



Mi Via Coverage Review Guidance

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| Subject: Mi Via Service and Support Plan and Budget Coverage Review Criteria | | Original Effective Date: 10/01/09 |
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Overview

Mi Via, the New Mexico Self-Directed Waiver, is designed to enhance the participant’s quality of life, health and safety through provision of services and goods that are necessary for and relate to the participant’s qualifying condition or disability, allow the participant to remain at home in the community and reduce the participant’s risk of institutionalization.

The participant’s Service and Support Plan (SSP) and budget are submitted to the Third-Party Assessor (TPA) for approval. In reviewing and approving or denying the participant’s requested SSP and budget, the TPA shall:

- consider the participant’s current in-home assessment and complete Level of Care information; medical and clinical needs, and qualifying condition or disability; health needs, including physical and behavioral; community participation and inclusion needs; personal safety needs; and available budgetary amount; and
- confirm that the proposed budget addresses necessary health and safety services prior to consideration of additional goods and services; and
- apply the Mi Via SSP Review and Budget Review Criteria.

Medicaid is the payer of last resort, and the Mi Via program is not intended to cover and meet all of the participant’s needs.

SSP Review Criteria

Services and related goods identified in the participant’s requested SSP may be considered for approval if all of the following requirements are met:

1. The service or good must meet the participant’s functional, medical, or socially habilitative needs and facilitate his/her activities of daily living and instrumental activities of daily living, and
2. The service or good must be specifically documented in the participant’s SSP worksheets and action plan, including how the service or good will advance the participant’s desired outcomes identified in his/her SSP; and
3. Each service or good must be listed as an individual line item whenever possible; when services or goods are ‘bundled’ the SSP must document why bundling is necessary and appropriate; and



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SSP Review Criteria, continued

4. The service or good must increase the participant's personal health and safety in his/her home environment and/or community and help to reduce his/her risk of institutionalization; and
5. The service or good is not prohibited by Federal and State statutes and regulations; and
6. The service or good is not available through, or has been denied by, another source and the participant does not have funds to purchase the service or good (if a service or good has been denied by another source, documentation must be attached to the SSP); and
7. The service or good decreases the participant's need for other Medicaid-funded services.

Budget Review Criteria

The participant's proposed budget may be considered for approval if all of the following requirements are met:

1. The proposed budget is within the participant's available budgetary amount; and
2. The proposed rate for each service is within the Mi Via Range of Rates for that chosen service; and
3. The proposed rate for each good is reasonable, appropriate and reflects the lowest available cost for that chosen good; and
4. The estimated cost of the service and/or good is specifically documented in the participant's budget worksheets; and
5. No employee exceeds forty hours paid work in a consecutive (7) day period.)

Related Goods

Mi Via related goods include equipment, supplies, and fees and memberships. Approval for related goods is subject to the above criteria for SSP and budget review. Related goods are distinct from services in that they are purchased from vendors and the participant must submit a payment request form (PRF) and valid invoice from the vendor. "Packages" of goods, such as a gym membership or a series of classes, are treated as a single good and paid for at the time of purchase. Some goods, such as cell phones, may need to be paid for prior to their actual date of usage.

Non-Covered Services and Goods

In accordance with Federal and State Medicaid regulations, services and goods that are not covered in Mi Via and cannot be approved under any circumstances include, but are not limited to, the following:

1. Services covered by the Medicaid State Plan (including EPSDT services), Medicaid School Based Services, Medicare and other third parties.



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Non-Covered Services and Goods, continued

2. General Non-Covered Services, including educational or vocational services, as defined in 8.301.3 NMAC.
3. Services and goods if such provision would violate Federal and State statutes and regulations.
4. Room and board, meaning shelter expenses, including property-related costs such as rental or purchase of real estate and furnishing, maintenance, utilities and utility deposits, and related administrative expenses. Utilities include gas, electricity, propane, fire wood and wood pellets, water, sewer, and garbage.
5. Experimental services and goods, as defined in 8.325.6 NMAC.
6. Any goods or services that a household that does not include a person with a disability would be expected to pay for as a routine household expense, such as a subscription to cable television.
7. Any goods or services that are to be used primarily for recreational or diversional purposes.
8. Gas cards and gift cards.
9. Purchase of insurance, such as car, health, life, burial, renters, home-owners, or other such policies.
10. Purchase of a vehicle, and long-term lease or long-term rental of a vehicle.
11. Purchase of recreational vehicles, such as motorcycles, campers, boats or other similar items.
12. Firearms, ammunition or other weapons.
13. Gambling, games of chance (such as bingo or lottery), alcohol, tobacco, or similar items.
14. Vacation expenses, including airline tickets, cruise ship or other means of transport, guided tours, meals, hotel, lodging or similar recreational expenses.
15. Purchase of usual and customary furniture and home furnishings, *unless* adapted to the participant's disability or use, or of specialized benefit to the participant's condition. Requests for adapted or specialized furniture or furnishings must include a recommendation from the participant's health care provider and, when appropriate, a denial of payment from any other source.
16. Purchase of food, maintenance, routine veterinary visits, medication, grooming and boarding for any therapeutic service or assistance animal.
17. Purchase of any pet animal, or food, maintenance, routine veterinary visits, medication, grooming and boarding costs associated with maintaining any pet.
18. Regularly scheduled upkeep, maintenance and repairs of a home, *except* upkeep and maintenance of modifications or alterations to a home which are an accommodation directly related to the participant's disability or condition.
19. Regularly scheduled upkeep, maintenance and repairs of a vehicle, or tire purchase or replacement, *except* upkeep and maintenance of modifications or alterations to a vehicle or van, which is an accommodation directly related to the participant's disability or condition. Requests must include documentation that the adapted vehicle is the participant's primary means of transportation.
20. Clothing and accessories, *excluding* specialized clothing based on the participant's disability or condition.
21. Training expenses for paid employees.
22. Conference or class fees may be covered for unpaid caregivers, but costs associated with such conferences or class cannot be covered, including airfare, lodging or meals.



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Non-Covered Services and Goods, continued

23. Consumer electronics such as computers, printers and fax machines, may be purchased when they increase the participant's ability to participate in or access their community, and/or will be used to access and utilize the Mi Via program. However, no more than one (1) of each item may be purchased at one time, and consumer electronics may not be replaced more frequently than once every three (3) years.

Required SSP and Budget Documentation

The participant's Service and Support Plan (SSP) must include a detailed description of each requested service and good, including the intended purpose of each and how each will help the participant to achieve his/her stated outcomes in the SSP.

For services, the documentation shall include the frequency, duration and estimated per service and overall cost. Mi Via services, like all Medicaid services, are reimbursed only on a fee-for-service basis.

For goods, the estimated cost or an actual invoice must be submitted. If the requested service or good is covered by another payer source which denied coverage, the denial letter must be submitted.