

DEPARTMENTAL MEMORANDUM

MAD-MR:

DATE: 03-14-2017

TO: MAD STAFF

FROM: *Nh* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE
DIVISION

THROUGH: *A* TALLIE TOLEN, CHIEF, LONG-TERM SERVICES AND SUPPORTS
BUREAU (LTSSB)

BY: JUSTINA VIGIL, LTSSB, SELF-DIRECTED COMMUNITY BENEFIT
(COMMUNITY BENEFITS ADMINISTRATOR)

SUBJECT: CENTENNIAL CARE SELF-DIRECTED COMMUNITY BENEFIT
BUDGET REDUCTION FORM

GENERAL INFORMATION

The *Centennial Care SDCB Budget Reduction Form* is to be used to request HSD/MAD's review and approval of an annual grandfathered SDCB Budget that is being reduced by 10% or more than the current SDCB Budget. A SDCB grandfathered budget is an approved budget for a member who was in the Mi Via program prior to Centennial Care (January 2014) that exceeds the cost of a private NF stay as determined annually by HSD and distributed to the MCOs.

The *Centennial Care SDCB Budget Reduction Form* must be submitted to HSD/MAD for review at least 45 calendar days prior to the annual SDCB Care Plan start date. This ensures enough time for the State to review the proposed budget amount and provide feedback to the MCO. The MCO must follow all instructions that are included with the form.

FILING INSTRUCTIONS

Please add the following forms to the Medical Assistance Forms Manual:

MAD 619 – Issued 03-01-2017-

Please address questions concerning this material to: Jeannette Gurule at 505-827-7765 or e-mail to Jeannette.C.Gurule@state.nm.us

CENTENNIAL CARE SDCB Budget Reduction

This form is to be used to request a HSD/MAD review of an annual Grandfathered SDCB Budget that is being reduced by 10% or more than the current SDCB Budget.

| | |
|--|-------------|
| MEMBER NAME: _____ | |
| SSN: _____ | |
| Managed Care Organization: _____ | |
| Submitted by: _____ | Date: _____ |
| Send to: Jeannette Gurule (Jeannette.C.Gurule@state.nm.us) | |

| |
|----------------------------------|
| Current NFLOC Date Span |
| Current SDCB Care Plan Dates |
| Current SDCB Budget \$ |
| Annual SDCB Care Plan Dates |
| Proposed SDCB Budget \$ |
| Proposed Percentage of Reduction |

At the annual Comprehensive Needs Assessment (CNA), it was determined that the member under-utilized some or all of the services/goods that are approved on the current SDCB Care Plan. **Please list the service(s) that were under-utilized and explain how the proposed SDCB Budget was calculated. You may attach documentation to support the proposed reduction.**

CENTENNIAL CARE SDCB Budget Reduction

HSD/MAD Use Only

Reduction Approved

Reduction Denial Reason _____

State Adjusted Amount _____

Reviewed by: _____ Date _____

CENTENNIAL CARE SDCB Budget Reduction

Instructions

Member and MCO Information

The MCO is responsible for completing this information and submitting the form to HSD/MAD. A SDCB grandfathered budget is an approved budget for a member who was in the Mi Via program prior to Centennial Care (January 2014) that exceeds the cost of a private NF stay as determined annually by HSD and distributed to the MCOs.

Usage and Timelines

1. An annual grandfathered SDCB Budget is defined as the renewal of the grandfathered SDCB Budget/Care Plan when the current grandfathered SDCB Budget/Care Plan is expiring.
2. HSD/MAD has mandated that any annual grandfathered SDCB Budget that is being reduced by at least 10% of the current SDCB Budget must be reviewed by HSD/MAD **prior** to the annual SDCB Care Plan start date.
3. The “Centennial Care SDCB Budget Reduction” form must be submitted to HSD/MAD for review at least 45 calendar days prior to the annual SDCB Care Plan start date. This ensures enough time for the State to review the proposed budget amount and provide feedback to the MCO.
4. The State has a turn-around time of 5 calendar days to return the form to the MCO.
5. The final SDCB Budget/Care Plan must be submitted by the Care Coordinator to MCO-UR at least 30 calendar days prior to the annual SDCB Care Plan start date.

SDCB Care Plan and Budget Information

1. Current Nursing Facility Level of Care to and from dates (NFLOC).
2. Current SDCB Care Plan Dates: Care Plan which is expiring.
3. Current SDCB Budget: Dollar amount which was determined by MCO.
4. Annual SDCB Care Plan Dates: Dates for the upcoming annual SDCB care plan.
5. Proposed SDCB Budget: Dollar amount proposed for the upcoming annual SDCB budget.
6. Percentage of Reduction: How much was the current SDCB Budget reduced compared to the proposed SDCB budget? This is expressed as the percentage between the two dollar amounts.

Reason for the annual SDCB Budget reduction

The MCO must justify the reason(s) for the proposed SDCB Budget reduction. The MCO should “checkmark” all reasons that apply. The reasons listed on this form are not all-inclusive and the “Other” box should be utilized if needed.

HSD/MAD Use Only

Approved by: The HSD/MAD reviewer agrees with the MCO’s determination of the proposed annual SDCB Budget.

Denial Reason: HSD/MAD disagrees with the MCO’s determination of the proposed annual SDCB Budget. HSD/MAD must provide the reason for the denial. HSD/MAD may recommend the annual SDCB Budget amount remain the same as the current SDCB Budget amount.

State Adjusted Amount: HSD/MAD may adjust the proposed SDCB Budget if HSD/MAD determines that the SDCB Budget reduction is inappropriate, not warranted, or may jeopardize the member’s health and safety. If HSD/MAD adjusts the proposed SDCB Budget, HSD/MAD will provide a new dollar amount for the annual SDCB Budget.