Medically Fragile Case Management Program

Family Handbook

Medically Fragile Case Management Program

Center for Development and Disability

University of New Mexico Health Sciences Center

2300 Menaul Blvd. NE

Albuquerque, NM 87107

Revised March 2020

Welcome to the

Medically Fragile Case Management Program

University of New Mexico

Health Sciences Center

Center for Development and Disability

505-272-2910 or Toll Free 1-800-675-2910

Purpose of Handbook

The purpose of this family handbook is to provide you with information regarding the Medically Fragile Case Management Program (MFCMP) and the two primary programs for which the MFCMP provides case management services: the Medically Fragile Waiver program (MFW) and the Medically Fragile Non-Waiver Early Periodic Screening Diagnostic Treatment program (MFE). In addition, this handbook contains other information that may be helpful to families of individuals who are medically fragile.

For more information on the MFCMP, please contact your MFCMP Case Manager or call 505-272-2910 or toll free 1-800-675-2910.

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Chapter 1
Medically Fragile Case Management Program

The Medically Fragile Case Management Program (MFCMP) is based at the Center for Development and Disability (CDD) at the University of New Mexico (UNM) Health Sciences Center (HSC). The MFCMP provides registered nurse (RN) case management services to individuals across the state of New Mexico. The primary office is located in Albuquerque, and satellite offices are located in Artesia, Clovis, Farmington, Las Cruces (2) and Santa Fe.

The MFCMP provides RN case management to individuals who are medically fragile and their families through the Medically Fragile Waiver program (MFW) and the Medically Fragile Non-Waiver Early Periodic Screening Diagnostic Treatment program (MFE). Each individual who receives services through either of these programs will be assigned a MFCMP case manager who is a registered nurse.

The MFCMP contracts with the New Mexico Department of Health (DOH)/Developmental Disabilities Supports Division (DDSD) and the three New Mexico Medicaid (also known as Centennial Care) managed care organizations to provide case management services to individuals who are medically fragile. The three Centennial Care MCOs are Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Western Sky Community Care.

Chapter 2

New Mexico Medicaid – Centennial Care

Centennial Care is the name of the New Mexico Medicaid program. Centennial Care services include physical health, behavior health, long-term care and community benefits.

Centennial Care services also include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits for individuals who are under 21 years of age.

Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines. These include citizenship, residency and income requirements.

Centennial Care services are provided by managed care organizations (MCOs). A managed care organization is an insurance company that contracts with providers and medical facilities to provide healthcare services to its members. Currently, the three MCOs offering Centennial Care coverage are: Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Western Sky Community Care. Each person covered by Centennial Care selects one of the MCOs to provide his/her Centennial Care services.

Care coordination is an important service that is provided through your Centennial Care Medicaid MCO. Care coordination is available to all Centennial Care Medicaid members, including individuals who are medically fragile. After you select an MCO for the individual who is medically fragile, the MCO will assign a Care Coordinator.

Your MCO Care Coordinator is an important and essential part of your care team. Care Coordinators work with you and the rest of your care team, including your doctors and your MFCMP Case Manager. Care Coordinators can help you with your Centennial Care healthcare services (such as doctor visits, behavioral health, vision, dental, medical transportation and medications) to ensure services are coordinated and accessible when you need them.

What do Care Coordinators help with?

- Can help you access the right healthcare services you need, such as doctor visits, medical transportation and medications
- Can talk with you on the phone and face-to-face to find out your healthcare needs (doctor visits, medical transportation and medications)
- Can work with your MFCMP Case Manager to know what healthcare needs you have (doctor visits, medical transportation and medications)
- Is your main point of contact at your Centennial Care MCO

If you do not know who your care coordinator is, you can contact your MFCMP Case Manager or contact your MCO's Care Coordination department by phone or through their website:

Blue Cross Blue Shield of New Mexico	1-877-232-5518 and select option 3	www.bcbsnm.com/community-centennial
Presbyterian Health Plan	505-923-8858 or 505-923-5200	www.phs.org/centennialcare
Western Sky Community Care	1-844-543-8996 and press 2	www.westernskycommunitycare.com

Chapter 3

Medically Fragile Waiver Program (MFW)

What is the Medically Fragile Waiver (MFW)?

The MFW is a program that provides services to individuals who have been determined to have both a medically fragile condition ***and*** a developmental disability or is at risk for developmental disability. The MFW provides support to families by providing assistance to individuals in their homes.

The MFW is a section 1915(c) home and community-based waiver (HCBS). The federal Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in Section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Each state has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and or supplement the services that are available to participants through the Medicaid State plan and other federal state and local public programs as well as the supports that families and communities provide.

New Mexico's MFW is administered through the New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD), Clinical Services Bureau.

The MFW must be renewed with the Centers for Medicare and Medicaid (federal agency) every five years.

What makes a person eligible?

To qualify for services, the individual must meet both the medical and financial criteria.

- For medical eligibility, both a medically fragile condition ***and*** a developmental disability must be present and diagnosed prior to the age of 22. A person who is medically fragile needs ongoing skilled nursing care, evaluation and decision making due to a complex chronic medical condition. A medically fragile condition results in prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. A person who is medically fragile might need special equipment to live such as monitors,

ventilators or feeding pumps. They might need special treatments such as dialysis or ongoing oxygen in order to maintain their health.

- To meet the criteria for a developmental disability, the individual must have an intellectual disability *or* a related condition (such as cerebral palsy, seizure disorder or autism), *and* a developmental disability or is at risk for developmental delay. The disability must have occurred before age 22.

- The medical eligibility for MFW applicants is determined by Comagine Health, the contracted Third Party Assessor with the HSD Medical Assistance Division (MAD).

- The medically fragile individual must meet the same medical level of care criteria required for Intermediate Care Facility (ICF) for the Intellectually/Developmentally Disabled (IDD).

- To be considered financially eligible, the applicant must meet the Medicaid income guidelines specific to Category 95/Medically Fragile Waiver. The financial eligibility for Medically Fragile Waiver applicants is determined by the Medicaid Income Support Division (ISD) at the Human Services Department (HSD). For financial eligibility, only the resources of the person with the medically fragile condition and developmental disability must meet the income guidelines for financial eligibility. Eligibility is based on the income and resources of the person applying, not the parents.

- Individuals must maintain both financial and medical eligibility to continue receiving MFW services.

For additional information on MFW eligibility, you can visit the following pages on the New Department of Health website:

https://nmhealth.org/about/ddsd/pgsv/mfw/family/

https://nmhealth.org/about/ddsd/intake/elig/

How to Apply for the MFW

To apply for the MFW, contact the Developmental Disabilities Supports Division (DDSD) Regional Office to complete the REGISTRATION FORM – HOME AND COMMUNITY BASED WAIVERS AND INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IDD) – Form MAD 325 - over the phone.

Applications may also be taken at the DDSD MFW office in Clinical Services at (505) 841-2913 or toll free 1 (800) 283-5548 or the UNM Medically Fragile Case Management Program (MFCMP) at (505) 262-2910 or 1(800) 675-2910. Information will be taken over the phone and you will then be mailed a copy of the form with a date stamped receipt.

What services and benefits are available to Medically Fragile Waiver recipients?

All individuals who qualify for the MFW receive Centennial Care (Medicaid) benefits (sometimes referred to as a "Medicaid Card.") Some individuals may already have Centennial Care benefits if they meet Centennial Care eligibility rules (separate from the MFW financial eligibility rules). Other individuals do not qualify under the Centennial Care eligibility rules but do meet the financial eligibility and other requirements of the MFW.

Individuals Under Age 21

In addition to Centennial Care benefits, those individuals who are under age 21 receive the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit which is the Medicaid health care benefit package for children and adolescents. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits. The EPSDT benefit provides comprehensive and preventive health care services that are medically necessary to correct or ameliorate any identified conditions.

EPSDT is made up of the following screening, diagnostic, and treatment services:

- **Early**: Assessing and identifying problems early
- **Periodic**: Checking children's health at periodic, age-appropriate intervals
- **Screening**: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic**: Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment**: Control, correct or reduce health problems found

EPSDT benefits for individuals under age 21 include RN and LPN services, home health aide services, physical therapy, occupational therapy, and speech language pathology services when determined to be medically necessary. These services are provided through the individual's MCO.

In addition to the above benefits, individuals on the MFW who are under age 21 may be eligible for the following services (sometimes called their "waiver benefits"):

- Registered Nurse Case Management (this is a required service) – provided by the MFCMP
- Nutritional Counseling

- Behavior Support Consultation
- In-Home Respite provided by RNs, LPNs or HHAs
- Specialized Medical Equipment (SME)
- Environmental Modifications (E-Mods)

All services must be appropriate and medically necessary. Services are dependent on availability of providers.

Individuals Age 21 and Over

Individuals who are age 21 or over receive Centennial Care benefits.

In addition, their MFW services can include:

- Registered Nurse Case Management (this is a required service) - provided by the MFCMP
- Private Duty Nursing - Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Home Health Aide (HHA)
- Physical, Speech and Occupational Therapy
- Behavioral Supports
- Nutritional Counseling
- In-Home Respite provided by RNs, LPNs, or HHAs)
- Specialized Medical Equipment (SME)
- Environmental Modifications (E-Mods)

Charts on the next two pages provide more information about the type of services available on the Medically Fragile Waiver. Please note that the services differ depending on whether your child is under 21 or 21 or over.

INDIVIDUALS UNDER 21 YEARS OF AGE	
Services Offered via the Medically Fragile Waiver (in addition to Centennial Care/EPSDT Benefits)	
Ongoing RN/Case Management (OCM) (Required service)	A registered nurse provides, through monthly contact- • assistance in identifying needs and services, • coordinating care and • assessing ongoing eligibility for the Medically Fragile Waiver.
Nutritional Counseling	A licensed dietitian or nutritionist provides in-home assessment and support which can include: • addressing nutritional concerns, • growth and development, • diet needs, • food/drug interactions, and • enteral feeding support.
Behavior Support Consultation	Behavior support consultants assist with challenging behaviors and coping skill development. Family support and training can also be provided.
In-Home Respite: • **Registered Nurse (RN)** • **Licensed Practical Nurse (LPN)** • **Home Health Aide (HHA)**	In-home care to allow the primary caregiver a limited leave of absence from providing care. All services must fall in the scope of the service provider.
Specialized Medical Equipment (SME) SME purchases are limited to $1,000 per year. The $1,000 limit includes the 10% fiscal agent service fee	SME funds are provided to purchase items not covered by insurance but that provide medical benefit and enhance the individual's quality of life. **Excluded items** include disposable diapers, disposable bed pads and wipes.
Environmental Modifications (E-mods) This service is limited to $5,000 every five years	E-mods funds are provided to purchase or install equipment and/or to make physical adaptations to the individual's home. Modifications **must be** necessary to: • ensure the health, • welfare and safety of the individual, or • enhance their independence.

**All services must be appropriate and medically necessary.

**Services are dependent on availability of providers and ability of individual's budget to accommodate potential total cost of service.

Individuals Age 21 and Over Services Offered via the Medically Fragile Waiver (in addition to Centennial Care Benefits)	
Ongoing RN/Case Management (OCM) (Required service)	A registered nurse provides, through monthly contact, assistance in identifying needs and services, coordinating care and assessing ongoing eligibility for the Medically Fragile Waiver.
In-home support services: • **Registered Nurse (RN)** • **Licensed Practical Nurse (LPN)** • **Home Health Aide (HHA)**	A private duty nurse (RN or LPN) provides nursing services per the individual's nursing plan of care and the NM Nurse Practice Act. A home health aide (HHA) works under an RN. They may provide total care or assistance with activities of daily living in order to promote improved quality of life and a safe environment.
Physical Therapy [PT]	Provided by a licensed PT to assist in improving and/or maintaining gross or fine motor skills, assist in increasing independent functioning and/or to prevent progressive disabilities.
Occupational Therapy [OT]	Provided by a licensed OT to assist in improving and/or maintaining fine motor skills, and coordinate and/or facilitate the use of adaptive equipment.
Speech Language Therapy [SLP]	Provided by a licensed SLP to assist in improving and/or maintaining independent functioning with swallowing and communication. May include facilitating the use of adaptive technologies.
Nutritional Counseling	A licensed dietitian or nutritionist provides in-home assessment and support which can include addressing nutritional concerns, growth and development, diet needs, food/drug interactions, and enteral feeding support.
Behavior Support Consultation	Behavior support consultants assist with challenging behaviors and coping skill development. Family support and training can also be provided.
In-Home Respite: • **Registered Nurse (RN)** • **Licensed Practical Nurse (LPN)**	In-home care to allow the primary caregiver a limited leave of absence from providing care. All

• **Home Health Aide (HHA)**	services must fall in the scope of the service provider.
Specialized Medical Equipment (SME) SME purchases are limited to $1,000 per year. The $1,000 limit includes the 10% fiscal agent service fee	SME funds are provided to purchase items not covered by insurance but that provide medical benefit and enhance the individual's quality of life. **Excluded items** include disposable diapers, bed pads and wipes.
Environmental Modifications (E-mods) This service is limited to $5,000 every five years	E-mods funds are provided to purchase or install equipment and/or to make physical adaptations to the individual's home. Modifications must be necessary to ensure the health, welfare and safety of the individual, or enhance their independence.
RN 2 hrs per ISP cycle to attend ISP Meeting	RN supervisor attends ISP Meeting with or without primary nurse.

**All services must be appropriate and medically necessary.

**Services are dependent on availability of providers and ability of individual's budget to accommodate potential total cost of service.

What is an Individualized Service Plan (ISP)?

An Individualized Service Plan (ISP) is a person-centered plan based on an individual's dreams, aspirations and desired outcomes. The ISP includes services and supports necessary to achieve the individual's goals and the family's goals for the individual. The information gathered during the planning process is used to create an ISP.

See the appendix for a portion of the ISP template and a link to the entire document template.

What are my Rights and Responsibilities?

As an individual and family receiving services through the MFCMP, you have certain rights and responsibilities. These rights and responsibilities, as well as your RN/Case Manager's Role and Responsibilities are included in the Rights and Responsibilities document. Your CM will review this document with you during the ISP process. Also included in the Rights and Responsibilities document is information on the process for filing an appeal, expedited appeal, or grievance and for requesting a fair hearing.

Grievance Information

All individuals and families have the right to:

- **Request an appeal** – An appeal is defined by the State as a request for review of an Adverse Benefit Determination taken by the MCO or the Medicaid TPA (Comagine Health). This can be a denial, reduction, limited authorization, suspension or termination of new benefit or a benefit currently being provided to a member.

- **Expedited Appeal** – If you think the normal 30 day calendar appeal time will put your child at health risk, you can request an expedited appeal (review it faster).

Information on how to request an appeal is found on the denial letter sent from the MCO (MFE clients) or from the Medicaid Third Party Assessor (currently Comagine Health) – (MF Waiver MFW clients only).

- **Request a fair hearing –** You have the right to ask for a hearing with the HSD (Medicaid) Fair Hearings Bureau if after exhausting the MCO's internal appeal process you do not agree with the final decision or if the MCO denied your request for an expedited appeal.

Information on how to request a fair hearing is found on the denial letter sent from the MCO or from the Medicaid Third Party Assessor (currently Comagine Health).

- **File a grievance –** A grievance is also known as a complaint. It is an expression of dissatisfaction about any matter or part of the MCO or its services. For example if you are unhappy with a provider or the quality of a provider network**.**

The individual's MCO Member Handbook has this information as well**.**

More information on Appeals, Fair Hearings and Grievances:

- Concerns regarding eligibility, service delivery, and termination of services may be addressed first with your case manager.

- All matters are treated confidentially.

- If you do not feel the problem has been resolved, contact the MFCMP Program Director at 505-272-2910 or 1-800-675-2910.

- **Medically Fragiler (MFW)** - Level of Care (LOC) and Individual Service Plan (ISP) denials come from Comagine (TPA). Comagine sends the individual and family a letter describing what happened and what the appeal process is. The contact information and phone number are on the denial letter.

- **Medically Fragile Non-Waiver EPSDT (MFE) Program** – Level of Care eligibility and Individual Service Plan (ISP) denials come from the MCO. The MCO sends the individual and family a letter describing what happened and what the appeal process is. Contact your MCO Care Coordinator for more information. The contact information and phone number are on the denial letter and on the individual's Medicaid card.

- **Medicaid Exempt from MCO membership:** Information: Medical Assistance Division/Exempt Services and Programs Bureau (ESPB) in Santa Fe 505-827-7776.

- **Medically Fragile Waiver (MFW)** individuals: If you still feel that the problem has not been resolved, contact the Medically Fragile Waiver Manager at Developmental Disabilities Supports Division/Department of Health at 505-841-2913.

Chapter 4

Medically Fragile EPSDT Non-Waiver Program (MFE)

What is the Medically Fragile EPSDT Non-Waiver Program (MFE)?

The MFE program is a Medicaid program that provides services to individuals who are medically fragile and qualify for Centennial Care (Medicaid).

Who is eligible for the MFE Program?

The eligibility requirements for the MFE Program are:

- Individual must be Medicaid eligible
- Individual must be under 21 years of age
- Individuals does not need to have an Individual with an Intellectual Disability (IID)/ Developmental Disability (DD) eligibility
- Individual must meet eligibility criteria for medical fragility
    - For medical eligibility, a person who is medically fragile needs ongoing skilled nursing care, evaluation and decision-making due to a complex chronic medical condition.
- Individual must have a skilled Level of Care
- Reassessment for Level of Care is competed every 12 months

What services are available to individuals on the MFE program?

Individuals on the MFE program receive Centennial Care (Medicaid) benefits. These benefits include Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is the Medicaid health care benefit package for children and adolescents. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits. The

EPSDT benefit provides comprehensive and preventive health care services that are medically necessary to correct or ameliorate any identified conditions.

EPSDT is made up of the following screening, diagnostic, and treatment services:

- **Early**: Assessing and identifying problems early
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- **Screening**: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic**: Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment**: Control, correct or reduce health problems found

EPSDT benefits for individuals who are medically fragile may include:

- Nurse Case Management – this is a required service - provided by the MFCMP
- Private Duty Nursing - Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Home Health Aide services
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology therapy

All services are provided through the individual's MCO. In addition, all services must be determined to medically necessary.

What is an Individualized Service Plan (ISP)?

An Individualized Service Plan (ISP) is a person-centered plan based on an individual's dreams, aspirations and desired outcomes. The ISP includes services and supports necessary to achieve the individual's goals and the family's goals for the individual. The information gathered during the planning process is used to create an ISP.

See the appendix for a portion of the ISP template and a link to the entire document template.

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document is information on the process for filing an appeal, expedited appeal, or grievance and for requesting a fair hearing.

Grievance Information

All individuals and families have the right to:

- **Request an appeal** – An appeal is defined by the State as a request for review of an Adverse Benefit Determination taken by the MCO or the Medicaid TPA (Comagine Health). This can be a denial, reduction, limited authorization, suspension or termination of new benefit or a benefit currently being provided to a member.

- **Expedited Appeal** – If you think the normal 30 day calendar appeal time will put your child at health risk, you can request an expedited appeal (review it faster).

Information on how to request an appeal is found on the denial letter sent from the MCO (MFE clients)EPSDT) or from the Medicaid Third Party Assessor (currently known as Comagine - MF Waiver (MFW clients only).

- **Request a fair hearing –** You have the right to ask for a hearing with the HSD (Medicaid) Fair Hearings Bureau if after exhausting the MCO's internal appeal process you do not agree with the final decision or if the MCO denied your request for an expedited appeal.

Information on how to request a fair hearing is found on the denial letter sent from the MCO or from the Medicaid Third Party Assessor (currently Comagine Health).

- **File a grievance –** A grievance is also known as a complaint. It is an expression of dissatisfaction about any matter or part of the MCO or its services. For example if you are unhappy with a provider or the quality of a provider network**.**

The individual's MCO Member Handbook has this information as well.

More information on Appeals, Fair Hearings and Grievances:

- Concerns regarding eligibility, service delivery, and termination of services may be addressed first with your case manager.

- All matters are treated confidentially.

- If you do not feel the problem has been resolved, contact the MFCMP Program Director at 505-272-2910 or 1-800-675-2910.

- **Medically Fragile Waiver (MFW)** - Level of Care (LOC) and Individual Service Plan (ISP) denials come from Comagine (TPA). Comagine sends the individual and family a letter describing what happened and what the appeal process is. The contact information and phone number are on the denial letter.

- **Medically Fragile Non-Waiver EPSDT (MFE) Program** – Level of Care eligibility and Individual Service Plan (ISP) denials come from the MCO. The MCO sends the individual and family a letter describing what happened and what the appeal process is. Contact your MCO Care Coordinator for more information. The contact information and phone number are on the denial letter and on the individual's Medicaid card.

- **Medicaid Exempt from MCO membership:** Information: Medical Assistance Division/Exempt Services and Programs Bureau (ESPB) in Santa Fe 505-827-7776.

- **Medically Fragile Waiver (MFW)** individuals: If you still feel that the problem has not been resolved, contact the Medically Fragile Waiver Manager at Developmental Disabilities Supports Division/Department of Health at 505-841-2913.

Chapter 5

Appendix

CENTER FOR DEVELOPMENT & DISABILITY

Medically Fragile Case Management Program

2300 Menaul NE

Albuquerque, NM 87107

505-272-2910 (Metro Office)

505-272-8100 (Fax)

CDD-MedFrag@salud.unm.edu

Individual's Name: _____

RIGHTS AND RESPONSIBILITIES

As an individual and family receiving services through the Medically Fragile Case Management Program (MFCMP), you have certain rights and responsibilities. Please refer to the Family Handbook website below:

http://www.cdd.unm.edu/mfcmp/index.html →Resources →Family Handbook in English or Spanish

SECTION 1: INDIVIDUAL/FAMILY RIGHTS **___Initial**

All Individuals and Families Have the Right to:

Be fully informed of services available to them, and their required participation in the development of the Individualized Service Plan (ISP).

1. Choose providers and case management agencies when alternative providers are available. Once services have begun, service providers may be changed, if needed.

2. Confidentiality: Your written consent is required for the release of medical, psychological or therapeutic information to persons involved in your care.

3. Be free from mental or physical abuse and discrimination based on race, color, creed, gender, age, disability or sexual orientation.

4. Be treated with consideration, respect and full recognition of your dignity and individuality, including privacy in treatment and in care for your personal needs.

5. Accurate information. Participation in the Medically Fragile Waiver (MFW) or Medically Fragile Non-Waiver EPSDT Program (MFE) is voluntary. However, if you do participate, according to State regulations you are required to receive Registered Nurse/Case Management (RN/CM) services.

6. Appeal any decision made regarding eligibility, service delivery, and termination of services.

SECTION 2: INDIVIDUAL/FAMILY GRIEVANCE INFORMATION. _____Initial

All Individuals and Families Have the Right to:

Request an appeal – An **Appeal** is defined by the State as a request for review of an Adverse Benefit Determination taken by the MCO or the Medicaid TPA. This can be a denial, reduction, limited authorization, suspension or termination of new benefit or a benefit currently being provided to a member.

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- **Medicaid Exempt from MCO membership:** Information: Medical Assistance Division/Exempt Services and Programs Bureau (ESPB) in Santa Fe. (505) 827-7776.
- **Medically Fragile Waiver** individuals: If you still feel that the problem has not been resolved, contact the Medically Fragile Waiver Manager at Developmental Disabilities Supports Division/Department of Health at 505- 841-2913.

SECTION 3: INDIVIDUAL, FAMILY AND TEAM LEADER RESPONSIBILITIES: ____Initial

1. Services and supports are not replacements for the family, informal caregiver support or other community services, but are supplements to the individual and family's natural supports. The parents (biological, foster and adopted) are the primary caregivers for their child.

2. Show consideration, courtesy and respect to all persons involved with the individual's car. This includes the same consideration from family/friends in your home. This includes the nurses, HHAs and other members of the individuals IDT. To ensure that all behave in such a manner that providers are not threatened, abused or injured.

3. Collaborate with your RN/CM, physician, community providers and other designated members of the IDT (interdisciplinary team) in the implementation of the ISP. This includes revision of the ISP as needed.

4. Medically Fragile Wavier (MFW) and Medically Fragile Non-Waiver EPSDT (MFE) Programs: Complete the required annual paperwork for ISD. It is the individual/family's responsibility to complete the annual NM Medicaid paperwork – HSD 100. If the paperwork is not completed on time, the individual may lose their Medicaid eligibility. **_____Initial**

5. Provide necessary information to the Income Support Division (ISD) office. For example - notify the Income Support Division (ISD) office of any change of status, such as address, name or income changes. Foster families follow agency guidelines. Families who have adopted individuals through CYFD follow agency guidelines.

6. Be available to meet with the RN/CM at a face-to-face visit at least every other month, and by telephone on the months the face-to-face visits are not held, or to notify RN/CM if unable to do so.

7. Make sure that the individual has a minimum of an annual appointment with their PCP.

8. Notify your RN/CM regarding any of the following:

    - Hospitalization
    - Changes in
        - income (which may affect your EPSDT Medicaid benefit)
        - address, telephone number
        - change in primary caregivers
        - MCO
    - Changes of physicians, therapists, medical suppliers
    - Name changes in case of adoption
    - Periods of time in which scheduled services will need to be changed, or for a request for respite
    - Any services being received from another in-home agency

<u>SECTION 4</u>: REGISTERED NURSE/CASE MANAGER'S (RN/CM) ROLE and RESPONSIBILITIES:
_____Initial

1. Provide professional, courteous and confidential RN case management that is person centered and family driven in order to support the individual and family to live at home.

2. Provide assessment, coordination and oversight of services and supports for individuals who are medically fragile and their families by linking individuals and their families to natural supports and direct service providers.

3. Identify and assist in accessing the supports and services needed for the individual to live at home.

4. Assist the individual/family in the development of the ISP based on the needs identified by the individual/family and the Interdisciplinary Team (IDT). The IDT consists of physicians, service providers, community providers, Family Infant Toddler (FIT) programs, schools and others designated by the individual/family.

5. Assist the individual/family in coordinating services through the MFCMP including home health services, therapies, durable medical equipment and supplies, as well as other needs identified by the individual/family and the IDT.

6. Monitor the delivery of these services as specified in the individual's ISP.

7. The RN/CM reviews the services identified in the ISP and perceived effectiveness of each service with the individual/family.
8. Maintain regular communication with the individual/family and the service providers and the IDT.

9. Monthly contact - minimum of every other month face-to-face visit and on the months there is no face to face a phone conference is completed.

10. Be available to individual/families, returning messages within one working day.

11. Re-evaluate the ISP with the individual/family on an ongoing basis, making revisions as necessary.

12. Coordinate a formal re-evaluation of the ISP in 6 months for those individuals who have just started with the MFCMP, or when needed or requested.

13. Annually reassess eligibility for services and complete necessary paperwork.

14. Report any known or suspected incidents of abuse, neglect and/or exploitation (ANE).

15. Follow all Medicaid, Department of Health, and UNM Policies and Procedures.
    - Monthly contact with MCO care coordinator and coordinate the annual ISP meeting with the MCO CC.
    - Monthly contact with nursing agencies.
    - Contact with DME providers as needed.
    - Contact with therapy service providers as needed.
    - Contact with FIT or school as needed.
    - Coordination of services – nursing, therapies, DME, medical specialists.
    - Monthly documentation of progress towards goals, medical status and needs of individual and family.

I have read and understand both my rights and responsibilities as an individual/family member receiving services through the MFCMP at the Center for Development and Disability, UNM HSC.
I have also read the MFCMP RN/Case Manager's role and responsibilities.

_____		_____
Signature of Individual		Date
_____	_____	_____
Signature of Parent/Guardian	Relationship to Individual	Date
_____		_____
Signature of Case Manager		Date

MEDICALLY FRAGILE LONG TERM CARE ASSESSMENT ABSTRACT
Please Remember This Information is Confidential

1. Type of Review (Check one): Initial ☐ Readmit ☐ Retrospective ☐ Reassessment ☒

2. Recipient's Name: Last First MI	3. Person Completing Abstract:		CM Provider # D0676
4. MEDICAID NUMBER: 9 5 - -	5. Age:	6. Date of Birth	7. Gender: M ☐ F ☐

The information recorded on this abstract should reflect the recipient's overall condition.

DIAGNOSIS / PROBLEMS (*One per line*)	18. DD / MR ASSESSMENT FACTORS (Score -1- 5 for all Factors Below)	SCORE 1-5
8.	A. Sensorimotor Development	
9.	1. Mobility	
10.	2. Toileting	
11.	3. Hygiene	
MEDICATION *List up to four most important medications, method of administration and frequency:*	4. Dressing	
12.	B. Affective Development	
13.	C. Speech & Language Development	
14.	1. Expressive	
15.	2. Receptive	

16. MEDICAL FRAGILITY ASSESSMENT FACTORS	SCORE 1-5
A. Medication Administration	
B. Medical Care and Supervision	
C. Nutrition and Feeding	
D. Respiratory	
E. Neurological	
F. Other Complex Medical/Skilled Care Treatments	
G. Medical Impact Based on Ability for Self-Care	
H. Family Support Issues	

D. Auditory Functioning	
E. Cognitive Development	
F. Social Development / Social Skills	
1. Interpersonal Skills	
2. Social Participation	
G. ADL/ Independent Skills	
1. Home Skills	
2. Community Skills	
H. Challenging Behaviors	
1. Harmful Behavior	
2. Disruptive Behavior	
3. Socially Unacceptable/ Stereotypic Behavior	
4. Uncooperative Behavior	

17. TOTAL MF SCORE				19. TOTAL DD / MR SCORE			
Level I = 8 - 18	*Level II = 19 - 24*	*Level III = 25 - 31*	*Level IV = 32 - 40*	*Level I 17 - 32*	*Level II 33 - 54*	*Level III 55 - 71*	*Level IV 72 – 85*
☐ MF-I	☐ MF-II	☐ MF-III	☐ MF IV Does not meet eligibility criteria	☐ DD/MR-I	☐ DD/MR-II	☐ DD/MR-III	☐ DD/MR-IV Does not meet eligibility criteria

20. ***Physician's Statement:*** *I have seen and evaluated this recipient and recommend the above MF and DD/MR Levels:*

Physician's Signature: X	Physician Name and Address:	Date:

FOR UR AGENCY USE ONLY:

REVIEW INFORMATION:	21. Level of Care: ☐ MFI ☐ MFII ☐ MFIII ☐ MFIV	22. Level of Care: ☐ DD/ MRI ☐ DD/MRII ☐ DD/MR III ☐ DD/MRIV	23. Effective Date:	24. Days:	25. Expiration Date:
26. Review Decision: ☐ Approved ☐ Denied		27. UR Agency Reviewer Signature:			28. Review Date:

DOH 378 Revised 7/2010

CENTER FOR DEVELOPMENT & DISABILITY

Medically Fragile Case Management Program
2300 Menaul NE
Albuquerque, NM 87107
505-272-2910 (Metro Office)
505-272-8100 (Fax)
CDD-MedFrag@salud.unm.edu

INDIVIDUALIZED SERVICE PLAN

Initial: ☐ **Reassessment: ☐**

NAME: **DOB:** **MEETING DATE:**

MCO Provider:

Private Insurance:

Medicare: Yes ☐ No ☐

SSI: Yes ☐ No ☐

NOME: Yes ☐ No ☐ (Not otherwise Medicaid eligible = Do they need the waiver to be eligible?) {Waiver clients only – remove completely if EPSDT}

SSDI: Yes ☐ No ☐

ISP Cycle Dates:

Program: Medically Fragile Waiver ☐ or Medically Fragile Non-Waiver EPSDT ☐

Six-Month Review Completed By: For Initial ISP only – *CM mark your submission calendar when this is due.* (Remove completely if not Initial ISP.)

Household Members:

Name	Occupation	General Health

Legal Guardian(s):

Primary Language:

(June 2019)

To view the complete ISP document template, go to: http://www.cdd.unm.edu/other-disability-programs/medically-fragile-case-management/newsletters-resources.html