
 6. Have current CPR/First Aid certification;
 7. Complete training on critical incident, abuse, neglect, and exploitation reporting;
 8. Trained on New Mexico Department of Health Improvement (DHI) Critical Incident Reporting and Procedures; and
 9. Possess current insurance policy and registration.

When a SDCB member requests a non-covered service or good, the support broker and/or care coordinator shall work with the member to find other (including less costly) alternatives. Services and goods that are not covered by the SDCB program include, but are not limited to:

1. Services covered by third-parties. The SDCB Program is the payer of last resort;
2. Any service or good, the provision of which would violate federal or state statutes, rules or guidance. This includes services that are considered primarily recreational or diversional, which are not deemed eligible SDCB services by CMS.

SDCB BUDGET AND CARE PLAN APPROVAL PROCESSES

Initial Member Entry into FOCo*Online* and Working Plan

The care coordinator adds the member to FOCo*Online* when the member has expressed a desire to transfer to SDCB by signing the SDCB statement. Once the member selects the support broker agency he/she wishes to work with, the care coordinator informs the support broker agency of the selection. After the support broker meets with the member and an anticipated transfer date is agreed upon, the support broker creates a Working Plan shell with the anticipated SDCB care plan dates. Once the Working Plan shell is created, the care coordinator shall enter the SDCB budget amount in FOCo*Online*.

INITIAL SDCB BUDGET DETERMINATION PROCESS

The SDCB budget is determined by the care coordinator and is based on two (2) factors: the needs identified in the CNA, and the amount and type of services the member has been receiving in the ABCB. The care coordinator shall review the existing ABCB services and calculate a dollar amount for the services, using the approved ABCB reimbursement schedule. The care coordinator shall also review the needs identified in the CNA. Both of these evaluations are used to assign the SDCB budget amount to be used to develop the SDCB care plan. The care coordinator shall provide the support broker with the SDCB budget amount.

The member must receive his/her home and community based services in the ABCB for a minimum of 120 calendar days before transferring to the SDCB. The initial 12-month SDCB budget shall be pro-rated based on the number of months already completed in the ABCB. The SDCB member may request a new CNA if the SDCB member thinks his/her needs were not adequately addressed in the initial CNA.

INITIAL SDCB CARE PLAN APPROVAL PROCESS

Once the SDCB care plan is developed, the support broker, in cooperation with the SDCB member, shall inform the care coordinator that the SDCB care plan is ready for review. Once the care coordinator reviews the SDCB care plan, the care coordinator shall formally submit the SDCB care plan in FOCo*Online* to the MCO/UR for review and approval/denial decisions. The SDCB member's SDCB care plan must be reviewed and each individual requested goal approved or denied by the MCO/UR and written notification must be sent to the SDCB member before any SDCB services may be utilized and related goods may be purchased. If, during the process of reviewing the SDCB care plan and all subsequent SDCB care plan revisions, the MCO/UR is unable to make a decision on a goal, due to insufficient information, the MCO/UR shall initiate a "Request For (additional) Information" (RFI) via FOCo*Online*. The MCO/UR shall provide written notification to the SDCB member and the support broker, specifying what is needed by the MCO/UR to satisfy the RFI. It is the SDCB member's responsibility to provide a timely and complete response to the RFI. The support broker/care coordinator may assist the SDCB member in obtaining the requested documents to fulfill the RFI. Member/support broker must provide the RFI response to the care coordinator within 15 calendar days from the date of the RFI letter. After review of the RFI response the care coordinator shall submit the RFI response to the MCO/UR for approval/denial decision. If the requested information is not received by the care coordinator within 15 calendar days from the date of the RFI letter, the service or good shall be denied by the MCO/UR.

If the care coordinator or MCO/UR identifies an administrative error on the submitted SDCB care plan a

“Request for Administrative Action” (RFA) shall be sent to the support broker. The RFA shall specify what is needed to correct the administrative error. The support broker must respond to the RFA within five (5) calendar days from the date of the RFA notification. If the RFA is not addressed by the support broker or care coordinator within five (5) calendar days from the date of the RFA letter, the service or good shall be denied by the MCO/UR

The MCO/UR will notify the SDCB member, care coordinator, and support broker in writing when a determination has been made on the SDCB care plan. The determination may be a full approval, a partial approval, or a full denial. The MCO/UR shall indicate which goal(s) of the SDCB care plan have been approved or denied in *FOCoSonline*. Written notifications will include steps for the SDCB member/legal representative to follow if the member disagrees with a denial decision.

The FMA will utilize the approved SDCB care plan/budget to process payment for the approved amount of SDCB services and related goods.

The SDCB member’s SDCB care plan must be approved before SDCB services can begin. The MCO will not issue payment for any SDCB services, supports and/or related goods which are provided or purchased prior to the approval of the SDCB care plan, or before the provider is linked to the SDCB care plan.

At the earliest opportunity, the SDCB care plan and the NFLOC shall be aligned to start/end on the same day. This may entail truncating the existing SDCB care plan to align with the annual NFLOC, or truncating the existing NFLOC to align with the annual SDCB care plan.

ANNUAL SDCB BUDGET DETERMINATION AND APPROVAL PROCESS

Approximately 90 calendar days prior to the expiration of the existing SDCB care plan/budget, the Care Coordinator shall conduct the annual CNA. The Care Coordinator shall assign the SDCB budget based on the assessed needs identified in the CNA. The SDCB budget is determined annually and the budget amount may differ from year to year. The SDCB budget shall not be higher than the cost of care for persons served in a private nursing facility, unless the member transitioned into SDCB with their prior approved self-directed budget. Unused budget from a previous year cannot be carried over to the new SDCB care plan year.

Approximately 90 days prior to the expiration of the existing SDCB care plan/budget, the support broker shall open the new Working Plan shell in *FOCoSonline*, with the begin and end dates for the upcoming SDCB care plan. Upon the annual SDCB budget determination, the care coordinator shall enter the SDCB budget amount in *FOCoSonline*, allowing the member and support broker to begin developing the upcoming year’s SDCB care plan.

ANNUAL SDCB CARE PLAN DEVELOPMENT AND APPROVAL PROCESS

At a minimum, the SDCB care plan must be developed and submitted to the MCO/UR for review annually, and no less than 30 calendar days prior to the expiration of the existing SDCB care plan/budget. This 30-calendar day timeframe allows enough time for the care coordinator and MCO/UR to make an informed and accurate determination of all requested SDCB services before the existing SDCB care plan/budget expires. The MCO/UR will notify the SDCB member, care coordinator, and support broker in writing when a determination has been made on the SDCB care plan request. The determination may be a full approval, a partial approval, or a full denial. The MCO/UR shall indicate which goal(s) of the SDCB care plan have been approved or denied in *FOCoSonline* and a letter shall be sent to the member including written instructions for the member/legal representative to follow if the member disagrees with the denial decision(s).

SDCB BUDGET AND CARE PLAN APPROVAL PROCESS FOR INDIVIDUALS WHO TRANSITIONED (GRANDFATHERED) FROM THE MI VIA WAIVER PROGRAM

Prior to 1/1/2014, the Mi Via TPA approved many Mi Via employees/vendors at a reimbursement rate which was above the maximum Mi Via rate for a particular Mi Via service. The high reimbursement rate is to continue to be approved in SDCB so long as the specific EOR and SDCB provider relationship does not encounter a break in service. If, for any reason, the relationship ends and a new employee/vendor is hired, the SDCB reimbursement rate for the new SDCB provider shall not exceed the current approved SDCB range of rates (Appendix C) for any SDCB covered service. When the aforementioned situation occurs, the budget may be reduced by the corresponding amount if the SDCB member has no other legitimate SDCB need(s).

Although Related Goods are not a covered service in ABCB, the need for 'continuity of care' exists for Related Goods. When redetermining the annual SDCB budget for SDCB members who transitioned from the Mi Via waiver program, the MCO CC/UM shall allow the currently approved-

~~-r~~Related ~~G~~good(s) and previously approved reimbursement rate to be requested and approved, as deemed appropriate, for each ongoing year of the SDCB care plan/budget. ~~These amounts shall be added to the SDCB budget of the assessed ABCB services.~~

At each annual assessment and budget determination, the care coordinator shall determine if the SDCB member has underutilized his/her current SDCB care plan/budget. Underutilization is defined as using less than 75 percent of the total budget by the end of quarter three of the SDCB member's current care plan year. If underutilization has occurred, the care coordinator shall consider reducing the budget by an amount which is no more than the approved total for the underutilized SDCB service for the upcoming SDCB care plan year/budget. However, if underutilization is due to, for example, a temporary hospital admission, and if the hospital admission had not occurred, the member would have utilized SDCB services as requested and approved, the Care Coordinator may not adjust the SDCB budget for the upcoming SDCB care plan year/budget.

If overutilization of the SDCB care plan/budget is identified at any time during the SDCB care plan/budget year, the MCO shall not increase the current SDCB budget without identifying the need for a new CNA, and determining whether all other available resources have been exhausted prior to requesting additional service(s) through the SDCB. Overutilization is defined as using more than 1) 50 percent of the SDCB budget by the end of quarter two of the SDCB member's current care plan year, 2) 75 percent of the SDCB budget by the end of quarter three of the SDCB member's current care plan year, or 3) 100 percent of the SDCB budget by the end of quarter four of the SDCB member's current care plan year.

Underutilization and overutilization of the SDCB budget may result in an involuntary termination from the SDCB to ABCB depending on the situation; please refer to the SDCB involuntary termination policy.

DENIALS, REVISIONS AND RECONSIDERATIONS OF THE SDCB CARE PLAN

1. Denials

The MCO/UR shall send final decisions to the SDCB member in writing, including steps for the member/legal representative to follow if he/she disagrees with the denial decision and wants to pursue a reconsideration and/or the MCO appeal process. The MCO appeal process must be exhausted prior to the member requesting a State Fair Hearing.

2. Revisions

The SDCB care plan may be revised based upon a change in the member's needs or circumstances identified in the CNA, such as a change in the member's health status or condition, or a change in the member's natural support system such as the death or disabling condition of a family member or other individual who was providing services.

If the revision is to provide new or additional services other than those originally included in the SDCB care plan, these services must not be able to be acquired through other programs or sources. The SDCB member may be required to document the fact that the services are not available

through another source. The care coordinator and/or support broker shall assist the SDCB member with exploring other available resources.

The SDCB member must provide written documentation of the change in needs or circumstances as specified in the Managed Care Policy Manual. The SDCB member submits the documentation to the care coordinator/support broker. In *FOCoSonline* the member's legal representative and the support broker initiate the process to modify the SDCB care plan by developing a revision in *FOCoSonline* and forwarding the completed request for a SDCB care plan revision to the care coordinator who will submit the revision to the MCO/UR for review, via *FOCoSonline*. At the MCO's discretion, another CNA may be performed. Per the SDCB rule, if the revision includes a request for additional services, another CNA must be performed to determine whether the change in needs or circumstances necessitate an increase to the SDCB budget.

The SDCB care plan may be revised once the original SDCB care plan has been submitted and approved. Only one (1) SDCB care plan revision may be submitted at a time, for example, a SDCB care plan revision may not be submitted if an initial SDCB care plan or prior SDCB care plan revision request is under initial review by the MCO/UR.

Other than for critical health and safety reasons, SDCB care plan revision requests may not be submitted to the MCO/UR within the last 60 calendar days prior to the expiration date of the current SDCB care plan/budget. This constraint does not apply to Environmental Modifications requests, as the Environmental Modification work is not tied to a specific SDCB care plan year and the funding is not part of the overall SDCB budget amount.

Anytime a SDCB member exits SDCB and transfers to ABCB or is permanently institutionalized, the support broker must develop a close-out budget to coincide with the last day the member will receive SDCB services. The only time a close-out budget is not needed is when a member's care plan will expire in the same month as the member's final month in SDCB. The close-out budget must be reviewed/approved by the MCO-UR.

3. Reconsiderations

If the SDCB care plan, or a part of the SDCB care plan, is not approved/denied, the care coordinator and/or support broker assists the SDCB member to explore his/her options, including the right to request a reconsideration of the denial decision. Reconsideration requests must be submitted to the MCO/UR within 30-calendar days of the date on the denial notice.

Reconsideration requests must be made by the support broker inside *FOCoSonline*, and additional documentation or additional clarifying information must be submitted in writing, regarding the SDCB member's request for reconsideration of the denied SDCB services or related goods.

SDCB CARE PLAN REVIEW CRITERIA

Services and related goods identified in the SDCB member's requested SDCB care plan may be considered for approval if all the following requirements are met:

1. The SDCB services or related goods must be responsive and directly related to the SDCB member's qualifying condition or disability; and
2. The SDCB services or related goods must address the SDCB member's clinical, functional, medical or habilitative needs; and
3. The SDCB services or related goods must accommodate the SDCB member in managing his/her household; and
4. The SDCB services or related goods must facilitate activities of daily living; and
5. The SDCB services or related goods must promote the SDCB member's personal health and safety; and
6. The SDCB services or related goods must afford the SDCB member an accommodation for greater independence; and
7. The SDCB services or related goods must support the SDCB member to remain in the community

- and reduce his/her risk for institutionalization; and
8. The SDCB services or related goods must be documented in the SDCB member's SDCB care plan and facilitate the desired outcomes stated in the SDCB member's SDCB care plan; and
 9. The SDCB service or related good is not prohibited by federal and state statutes, rules and guidance; and
 10. Each SDCB service or good must be listed as an individual line item; when services or related goods must be 'bundled' the SDCB care plan must document why bundling is necessary and appropriate; and
 11. The proposed SDCB care plan is within the SDCB member's approved budget; and
 12. The proposed rate for each SDCB service is within the SDCB range of rates (Appendix C) for that chosen service; and
 13. The proposed cost for each SDCB good is reasonable, appropriate and reflects the lowest available cost for that chosen good; and
 14. The estimated cost of the SDCB service or good is specifically documented in the SDCB member's SDCB care plan.

IMPLEMENTATION OF THE SDCB CARE PLAN

1. Enrolling SDCB Employees and Vendors

A. Pre Hire Packet

Before providing SDCB services to a SDCB member, most employees and vendors are required to submit the appropriate state approved pre-hire packet to the FMA and pass the Consolidated On-Line Registry (COR) screening. The exception to this requirement is when the vendor has a professional license, such as a registered nurse or SLP that qualifies them to provide the approved service. The FMA is responsible for maintaining, distributing and processing the pre-hire packets. For answers to questions about hiring employees or vendors and to obtain the pre-hire packet, an EOR shall contact the FMA Help Desk.

Potential SDCB employees are required by NM law through the caregivers' criminal history screening act (7.1.9 NMAC) to pass a criminal background check (CBC) which begins by screening against the COR. This COR screening is completed by the FMA, usually within 48 hours, once the complete and correct pre-hire packet is received by the FMA. Once the COR check is completed, and the potential SDCB provider has passed the COR check, the EOR will receive an e-mail notification from the FMA that the potential SDCB employee has passed his/her COR and CBC and may begin providing SDCB services. If the EOR does not have an e-mail address listed in *FOCoSonline*, the FMA Help Desk will contact the EOR, via telephone to let the EOR know that the potential SDCB employee has passed the COR check. Although an employee may begin providing services as soon as he/she has passed the COR Background Check, payment will not be issued until all required paperwork as indicated below is successfully completed and has been approved by the FMA. If a potential SDCB employee or vendor does not pass the CBC, as required by NM law, he/she may not continue to provide services to the SDCB member. The potential SDCB employee or vendor and FMA will be notified by the Department of Health if he/she does not pass the CBC. The FMA will notify the SDCB member/EOR when a potential SDCB employee has or has not successfully completed the COR check and/or CBC.

No SDCB provider shall exceed 40 hours paid work in one (1) work week per EOR. If an employee works for more than one EOR, the employee shall not exceed 40 hours paid work in one (1) work week, per EOR.

B. Credentialing Requirements

The State has set credentialing requirements for credentialing providers of SDCB services, and these requirements have been approved by the Centers for Medicare and Medicaid

Services (CMS). The FMA shall ensure that these requirements are met. These requirements include certain licenses which must be submitted by the potential SDCB provider to the FMA, and are described in Appendix D & E (Vendor and Employee Credentialing Requirements). Services cannot be provided to a member until the SDCB care plan is approved, and there is a credentialed and approved provider linked to the approved SDCB goal. Other Required

C. Other Required Documents

There are other documents that must be correctly completed by the potential SDCB employee or vendor, and submitted to the FMA for review and approval before payment can be made. Potential SDCB employees and vendors may obtain these documents may be obtained by contacting the FMA. It is the member/EOR's responsibility to ensure all employment documents are submitted to the FMA.

D. For potential SDCB employees, the required documents are included in the Employee Packet:

- a. Employment Agreement
- b. Employee Information Form
- c. Declaration of Relationship form
- d. Federal W-4
- e. State W-4

E. For potential SDCB vendors who are providing services the required documents are included as part of the Vendor Packet:

- a. Vendor Agreement
- b. Vendor Information Form
- c. Federal W-9

F. Vendors who are providing SDCB related goods only (such as a large retailer) do not need to provide the Vendor Agreement and Federal W-9, however the SDCB member/EOR or vendor must submit the Vendor Information Form to the FMA before payment is issued.

G. Direct Deposit is provided and strongly recommended for all employees and vendors when possible. The FMA also offers the service of providing payment through a ComData Card. Please contact the FMA if interested in using this service. Direct deposit forms can be completed as part of the initial hire documentation, or may be completed and submitted to the FMA at a later date.

2. Purchasing Services and Related Goods

A. Timesheets

With access to the FOCo*Online* system, a SDCB employee (or EOR) may enter the employee(s)'s timesheet(s) in FOCo*Online*. The EOR may then review and approve the timesheet through online access. Having access to FOCo*Online* and submitting timesheets online means that the EOR or employees do not need to send the paper timesheet to the FMA for processing. Upon completing the FOCo*Online* training, a new user will receive a FOCo*Online* Account Authorization form (via e-mail). Once the new user completes the FOCo*Online* Account Authorization form and faxes it to the FMA Technical Department, the user will receive an e-mail with his/her password and login instructions. Timesheets may also be mailed or faxed to the FMA if the SDCB member or EOR does not have access to a computer or the internet.

Timesheets are submitted and processed on a two-week pay schedule according to the SDCB Payroll Payment Schedule. The payroll workweek starts on Saturday and ends the following Friday. The payment schedule is available through the FMA and on the MCOs' websites. Timesheets are due at the end of the two-week pay period and must be received at the FMA no later than Saturday at 11:59 pm for a SDCB employee to be paid on time and according to the payment schedule.

An Authorized Representative (AR) may also complete the training and gain access to

FOCo*Online*. If an AR has access, they will be able to view payments and monitor SDCB budget spending, however, the AR will not have authorization to perform the functions of the EOR and approve timesheets. To designate an AR, members must complete the AR Form, which may be requested through the FMA or the support broker.

B. Invoices

Vendor Payment Request Forms (PRF) (Appendix F) and invoices may be submitted to the FMA on any day of the week (unlike timesheets which must be submitted according to the payroll schedule). The processing time for a PRF/invoice is approximately two (2) weeks. The vendor payment schedule is available through the FMA. Vendor checks are generated by TeleCheck and are mailed directly to the EOR (payments are not mailed to the vendor). After the EOR receives the vendor check, it is recommended that the EOR mail the check to the vendor as soon as possible to ensure prompt payment. For phone/internet payments, the EOR must send the payment to the phone/internet company's main billing address (with the payment coupon). It is not recommended that phone/internet payments be attempted through kiosks or at local phone/internet stores (e.g., T-Mobile or Cricket) since these payments are frequently rejected by TeleCheck.

Although an EOR may submit timesheets online (after completing necessary FOCO*Online* training and paperwork), it is not possible to submit invoices online. PRFs and invoices must be faxed or sent electronically to the FMA for processing. ~~However, if~~ a SDCB member/EOR has access to FOCO*Online*, he/she may review his/her payments and monitor them as they are being processed. In addition, the SDCB member, EOR, or AR may run reports through FOCO*Online* to monitor spending activity.

C. Return to Member Process

Return-to-Member (RTM) letters are an effective means used by the FMA to assist in communicating with the EOR when there are problems in processing SDCB payment. For example, if a timesheet or invoice is submitted to the FMA and it does not contain the appropriate signatures, the FMA uses the RTM process to inform the EOR that payment cannot be made. In addition to the RTM letter which is mailed, the FMA attempts contact with the EOR by phone. If three (3) unsuccessful phone call attempts to the EOR have been made and the corrected document still has not been received, the FMA will send an e-mail to the EOR (provided the EOR has an e-mail address in FOCO*Online*) with a copy to the care coordinator and support broker. If the EOR does not have an e-mail address in FOCO*Online*, the FMA will send an e-mail to the care coordinator and support broker and attach a copy of the RTM letter. Since frequent contact is attempted by the FMA to the EOR, it is extremely important that FOCO*Online* contain the EOR's correct contact information. If the EOR contact information needs to be updated, please contact the FMA Help Desk for assistance.

D. Employee and Vendor Pay Rates

Employee and vendor pay rates must be approved in the SDCB member's SDCB care plan. Once the SDCB rate is approved, completed employee agreements and vendor agreements must be submitted to the FMA in order to indicate the rate of pay. If a potential SDCB employee or vendor does not submit an Employee or Vendor agreement, as appropriate, the FMA will not know the correct rate of pay for the service that the employee or vendor is providing. In order for the FMA to pay a SDCB employee or vendor, a complete employee agreement or vendor agreement needs to be submitted to, and approved by, the FMA and the employee/vendor must be linked to the SDCB goal inside FOCO*Online*. If the pay rate for an approved SDCB employee or vendor needs to be changed, the new rate must be approved by the MCO via a SDCB care plan revision in FOCO*Online* and in the SDCB member's SDCB care plan and a new employee agreement or vendor agreement, signed by the EOR, must be submitted to the FMA at least 15 calendar days before the effective date of the rate change. If a change to a SDCB employee's rate of pay is made after the SDCB care plan has started, the change will not

be effective until the beginning of the next pay period.

E. Timely-Filing Requirements

New Mexico has a 90-calendar day time limit for filing all Medicaid claims and since the SDCB is a Medicaid benefit, the same requirements apply. If timesheets or invoices are submitted more than 90 calendar days after the service has been provided, payment will not be processed and the timesheet or invoice and PRF will be returned to the EOR/Member through the RTM process.

3. SDCB Care Plan Expenditure Safeguards

The SDCB member holds the primary responsibility for monitoring and ensuring that his/her approved SDCB care plan is spent appropriately; however, the care coordinator and support broker must support the SDCB member in this activity. The FMA also assists in ensuring that funds are spent appropriately through payment of approved services and related goods according to the approved SDCB care plan and Employee/Vendor Agreements.

The SDCB member is responsible for reviewing his/her monthly spending report which is mailed to each SDCB member/legal representative by the FMA on a monthly basis. The SDCB member may also obtain "real-time" information on service usage and spending by directly accessing *FOCoSonline*. It is highly recommended that SDCB members obtain access to *FOCoSonline* so that they can effectively monitor their SDCB care plan/budget and track spending. In addition, the EOR and employees may obtain access to *FOCoSonline*. With *FOCoSonline* access, the EOR will have the capability to approve timesheets that an employee has entered online. Monthly training for *FOCoSonline* is offered for SDCB members, employees, and EORs. If interested in training, the SDCB member, employee, or EOR may contact the FMA Help Desk for assistance.

The support broker is required to review the SDCB member's SDCB care plan expenditures during each quarterly face-to-face contact with the SDCB member. The care coordinator and/or support broker will provide the SDCB member with expenditure information and discuss any concerns. If the SDCB member needs to revise his/her SDCB care plan, the support broker shall assist with drafting the revision and the care coordinator will submit it to the MCO/UR for consideration per established procedures. The care coordinator may also initiate a new CNA as needed.

The FMA is responsible for processing payments for approved SDCB services and related goods. When an invoice or timesheet is received by the FMA, they verify that the particular service or good is approved in the SDCB member's SDCB care plan/budget and payment is processed according to the approved SDCB care plan/budget and employee/vendor agreement. In regards to internet and phone services (landline or cell), the FMA will pay up to the approved monthly amount. This helps to ensure that this category of service is not overspent which could put the SDCB member at-risk of losing these services due to possible non-payment later in the SDCB care plan year. If the FMA is unable to make payment as requested due to lack of funds remaining in the SDCB care plan, the FMA will send a return to member (RTM) letter to the SDCB member and make three (3) attempts to contact the SDCB member by telephone to inform the EOR/member of the insufficient funds issue.

TRANSITIONS, TERMINATION AND REINSTATEMENT PROCESSES

1. Community Benefit Transitions

Upon initial eligibility for the Community Benefit, the member will be eligible for the Agency Based Community Benefit (ABCB). An ABCB member may choose to move to SDCB at any time but may not move to SDCB until the first day of the month after 120 calendar days are completed in the ABCB. The member must always end the current community benefit on the last day of the month and start the new community benefit on the first day of the following month. The care coordinator must ensure there is no break in Community Benefit services. If the member has a short term admission, for example 2 weeks, the 120 days does not start over.

Examples of transition include, but are not limited to, the following:

- A. The member only has a waiver COE (090, 091, 092, 093 or 094) and is institutionalized more than 60 days, the member must apply for IC and submit their name back on the Central Registry. They then must receive a Community Reintegration allocation. If, when they are discharged, they still have living arrangements in place, they are not required to complete the 120 days again.
- B. If the member does not have living arrangements in place, the member must go back to ABCB during the transition and is not mandated to complete another 120 day in ABCB. Meaning, the member can begin self-directing after all living arrangements have been set up and the member is successfully in that living arrangement and the SDCB budget, care plan and employees are approved to provide SDCB covered services.
- C. If the member has a full Medicaid COE (001, 003, 004, etc.) and is institutionalized for more than 60 days and the member does not have living arrangements still in place, the member must go back to ABCB during the transition and is not mandated to complete another 120 day. Meaning, the member can begin self-directing after all living arrangement have been set up and the member is successfully in that living arrangement and the SDCB budget, care plan and employees are approved to provide SDCB covered services.

2. Voluntary Termination

SDCB members may transfer from the SDCB to the ABCB at any time. To the extent possible, the SDCB member shall provide his/her SDCB provider(s) with 10 business days advance notice regarding his/her intent to withdraw from the SDCB. All transfers will become effective on the 1st day of the [following](#) month.

3. Involuntary Termination

Reasons SDCB members may be involuntarily terminated from the SDCB and offered services through the ABCB include, but are not limited to, the following circumstances:

- A. The SDCB member refuses to follow SDCB rules after receiving: focused technical assistance on multiple occasions; and support from the program staff, care coordinator/support broker, or FMA that is supported with documentation of the efforts to assist the SDCB member. Focused technical assistance is defined as a minimum of three (3) separate occasions where the member /EOR have received training, education or technical assistance, or a combination of both;
- B. The SDCB member has immediate risk to his/her health or safety by continued self-direction of services, e.g., the SDCB member is in imminent risk of death or serious bodily injury related to participation in the SDCB. Examples include, but are not limited to, the following:
 - a. The SDCB member refuses to include and maintain services in his/her SDCB care plan that would address health and safety issues identified [in the member's ~~in~~ his/her CNA medical assessment](#) or challenges the assessment after repeated and focused technical assistance and support from program staff, care coordinator/support broker, [PCS Agency](#), or FMA;
 - b. The SDCB member is experiencing significant health or safety needs, and, after having been referred to the State contractor team (that includes the appropriate State program manager and additional parties as deemed necessary by the State) for technical assistance, refuses to incorporate the team's recommendations into his/her SDCB Care Plan, or the SDCB member exhibits behaviors which endanger him/her or others;
 - c. The SDCB member misuses SDCB funds following repeated and focused technical assistance and support from the care coordinator/support broker or FMA, which is supported by documentation;
 - d. The SDCB member expends his/her entire SDCB budget prior to the end of the SDCB care plan year; or

- e. The SDCB member commits Medicaid fraud such as, for example, altering SDCB employee/vendor payment checks.
- C. The final decision to terminate a SDCB member and move him/her to ABCB is made by the state. The MCO shall submit sufficient documentation to the state for approval of the involuntary termination request. Upon state approval, the MCO shall notify the member of the involuntary termination, in writing, and shall include appeal rights per HSD rules. SDCB Involuntary Terminations may become effective any time during the month²².
- D. Reinstatement to SDCB

Requests to be reinstated back to SDCB may be made one time during a 12-month period. The member must make the request to his/her MCO in writing. All members shall be required to participate in SDCB training prior to their reinstatement.

 - a. A SDCB member who voluntarily terminated his/her participation in SDCB may request to move back from ABCB to SDCB any time during a 12-year month period. The final decision to allow the reinstatement to SDCB is at the discretion of the MCO. The care coordinator must ensure the transition does not cause a break in services.
 - b. A SDCB member who was involuntarily terminated from SDCB may request to be reinstated to SDCB once per 12-month period. The final decision to allow the reinstatement to SDCB is at the discretion of the state. The MCO shall submit sufficient documentation to the state for approval of reinstatement to the SDCB. If approved, the care coordinator shall work with the FMA to ensure that the issues previously identified as reasons for termination have been adequately addressed prior to the reinstatement.

See the Appendices that also relate to SDCB:

- Appendix C: Range of Rates and Service Codes
- Appendix D: Vendor Credentialing Requirements Grid
- Appendix E: Employee Credentialing Requirements Grid
- Appendix F: Toolkit: Vendor
- Appendix G: Toolkit: Employee
- Appendix H: List of SDCB Acronyms

APPENDIX C: SDCB RANGE OF RATES CHART

SDCB SERVICE	BILLING CODE	INTERNAL FOCoS CODE	UNIT	SDCB PAYMENT RATE
Homemaker/Direct Support	99509	99509	Hour	\$7.50 (minimum wage) - \$14.60
Home Health Aide	S9122	S9122	Hour	\$16.32
Employment Supports (includes Job Coach)	T2019	T2019	15 min.	\$2.15 - \$6.93
Job Developer (Per job that is developed for member)	T2019	T2019JD	Each	\$100-\$700
Customized Community Supports (adult day hab.)	S5100	S5100	15 min.	\$1.36-\$8.82
Physical Therapy	G0151	G0151	15 min.	\$13.51 - \$24.22
Occupational Therapy	G0152	G0152	15 min.	\$12.74 - \$23.71
Speech/Language Pathology	G0153	G0153	15 min.	\$16.06 - \$24.22
Behavior Support Consultation	H2019	H2019	15 min.	\$12.24 - \$20.65

Private Duty Nursing – Adults- RN	T1002	T1002	15 min.	\$10.90
Private Duty Nursing – Adults- LPN	T1003	T1003	15 min	\$6.79
Nutritional Counseling	S9470	S9470	Hour	\$42.83
Acupuncture	97810	97810	15 min.	\$12.50-\$25.00
Biofeedback	90901	90901	Visit	\$50.00-\$100.00
Chiropractic	98940	98940	Visit	\$50.00-\$100.00
Cognitive Rehab Therapy	97532	97532	15 min.	\$12.50-\$25.00
Hippotherapy	S8940	S8940	Visit	\$50.00-\$100.00
Massage Therapy	97124	97124	15 min.	\$12.50-\$25.00
Naprapathy	S8990	S8990	Visit	\$50.00-\$100.00
Native American Healers	S9445	S9445	Session	As approved by MCO
Play Therapy	H2032	H2032	15 min	\$12.50-\$25.00
Respite Standard (not provided by RN, LPN or HHA)	T1005	T1005SD	15 min.	\$3.38
Respite RN	T1005	T1005RN	15 min.	\$10.90
Respite LPN	T1005	T1005LPN	15 min.	\$6.79
Respite Home Health Aide	T1005	T1005HHA	15 min.	\$4.08
Emergency Response (monthly fee)	S5161	S5161	Each	\$36.71-\$40.79
Emergency Response (testing and maintenance)	S5160	S5160	Each	As approved by MCO
Environmental Modifications	S5165	S5165	Each	As approved by MCO (maximum of \$5,000 every 5 years)

Transportation Time	T2007	T2007	Hour	Minimum wage -\$14.60
Transportation Trip	T2003	T2003	Each	As approved by MCO
Transportation Mile	T2049	T2049	Per Mile	\$0.34-\$0.40
Transportation Commercial Carrier Pass	T2004	T2004	Each	As approved by MCO
Fees and Memberships	T1999	T1999CP-I	Each	As approved by MCO
Coaching/education for parents, spouse or others (not available for paid caregivers)	T1999	T1999CE-I	Each	As approved by MCO
Coaching/education for parents, spouse or others- <u>classes only</u> (not available for paid caregivers)	T1999	T1999CL-I	Each	As approved by MCO
Coaching/education for parents, spouse or others- <u>conferences and seminars</u> (not available for paid caregivers)	T1999	T1999CS-I	Each	As approved by MCO
Technology for Safety and Independence	T1999	T1999TS	Each	As approved by MCO
Cell phone service (including data/GPS)	T1999	T1999CELL	Each	\$0.00-\$100.00
Cell phone and related equipment	T1999	T1999CPEP	Each	As approved by MCO
Cell phone/landline	T1999	T1999CPL	Each	As approved by MCO
Internet service	T1999	T1999IS	Each	As approved by MCO
Landline service	T1999	T1999LS	Each	As approved by MCO
Internet/cell phone	T1999	T1999IC	Each	As approved by MCO
Internet/cell phone/landline	T1999	T1999ICL	Each	As approved by MCO
Internet/landline	T1999	T1999IL	Each	As approved by MCO
Fax machine	T1999	T1999FX	Each	As approved by MCO
Computer	T1999	T1999CR	Each	As approved by MCO
Office supplies	T1999	T1999OS	Each	As approved by MCO
Printer	T1999	T1999PR	Each	As approved by MCO
Health-Related equipment and supplies	T1999	T1999HR-I	Each	As approved by MCO
Adaptive equipment and supplies	T1999	T1999AE-I	Each	As approved by MCO
Exercise equipment and related items	T1999	T1999EE-I	Each	As approved by MCO
Nutritional supplements	T1999	T1999NS-I	Each	As approved by MCO
Over the counter medications	T1999	T1999OM-I	Each	As approved by MCO
Household related goods	T1999	T1999HG-I	Each	As approved by MCO
Appliances for independence	T1999	T1999AI-I	Each	As approved by MCO
Adaptive furniture	T1999	T1999AF-I	Each	As approved by MCO

APPENDIX D: SDCB VENDOR CREDENTIALING REQUIREMENTS

Requirements for enrolling Self-Directed Community Benefit (SDCB) Vendors

Before using any Vendor, please call Xerox (1-866-916-0310) to make sure all required vendor paperwork has been processed and that the vendor has been set up on your SDCB Care Plan. If you use a vendor before their paperwork has been processed, they will not be paid for those dates.

All enrollment requirements (with the exception of the final criminal background check) must be processed before services can be provided. Services that are provided prior to enrollment will not be paid by Medicaid or Xerox.

If a vendor provides only related goods (not services), you will only need to complete the Vendor Information Form (you do not need to complete the entire Vendor Packet). We use the Vendor Information Form (VIF) to show that you will be using this vendor on your Plan. Since vendors that provide related goods are usually large companies (for example: CenturyLink, Comcast, Wal-Mart, K-Mart, Best Buy), it is not necessary to get their signature on the form. If you are not sure if what you want to purchase is a “good” or a “service,” please call Xerox for assistance.

Vendors (Independent Contractors and Agencies) that provide SERVICES Ag = Agency, IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
97810	Acupuncture <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: Acupuncture and/or oriental medicine license
H2019	Behavior Support Consultation <u>Allowed Providers:</u> Individual Behavior Support Consultant (BSC) or BSC Group Practice	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: Licensed (MD, Clinical Psychologist, Psychologist Associate, SW, LPCC, LPC, Psychiatric Nurse, NM licensed marriage and family therapist, NM licensed art therapist)
90901	Biofeedback <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	Agency: Yes IC: Yes	Agency: Business License IC: License in Health Care Profession whose scope of practice includes Biofeedback
98940	Chiropractic <u>Allowed Providers:</u> Group Practice or Individual Chiropractor	Visit	Agency: Yes IC: Yes	Agency: Business License IC: Chiropractic Physician License
T1999CE-I	Coaching Education for Parents, Spouse or Other <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	Agency: Business License IC: Pre-Hire Packet
T1999CS-I	Coaching Education for Parents/Spouse: Conferences and Seminars ONLY <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)

Vendors (Independent Contractors and Agencies) that provide SERVICES *				
IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
T1999CL-I	Coaching Education for Parents/Spouse: Classes ONLY <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
97532	Cognitive Rehab Therapy <u>Allowed Providers:</u> Group practice or Individual Specialized Therapist	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: License in Health Care Profession whose scope of practice includes Cognitive Rehab Therapy
S5100	Customized Community Support <u>Allowed Providers:</u> Adult Day Health Agency or Adult Day Habilitation Agency	Per 15 min	Agency: Yes	Agency: Business License
S5160	Emergency Response Testing and Maintenance <u>Allowed Providers:</u> Emergency Response Provider (Agency)	Each	Agency: Yes	Agency: Business License
S5161	Emergency Response Monthly Service Fee <u>Allowed Providers:</u> Emergency Response Provider (Agency)	Monthly	Agency: Yes	Agency: Business License
T2019	Employment Supports (includes Job Coach) <u>Allowed Providers:</u> Supported Employment Provider Agency or Individual	Each	Agency: Yes IC: Yes	Agency: Business License IC: Pre-Hire Packet
S5165	Environmental Modifications (EMOD) <u>Allowed Providers:</u> Individual or Company (Agency)	Each	Agency: Yes IC: Yes	Agency: Appropriate License IC: Appropriate License
T1999CP-I	Fees and Memberships <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999HR-I	Health-Related Equipment & Supplies <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999AE-I	Adaptive Equipment and Supplies <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999EE-I	Exercise Equipment and Related Items <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999NS-I	Nutritional Supplements <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)

Vendors (Independent Contractors and Agencies) that provide SERVICES *				
IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
T1999OM-I	Over-the-Counter Medications <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
S8940	Hippotherapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	Agency: Yes IC: Yes	Agency: Business License IC: License in Healthcare profession whose scope of practice includes hippotherapy.
S9122	Home Health Aide <u>Allowed Providers:</u> Home Health Agency/Homemaker Agency	Hour	Agency: Yes	Agency: Business License
99509	Homemaker/Direct Support <u>Allowed Providers:</u> Individual Homemaker/Direct Support Provider or Home Health Agency/Homemaker Agency	Hourly	Agency: Yes IC: Yes	Agency: Business License IC: Pre-Hire Packet
T1999HG-H	Household Related Goods and Services Hourly <u>Allowed Providers:</u> Vendor	Hourly	Agency: Yes IC: Yes	VIF is required (goods only)
T1999HG-I	Household Related Goods and Services Item/Invoice <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999AI-I	Appliances for Independence Item/Invoice <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999AF-I	Adaptive Furniture Item/Invoice <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T2019JD	Job Developer <u>Allowed Providers:</u> Supported Employment Provider Agency or Individual	Each	Agency: Yes IC: Yes	Agency: Business License IC: Pre-Hire Packet

Vendors (Independent Contractors and Agencies) that provide SERVICES *				
IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
97124	Massage Therapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: Massage Therapist License
S8990	Naprapathy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	Agency: Yes IC: Yes	Agency: Business License IC: Naprapathic Physician License
S9445	Native American Healers <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Session	Agency: Yes IC: Yes	IC: Pre-Hire Packet
S9470	Nutritional Counseling <u>Allowed Providers:</u> Group Practice or Individual	Hourly	Agency: Yes IC: Yes	Agency: Business License IC: Registered Dietician License
G0152	Occupational Therapy <u>Allowed Providers:</u> Individual Occupational Therapist or Group Practice	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: OT License
G0151	Physical Therapy <u>Allowed Providers:</u> Group Practice or Individual Physical Therapist	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: PT License
H2032	Play Therapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: Licensure in a mental health profession whose scope of practice includes play therapy
T1003	Private Duty Nursing LPN <u>Allowed Providers:</u> Home Health Agency, Rural Health Clinic, FQHC or Individual	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: LPN License
T1002	Private Duty Nursing RN <u>Allowed Providers:</u> Home Health Agency, Rural Health Clinic, FQHC or Individual	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: RN License
T1005HHA	Respite Home Health Aide <u>Allowed Providers:</u> Respite Agency	Per 15 min	Agency: Yes IC: Yes	Agency: Business License
T1005SD	Respite Standard <u>Allowed Providers:</u> Individual Provider (not RN, LPN or HHA) or Respite Provider Agency	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: Pre-Hire Packet

Vendors (Independent Contractors and Agencies) that provide SERVICES *				
IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
T1005LPN	Respite LPN <u>Allowed Providers:</u> Respite Provider Agency or Individual LPN	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: LPN License
T1005RN	Respite RN <u>Allowed Providers:</u> Respite Provider Agency or Individual RN	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: RN License
G0153	Speech/Language Pathology <u>Allowed Providers:</u> Individual Speech Language Pathologist (SLP) or Group Practice	Per 15 min	Agency: Yes IC: Yes	Agency: Business License IC: RN License
T1999TS	Technology for Safety and Independence <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999CR	Computer Purchase (item) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999PR	Printer Purchase (item) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999FX	Fax Machine Purchase (item) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999CPEP	Cell Phone and Related Equipment Purchase (item) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999IS	Internet Service <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999CELL	Cell Phone Service <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999LS	Landline Service <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999ICL	Internet/Cell Phone/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999IC	Internet/Cell Phone Service (bundled) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999IL	Internet/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)

Vendors (Independent Contractors and Agencies) that provide SERVICES *				
IC = Independent Contractor				
Service Code	Service Code Description	Billing Method	Vendor Packet	License and/or Additional Requirements
T1999CPL	Cell Phone/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T1999OS	Office Supplies (purchased as items) <u>Allowed Providers:</u> Vendor	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T2004	Transportation Commercial Carrier Pass <u>Allowed Providers:</u> Transportation Commercial Carrier	Each	Agency: Yes IC: Yes	VIF is required (goods only)
T2007	Transportation Time <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Hourly	Agency: Yes IC: Yes	Agency: Business License IC: Transportation Appendix, Pre-Hire Packet
T2003	Transportation Trip <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Each	Agency: Yes IC: Yes	Agency: Business License IC: Transportation Appendix, Pre-Hire Packet
T2049	Transportation Mile <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Per Mile	Agency: Yes IC: Yes	Agency: Business License IC: Transportation Appendix, Pre-Hire Packet

If the vendor has a professional license (such as a registered nurse or therapist), their licensing board has already completed a background check. They do not need to do another one for Mi Via. Provider agencies are responsible for completing criminal background checks (CBC) on all their staff. Confirmation of the CBC must be available to the State and Xerox for review as requested.

Please remember that at the beginning of each SDCB Care Plan year (annual renewal), new **Vendor Agreements** are required for any vendor providing services. If ACS does not receive a Vendor Agreement before your new Plan starts, your vendor will not be set up on your new Plan and they may be paid late. Please call Xerox (1-866-916-0310) before your new SDCB Care Plan starts so you can make sure all your SDCB providers are set up for payment.

The above grid provides an overview of general vendor credentialing requirements. In certain specific cases, additional licensing or other documentation may be required.

Please contact Xerox (1-866-916-0310) or your Support Broker if you have any questions.

APPENDIX E: EMPLOYEE CREDENTIALING REQUIREMENTS GRID

This table shows the enrollment paperwork that an employee MUST complete in order to provide these services.

SELF-DIRECTED COMMUNITY BENEFIT SERVICE	Service Code	*Pre-Hire Packet	**Employee Packet	Transportation Appendix
Employment Supports (includes Job Coach)	T2019	Yes	Yes	No
Homemaker/Direct Support	99509	Yes	Yes	No
Respite – Standard	T1005SD	Yes	Yes	No
Transportation Time	T2007	Yes	Yes	Yes
Transportation Mile	T2049	Yes	Yes	Yes

***Pre-Hire Packet:** Division of Health Improvement (DHI) form, copy of identification card (ID), and three fingerprint cards.

****Employee Packet:** Employee Information Form, Employee Agreement, Transportation Appendix (if performing driving services), Declaration of Relationship, W-4 (Federal and State), I-9 Form, Direct Deposit Authorization Form (optional).

HELPFUL REMINDERS

- Employer of Record (EOR) documentation must be completed and approved before an employee’s enrollment can be approved and before an employee can begin work.
- Employees may not begin working until they have passed their initial COR Background Check (this is included in the Pre-Hire Packet).
- Employees cannot be paid until their entire Employee Packet has been successfully processed.
- In order to drive, an employee must have current vehicle registration and insurance in the employee’s name.
- Please remember that Employees must complete a new Employee Agreement **for each Plan year**. If Xerox does not receive an Employee Agreement before the beginning of the new Plan, the employee may not get paid on time.

Toolkit: Invoices



Use these tips for completing Invoices!

Q: What is this toolkit for?

A: This toolkit explains how to make the invoice process work smoothly! Participants, Employers and Contractors can work together to help make sure invoices get processed and paid on time.

Keys to Getting Paid the Correct Amount, On Time!

Follow these tips to avoid delayed payment of your invoice.

- **Be sure ALL vendor paperwork has been completed and submitted.**
- **Effective July 15, 2011, invoices that are received by Xerox more than 90 days after the service was provided, will not be processed for payment.** According to Medicaid timely-filing requirements, we cannot process any request for payment that has not been submitted within 90 days from the date the vendor performed the service. This means that all invoices must be submitted to Xerox no later than Midnight on the 90th day after services have taken place. Any invoices that are submitted after this time limit will not be paid by Xerox and will be returned to you. Also, if you need to make corrections to your invoice, you must complete them within this timeframe (90 days from the date the service was performed).

- **Follow the CURRENT Vendor Payment Schedule.**

Keep a copy of the Vendor Payment Schedule in front of you. If you submit your invoice after the deadline on Saturday, your vendor payment may be delayed.

Note: The deadline for submitting invoices is always on a Saturday by Midnight (before 12:00 am on Sunday).

- **Use your legally registered business name.**

For example,

- Smith Industries, LLC is your legally registered business name with State of New Mexico. **This is the name you must use on your invoice!**
- Bobby Smith is your personal name. Do not use!
- Smith Wheelchair Repair is a name you sometimes use to refer to your company but it is not your legal name. Do not use!

- **Submit invoices for daily or monthly service codes after the service is complete.**

Some service codes, for example T2033FL (Family Living), are for daily service.

In this example, daily service means 24 hours. When submitting a service code such as this one, you must only sign, fax or email it after the day is complete. In other words, you must wait until Midnight of the day when services are delivered (after 11:59 PM) to submit the invoice. If the service is monthly you must wait until after 11:59 PM on the last day of the month. If the service is hourly, you must wait until you have finished working on that day. For example, if you finish working at 3:00 pm, you cannot submit your timesheet until 3:01 pm on the same day. The general rule is: you cannot enter, submit or sign an invoice for services not yet rendered.

- **Use correct units on invoices**

For example, if the rate for service is in 15 minute increments, you must enter the invoice charge in 15 minute increments. Do not combine amounts into hourly.

- **Only the vendor can make a correction to an invoice**

If the vendor needs to make a correction on their invoice, they can cross out the mistake and then write in the correction. They must also put their initials next to the correction. We will not accept invoices if white-out appears to have been used or if changes appear to have been made by anyone other than the vendor.

- **You can use your own invoice form, but...**

Your invoice must include the same level and type of detail shown on the invoice (see below.) This detail is required for legal and auditing purposes and to ensure you get paid correctly and on time.

- **Send in the Payment Request Form (PRF)**

The Payment Request Form (PRF) must also be submitted (in addition to the invoice). This applies whether it is you or the participant who typically sends in the PRF or faxes in the invoice. (The Participant is responsible for

being sure that the PRF is sent in.)

- **Fax your invoice.**

Only fax your invoice one time unless you are faxing a corrected invoice. If it is a corrected invoice, check the box **Yes** for “Is this a correction to a PRIOR Invoice?”. Re-faxing the same invoice or forgetting to check the “Corrected” box for a corrected invoice will cause delays in a check being issued. **The fax number is 866-302-6787**. This applies whether it is you or the participant who typically faxes in the invoice (the Participant is responsible for being sure that the invoice is faxed in).

INVOICE FOR NON-TIMESHEET Provider Agency/Contractor

FAX: 1-866-302-6787

MAIL: ACS PO Box 27460, Albuquerque, NM 87125

01/01/14

Provider Agency/Contractor Dr. John Doe Is this a correction to a PRIOR invoice? Yes No

Date of Invoice (mm/dd/yyyy) 04/29/2011 Total Invoice \$ 81.06 (must match total \$ below)

Participant Name: Pauline Participant Pauline Participant Date of Birth: 01/01/1975

Date	Service Code	Hours per Day	Rate per Hour	Rate per Unit	# of Units	Total Charge	What Service(s) were provided?	Participant present?
4/25/11	G0151			\$13.51	4	\$54.04	Physical therapy	Y O N
4/28/11	G0151			\$13.51	2	\$27.02	Physical therapy	Y O N
<p>This is the date the service was performed.</p>		<p>Use your Plan to verify the correct service code</p>	<p>The Total Charge should always equal the # of Units x Rate</p>					Y O N
Total Hours					6	\$81.06		D N

"Hours are entered for any service that is delivered hourly.

•• A 'UNIT' is defined as a service that is delivered as a single unit, daily, monthly, mile or visit/session

Provider/Vendor Signature: Z' ". fti#l Z' tu ..

Make sure the vendor signs here

Date 04/29/2011

Example

Example

Example

Date		Hrs per Day	Rate per Hour	Rate per Unit	UMs per Day	Total Charge	What Service(s) were provided? Use specific.
04-25-11	59470	4	12.00			\$48.00	NulliiUICllCUUllll11y
04-26-11	T2049			0.034	50	\$17.00	Mileage to the community center and back home.
04-27-11	T2033			25.00	1	\$25.00	Customized In-Home LMng Support
Total Hours		4	Total Units		51	\$9000	

This form MUST be attached to the Payment Request Form IPRF! for all services.

Self-Directed Community Benefit

Toolkit: Timesheets



Q: What is this toolkit for?

A: This toolkit explains how to make the timesheet process work smoothly! Participants, Employers and Employees can work together to help make sure timesheets get processed and paid on time.

TIPS FOR GETTING PAYCHECKS THAT ARE ACCURATE AND ON TIME!

- **Be sure ALL employee paperwork has been completed & submitted.**
- **Effective January 1, 2014, timesheets that are received by Xerox more than 90 days after the service was provided will not be processed for payment.** According to Medicaid timely-filing requirements, we cannot process any request for payment that has not been submitted within 90 days from the date the employee worked. This means that all timesheets must be submitted to Xerox (via fax or the FOCo*Online* system) no later than Midnight on the 90th day after services have taken place. Any timesheets that are submitted after this time limit will not be paid by Xerox and will be returned to you. Also, if you need to make corrections to your timesheets, you must complete them within this timeframe (90 days from the date the employee worked).
- **Follow the CURRENT payroll periods.**

Keep a copy of the payroll schedule in front of you. Timesheets submitted after Saturday's deadline may result in a delayed paycheck. If you would like a copy of the current Payroll Payment Schedule, please contact the Xerox Help Desk (1-866-916-0310).

Note: The **deadline** for submitting timesheets is always on a Saturday by Midnight (before 12:00 am on Sunday).

- **Service dates on all timesheets need to be ON or BEFORE the last day of the timesheet period.**
You cannot enter, submit or sign a timesheet for work not yet performed. For example, if the pay period ends on Friday, May 20th, you cannot enter time for services you will provide on Monday, May 23rd even if the services are generally similar or the same.
- **Services Provided-field on the Timesheet.**
Enter descriptions of tasks and services provided to the Participant.
- **Timesheets need to be complete and correct** (see example on Page 3 of this toolkit).

- **Both the Employee and the Employer need to sign and date the timesheet.**
- **Fax your timesheet.**
Only fax your timesheet one (1) time unless you are faxing a corrected timesheet or if you have been asked to refax it. If it is a corrected timesheet, check the box **Yes** for “Is this a correction to a PRIOR Timesheet?” Not following these guidelines can cause delays in a check being issued. **The fax number is 866-302-6787.**
- **Use the exact same name on your timesheet as used for your employee paperwork.** For example, if you completed paperwork as William J Smith and you enter Billy Smith on your timesheet, we won’t know who you are. This will cause a delay in getting paid.

SELF-DIRECTED

2-Week Self-Directed Timesheet for Payment **FAX 1-866-302-6787**

Have you faxed this timesheet before (is it a duplicate)? Yes No If Yes, when?

Employee Name: Ellie Employee	Employee ID# (last 4 digits of employee's social security #) 1234
Participant: Paul	Is this a correction to a PRIOR Timesheet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Participant's Date of Service	Begin Date: 05/07/2011 End Date: 05/20/2011

Date	Time In Circle AM or PM	Time Out Circle AM or PM	Hours Code	Service	Services Provided (Please enter)
05/07/2011	AM 8:00 PM	AM 11:00 PM	3	99509	Prepared meals, shopped for groceries.
05/08/2011	AM 8:00 PM	AM 11:00 PM	3	99509	Picked up Pauline's prescriptions at pharmacy, helped her with laundry.
05/09/2011	AM 8:00 PM	AM 11:00 PM	3	99509	Helped Pauline pack for trip to visit brother.
	AM 2:00 PM	AM 8:00 PM	6	H2021	Took Pauline to event at library.
05/10/2011	AM 10:00 PM	AM 12:00 PM	2	99509	Cleaned apartment.
	AM PM	AM PM		99509	Prepared meals for next week.
05/11/2011	AM 12:00 PM	AM 1:00 PM	1		Split Shift 8AM – 11AM Homemaker/Direct Support Services
	AM PM	AM PM			
	AM PM	AM PM			
Midnight Rule 10PM-12AM (1 st day)		PM AM	PM		

Total Hours for Week 1 → **18** Must not be over 40

05/14/2011	AM 10:00 PM	AM 12:00 PM	2	99509	Laundry, cleaned apartment.
05/15/2011	AM 12:00 PM	AM 3:00 PM	3	99509	Teach Pauline how to use computer.
	AM PM	AM PM			
05/16/2011	AM 2:00 PM	AM 8:00 PM	6	99509	Worked with Pauline on practicing better safety skills at home.
	AM PM	AM PM			
05/17/2011	AM 8:00 PM	AM 4:00 PM	8	99509	Worked with Pauline on washing dishes and cleaning the apartment.
	AM PM	AM PM			
05/18/2011	AM 8:00 PM	AM 1:00 PM	5	99509	Prepared frozen meals for next week.
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			

Total Hours for Week 2 → **24** Must not be over 40

Total Hours for Timesheet (2 weeks) → **42** Must not be over 80

Ellie Employee 5/21/2011
 Employee Signature Date
 Ellie Employee
 Employee Printed Name

Pauline Participant 5/21/11
 Employer Signature Date
 Pauline Participant
 Employer Printed Name

Signed & dated on or after last service date

APPENDIX H: LIST OF SDCB ACRONYMS AND SERVICES

LIST OF ACRONYMS

CENTENNIAL CARE, SELF-DIRECTED COMMUNITY BENEFIT

AA	Authorized Agent
CBC	Criminal Background Check
CMS	Centers for Medicare/Medicaid Services
CNA	Comprehensive Needs Assessment
COR	Central On-line Registry
EOR	Employer of Record
FMA	Financial Management Agency
HSD	Human Services Department
LRI	Legally Responsible Individual
MCO	Managed Care Organization
MCO/UR	Managed Care Organization/Utilization Review
NF	Nursing Facility
LOC	Level of Care
SB	Support Broker
SDCB	Self-Directed Community Benefit
SLP	Speech Language Pathologist

SELF-DIRECTED COMMUNITY BENEFITS

Behavior Support Consultation Services

Customized Community Supports

Employment Supports

Emergency Response

Environmental Modification

Home Health Aide

Homemaker

Nutritional Counseling

Private Duty Nursing

Related Goods

Respite

Skilled Therapy Services for Adults

Specialized Therapies

Transportation (non-medical)