HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 18-05
DATE: 2/28/2018

TO: **MEDICAL ASSISTANCE DIVISION**

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

THROUGH: **SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS**

BY: **LINDA GILLET, PACE CONTRACT MANAGER, ESPB**

SUBJECT: **MAD 379 Program of All-Inclusive Care for the Elderly (PACE) Long Term Care Medical Assessment**

GENERAL INFORMATION

This form is used to assess and issue prior approvals for Nursing Facility Level of Care (NFLOC) required for PACE. Changes to the form include:

- Inserting checkboxes to indicate whether it is an initial assessment or a reassessment
- Requiring a date for expiration of the current LOC for reassessments
- Added numbers to ADLs
- Emphasis on "two or more" ADLs
- Removal of Section D.6 ("Previous NFLOC status: LNF or HNF")
- Language in the instructions to address the new requirements

FILING INSTRUCTIONS

Please make the following replacements in the MAD Forms Manual:

INSERT MAD 379 Revised 02-18
DELETE MAD 379 Issued 01-14

Please address any questions concerning these guidelines to Lindab.gillet@state.nm.us or call (505) 827-7218.

Attachment: MAD 379 Revised 2-18 PACE Long Term Care Medical Assessment

HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

New Mexico Human Services Department – Medical Assistance Division

Program of All-Inclusive Care for the Elderly (PACE) Long Term Care Medical Assessment

THIS INFORMATION IS CONFIDENTIAL

☐ Initial ☐ Reassessment Date Current LOC Expires: _____

A. General Patient Information

1. Patient Name (First, Middle Initial, Last):	2. Medicaid No. or SSN:	3. Date of Birth (00/00/0000):
4. Patient Mailing Address (Address, City, State, Zip Code):		5. Patient Phone #:
6. Authorized Representative Name (First and Last):		
7. Representative Mailing Address (Address, City, State, Zip Code):		8. Representative Phone #:

B. Activities of Daily Living (ADL) - *Patient must meet Nursing Facility Level of Care and functional level is such that two or more ADLs cannot be accomplished without consistent, ongoing, daily assistance.*

Activities of Daily Living	Independent	Assistance Required to Complete
1. Dressing	❑	❑
2. Bathing/Grooming	❑	❑
3. Eating	❑	❑
4. Meal Preparation	❑	❑
5. Transfer	❑	❑
6. Mobility	❑	❑
7. Toileting	❑	❑
8. Bowel/Bladder	❑	❑
9. Daily Medication (Self Administer)	❑	❑

C. Provider Information & Attestation – Physician, Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist

I attest that this patient's medical records support my diagnosis and recommendation for a Nursing Facility Level of Care.

1. Provider Printed Name (First and Last):	2. Provider Signature (Original or Electronic):	3. Date: (00/00/0000)
4. Provider Physical Address (Address, City, State, Zip Code):	5. Provider Phone #:	6. Provider Fax #:

D. TPA Utilization Review Section Only

1. TPA/UR Reviewer Initials (First and Last):	2. Review Date:	3. Review Status: ❑ Approved ❑ Denied
4. LOC Authorization #:	5. LOC Authorization Date Span (Begin Date – End Date):	
6. Additional Comments:		

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Form Instructions

PURPOSE: The Long Term Care Medical Assessment (MAD 379) is used to assess and issue prior approvals (PA) for Nursing Facility (NF) Level of Care (LOC) required for the Program of All-Inclusive Care for the Elderly (PACE). Medical providers (physician, nurse practitioner, physician assistant, or clinical nurse specialist) document activities of daily living (ADL) and attest that the medical records and recommendation are accurate and meet the NF LOC criteria. The patient's history and physical (H & P) is a required component to support documented information on this MAD 379. The H & P must include complete family and personal medical history, organ systems examined, and a complete list of medications in detail as necessary to manage the patient's present condition.

The completed MAD 379, H & P, and any supplemental documentation are reviewed by a Third Party Assessor (TPA) to determine if the patient meets the State's criteria for NF LOC. The MAD 379 indicates the approved LOC authorization number and NF LOC authorization date span. The MAD 379 is available on the NM Medicaid website or obtained upon request from the TPA. All information is confidential and sections A, B, and C, must be completed by the provider.

INSTRUCTIONS:

Please indicate if this is an Initial Assessment or Reassessment. If this is a Reassessment, please note the date the current LOC expires.

A - General Patient Information: This contains patient identifying and contact information. In **box 1**, enter the patient's first, middle initial and last name. In **box 2**, enter the patient's Medicaid number or Social Security number. In **box 3**, enter the patient's date of birth. In **boxes 4 -5**, enter the patient's mailing address, city, state zip code and phone number. In **boxes 6-8**, enter the patient authorized representative's first and last name, mailing address and phone number.

B - Activities of Daily Living: Indicate and assess the patient's activities of daily living needs (ADL) by checking one of the following: "Independent" or "Assistance Required to Complete" for all ADL categories.

C - Provider Information & Attestation: The provider attests that the patient's medical records support the diagnosis and recommendation for NF LOC. In **box 1**, enter the provider's printed first and last name. In **box 2**, enter the provider's original or electronic signature. In **box 3**, enter the date of completion of this MAD 379. In **boxes 4-6**, enter the provider's physical address including city, state, zip code, provider phone number, and fax number.

D – TPA Utilization Review Section Only: The TPA completes all boxes**.** The TPA must send the completed MAD 379, inclusive of the NF LOC decision, to the PACE agency.

ROUTING:

If the MAD 379, H & P, or supplemental medical documentation is incomplete, the TPA will issue a Request for Information (RFI) to the PACE agency. If the TPA determines that the patient does not meet NF LOC, the TPA will mail the referring parties a denial letter with the reason for denial as determined by the physician consultant. Providers who are dissatisfied with the TPA's medical necessity decision(s) may request reconsideration (see 8.350.2 NMAC). Patients who disagree with the NF LOC denial can request a Fair Hearing within (90) calendar days of the date of the notice of action (see section 8.352.2 NMAC, Recipient Hearings.)

FORM RETENTION: Permanent.