

# Mi Via/Self Direction Call Center Procedure Manual

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Version 1

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# 1. Revision History:

(The revision history is used to track changes and updates made to procedures and when they occurred. This must be completed every time an update or revision to the document is made)

Version	Date of Change	Description of Change	Author	Reviewed and Approved by and Date
1.0	8/6/2010	Initial Document	Paige Hains/Tracy Byrd	
2.0	4/16/2014	Updated and added new procedures	Melissa Amador	
3.0	1/26/2015	Updated	Melissa Amador	
4.0	3/28/17	Replaced all references to Xerox to Conduent	Deanna Rickerd	
5.0	7/11/17	Updated	Brittney Foss	

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### 3. Introduction:

Performs the activities involved with processing Self- Direction at Conduent program enrollment documentation for Mi Via and Centennial vendors and employees.

### Service Level Agreements (SLAs):

Self-Direction Call Center
<ul style="list-style-type: none"><li>• 5% or less on the abandon rate</li></ul>
<ul style="list-style-type: none"><li>• 2 minutes or less on the Average speed to Answer</li></ul>

## 4. Staffing:

### *Self Direction Call Center Representative:*

The Self- Direction at Conduent Helpdesk Call Center Agents is the first line of support for Mi Via and Centennial Participants and Employees. In situations in which The Self- Direction at Conduent Helpdesk Call Center Agent identifies a client or Employee whose training needs are extensive; the situation is brought to the attention of the Liaisons and MCO Liaisons. The Liaisons and MCO Liaisons are responsible for assessing the situation and addressing the caller's additional training needs. For specific practices of the Liaisons and MCO Liaisons, refer to the Liaisons and MCO Liaisons section of this manual.

Self- Direction at Conduent Help Desk Representative responsibilities include:

- Responds to telephone inquiries and complaints using standard scripts and procedures.
- Gathers information, researches/resolves inquiries and logs customer calls.
- Communicates appropriate options for resolution in a timely manner.
- Informs customers about services available and assesses customer needs.
- All other duties as assigned.
- Must have excellent oral and written communication skills, demonstrated analytical skills and demonstrated experience with elderly and disabled individuals.

All staff answering incoming calls will meet or exceed at least the minimum stated service level agreement levels for each call, including speed of answer, abandonment rate and busy out rate.

The Self- Direction at Conduent Supervisor and Deputy Manager are responsible for the daily management of telephone queues and statistics.

All queue statistics will be monitored throughout each business day to ensure the following:

- Queues are staffed appropriately.
- All incoming calls are being handled according to at least the minimum stated standards, including courtesy, professionalism, accuracy and timeliness.

The Self- Direction at Conduent staff will check the FOCoS system, CRM, and/or other resources as needed to obtain and provide the caller with the adequate information to answer the inquiry.

## 5. Departmental Duties:

The Self- Direction at Conduent Helpdesk Call Center Agents is the first line of support for Mi Via and Centennial Participants and Employees. In situations in which The Self- Direction at Conduent Helpdesk Call Center Agent identifies a client or Employee whose training needs are extensive; the situation is brought to the attention of the Liaisons and MCO Liaisons. The Liaisons and MCO Liaisons are responsible for assessing the situation and addressing the caller's additional training needs. For specific practices of the Liaisons and MCO Liaisons, refer to the Liaisons and MCO Liaisons section of this manual.

Self- Direction at Conduent Help Desk Representative responsibilities include:

- Responds to telephone inquiries and complaints using standard scripts and procedures.
- Gathers information, researches/resolves inquiries and logs customer calls.
- Communicates appropriate options for resolution in a timely manner.
- All other duties as assigned.

### Quality Assurance:

*(Any specific QA measurements are listed here (i.e. call monitoring))*



## 6. Tools:

### 2.1 How to login to FOCoSonline

To log into FOCoS **online** you need a Login Name and password.

1. Open an internet page and go to the following address: <https://nm.focosonline.com>
2. Click on the Launch FOCoS **online** button
3. Enter your unique Login Name and Password and click the Log in button

<https://nm.focosonline.com/nm/>

- Refer to the workflow “Mi Via Training Tool – Using FOCoSOnline” for step by step directions. H:\Procedures\Self Direction Procedures\Mi Via Call Center Workflows

### 2.2 How to use DocFinity Intraviewer. How to locate Timesheets, Miles, PRF’s, and Enrollment Documents

IntraViewer is used to locate documents received that have been split and indexed for both Enrollment and Data Entry.

- Refer to the workflow “Mi Via Training Tool – Using IntraViewer v1.0” for step by step directions. H:\Procedures\Self Direction Procedures\Mi Via Call Center Workflows

### 2.3 How to Use Microsoft Dynamics – AKA: CRM

Microsoft Dynamics (CRM) is used to document each inbound call. This is also a reference to look up information for any outbound calls, walk-ins, and RTP information.

- Refer to the workflow “Mi Via Training Tool – Using Microsoft Dynamics (CRM)” for step by step directions. H:\Procedures\Self Direction Procedures\Mi Via Call Center Workflow

## 7. Procedures:

*(This is the detailed description of all jobs and duties of the department. These should be written from the perspective of someone new starting in the department and needing instructions to successfully complete their job. The Procedure section may be broken down into several different subsections and include tables as well. Please include all necessary screen shots, glossary terms etc. The following are examples of the sub-header and table fonts to be used.)*

### Inbound Calls

#### Call Basics

- Opening the call:
  - All incoming calls must be answered promptly and courteously. The following script should begin all calls: “Thank you for calling Self- Direction at Conduent. This is (state your name). How may I help you?”
- Authenticate the caller:
  - Please ask for the caller’s first and last name. Reference workflow “Mi Via Training Tool – Providing Information v.1” H:\Procedures\Self Direction Procedures\Mi Via Call Center Workflows
- Placing the caller on hold:
  - If you need to place a caller on hold, first, ask the caller to hold and wait for a response before placing on hold.
  - Get back to the caller every 2 minutes while on hold.
  - When returning, thank the caller for holding.
- Closing:
  - At the end of the call: Please ask the following statements: “Would you like the call reference number?” If the caller states yes, please provide them the CRN number. “Is there anything else I can assist you with?” if the caller says no, say “Thank you for calling Conduent and have a nice day”
- Tracking Calls
  - All calls must be recorded in CRM using the guidelines in the Call Documentation section.

#### Call Documentation

It is important that your call documentation is:

- **Complete-** You should capture the reason the caller called and what information was given to the caller and/or next steps that are being taken to resolve call.

- **Clear-** Your documentation should include enough detail that someone looking at your notes 6 months from now can tell what occurred on the call.
- **Concise-** Don't write a book, but be sure all points discussed on the call are noted. Abbreviations are okay to use as long as they are standard abbreviations. Don't make up your own abbreviations.
- **Accurate-** You want to assure you are giving the caller accurate information and that the information is noted.

Refer back to the CRM workflow for accurate notes.

Did you know that call documentation can be subpoenaed and that it is admissible in court cases/litigation? That is one reason your call documentation is so important.

## How to use your Avaya phone

### Log on as agent:

1. Press your headset and listen for a dial tone.
2. Press the log in button and listen for the dial tone.
3. Enter your 7 digit agent ID
4. Listen for beeps confirming you have logged in
5. Note: Your headset button must stay lit at all time. If you turn off your headset, the system will log you off immediately.

### Taking Agent Calls:

1. To start taking calls, hit your Auto In button. You'll notice the green light is removed from Aux work and you'll now see it on your auto in button.
2. When you received a call, you will hear a beep in your ear and you will automatically be connected with the caller.
3. You may hit your aux work button any time during the call if you do not wish to receive another call right away. (This would able you to go on break or lunch. Remember Aux 1 is Lunch, Aux 2 is Break, Aux 3 is Special Project, aux 4 is Meeting, aux 5 is out calls, Aux 6 is Research and Aux 7 is Misc.) Your Aux time would start as soon as the call is ended.
4. When the call is finished and the caller hangs up. You should receive another call right away. If the caller does not hang up and you need to release the call, you will need to hit the release **button to end the call**.

### Logging Off:

1. When you are ready to log off for the day, hit your aux work button so that you will not receive another call.
2. Once you're done with the call, press your Log Out button.
3. You will hear 3 beeps confirming you have logged off the phone
4. You may leave your headset button on or turn it off.

## Transferring callers:

- **A warm transfer** is waiting for the other party to pick up, let the other party know what's going on before you release the transfer.
- **A Cold transfer** is not waiting for the other party to pick up.

1. While the caller is on the line hit transfer from your phone screen. (Do not put the caller on hold since hitting Transfer places them on hold.)
2. Dial the number to which you want to transfer the call.
3. Once the other party gives you permission to transfer: Touch "Complete" to transfer the call.

## Setting up a conference call:

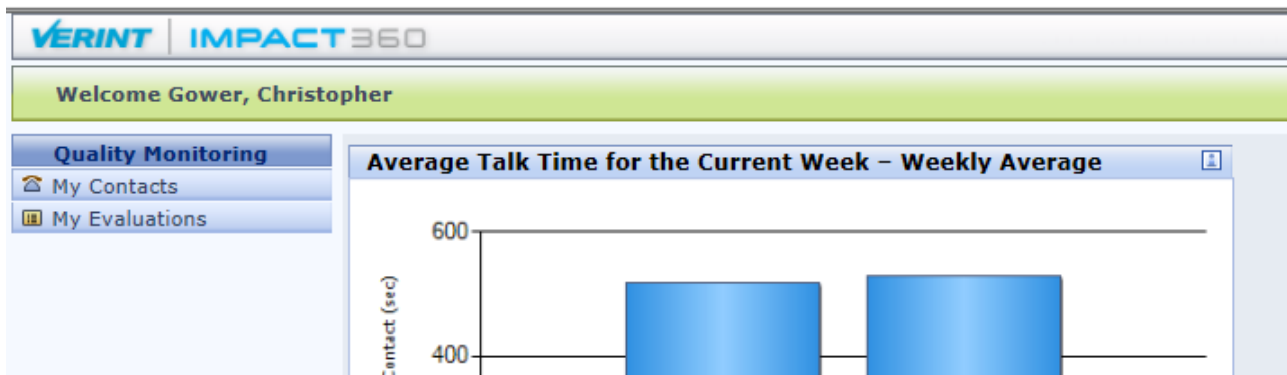
1. Select From the Phone screen, touch Conference.
2. Dial the telephone number, or call the person from the contact list, or call the person from the list.
3. When the person answers, touch "Join" to add the person to the existing to the call.
4. To add another party to the conference call, touch "Add"

## Dropping the last person added from a conference call:

1. From the Phone Screen, select your active conference call.
2. Touch "Drop"

## How to view your scores in Verint

- To look up your scores you first go to the Verint page: [http://tccaverinthumb.sls-tt.acs-inc.com/Ultra/HomePage\\_Frames.aspx](http://tccaverinthumb.sls-tt.acs-inc.com/Ultra/HomePage_Frames.aspx)
- Then click on My Evaluations as seen below:



- Then for the score you want to check on you click on the link under the column titled Start Time.

The screenshot shows the IMPACT 360 Quality Monitoring interface. It displays a table of evaluations. The table has the following columns: Start Time, Play, Duration, Evaluation Time, Form, Feedback, Score, Group Name, and Visited. The data is sorted by Evaluation Time.

Start Time	Play	Duration	Evaluation Time	Form	Feedback	Score	Group Name	Visited
<a href="#">1/6/2014 11:03:01.5 AM</a>		00:03:32	1/7/2014 6:23:43.5 AM	NM Mi Via		66.00	Mi Via	
<a href="#">1/2/2014 3:36:59.7 PM</a>		00:03:31	1/3/2014 7:53:39.3 AM	NM Mi Via		100.00	Mi Via	
<a href="#">12/30/2013 7:33:54.2 AM</a>		00:03:03	12/31/2013 7:37:21.2 AM	NM Mi Via		100.00	Mi Via	

- This will allow you to listen to the call and read the evaluator notes

## Incident Report Forms for Mi Via and Centennial Care

- Participant calls and it is considered a health and safety situation (phone and/or power about to be cut off)
- Employee calls and issue could result in a health and safety situation to Participant (not getting paid and threatening to quit)

### MI VIA

<https://ane.health.state.nm.us/login.aspx>

Mi Via Abuse, Neglect, Exploitation Incident Reporting Requirements:

*First and foremost always ensure the safety of the participant. Call 911 if necessary.*

Incidents of suspected/alleged Abuse, Neglect, Exploitation and unexpected death for adults, 18 and older must be reported immediately to:

- Adult Protective Services and the Division of Health Improvement (DHI) Incident Management Bureau at the following:
  - o Adult Protective Services Intake, 24 hours a day, 7 days a week
  - o Telephone: 1-866-654-3219
  - o Facsimile: 1-505-476-4913
- DHI Incident Management Bureau Intake
  - o Telephone: 1-800-445-6242
  - o Facsimile: 1-800-584-6057

For children less than 18 years, contact:

- Child Protective Services, 24 hours a day, 7 days a week at CYFD Statewide Central Intake: 1-800-797-3260
- Law Enforcement or the appropriate Tribal Entity.

Reportable Incidents:

“Abuse” including verbal abuse, means:

1. knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish;
2. The intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; or
3. Sexual abuse, including criminal sexual contact, incest, and criminal sexual penetration.
4. Neglect *is* the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person. Neglect causes, or is likely to cause harm to a person.
5. Exploitation, or Misappropriation, is an unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise.
6. Unexpected Death is a death caused by an accident or an unknown or unanticipated Cause.

## CENNTENIAL CARE

<https://criticalincident.hsd.state.nm.us/Login.aspx?ReturnUrl=%2fAllowProvider%2fIncidentForm.aspx>

Reportable Incidents:

“Abuse” including verbal abuse, means:

1. knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish;
2. The intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; or
3. Sexual abuse, including criminal sexual contact, incest, and criminal sexual penetration.

4. Neglect is the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person. Neglect causes, or is likely to cause harm to a person.
5. Exploitation, or Misappropriation, is an unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise.
6. Unexpected Death is a death caused by an accident or an unknown or unanticipated cause.

Reporting Medicaid Fraud, Waste and Abuse

Phone: 505-827-3146 or Phone: 505-827-3103 or Fax: 505-827-3195 or

[NMMedicaidFraud@state.nm.us](mailto:NMMedicaidFraud@state.nm.us)

*Report all incidents within 24 hours!*

*In the event that an incident occurs on a weekend or holiday report the incident on the next business day.*

#### Instructions for Completing and Submitting Reports

- Please complete the form. All the information is important.

Yellow highlighted fields are required – they must be completed to submit the form.

#### Section 1-Consumer Information

First Name Middle Name Last Name

Social Security Number - Please be as accurate as possible with this number. It is a number that is sometimes incorrect. The agency, the MCO and the state (HSD) track incidents for members to assist in developing improvement plans and if the social security number actually belongs to someone else, it becomes difficult to get good data.

Gender Date of Birth (DOB)

Street address - If an agency does not know where the person is, it raises questions about delivery of services. If the member is homeless, enter "homeless" and be prepared to answer a question about the last known address services were provided. Motels and other arrangements do NOT mean services cannot be provided. Please inform the Service Coordinator if any member is transient or homeless as services may need to be amended.

City and County Zip - If unknown use the zip code for the agency office. Phone Number

ADLs - If the agency does not have experience with the member or information sufficient to complete this section please check "unknown" and contact the service coordinator to acquire the information for future reports.

Verbal - means that the member can communicate effectively with staff and family. It does not require that they speak. Language preference is not important for this item.

Diagnoses - If the agency is unable to answer this question, please enter 'unknown'. This is important data to track and the agency must have this information in client records. Contact the service coordinator for the appropriate answer for future reports.

Medications - See direction for Diagnoses. List no more than three or four. If there are a large number of medications (more than six) state e.g. "10 additional medications"

Doctor Phone

## SECTION 2-DESCRIPTION OF THE INCIDENT

- Person with the most direct knowledge of the incident completes this section

Incident Type - if more than two incident types are involved with the event, use the description of the incident report this Section to provide the additional information. Select the incident type and the subcategory for the incident type. If there are questions about what type to enter review the guide (p.4) for direction. If there are still questions, contact the MCO Service Coordinator and take their direction. Talking to the service coordinator DOES NOT relieve the agency of completing the report.

When reporting Abuse, Neglect and Exploitation the agency must also report the incident to APS or CPS: APS: Phone- 866.654.3219 FAX- 505.476.4913 or CPS: FAX- 505.841.6691

Alleged Fraud - If there is any reason to believe that fraud has been committed or that waste or abuse of Medicaid funds are part of the incident, select "yes". Please provide sufficient information in the description of the incident to support the allegation that fraud may have been committed. It is not necessary to prove fraud to report it.

Alleged Fraud is also reported to: Phone: 505-827-3146 or Phone: 505-827-3103 or Fax: 505-827-3195 or [NMMedicaidFraud@state.nm.us](mailto:NMMedicaidFraud@state.nm.us)

Name Title Phone - Complete this section, if the member is the responsible person, title is "Self" and name and phone will not be necessary. 'Natural Supports' are entered if the person is expected to provide services to the member for hours paid services are not authorized.

Did this incident occur during authorized service hours? - This is a yes/no question. Specific hours do not need to be entered. The reference for this information is the Plan of Care and Schedule for Services.

Was anyone else present during the time of the incident? - This is a yes/no question. If yes, provide available information in the spaces below.

Name Title or Relationship Phone



Incident Date - a date must be entered. Entering 01/01/0001 states the reporter does not know the date and will allow the form to be completed. Use the narrative section of the description to explain why the date is unknown.

Incident Time if the time is unknown, enter "unknown".

Date incident was reported to the agency - Date reported to the agency is the date that the agency learned of the incident. The date of the submission to the database is a date/time stamp generated at submission.

Incident Location this is often the member's home but may be at the location of a store, a neighbor's home, or other place.

Describe what you saw and/or heard in order of occurrence - the spaces for the three incident description boxes must be completed. There is no minimum character count. Narrative should be concise and complete. If HSD or the MCO do not understand what happened, the agency will get a call to provide more information.

Person completing Sections 1 & 2 - This is presumed to be the person with the most immediate knowledge of the incident. This is the first person who will be contacted if additional information about the incident is needed.

### SECTION 3-AGENCY INFORMATION

Reporting Agency - This field will self-populate with the agency logging in to the site.

Incident Coordinator - The name stated here is the name of a person assigned to manage the incident reporting functions of the agency. Questions about the incident report may go this person. Questions about the system the agency uses to manage incident reports will be directed to this person. In the case of various offices for an agency, the agency is to select the staff at the office serving the member identified in the incident.

Office Location The name of the city is sufficient information. Office Phone

### SECTION 4-ADMINISTRATIVE INFORMATION

Program - Select the program in which the member is enrolled; there will only one.

MCO - Select the Managed Care Organization in which the member is enrolled at the time of the incident.

Which state agencies have you notified of this incident - By submitting the incident, the report goes to the state (HSD) and the MCO for the member. The state and the MCO have access to the incident at the time of submission. APS and CPS do not have access to the website. When reporting Abuse, Neglect and Exploitation the agency must also report the incident to APS or CPS: APS: Phone- 866.654.3219 FAX- 505.476.4913 or CPS: FAX- 505.841.6691

Legal Guardian or Representative: please complete this information if it is available.

## Submission

When agency staff clicks the “SUBMIT REPORT” button, either a screen stating the report was successfully submitted will appear or the report will re-appear with instructions to enter information in a required section that was not completed. The screen that informs the agency that the report was successfully submitted means the following tasks have been completed:

- The report is transmitted to the database and a date/time stamp is applied.
- The report has been assigned a unique number.
- The state (HSD) has access to the report.
- The MCO for the member has access to the report.
- The agency has access to the report.

## Supervisor Request

Please make sure to give reassurance and empathy when needed.

- Let the caller know you can definitely get a supervisor on the phone, ***never*** deny a supervisor.
- Set the expectation with the caller on possible wait time and please ask the caller to provide you with more information. This is your opportunity to offer your assistance with their issue and let them know that their time is valuable.
- If the above does not work, please follow the workflow “Mi Via Training Tool – Vector Queue”  
H:\Procedures\Self Direction Procedures\Mi Via Call Center Workflows

## Dead Air Procedure

When you get a call that does not connect correctly or the line stays on but you can no longer hear or understand the caller use this process:

1. First if this was an inbound call, repeat your opening and wait 15 sec, if no response state: “Sir or Mam, If you can hear me I am unable to hear you. Please hang up and call us back at the 800 number you called in on and we will be happy to help you.”
2. Again wait 15 sec and if no response repeat the above line. After an additional 15 seconds with no response state: “I am going to release the call now.”
3. Then hang up the call.

If in the middle of a call and you are no longer able to hear or understand the caller use the above statement, if it persists for 15 seconds; modifying the first part with the caller’s name, and adding the crn at the end when applicable. Note in the crn that the call dropped and what info was not able to be provided.

This procedure does not apply to the end of the call if the line does not disconnect but the conversation was complete, just hang up the phone.

## How to use the Language Line

The Language line is used to help you when a caller request to speak in a different language then what you are comfortable with speaking.

1. First get the name of the language that they are comfortable with.
2. Then, with the caller on the line, on your phone, select the Conference button.
3. Dial 918884315890
4. When Language select comes on the line answer their questions:
  - a. In no particular order:
  - b. The language needed
  - c. Our access code (5758)
  - d. Your Last and First names (usually in that order)
  - e. Your agent ID (use your phone login number)
5. They will place you on hold while they get an interpreter.
6. Once you are with the interpreter let them know what will be needed. This is a great time to tell them the first question you want answered when you get on with the caller. If it's the beginning of the call the best question is "What is the caller's name and last 4 SSN."

When talking with the interpreter, talk as if you are talking to the caller but use clear and concise sentences. Also give the interpreter time to translate.

## Glossary

Term	Description
ALSTD	Aging & Long-Term Services Department
Assessment	Client Assessment based on medical documents
BI	Brain Injury
Budget	Budget allotted to individual ( aka SSP Budget, e-budget
CA	Consultant Agency
CCA	Consultant Contractor Agency – The CCA hires or subcontracts with individual consultants who assist the Mi Via Participant with understanding the Mi Via requirements, and developing the Service and Support Plan and budget. Every Mi Via Participant must have a consultant.
CDPC	Consumer Direct Personal Care – The incumbent Consultant Contractor Agency for the Mi Via Program

CIA	Comprehensive Individual Assessment
CIU	Client Information Update
CM	Case Manager
CMA	Case Management Agency
CoLTS	Coordination of Long-Term Services
DD	Developmentally Disabled Waiver
DE	Disabled & Elderly Waiver
DOH/DDSD	Department of Health/Developmental Disabilities Supports Division
EFT	Electronic Funds Transfer
Employee (of the Participant, or sometimes called worker)	Person who provides direct services to the Participants and who receives payments for the services
FMA	Financial Management Agency. The FMA makes payments to Employees for services rendered to the Mi Via Participant. The FMA processes Employee timesheet or invoices, and bills Medicaid for services and goods approved on the Service and Support Plan and budget. ACS has subcontracted with TNTFI to provide the payroll and financial functions for the FMA. ACS will supply all other operational functions.
FTP	File Transfer Protocol Site
GCES	Greystone Consumer Empowerment Systems, an ACS partner in Mi Via
<i>GCEOnline</i>	Refers to the web-based <i>GCEOnline</i> system that Greystone Consumer Empowerment Systems provides as part of the Mi Via solution. The user interface for <i>GCEOnline</i> consists of web pages that authorize the users' access using standard web browser software over the Internet. <i>GCEOnline</i> is the hub that contains all Mi Via Participant and Employee data
H&P	History and Physical

HSD/ISD (aka ISD)	Human Services Department/Income Support Division
HSD/MAD	Human Services Department/Medical Assistance Division
HCBW	Home and Community Based Waivers, which includes the New Mexico Mi Via program
IBA	Individual Budget Allotment
ICD9	Brain Injury diagnosis code approved for Mi Via Services
IDT	Inter-Disciplinary Team
IEB	Intake and Eligibility bureau (DOH/DDSD)
ISD2	HSD/ISD Eligibility System
ISD 378 & DOH 378	Long Term Care Assessment Abstracts (DD, MF)
ISD 379	Long Term Care Assessment Abstract (DE, BI, AIDS)
ISP	Individual Service Plan
LOC	Level of Care (NF = Nursing Facility, ICF/MR = Intermediate Care Facility/Mentally Retarded)
MAAR	Medicaid Auth Rep screen in ISD2 Showing CCA info
MAD 381	Application for Medicaid Waiver Services
MAW Letter	MAW Notification of Action (being phased out)
MF	Medically Fragile Waiver
NFL	CoLTS Nursing Facility Level of Care
NMMUR	NM Medical Utilization Review
PA	Prior Authorization

PFOC	Primary Freedom of Choice
RC	Resource Center (ALTSD)
SSP	Support & Service Plan
TPA	Third Party Assessor

## 8. Appendix: