

**MEDICAID MANAGED CARE
SERVICES FOR INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS
Tribal Consultation Version 10.15.2013**

**TITLE 8 SOCIAL SERVICES
CHAPTER 305 MEDICAID MANAGED CARE
PART 15 SERVICES FOR INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS**

8.305.15.1 ISSUING AGENCY: Human Services Department
[8.305.15.1 NMAC - Rp 8.305.15.1 NMAC, 7-1-04]

8.305.15.2 SCOPE: This rule applies to the general public.
[8.305.15.2 NMAC - Rp 8.305.15.2 NMAC, 7-1-04]

8.305.15.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et. seq.
[8.305.15.3 NMAC - Rp 8.305.15.3 NMAC, 7-1-04]

8.305.15.4 DURATION: Permanent
[8.305.15.4 NMAC - Rp 8.305.15.4 NMAC, 7-1-04]

8.305.15.5 EFFECTIVE DATE: July 1, 2004, unless a later date is cited at the end of a section.
[8.305.15.5 NMAC - Rp 8.305.15.5 NMAC, 7-1-04]

8.305.15.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid managed care program.
[8.305.15.6 NMAC - Rp 8.305.15.6 NMAC, 7-1-04]

8.305.15.7 DEFINITIONS: See 8.305.1.7 NMAC.
[8.305.15.7 NMAC - Rp 8.305.15.7 NMAC, 7-1-04]

8.305.15.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.305.15.8 NMAC - Rp 8.305.15.8 NMAC, 7-1-04; A, 7-1-09]

8.305.15.9 SERVICES FOR INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS (ISHCN):

A. ISHCN require a broad range of primary, specialized medical, behavioral health and related services. ISHCN are individuals who have, or are at an increased risk for, a chronic physical, developmental, behavioral, neurobiological or emotional condition and who require health and related services of a type or amount beyond that required by other individuals. ISHCN have ongoing health conditions, high or complex service utilization, and low to severe functional limitations. The primary purpose of the definition is to identify these individuals so that the MCO/SE can facilitate access to appropriate services. The definition also allows for flexible targeting of individuals based on clinical justification and discontinuing targeted efforts when such efforts are no longer needed.

B. **Identification of enrolled ISHCN:** The MCO/SE shall have written policies and procedures in place with HSD's approval, which govern how members with multiple and complex physical and behavioral health care needs shall be identified. The MCO/SE shall have an internal operational process, in accordance with policy and procedure, to target members for the purpose of applying stratification criteria to identify ISHCN. The MCO/SE shall employ reasonable effort to identify ISHCN based at least on the following criteria:

- (1) individuals eligible for SSI;
- (2) individuals enrolled in the home-based waiver programs;
- (3) children receiving foster care or adoption assistance support;
- (4) individuals identified by service utilization, clinical assessment, or diagnosis; and
- (5) individuals referred by family or a public or community program.

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[8.305.15.9 NMAC - Rp 8.305.15.9 NMAC, 7-1-04; A, 7-1-05; A, 7-1-09]

8.305.15.10 MANAGED CARE ENROLLMENT FOR ISHCN:

A. **Switch enrollment:** The MCO shall have policies and procedures to facilitate a smooth transition of a member who switches enrollment to another MCO. See Subsection F of 8.305.5.9 NMAC, *Member Switch Enrollment*. Members, including ISHCN, may request to break a lock-in and be switched to membership in another MCO, based on cause. The member, the member's family or legal guardian shall contact HSD to request that the member be switched to another MCO.

B. **ISHCN information and education:**

(1) The MCO/SE shall develop and distribute to ISHCN members, caregivers, parents or legal guardians, as appropriate, information and materials specific to the needs of this population. This includes information, such as items and services that are provided or not provided by the managed care program, information about how to arrange transportation, and which services require a referral from the PCP. The individual, family, caregiver, or legal guardian shall be informed on how to present an individual for care in an emergency room that is unfamiliar with the individual's special health care needs and about the availability of care coordination. See 8.305.9 NMAC, *Coordination of Services*. This information may be included either in a special member handbook or in an ISHCN insert to the MCO/SE member handbook.

(2) The MCO/SE shall provide health education information to assist an ISHCN or caregivers in understanding how to cope with the day-to-day stress caused by chronic illness, including chronic behavioral health conditions.

(3) The MCO/SE shall provide ISHCN or caregivers a list of key MCO/SE resource people and their telephone numbers. The MCO/SE shall designate a single point of contact that an ISHCN, family member, caregiver, or provider may call for information.

[8.305.15.10 NMAC - Rp 8.305.15.10 NMAC, 7-1-04; A, 7-1-05; A, 7-1-07]

8.305.15.11 CHOICE OF SPECIALIST AS PCP: The MCO shall develop and implement policies and procedures governing the process for member selection of a PCP, including the right by an ISHCN to choose a specialist as a PCP. The specialist provider must agree to provide all mandated PCP services. See 8.305.6.12 NMAC, *Primary Care Providers*.

[8.305.15.11 NMAC - Rp 8.305.15.11 NMAC, 7-1-04; A, 7-1-09]

8.305.15.12 SPECIALTY PROVIDERS FOR (ISHCN): The MCO/SE shall have policies and procedures in place to allow direct access to necessary specialty care, consistent with managed care access appointment standards for clinical urgency, including behavioral health access standards. See 8.305.8.18 NMAC, *Standards for Access*.

[8.305.15.12 NMAC - Rp 8.305.15.12 NMAC, 7-1-04; A, 7-1-05]

8.305.15.13 TRANSPORTATION FOR (ISHCN): The MCO shall:

A. have written policies and procedures in place to ensure that the appropriate level of transportation is arranged, based on the individual's clinical condition;

B. have past member service data available at the time services are requested to expedite appropriate arrangement;

C. ensure that CPR-certified drivers transport ISHCN if clinically indicated;

D. have written policies and procedures to ensure that the transportation mode is clinically appropriate, including access to non-emergency ground carriers;

E. develop and implement written policies and procedures to ensure that individuals can access and receive authorization for needed transportation services under certain unusual circumstances without the usual advance notification;

F. develop and implement a written policy regarding the transportation of minors to ensure the minor's safety;

G. distribute clear and detailed written information to ISHCN and, if needed, to their caregivers, on how to obtain transportation services, and also make this information available to network providers; and

H. coordinate transportation needs with the SE; the SE shall also coordinate transportation needs of

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its population with the member's respective MCO.

[8.305.15.13 NMAC - Rp 8.305.15.13 NMAC, 7-1-04; A, 7-1-05]

8.305.15.14 CARE COORDINATION FOR ISHCN: The MCO/SE shall develop policies and procedures to provide care coordination for ISHCN. Please refer to Section 8.305.9.9 NMAC, *Coordination of Services*, for definition.

A. The MCO/SE shall have an internal operational process, in accordance with policy and procedure, to target medicaid members for purposes of applying stratification criteria to identify those who are potential ISHCN. The contractor shall provide HSD with the applicable policy and procedure describing the targeting and stratification process.

B. The MCO/SE shall have written policies and procedures to ensure that each member identified as having special health care needs is assessed by an appropriate health care professional regarding the need for care coordination. If the member has both physical and behavioral health special needs, the MCO and SE shall coordinate care in a timely collaborative manner.

C. The MCO/SE shall have written policies and procedures for educating ISHCN and, in the case of children with special health care needs, parent(s) or legal guardians, that care coordination is available and when it may be appropriate to their needs.

[8.305.15.14 NMAC - Rp 8.305.15.14 NMAC, 7-1-04; A, 7-1-05; A, 7-1-09]

8.305.15.15 EMERGENCY, INPATIENT AND OUTPATIENT AMBULATORY SURGERY HOSPITAL REQUIREMENTS FOR ISHCN: The MCO/SE shall develop and implement policies and procedures for:

A. educating the ISHCN, the ISHCN's family members or caregivers concerning ISHCN with complicated clinical histories on how to access emergency room care and what clinical history to provide when emergency care or inpatient admission is needed, including behavioral health emergency care;

B. how coordination with the PCP, the SE (if applicable) and the hospitalist shall occur when an ISHCN is hospitalized;

C. ensuring that the emergency room physician has access to the individual's medical or behavioral health clinical history; and

D. obtaining any necessary referrals from PCPs for inpatient hospital staff providing outpatient or ambulatory surgical procedures.

[8.305.15.15 NMAC - Rp 8.305.15.15 NMAC, 7-1-04; A, 7-1-05; A, 7-1-09]

8.305.15.16 REHABILITATION THERAPY SERVICES (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY) FOR ISHCN: The MCO shall:

A. develop and implement therapy using clinical practice guidelines specific to acute, chronic or long-term conditions of their ISHCN that meet medical necessity criteria and are based on HSD's children and adult rehabilitation services policy;

B. be knowledgeable about and coordinate with the home and community-based waiver programs and/or the schools regarding other therapy services being provided to the ISHCN in order to avoid duplication of services;

C. involve the ISHCN's family, caregivers, physicians and therapy providers in identifying issues to be included in the plan of care; and

D. develop and implement utilization prior authorization and continued stay criteria, including time frames, that are appropriate to the chronicity of the member's status and anticipated development process.

[8.305.15.16 NMAC - Rp 8.305.15.16 NMAC, 7-1-04; A, 7-1-05]

8.305.15.17 DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES FOR ISHCN: The MCO shall:

A. develop and implement a process to permit members utilizing supplies on an ongoing basis to submit a list of supplies to the DME provider on a monthly basis; the MCO shall contact the member or the member's legal guardian or caregiver when requested supplies cannot be delivered and make other arrangements, consistent with clinical need;

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B. develop and implement a system for monitoring compliance with access standards for DME and medical supplies, and institute corrective action if the provider is out of compliance; and

C. have an emergency response plan for DME and medical supplies needed on an emergent basis.
[8.305.15.17 NMAC - Rp 8.305.15.17 NMAC, 7-1-04]

8.305.15.18 CLINICAL PRACTICE GUIDELINES FOR PROVISION OF CARE TO (ISHCN): The MCO/SE shall develop clinical practice guidelines, practice parameters and other criteria that consider the needs of ISHCN and provide guidance in the provision of acute and chronic physical and behavioral health care services to this population. The guidelines should be based on professionally accepted standards of practice and national guidelines.

[8.305.15.18 NMAC - Rp 8.305.15.18 NMAC, 7-1-04; A, 7-1-05]

8.305.15.19 UTILIZATION MANAGEMENT (UM) FOR SERVICES TO (ISHCN): The MCO/SE shall develop written policies and procedures to exclude from prior authorization any item of service identified in the course of treatment and/or extend the authorization periodicity for services provided for chronic conditions. There shall be a process for review and periodic update for the course of treatment, as indicated.

[8.305.15.19 NMAC - Rp 8.305.15.19 NMAC, 7-1-04; A, 7-1-05]

8.305.15.20 ADDITIONS TO CONSUMER ASSESSMENT OF HEALTH PLANS SURVEY (CAHPS) FOR (ISHCN): An MCO shall add questions about ISHCN to the most current HEDIS CAHPS survey.

[8.305.15.20 NMAC - Rp 8.305.15.20 NMAC, 7-1-04; A, 7-1-05; A, 7-1-07]

8.305.15.21 ISHCN PERFORMANCE MEASURES: The MCO/SE shall initiate a quality strategy related to ISHCN within the QM annual plan utilizing a performance measure specific to ISHCN. See 8.305.8 NMAC, *Quality Management*.

[8.305.15.21 NMAC - Rp 8.305.15.21 NMAC, 7-1-04; A, 7-1-05; A, 7-1-07]

HISTORY OF 8.305.15 NMAC:

History of Repealed Material:

8.305.15 NMAC, Services For Children With Special Health Care Needs - Repealed 7-1-04.