

## Brain Injury Association of New Mexico

### Glossary of Terms for Mi Via

**Aging and Long Term Services Division (ALTSD)**- this office is responsible for administering the Self Directed Waiver (Mi Via) for people with Brain Injury and people on the Disabled and Elderly Waiver (D&E). You will usually communicate with someone at the main Santa Fe office- where the Brain Injury Programs are administered. Scott Pokorny is the ALTSD program manager and Louella Garcia is the Brain Injury Mi Via Coordinator. This office also is the entry point onto Mi Via- the applicant or designated person would register at their Resource Center to apply for Mi Via.

**Allocation:** As money become available, persons who are awaiting services on the Central Registry are offered an opportunity to receive services through the Self Directed Waiver. The chance to receive services is called an allocation. Allocations from the Central registry are made by registration date. There is an allocation process that follows.

**Allocation Letter**- a letter from the ALTSD Regional Office stating that a position is now available for the Mi Via applicant to receive services on the Self Directed Waiver. This allocation letter explains the process and requires that the applicant sign off and return the Primary Freedom of Choice.

**Allocation on Hold**- for use when you don't want the Self Directed Waiver now but will in the future. Fill out the form stating that even though you have been offered an allocation, you do not want services right now but would like to stay on the Central Registry. You must contact the Regional Office when you want to be allocated. There may be a wait until money is available.

**Application/ Redetermination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals (MAD 381)**- the form, usually printed on blue paper, is used to help determine financial eligibility after an allocation has become available. Complete the form and take it to the appointment with an Income Support Division Caseworker in your area.

**Assessment**- a collection of tests that look at the strengths and challenges of a person.

**Brain Injury Association of New Mexico**- a statewide non profit membership organization dedicated to create a better future through brain injury prevention, intervention, research, education and advocacy.

**Brain Injury Guide**- The role of a Brain Injury Guide is to help the identified person, who has a brain injury and states that they would like assistance, through the process of accumulating required documentation to apply at the Income Support Division (ISD) office and for the Self Directed Waiver (otherwise known as Mi Via) for long term services for people with brain injuries.

**Budget**- The amount of available funding (based on medical necessity) for each individual participant. The participant's and the consultant try to maximize funding by allocating certain amount of monies toward the participants needs (as identified in the service and support plan). Any request for adjustments to the budget, based on a change in the participants needs, are initiated by the participant through his/her consultant.

**Consultant**- The person who works through the Consulting agency (Consumer Direct Personal Care). The Consultant will be the one to guide and support you through the Self Directed waiver process.

**Consultant Contractor Agency (CCA)**- the CCA (Consumer Direct Personal Care), holds the contract with the state and is required to hire individual Lead Consultants whom will provide assistance with local “field” consultants.

**Close your Case**- if you do not complete and return the paper work that ALTSD sends you within the time stated, your case will be closed. This means that if you decide later that you still want to receive services you will have to start from the beginning with registration at your local Income Support Division and at the ALTSD resource center.

**Division of Health Improvement**- the division of the Department of Health that investigates incidents of abuse, neglect and exploitation, additionally they conduct provider reviews. They can be reached at 1-800-445-8542.

**Eligibility**- In order for an individual to receive services through the Medicaid Self Directed Waiver for persons with brain injury, he/she must meet the criteria. An applicant for Mi Via- brain injury, will need to have a brain injury ICD-9 code, a Level of Care form filled out, and a history and physical. A medical match will be assessed by a third party assessor (Lovelace) whom will conduct an in home nursing assessment at the applicant’s home. Financial eligibility will be determined by applying at your local Income Support Division.

**Financial Management Agency (FMA)**- the FMA (Public Partnership Limited) is under contract with the State to act on behalf of each Mi Via participant to handle employer-related functions, pay or reimburse participants for goods and services and help the participant keep track of his/her funds.

**History and Physical**- a history and physical are needed by the Primary Care Physician. The history should include any documents supporting the fact that the person has a brain injury. The person may want to include a Neuropsychological evaluation. The physical should be done annually- if the person is newly allocated to Mi Via, they will need a physical completed within the year. If desired, Lovelace has provided a “history and physical” to submit for the physician to utilize.

**Individual**-for the purposes of this glossary, the individual is the person with a developmental disability who is applying to receive services.

**ICD-9 Code**- In order for the person to be eligible for Mi Via- brain injury- they must have at least one International Classification of Disease (ICD-9) code related to brain injury. This code is typically used by physicians for billing purposes. The physician needs to sign off on one of the codes on the back of the Mi Via ICD-9 code form (also known as the pink form). This form is the entry point into Mi Via brain injury.

**Income Support Division (ISD)**- Income Support Division- sometimes called the Medicaid or Welfare office. You will need to submit documentation to meet the Medicaid financial eligibility for services at you local office.

**ISD Caseworker**- The person at the ISD office who will collect information to determine financial eligibility. He/she will tell the applicants what forms and documents need to be submitted to determine if the individual is eligible or not.

**Level of Care Assessment Abstract (LOC A)**- the document signed by a Physician and used to establish medical eligibility for the Self Directed Waiver.

**Medicaid Card**- When you are allocated to the Self Directed Waiver, you also become eligible for a Medicaid card to use for medical purposes, e.g Doctor visits, hospitalizations, dental work, eyeglasses, etc.

**Medical eligibility**- Your consultant will guide you through the process of completing assessments for medical eligibility. The Medicaid Utilization Review (UR) agent will review the information packet that the consultant submits, and determines if you are medically eligible for Self Directed services.

**Mi Via**- otherwise known as the NM Self Directed Waiver. Participants will have the flexibility to develop an independent plan within their State assigned individual budget to purchase and direct their services and supports.

**Natural Supports**- people and community organizations that a person without a disability might have for support e.g friends, family, neighbors, church organizations, club members, sports team members, etc.

**Primary Care Physician (PCP)**- the Doctor you have chosen as your main doctor. When you first go on Medicaid, be sure to specify who you want as your doctor, or you may be assigned someone who may not be in the area where you live. Most HMOs will allow you to change doctors at the beginning of each month. Call the Medicaid number on your card for more information.

**Provider**- An individual or agency which is contracted with the state to provide certain goods and services.

**Primary Freedom of Choice (PFOC)**- this letter will ask the applicant to choose between the Self Directed Waiver (form A) or Institutional Care (Form B). This form needs to be signed and returned to Aging and Long Term Resource Center to begin the Mi Via process.

**Resource Center**- This is Aging and Long Term Services call center for state resources and information about state programs within the department. The Resource Center needs to be called to initiate the Mi Via process. A Resource Center specialist will assign the applicant a number and send out the Primary Freedom of Choice.

**Receipt Form**- A simple form you fill out at ISD when you submit copies and the documents at the ISD office. Your dated copy will serve as a receipt that you turned in paperwork on a certain date. This is important when you have to submit a document by a specified date. This form can usually be found at the front desk. It can be called by different names, including “Change form” and “Receipt of Proof”. Keep for you records.

**Self Directed Waiver (also known as Mi Via)**- Interagency Medicaid Home and Community Base Waiver program that presents eligible participants the option to control and direct services, supports and Medicaid funds using person centered planning, individual budgeting, participant protections and quality assurance and quality improvement.

**Service and Support Plan- PCP-** A participant plan that contains the waiver services that the participant chooses; the service (s)'s projected costs, frequency and duration, and the type of provider who furnishes each service. The plan also includes other services, (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the participant's needs.

**Social Security Disability Income (SSDI)-** A cash assistance program for individuals with disabilities, based on medical and financial need. There are limits on the amount of money you can earn while relieving SSDI.

**Social Security Income (SSI)-** A cash assistance program from Social Security based on medical need and income eligibility, which includes a Medicaid Card. It is not part of the Self Directed Waiver, but you may receive both programs. There are limits on the amount of money you can earn while receiving SSI.

**Waiver Refusal Form-** You have the right to refuse an allocation to the Self Directed Waiver when you are offered one. If you choose to refuse services, you need to fill out a form at ALTSD.