Supports Waiver Process Table for Agency Based and Participant Directed Service Delivery

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
INITIAL SELECTION OF CSC	Participant selects through *SW Primary Freedom of Choice Form*	Participant selects through *SW Primary Freedom of Choice Form*
NEW ALLOCATION REPORTING	CSC submits *SW Offer Reporting* information by the 15th of the month (at the latest) through Therap	CSC submits SW *Offer Reporting* information by the 15th of the month (at the latest) through Therap
PRE- ELIGIBILITY BILLING FOR CSC	HCFA 1500 submission through Medicaid Portal Monthly unit $143.00/month for 90 days Submit *Request for Extension of Billing Form* to SW Manager through Therap Scomm	HCFA 1500 submission through Medicaid Portal Monthly unit of $143.00/month for 90 days Submit *Request for Extension of Billing Form* to SW Manager through Therap Scomm
LEVEL OF CARE SUBMISSION	Submit through Third Party Assessor (TPA) Comagine portal (JIVA)	Submit through Third Party Assessor (TPA) Comagine portal (JIVA)
SERVICE MODEL SELECTION – INITIAL	CSC notifies TPA through initial Individual Service Plan and Budget submission and retains *DDSD Service Model Selection Form* for record	CSC submits *DDSD Service Model Selection Form* to RO SW Liaison who enters the participant in the FMA Online Portal CSC and participant complete *Employer of Record (EOR) Questionnaire* to identify (EOR)
SELECTING PROVIDERS/EMPLOYEES OR VENDORS	Participant selects agency on *Secondary Freedom of Choice Form (SFOC)* CSC distributes *SFOC* to selected agency and retains copy for file	EOR recruits and hires employees and vendors using EOR Guide and support from CSC EOR completes and submits vendor and and/or employee packet to FMA
CAREGIVER CRIMINAL HISTORY SCREENING PROGRAM AND EMPLOYEE ABUSE REGISTRY	Provider agency completes before employee can begin working with the participant	EOR ensures completion and submits to FMA before employee can begin working with the participant
BUDGET	Fillable Excel *Agency Based Budget Worksheet* (AB BWS)	Fields embedded in FMA online portal FMA Online Portal application

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INDIVIDUAL SERVICE PLAN TEMPLATE (ISP)	Fillable form available on SW Website submitted to TPA with AB BWS for approval through Comagine portal (JIVA) and revised as needed	Fillable fields completed within FMA Online Portal along with budget fields completed for approval by TPA and revised as needed
SUBMISSION OF INITIAL BUDGET, ANNUAL BUDGET AND REVISIONS WITHIN THE SAME SERVICE DELIVERY MODEL	AB BWS submitted by CSC to TPA with ISP for initial, annual and revisions, as needed, via the Comagine Health Provider Portal (JIVA) Required supporting documentation is dependent on service request and also submitted through Comagine Health Provider Portal (JIVA) **Initial budgets are always on 1st of the month and follow the 14-day rule** **Annuals must be submitted 30 days prior to expiration of the ISP** **Revisions must be submitted 15 days prior to start of service revision.** No revisions within 60 days of end of ISP year unless approved by DOH for health and safety reasons.	Initials, Annuals, and Revision Budgets are submitted by the CSC in the FMA Portal system. The ISP must also be submitted with initial, annual and revision requests Required supporting documentation is dependent on service request and submitted through Comagine Health Provider Portal (JIVA) **Initials always start on 1st of the month and follow the 14-day rule** **Annuals must be submitted 30 days prior to expiration of the ISP** **Revisions must be submitted 15 days prior to start of service revision.** No revisions within 60 days of end of ISP year unless approved by DOH for health and safety reasons.
REQUEST FOR MORE INFORMATION (RFI)	RFIs issued to the CSC by the TPA through Comagine Health Provider Portal (JIVA) Response time is 7 business days by the CSC from the date the RFI is issued by TPA. If the CSC does not respond to an RFI for pending items within 7 calendar days, the TPA will issue another RFI until the RFI process has been exhausted. If the CSC does not respond to the RFI requests within 21 calendar days from the date of the first RFI, the TPA may issue a technical denial.	RFIs issued to the CSC through the FMA Online Portal and Comagine Health Provider Portal (JIVA) Response time is 7 business days by the CSC from the date the RFI is issued by TPA. If the CSC does not respond to an RFI for pending items within 7 calendar days, the TPA will issue another RFI until the RFI process has been exhausted. If the CSC does not respond to the RFI requests within 21 calendar days from the date of the first RFI, the TPA may issue a technical denial.

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	CSC uploads required documents through Comagine Health Provider Portal (JIVA)	CSC uploads required documents through Comagine Health Provider Portal (JIVA)
REQUEST FOR ADMINISTRATIVE ACTION (RFA)	No RFAs	RFAs issued to the CSC through the FFMA Online Portal and the Comagine Health Provider Portal (JIVA). Response time is 5 business days by the CSC from the date the RFA is issued by the TPA.
APPROVALS/DENIALS	Correspondence (Approval and Denial) letters will be mailed to participants. Denials will be issued with Fair Hearing Rights. CSCs can retrieve the correspondence letters and approved budgets in the Comagine Health Provider Portal (JIVA).	Correspondence (Approval and Denial) letters will be mailed to participants. Denials will be issued with Fair Hearing Rights. CSCs can retrieve the correspondence letters from the Comagine Health Provider Portal (JIVA). The approved budget will be in the FMA Online Portal FMA Online Portal
PARTIAL APPROVAL	When some of the requested services have been approved, a Partial Decision is issued. Comagine Health will send a Partial Decision Letter to the SW Participant and upload the correspondence to Jiva for the CSC to retrieve. For services that are pending approval the RFI process will apply. CSCs are required to notify the appropriate providers of any denials	When some of the requested services have been approved, a Partial Decision is issued. Comagine Health will send a Partial Decision Letter to the SW Participant and upload the correspondence to Jiva for the CSC to retrieve. For services that are pending approval the RFI process will apply. CSCs are required to notify the appropriate providers of any denials.

	AGENCY BASED (AB)	PARTICIPANT DIRECTED (PD)
OPEN/ CLOSE BUDGET FOR CHANGE IN SERVICE DELIVERY MODEL	**To open budget mid ISP term:** CSC retains *Service Delivery Model Change Form* which includes total budget amount remaining to transfer into agency-based service delivery model. AB CSC completes AB BWS with service start dates and appropriate units,and submits AB BWS and ISP to the TPA through the Comagine Health Provider Portal for review. **To close budget mid ISP term:** AB CSC submits revision AB BWS to TPA with end dates and prorated units. CSC enters remaining budget from total Service Summary on AB BWS in the *Service Delivery Model Change Form*. **Transitions are always on 1st of the month and follow the 14-day rule**	**To open budget mid ISP term:** CSC submits *Service Delivery Model Change Form* which includes total budget amount remaining to transfer into participant directed service delivery model to Regional Office SW Liaison. The RO SW Liaison enters the participant in FMA Online Portal . CSC completes new budget and ISP within FMA Online Portal for approval and revision as needed. **To close budget mid ISP term:** CSC revises budget with end dates in the FMA Online Portal CSC enters remaining budget total in *Service Delivery Model Change Form* to submit with opening of AB BWS. **Transitions are always on 1st of the month and follow the 14 day rule**
DISTRIBUTION OF AND ACCESS TO ISP, BUDGET AND EMERGENCY BACK-UP PLAN ACCESS	CSC distributes to participant, providers and Regional Office. DDSD access by request through Therap.	CSC distributes to participant, EOR, and DDSD access through FMA Online Portal
PRIOR TO SERVICE DELIVERY	Medicaid Portal must show: • COE: 096 Prior Authorization (PA) issued by TPA. A PA is not necessary for the CSC Agency.	Medicaid Portal must show: • COE: 096 Budget approval by TPA in FMA Portal
CSC ONGOING BILLING	HCFA 1500 submission through Medicaid Portal Monthly unit according to published fee schedule which cannot exceed 12 units per ISP term **Transitions are always on 1st of the month; no half units can be billed.**	HCFA 1500 submission through Medicaid Portal Monthly unit according to published fee schedule which cannot exceed 12 units per ISP term. **Transitions are always on 1st of the month; no half units can be billed.**
SERVICE BILLING	Provider Agency bills according to Prior Authorization, AAB, approved fee schedule and ISP through Medicaid Portal	EOR submits an *Authorized Payment Request Form* for vendor agencies and will authorize timesheets weekly for employees according to approved fee schedule.

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EXCEPTIONS FOR RELATIVE/LEGAL REPRESENTATIVE	CSC submits to DDSD *Request to Approve Relative or Legal Representative Form* to SW Manager or designee through Therap Scomm	CSC submits to DDSD *Request to Approve Relative or Legal Representative* to SW Manager or designee through Therap Scomm
EXCEPTION TO STANDARDS	Submit *Exception to Standards Request Form* to Regional Office through Therap Scomm/fax	Submit *Exception to Standards Request Form* to Regional Office through Therap Scomm/fax
REGIONAL OFFICE REQUEST FOR ASSISTANCE (RORA)	Submit *RORA* to Regional Office through Therap Scomm/fax	Submit *RORA* to Regional Office through Therap Scomm/fax
DDSD TECHNICAL ASSISTANCE	Technical Assistance Visits from Regional Office	Technical Assistance Visits from Regional Office
CSC MONITORING TOOL	Required template completed in Therap Case Notes	Required template completed in Therap Case Notes
COMPLIANCE	DHI Quality Management Bureau (QMB) Surveys for Community Supports Coordinator and CCS- Group Contract Management Activities through Regional Office Bureau of Behavior Supports monitoring of Behavior Support Consultation Post Payment Audits through QMB Surveys and Office of Internal Audit	DHI Quality Management Bureau (QMB) Surveys Community Supports Coordinator EOR oversees employees Bureau of Behavior Supports monitoring of Behavior Support Consultation Post Payment Audits through Office of Internal Audit
ANE REPORTING AND INDIVIDUAL ACTION AND SAFETY PLAN (IASP)	DHI Hotline 1-800-445-6242 Individual Action and Safety Plan (IASP) by responsible provider	DHI Hotline 1-800-445-6242 Individual Action and Safety Plan (IASP) by responsible provider
TRAINING COMPLIANCE AND OVERSIGHT	Compliance tracking is through DDSD Data Hub DOH approved provider agency administrator enrolls in the DDSD Training Hub and enrolls employees who must meet training requirements per SW Service Standards Training requirements detailed in service standards and apply to both service delivery models	Compliance tracking is through DDSD Data Hub CSC will submit the *DDSD Service Model Selection* Form to the Regional Office. The Participant will be enrolled in the DDSD Training Hub. Participant Directed Vendor (Provider) who is hired by the EOR and processed through the FMA enrolls in the DDSD Training HUB and enrolls employees who must meet training requirements per SW Service Standards.

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		CSC enrolls participant directed entities (EOR and direct hire employees) who must meet training requirements per SW Service Standards Training requirements detailed in service standards and apply to both service delivery models
CHANGE CSC AGENCY	Participant submits *CSC Agency Change Form* to Regional Office SW Liaison who notifies new agency A transition meeting is held with participant, discharging agency and receiving agency. The receiving CSC Agency will forward the completed Letter of Transfer and Receipt to the DDSD Regional Office prior to the transfer. The discharging agency will submit a revision with an end date their agency and a start date with new agency. TPA changes header in Omnicaid to include correct CSC agency. **Transitions are always on 1st of the month and follow the 14-day rule**	Participant submits *CSC Agency Change Form* to Regional Office SW Liaison who notifies new agency A transition meeting is held with participant, discharging agency and receiving agency. The receiving CSC Agency will forward the completed Letter of Transfer and Receipt to the DDSD Regional Office prior to the transfer. SW Liaison also new agency to individual in the FMA Online Portal. CSC Agency will be updated in the DDSD Training Hub. **Transitions are always on 1st of the month and follow the 14-day rule**

LINKS

Secondary Freedom of Choice Website: http://sfoc.health.state.nm.us/
Medicaid Portal and Fiscal Management Agent : https://nmmedicaid.portal.conduent.com/static/ContactUs.htm
DDSD Training Hub Tutorials for "Agency Admins"
http://cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/nm-waiver-training-hub-tutorials.html
FMA Online Portal : https://nm.FMA Online Portal .com/nm/
Third Party Assessor Comagine (JIVA) https://comaginepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin
Therap Help and Support (New Mexico) https://help.therapservices.net/app/new-mexico
HSD Fees Schedules: https://www.hsd.state.nm.us/providers/fee-schedules.aspx