

Date: June 7, 2018

DDSD-DDW Numbered Memo 2018-11

To: All DD Waiver Providers, Case Managers and Interested Parties

From: Jennifer Rodriguez, DDSD Community Programs Bureau Chief 

Subject: Revised Clinical Criteria V5-Supported Living Category 3

Based on feedback DDSD received regarding the Clinical Criteria V4, specific to criteria outlined for Supported Living Category 3 and Supported Living Category 4, the division reviewed the data and decided to revise the Clinical Criteria.

This memorandum is to notify all stakeholders of the newly revised Clinical Criteria V5, issued and effective June 7, 2018.

The Supported Living Category 3 criteria on page 30 (CC V5) has been revised as follows:

SL Category 3 Extensive Support (If Clinical Criteria are not met for this category, the OR has the authority to lower the category on the Budget Worksheet and approve if justified).

All of the following 3 criteria must be met:

- Must meet criteria for SL Categories 1 & 2; and
- Demonstrate a high level of general support needs, particularly extensive behavioral support needs, and/or complex medical support needs, and
- Need for at least 14 and up to 28 weekly hours of individualized staff attention apart from shared staffing.

Additionally, one or more of the following criteria must also be met:

- Require maximum assistance for activities of daily living, including full and frequent physical support in multiple areas; **or**
- Nursing training and oversight of Direct Support Personnel (DSP) and nursing services are needed for complex medication or health needs that require frequent (approximately ten hours per month) nursing services. These services may vary based on medical support needs but can include health assessments and reassessments, health and emergency plan development, revision, training and monitoring; nursing oversight, evaluation and management; consultation; care management and direct, hands-on care as needed to manage or support health issues. (Medical supports may include multiple medications given multiple times per day, extensive feeding supports and enteral tubes and other feeding supports, respiratory supports, aspiration risk management, oxygen therapy or breathing treatments, suctioning, extensive seizure management, ketogenic diets, spasticity management, neurological supports, routine and frequent preventive or active skin care etc.,) **or**

- May also exhibit extraordinary behavioral support needs such as aggressive behavior, property destruction, stealing, self-injury, pica, sexual inappropriateness, frequent emotional outbursts, wandering, and/or substance abuse that if left unsupported expose the individual to risk of doing significant harm to themselves or others.

No other changes have been made to the Clinical Criteria.

Budgets submitted to the Outside Reviewer (OR) with ISP terms March 1, 2018 to August 30, 2018 that requested Supported Living Category 3 or Supported Living Category 4, and resulted in a lower Category, may be resubmitted to the OR requesting a higher category of Supported Living based on the changes to the Clinical Criteria V5. This must be done no later than July 1, 2018. If criteria are met and a higher category of Supported Living is approved, it will be approved with a retroactive start date, from the beginning of the individual’s ISP term (March 1, 2018-August 30, 2018.)

Case Managers will **not** have to utilize the Special Instructions process for the retroactive requests. All budgets that are resubmitted requesting a higher category of Supported Living will need to include in the subject line of their request: **“SL Cat 3 or 4 retro reconsideration”**.

If you have chosen to resubmit, it is recommended to discontinue billing for the current Supportive Living service codes. If higher levels of Supported Living are approved, the Supported Living provider will need to use the Void/Adjust process to be able to rebill for the entire ISP term under the higher Supported Living category and corresponding rate. All lower level Supported Living service code units must be voided prior to billing for the higher level Supported Living service codes. If you should receive a denied exception code due to timely filing in rebilling for the higher levels of Supported Living, send the TCN’s to HSD’s Lydia.Sanchez1@state.nm.us with a cc to AnnabelleM.Martinez@state.nm.us. They can assist in the process to allow payment.

When submitting the revision to the OR, please do not change the units or the “from/to” dates for the lower supported living category. Add the higher level of supported living category on the second line for the entire ISP term. If the higher level can be clinically approved, the CORE will validate the Medicaid Portal the day of the final determination, change the “to date” and units to close out the lower supported living service line.

Living Supports													
SL, Cat. 2 Moderate Support	72016	HB-U5	SL CAT 2 Provider	D1234	3/1/18	2/28/19	day	340.00	\$228.20		\$77,588.00	6/11/18	End/Close a Service
SL, Cat. 3 Extensive Support	72016	HB-U6	SL CAT 3 Provider	D4321	3/1/18	2/28/19	day	340.00	\$287.76		\$97,838.40	6/11/18	Adding New Service

Any original Supported Living Category 1 or 2 requests submitted and approved by the OR based on Clinical Criteria V4 beginning with March 1, 2018 ISP dates, may be resubmitted to the OR for a higher category of Supported Living utilizing Clinical Criteria V5. Under these circumstances, the normal revision process must be followed and submitted to the OR 30 days in advance with supporting clinical justification for a prospective start date.

DDSD is committed to receiving and incorporating feedback, as determined necessary, related to the OR Streamlined Process that was implemented on March 1, 2018, along with the revised DD Waiver Service Standards.

For any questions, please contact Jennifer Rodriguez at Jennifer.rodriguez@state.nm.us.