

# **PROVIDER APPLICATION**



## **NEW MEXICO DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION**

### **COMMUNITY PROGRAMS BUREAU**

#### **DEVELOPMENTAL DISABILITIES WAIVER MEDICALLY FRAGILE WAIVER**

**P. O. Box 26110  
Santa Fe, New Mexico 87502-6110  
or  
810 San Mateo Road, Suite 103  
Santa Fe, New Mexico 87505**

**Effective  
October 1, 2012  
Revised August 2019**

**Cabinet Secretary  
Kathleen M. Kunkel**

MICHELLE LUJAN GRISHAM  
GOVERNOR



KATHYLEEN M. KUNKEL  
CABINET SECRETARY

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Dear DDSD Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Developmental Disabilities (DD) and/or the Medically Fragile (MF) Medicaid Waiver Programs.

All Medicaid Waiver Programs shall be subject to all New Mexico Human Services Department, Medical Assistance Division and Department of Health (DOH) regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the DD and/or MF Waiver Service Standards and other general provider requirements of the DOH.

For assistance in completing the application, please contact Tammy M. Barth at (505) 476-8910 or via email at [Tammy.Barth@state.nm.us](mailto:Tammy.Barth@state.nm.us).

Sincerely,

*Jason Cornwell*

Jason Cornwell, Director  
Department of Health  
Developmental Disabilities Supports Division

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## I. OVERVIEW OF MEDICAID WAIVER PROGRAMS: DD and MF

### ***Overview of Waiver Program and Waiver Background Information***

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Department of Health (DOH) herein referred to as the DEPARTMENT administers provider enrollment for the Developmental Disabilities (DD) and Medically Fragile (MF) Medicaid Waivers. All waiver programs are jointly administered with the New Mexico Human Services Department (HSD) - the single state Medicaid Agency. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the Human Services Department (HSD), Income Support Division (ISD) in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved waiver enrollment slots. The DEPARTMENT also has the authority to approve the area(s) and specific service(s) for authorized and approved waiver service providers. Medicaid Waiver services are not an “entitlement” for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient’s selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

### ***Developmental Disabilities (DD) Definition***

DD Waiver services are for eligible recipients who have developmental disabilities limited to an intellectual disability (ID) or a specific related condition as determined by the DOH-DDSD. The developmental disability must reflect the person’s need for a combination and sequence of special interdisciplinary or generic treatment or other supports and services that are lifelong or of extended duration and are individually planned and coordinated. The person must also require the level of care provided in an ICF/IID, in accordance with 8.313.2 NMAC and meet all other applicable financial and non-financial eligibility requirements.

### ***Conflict of Interest***

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict of interest issues. This applies to DD and Medically Fragile Waiver providers. Any individual who is an employee or subcontractor of an entity that is compensated for providing Waiver services to an individual must not serve as guardian or Power of Attorney for that individual, except when related by affinity or consanguinity. See NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement. Similarly, a person who is an owner, operator, or employee of a provider agency or subcontractor that is compensated to provide Waiver services to a given individual must not be designated under a Power of Attorney to make healthcare decisions for that same

individual, unless the owner, operator or employee is related to the individual by blood, marriage or adoption. See NMSA 1978, § 24-7A-2(B) (Uniform Healthcare Decisions Act).

Conflict free case management is required in the DD and Medically Fragile Waiver programs. A Case Management Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers are not able to serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD or Medically Fragile Waiver services that has a marital, blood, business interests or holds financial interest in providing direct care for individuals receiving HCBS services. Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.

### ***Developmental Disabilities (DD) Waiver Summary***

The DD Waiver is a home and community-based alternative to institutionalization in an ICF/IID. The program serves individuals who:

1. Meet the state/federal definition of developmental disabilities;
2. Meet the clinical criteria for placement in an ICF/IID facility;
3. May currently be in an alternative placement in the community;
4. Meet established Medicaid financial and non-financial eligibility criteria; and
5. May reasonably be expected to receive services and supports in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this if the aggregate cost of care for all consumers receiving service and supports under the DD Medicaid Waiver program is less than the cost of institutional care.)
6. Have intellectual/developmental disabilities or a specific related condition.

### ***Medically Fragile (MF) Waiver Summary***

The MF Waiver program is intended for individuals who have been determined prior to the age of twenty-two (22) to be both medically fragile and developmentally disabled or developmentally delayed or at risk for developmental delay.

Individuals must meet the same level of care criteria required for institutional care and must meet all Medicaid eligibility criteria for income and resources as those served in an institutional care setting.

Medically fragile is defined as a chronic physical condition, which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one or more of the following:

1. There is a life-threatening condition characterized by reasonably frequent periods of acute exacerbation that requires frequent medical supervision, and/or physician consultation and which in the absence of such supervision or consultation, would require hospitalization; or
2. The individual requires frequent time-consuming administration of specialized treatments, which are medically necessary; or
3. The individual is dependent on medical technology such that without the technology a reasonable level of health could not be maintained. Examples include but are not limited to ventilators, dialysis machines, external or paternal nutrition support and continuous oxygen.



## II. INSTRUCTIONS AND REQUIREMENTS

### *Application Requirements*

Submit applications to DDS with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDS may request additional information from the applicant, which must be submitted within timelines determined by DDS.

### *Where to Submit*

Submit one (1) complete original application to:

DOH / DDS / Provider Enrollment Unit (PEU)

Mailing Address

PO Box 26110

Santa Fe, New Mexico 87502-6110

Physical Address

810 San Mateo Road, Suite 103

Santa Fe, New Mexico 87505

### *Application Format*

Applications that do not conform to the required outline described in all sections may be returned.

1. It is the applicant's responsibility to ensure that all pages and appropriate documents are included.
2. Submit only single-sided copies.
3. Do not staple, bind or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
4. When responding to Sections IV-VIII of the Standard Program Descriptions, Policy and Procedure, Additional Program Descriptions and the Quality Assurance/Quality Improvement:
  - a. **Place a cover sheet in front of each Program Description section you are responding to using the section name.**
  - b. Respond to each question by following the order of the Program Description exactly as it is written. (Example: 3. a. ii.).
  - c. Responses to questions should cover aspects detailed in scoring criteria. Scoring criteria is listed under each question in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful agency specific response to the question is required.
  - d. Use separate pages for each section.
  - e. Use page numbers.

### *DDS Required Application Forms*

DDS requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

1. Provider Information Sheet(s): This form must be used as a cover page when the application is submitted for:
  - a. Developmental Disabilities (DD) Waiver

- b. Medically Fragile (MF) Waiver
- 2. Service and County Request Form(s): This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)
  - a. Developmental Disabilities (DD) Waiver
  - b. Medically Fragile (MF) Waiver
 

Renewing providers that would like to delete services and/or counties from your agreement, must submit a statement advising DDS of the services and/or counties you wish to remove and the date you plan to end services.
- 3. Statement of Assurances Form
- 4. Provider Agency Status Sheet (**Renewing Providers Only**)

### *DDS Required Documentation*

- 1. **Articles of Incorporation or Organization and current board members** (if applicable). The applicant must submit a current list of each board member's name, home address, phone number and email address.
- 2. **Combined Reporting System (CRS) Certificate** Proof of registration with the NM Department of Taxation and Revenue.
- 3. **Proof of General or Professional Liability Insurance** (one-million dollar minimum), naming Department of Health as an additional insured. (**New Providers, within 30 days of approval**)
- 4. **Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance** (ten-thousand dollar minimum) naming the Department of Health as loss payee. (**New Providers, within 30 days of approval**)
- 5. **Professional Licensure** All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services:
  - a. **DD Waiver Services Requiring Professional Licensure:** Adult Nursing Services, Behavioral Support Consultation, Case Management Services, Environmental Modification Service, Living Supports, Nutritional Counseling, Occupational Therapists, Physical Therapists, Speech Language Pathologists and Preliminary Risk Screening and Consultation.
  - b. **MF Waiver Services Requiring Professional Licensure**
    - i. Behavior Support Consultation, Nurse Case Management Services, Private Duty Nursing (LPN/RN), Home Health Aide, Nutritional Counseling, Occupational Therapists, Physical Therapists, Speech Language Pathologists and Environmental Modification Services.
    - ii. Home Health Agencies must submit a copy of their current Home Health Agency license.

## Accreditation Requirements

Some providers are required to be accredited. Refer to the tables below.

### Accreditation Requirements for DD Waiver Service Types

DD Waiver	CARF International	The Council on Quality and Leadership
Case Management	Aging Service	Personal Outcome Measures
Community Integrated Employment	Employment and Community Services	Personal Outcome Measures
Customized Community Supports	Employment and Community Services	Personal Outcome Measures
Customized In-Home Supports	Employment and Community Services	Personal Outcome Measures
Living Supports: Family, Intensive Medical and Supported	Employment and Community Services	Personal Outcome Measures
Respite	Employment and Community Services	Personal Outcome Measures

Agencies applying for the first time must provide a detailed plan that outlines timelines to ensure the agency is accredited within the next eighteen months and/or a letter from an accrediting body showing when your survey will take place.

Currently, accredited providers must provide a copy of the letter and certificate showing current accreditation status for the agency or a copy of the letter received from the Department granting a waiver from the accreditation requirement.

Accreditation waivers are only good through the term of the agency's current Provider Agreement. **You must submit a new request for a waiver of accreditation during your renewal period to the PEU for consideration.**

### III. OVERVIEW OF REVIEW PROCESS

#### *Application Review Process*

1. See scoring grid below. Each section that will be scored will be rated on the scale below.

Does Not Meet			Meets				
No plan or proposal	Incomplete proposal lacking in evidence	Basic proposal with incomplete or insufficient evidence	Satisfactory proposal with some good evidence and some areas of weakness	Strong overall proposal with strong supportive evidence, few areas of weakness	Detailed and compelling proposal supported by substantial evidence throughout. No weaknesses	<b>Does Not Meet</b>	<b>Meets</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>							
*This box expands for comments							

2. Scoring will be done by committee:

- a. Committee membership: Bureau of Behavioral Supports (BBS), Clinical Services Bureau (CSB), 2 Generalists, Community Inclusion (CI), Case Management (CM), Nurse, Rolling Lead and Chair.
- b. Each committee member will review each application in its entirety.
- c. Need an identified Chair (PEU Manager), and rolling leads determined by application (rolling by application).
- d. Applications will not necessarily be reviewed by their region but by what Lead is up next in the schedule.
- e. Lead for each review will be a RO Director or RO Deputy Director by divided up schedule and will be responsible to have the final review on the application prior to sending to PEU.
- f. Lead is responsible for pulling together required membership, including any additional staff needed for a particular review.
- g. Review schedule determined by the Chair.
- h. Chair is for coordination, collection duties, establishing timelines and due dates to PEU only, not for scoring/voting purposes.

- i. Committee needs to send a completely vetted application to the Chair by the established deadline.
- 3. Provider Application must have a “Meets” to receive a Provider Agreement and provide DD Waiver or Medically Fragile Waiver services. Applications may be approved/disapproved as a whole or by service type.
- 4. If a “Does Not Meet” is received in the following areas a full application disapproval will be issued:
  - a. Standard Program Description
  - b. QA/QI
  - c. Financial information
- 5. Individual service type in conjunction with applicable policies may also be approved/disapproved; however, denial by service type does not constitute a full denial.

Anything rated less than a “Satisfactory proposal with some good evidence and some areas of weakness” is considered “Does Not Meet” and will be returned to the applicant through the following process:

#### Remediation Process for Existing Providers

1. A first written Request for Information (RFI) will be issued to the provider, the provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
2. A second, written RFI will be issued to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDS D should be consistent across the State, regardless of which DDS D employee is providing the TA. The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
3. A third RFI will be issued in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through transition process mentioned below. The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
4. An application fee of \$500 dollars will be charged to the Provider for the additional review. The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
5. A Denial will be issued by DDS D. The denial will be issued for one-year from the date the last person is transitioned out of the provider agency.
6. If a denial is issued, the transition process will begin immediately.

#### Remediation Process for New Providers

1. A first written Request for Information (RFI) will be issued to the provider, the provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
2. A second written RFI will be issued to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDS D should be consistent across the State, regardless of which DDS D employee is providing the TA.

The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;

3. A third RFI will be issued to the provider including the original referral for TA. The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
4. An Application fee of \$500 dollars will be charged to the Provider for the additional review. The Provider has 10 business days to return the RFI. If the RFI is not returned or remains insufficient;
5. A Denial will be issued by DDSD. The Denial will be issued for one-year from the date of denial.

### *Term of Agreement*

1. For providers of services which require accreditation:
  - a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDSD.
  - b. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDSD personnel.
  - c. The Provider Agreement will never exceed the accreditation term.
2. For providers of services which do not require accreditation:
  - a. New providers will receive a one (1) year provisional term.
  - b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDSD personnel.
3. **For renewing providers**, the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous 24 months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:
  - a. Individual Quality Review (IQR) findings;
  - b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE);
  - c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys; and
  - d. Performance Improvement Plans (PIP) related to Regional Office Contract Management.

## IV. FINANCIAL INFORMATION

1. New Providers are required to submit:
  - a. A business plan and anticipated expenses for a three (3) month period.
    1. ***Must include a list that demonstrates how you will sustain the business for a three (3) month period.***
  - b. Demonstration that the agency has an adequate amount of cash or line of credit to pay operating costs for a three (3) month period.
    1. ***This can include financial institution statements, bank statement or line of credit information.***
  - c. Description of the agency's current operating budget; including information about resources devoted to staff and Board (if applicable) training as well as short- and long-term financial goals.
    1. ***The applicant can show it has 3 months of operating costs available.***
    2. ***Identification of the percentage or amount of the agency budget is devoted to staff (and Board, if applicable,) training and technical assistance.***
    3. ***Applicant can show routine and regular financial audits are conducted.***
2. Renewing Providers are required to submit:
  - a. Annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by an accountant.
    1. ***The above must be submitted.***
  - b. Description of the agency's current operating budget; including information about resources devoted to staff and Board (if applicable) training. Please include short- and long-term financial goals.
    1. ***The applicant can show it has 3 months of operating costs available.***
    2. ***Identification of the percentage or amount of the agency budget devoted to staff (and Board, if applicable,) training and technical assistance.***
    3. ***Applicant can show routine and regular financial audits are conducted***

## V. DD WAIVER GENERAL PROGRAM DESCRIPTION

1. Provide a statement describing the agency's:
  - a. Mission;
  - b. Vision; and
  - c. Values.

***Mission/vision/values statement that shows commitment to the following:***

- 1. Linking people with disabilities to opportunities that result in connections with community members without disabilities. Connections to her/his community, including places, neighbors, friends, and resources, is the priority outcome for each person.***
      - a. Each person supported deserves a valued role in her/his community and it is the responsibility of the agency to promote experiences for the person that are typical for people of the same age without disabilities (including, for example, competitive employment, friendships, and intimate relationships.)***
      - b. Person-centered planning for people that results in***
      - c. the person making informed choices;***
      - d. positive self-perceptions for the person and family;***
      - e. progress toward the life the person desires;***
      - f. positive roles and responsibilities in the person's community; and***
      - g. changes as needed in service providers to meet the person's needs.***
      - h. Personal independence (regardless of the size of the steps the person may physically or intellectually be able to take.)***
      - i. People first language is used in the description.***
2. Please summarize why the agency would like to provide services to individuals on the DD Waiver.  
***(Not Scored)***
3. Describe how applicant aligns Mission/Vision, Organization, Strategies, Staffing, Training, Funding, Outcomes and Quality Assurance to accomplish each service the agency is applying to provide with a focus on supporting people with IDD to have lives that are typical to age peers without disabilities.  
***A strong commitment to the following is demonstrated:***
  - 1. There is alignment between the Mission/Vision, organization, staff, training requirements, strategies/practices and outcomes of the service type;***
  - 2. The strategies the Applicant uses to link people to supports have a high probability to result in competitive employment, personal homes, and desired relationships;***
  - 3. Section shows agency's commitment to support people to build lives in their communities typical to their age peers as the most important option;***



4. ***Building relationships with families and guardians that support the person's participation/inclusion in everyday community experiences and activities is emphasized as an important strategy for agency success.***
  5. ***Partnership with the Developmental Disabilities Supports Division (DDSD) and any other government agencies that support the people the agency serves;***
  6. ***Assessment of applicant agency personnel (subcontractor or staff) orientation and training needs by establishing minimum subcontracting or hiring requirements and initial and annual training and mentoring expectations for all subcontractors or staff (for example, Case Manager, Sub-Contract Manager, Supervisor).***
  7. ***Provision of training opportunities for Board Members as applicable;***
  8. ***How the applicant agency supports staff to advocate and plan for supports and experiences in peoples' daily lives that enable each person to make an informed choice about options that help meet her/his needs and options for participating in valued roles and activities in her/his community;***
  9. ***How the applicant agency works with people and their families to discover individual needs and interests and preferences;***
  10. ***How the applicant agency encourages use of adaptive devices, reasonable accommodation, local transportation options and other supports to increase the person's independence.***
4. Describe the Agency, including information about how the agency assesses needs of people with disabilities and their families or the guardians the agency supports.
    1. ***The applicant agency must show how knowledge of community resources, services, supports, etc. are imparted to agency staff, so they provide comprehensive and understandable information to people about their choices.***
    2. ***The applicant agency should explain their requirements for annual training (including professional practice) that includes, but is not limited to, identifying needs, individual-specific planning, supported employment, and other subjects commonly faced by agency staff in supporting people with IDD.***
  5. Explain the impact of federal regulations (CMS Settings requirements; CMS Contracted Provider requirements) and how agency is meeting or will meet them.
    1. ***The agency should show an understanding of CMS setting requirements and how they apply to the services it provides.***
    2. ***The agency should show an understanding of Electronic Visit Verification (EVV) and plans to comply with State issued instructions, when applicable.***
  6. Describe:
    - a. The agency's or your professional experience working with individuals with IDD. Include the agency Director's resume.
    - b. The agency's professional experience providing each of the services the agency is applying for.
    - c. The agency's approach to delivering each of the services that you are applying to provide.

**Language to watch for includes:**

- 1. Identification of individual interests, abilities and needs**
  - 2. Opportunities for exploration of experiences that lead to each person's ability to make informed choices about their lives and activities**
  - 3. Provision of understandable information about the value of employment and other community-based experiences that are typical to her/his age peers without disabilities**
  - 4. Inclusion of the person, family, and friends in discovering the person's interests and preferences**
  - 5. Demonstration of person-centered thinking, planning and practice**
  - 6. Strategies to promote employment first are incorporated into all services the agency offers**
- d. Provide the agency's Organizational Chart and brief position descriptions including management and supervisory positions
- 1. The Organizational Chart and position descriptions should show positions that relate to the service type, understand the service system, know the communities their clients live in and what community options are available to their clients.**
  - 2. The applicant should show an administrative structure that provides support to staff including managing, monitoring, teaching and improvement in practice.**
  - 3. The applicant agency's Organizational Chart should clearly indicate how subcontractors or staff positions are monitored, managed or supervised, as well as how the agency supports its personnel, whether subcontracted or hired, to competently carry out their responsibilities.**
- e. Ensure that the applicant organizational structure and position description clearly describes which positions are responsible for compliance with DD Waiver standards, directives, and contract language.
- i. If applicant employs staff, please describe which positions are supervisory including supervision plan.
  - ii. If applicant subcontracts for work accomplished, please describe which positions are responsible for generating subcontracts including contract compliance with DDSD rules and which positions are responsible to ensure subcontractor complies with terms and conditions of the subcontract and overall provider agreement.
  - iii. A plan to recruit and /or retain specified full-time personnel designated for the services you are applying to provide.
- 1. Application should describe position(s) that oversee contract and subcontract compliance; including positions that ensure compliance with DDSD Contract**
  - 2. position(s) responsible for document management including timely submission of required documents;**
  - 3. position(s) responsible for billing according to Medicaid billing requirements;**

4. *Application should describe the position(s) responsible for Quality Assurance/Quality Improvement.*
  5. *Application should describe the position(s) responsible for evaluating/monitoring direct service activities including*
  6. *Supervisory/oversight positions*
  7. *With subcontractor model of business, positions that develop subcontracts that meet DDS requirements and positions that ensure subcontractors comply and meet DDS rules, standards, and directives, and*
  8. *Position(s) that are responsible for staff training.*
- f. Describe the agency's community resource assessment process to inventory and use community-based generic and specialized options/services in their area.
1. *Description should include an explanation of the agency's approach to assessing community resources, and an understanding of each community in which the provider is providing services related to its uniqueness, resources and specialized options/services in the area.*
- g. Describe how the agency ensures information about connections and resources in their communities is available to agency staff; how agency staff can gain access to that information and to the applicant's connections in the community to increase the options for community activities for the people they support.
1. *Reviewer should ensure topics are addressed, including the use of strategies to ensure the person has access to community activities outside of specialized services; that the person is linked to community activities and community members without disabilities; and the person is supported to be as independent as possible.*
  2. *Applicant should recognize that participation in non-specialized typical community activities is important.*
  3. *Applicant should demonstrate a communication plan for sharing information, outside of training opportunities.*
  4. *A complete response to this requirement includes evidence of subcontractor or staff training including identification of events and verification of attendance.*
- h. Explain how the agency ensures agency staff are available to assigned clients and how they have sufficient information about potential service providers to ensure clients can select service providers who meet their needs.
1. *Agency must demonstrate an understanding of the Secondary Freedom of Choice Process.*
  2. *If the applicant is in multiple regions/areas the applicant should indicate how they will ensure agency staff and subcontractors are available in each region/area to support the persons in each region/area equally.*

- i. Describe the partnerships the agency has developed with stakeholders including families, Individuals in service, other service provider agencies, the DDS and any other state agencies related to the work of its subcontractors or staff.
  - 1. The response should include a description of how the applicant agency will meet CMS and/or state requirements, as applicable, and the steps it is taking to comply with these requirements. Examples include how to assure that the people served are supported to make informed choices about their services, applicant agency support of Human Rights requirements, the CMS Settings requirements and Employment First.**
  
- j. Describe the length of time applicant agency has provided services; number of people served for the past 5 years and what the applicant agency considers to be significant accomplishments.
  - 1. Applicant must provide the length of time providing services.**
  - 2. Applicant must provide the number of people serviced for the past 5 years.**
  - 3. Applicant must provide significant accomplishments.**
  - 4. Examples must be related to access to community integrated activities and resources.**
  
- 7. Describe concerns the agency may have about providing DD Waiver services and list what would be helpful to the agency to support people to obtain quality DD Waiver services. (Not scored)
  - 1. This part of the application is not scored but is used to help DDS improve the supports that it provides to qualified providers that deliver services to DDS clients.**

## VI. DD WAIVER PROGRAM DESCRIPTIONS PER SERVICE TYPE

### *Services with Additional Program Descriptions*

In addition to the Standard Program Descriptions, agencies that provide the following DD Waiver services must also submit the agencies authoritative documents and respond to additional questions:

1. Case Management
2. Community Inclusion Services which include:
  - a. Community Integrated Employment (CIE).
  - b. Customized Community Supports (CCS Group includes nursing supports).
3. Living Care Arrangements (LCAs) which include:
  - a. Customized In-Home Supports (CIHS)
  - b. Living Supports- Family Living, which includes nutritional counseling. All Family Living Providers are required to also be providers of Adult Nursing Services (ANS) and must also provide information about their staffing and billing processes to support ANS.
  - c. Living Supports- Supported Living which includes nutritional counseling and nursing services.
  - d. Living Supports- Intensive Medical Living Services (IMLS) which includes nutritional counseling and nursing services.
4. Professional and Clinical Services which include:
  - a. Adult Nursing Services (are not available to young adults, age 18 through 20 unless ARM supports are needed).
  - b. Behavior Support Consultation (BSC).
  - c. Nutritional Counseling (serving persons who are not in a Living Care Arrangement.)
  - d. Preliminary Risk Screening and Consultation Related to Sexually Inappropriate Behavior (PRSC)
  - e. Therapy Services (not available to young adults, age 18 through 20 unless ARM supports are needed).
5. Other Services which include:
  - a. Assistive Technology (AT).
  - b. Crisis Supports.
  - c. Environmental Modification.
  - d. Independent Living Transition Service.
  - e. Non - Medical Transportation Service.
  - f. Supplemental Dental Care (not available to young adults, age 18 through 20).
  - g. Personal Support Technology (PST).
  - h. Socialization and Sexuality Education (SSE).

### *DD Waiver Agency Authoritative Documents Per Service Type*

DD Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency’s documents that address the following and provide document titles and use the grid below to provide page numbers where each numbered area is addressed:

*The authoritative documents will need to adequately address all requirements listed below and the Agency should demonstrate that the authoritative documents are reviewed and or updated at least annually by the Agency.*

	<b>Policy /Procedure/Agency Document Topical Areas</b>	<b>Applicable Service</b>	<b>Agency’s Document Title</b>	<b>Page Number(s)</b>
1.	<b>ANE</b>  <b>Incident Management documents that comply with the current <u>NM Department of Health Improvement Incident Management Guide</u>, available on the DOH website at <a href="https://nmhealth.org/about/dhi/ane/">https://nmhealth.org/about/dhi/ane/</a> and Incident Management System requirements including training on reporting Abuse, Neglect and Exploitation, including policy/ procedures to prevent retaliation to staff for any reporting.</b>	All		
2.	<b>Transitions</b>  <b>How the agency will transition individuals upon termination or expiration of a Provider Agreement or when an individual transition to another agency or waiver.</b>	All		
3.	<b>Coverage and Back Up</b>  <b>Plans for coverage and back-up as applicable and other personnel critical to agency operations for all individuals receiving services by the agency, to include vacations and staff turnover.</b>	All		
4.	<b>Information Sharing</b>  <b>How the agency assures that staff/subcontractors, supervisors, and people who work directly with the</b>	All except Supplemental Dental and AT		

	<b>Policy /Procedure/Agency Document Topical Areas</b>	<b>Applicable Service</b>	<b>Agency's Document Title</b>	<b>Page Number(s)</b>
	<b>person are kept up to date or informed of any changes in visions, services, ISPs, etc.</b>			
5.	<b>Transportation</b>  <i>Safe transportation of individuals during service provision, including wheelchair safety training and how the agency will comply with the NM regulations governing the operation of motor vehicles.</i>	All except for Environmental Modifications, Assistive Technology, and Personal Support Technology		
6.	<b>Staff/Subcontractor Supervision and Oversight</b>  <i>Practices for all licensed or certified professionals in accordance with the current Scope of Practice and licensing Board. This includes compliance with the New Mexico Nurse Practice Act regarding Registered Nurse supervision of Licensed Practical Nurses; Certified Medication Aides and delegation of specific nursing functions, as well as oversight requirements for Physical Therapy Assistants (PTAs) and Certified Occupational Therapy Assistants (COTAs).</i>	Living Supports, Crisis Supports, CIHS, CCS, Adult Nursing, Nutritional Counseling, Environmental Modification, Therapies and BSC		
7.	<b>Caregiver Criminal History Screening Program and Employee Abuse Registry</b>  <i>Compliance with Caregiver Criminal History Screening Program and use of the Employee Abuse Registry.</i>	All except for Environmental Modification		
8.	<b>Orientation to DDW Service Standards and Training</b>  <i>Staff/subcontractor and agency nurse orientation on DDW Services standards and all required trainings. This includes Individual Specific Training (i.e. Teaching and Support Strategies and Written Direct Support Instructions) and notification to the Regional Office of</i>	All services except Environmental Modification, AT, and Supplemental Dental, IL Transition		

	<b>Policy /Procedure/Agency Document Topical Areas</b>	<b>Applicable Service</b>	<b>Agency's Document Title</b>	<b>Page Number(s)</b>
	<i>nursing turnover to maintain compliance with initiating licensed nurse training within 90 days.</i>			
9.	<p><b>Medication</b></p> <p><i>Safe storage, tracking and administration of medication, including reporting of medication errors and reporting of medication errors and missing medications in accordance with DD Waiver Service Standards, the New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations. This includes administration process including the following: processing of orders, obtaining medications, creating and updating the Medication Administration Record (MAR) and nursing and staff oversight of the MAR.</i></p>	Living Supports, Crisis Supports, CIHS, CCS and CIE, and Adult Nursing		
11.	<p><b>New Mexico Nurse Practice Act</b></p> <p><i>Compliance with New Mexico Nurse Practice Act requirements regarding delegation of specific nursing functions.</i></p>	Living Supports, CCS-group and Adult Nursing		
12.	<p><b>Healthcare Coordination</b></p> <p><i>How the agency will ensure Healthcare Coordination to ensure timely implementation of healthcare orders, tracking of individual health indicators (e.g. weight, seizure frequency, etc.) and development, training, implementation, and monitoring of required Healthcare Plans and Medical Emergency Response Plans.</i></p>	Living Supports, CCS-Group and Adult Nursing		
13.	<p><b>Emergency Evacuation, Placement and Relocation of Individuals</b></p> <p><i>Emergency evacuation, placement and relocation of individuals, to address at least fire, chemical and/or hazardous waste spills, flooding or if the residence becomes unsuitable for occupancy.</i></p>	CCS and CIE in agency operated setting, all Living		



	Policy /Procedure/Agency Document Topical Areas	Applicable Service	Agency's Document Title	Page Number(s)
		Supports, Crisis Supports		
14.	<p><b>Emergency and on-call procedures</b></p> <p><i>The agency must outline their on-call procedures.</i></p> <p><i>For ANS, all Living Supports and CCS-G provide the procedure for the agency's on-call nursing coverage. This includes compliance with Standards regarding Assistance with Medication Delivery and PRN medications and the response to reports of change in condition and unanticipated health events.</i></p> <p><i>Describe the agency's on-call nursing services that specifically state the nurse must be available to DSP during periods when a nurse is not present. The on-call nurse must be available to make an on-site visit when information provided by the DSP over the phone indicate, in the nurse's professional judgment, a need for a face to face assessment to determine appropriate action.</i></p>	All		
15.	<p><b>Person--Centeredness</b></p> <p><i>Person--centered planning practices, preservation of rights and choice, and CMS settings requirements.</i></p>	All except Environmental Modification, AT		
16.	<p><b>End of Life</b></p> <p><i>Supporting the person's or guardian's choices at the End of Life. This includes receiving Hospice services in their DD Waiver home and following current Do No Resuscitate (DNR) physician orders.</i></p>	All Living Supports		
17.	<p><b>Freedom of Choice and Non-Solicitation</b></p> <p><i>Ensuring freedom of choice/non-solicitation.</i></p>	All		
18.	<b>Service Provision</b>	All		

	<b>Policy /Procedure/Agency Document Topical Areas</b>	<b>Applicable Service</b>	<b>Agency's Document Title</b>	<b>Page Number(s)</b>
	<i>Providing services with an approved budget, signed secondary freedom of choice form, within scope of approved DD Waiver service and in approved ISP.</i>			
19.	<b>Protection of Individuals' Finances</b>  <i>Protection of individual's SSI payment or other personal funds, including accounting for all spending by the Provider Agency, and outlining protocols for fulfilling the responsibilities as representative payee if the agency is so designated for an individual.</i>	Living Supports, Crisis Supports, CIHS, CCS,		
20.	<b>Compliant /Grievance Procedures</b>  <i>Compliant /Grievance Procedures available to individuals and/or their guardians in service.</i>	All		
21.	<b>Coordination with Other Supports</b>  <i>Coordination with providers of other services for individuals mutually served (e.g. Customized Community Supports, Community Integrated Employment, Home Health or Hospice, Therapies, Customized In-Home Supports, and Managed Care Organizations).</i>	All		
22.	<b>Subcontractors</b>  <i>How the agency will ensure subcontractors will comply with the DDW Service Standards and other policies.</i>	All services who use subcontractors		
23.	<b>Family Living Self-Assessment</b>  <i>Agency's process for reviewing the Family Living Support Services Applicant Self-Assessment to determine approval.</i>	Family Living		
24.	<b>Family Living Home Study Assessment</b>	Family Living		

	Policy /Procedure/Agency Document Topical Areas	Applicable Service	Agency's Document Title	Page Number(s)
	<i>Agency process for the Family Living Supports Home Study Assessment including how they will determine approval and annual renewal of the home study.</i>			

## Additional Questions per DD Waiver Service Type

### Adult Nursing

1. Describe the agency's process to determine the number of nurses needed to meet the health and safety needs of your DD Waiver clients.
  1. **Agency should demonstrate a system of routine internal assessment of client needs and nursing staffing using the Provider eCHAT Report: Management Tool from the Therap Reports Library. (pending updated title from Therap)**
2. Submit a list of all nurses (RNs and LPNs) working for the agency including a contact email:
  - a. Identify the lead nurse for the agency who is responsible for supervision of the nursing staff.
  - b. Identify if nurses are on staff or under contract and include city and state of residence.)
  - c. Identify the number of hours per week that each nurse works, including all on call time.
  - d. Provide a current, signed copy of the nursing contracts for all contract nurses (not considered an employee of the agency)
    1. **Agency should provide concise information for the above elements.**
    2. **Information must demonstrate that nurses can respond at the person's home within 60 minutes if deemed necessary. If the applicant uses remote nursing or is in multiple regions/areas the applicant should indicate how they will ensure nursing, contract nurses, and subcontractor nurses respond to calls from the DSP in a timely manner and are available in each region/area to support the persons as describe in the DDW Standards in each region/area with a face to face visit within 60 minutes.**
    3. **Lead nurse must be an RN.**
3. Describe the agency's on call process including DSP access to nurses and how the nurse documents their actions when on-call.
  1. **Agency should provide concise information for the above elements.**
4. Describe your agency's process to support all nurses to access meetings and continuing education that enhances their knowledge of caring for persons with I/DD.
  1. **Agency should provide information regarding how nurses are informed about continuing educational activities (sessions provided by DDS, Continuum of Care (COC), Transdisciplinary Evaluation Assessment Screening Clinic (TEASC) and New Mexico National Developmental Disabilities Nurses Association (DDNA.)**
  2. **DDNA and are supported to attend these trainings.**
  3. **Agency should provide evidence of support for the nurses to join and participate in DDNA.**
5. Describe your agency's process to assure that all nurses complete face to face visits per the DD Waiver Standards.
  1. **Agency should provide information regarding how nurses schedule and complete nursing monitoring visits.**
6. Describe the agency's process to assure timely completion of all required nursing documentation and timely submission to the Case Manager.

1. ***Agency should demonstrate a system of internal monitoring of documentation and timely submission.***
  
7. Describe the agency's process for capturing medication orders, updating the MARs, creating monthly MARs and supporting nursing oversight of the medication records and the persons response to their medication regime.
  1. ***Agency should demonstrate an internal system of obtaining and implementing orders; accurately updating MARs.***
  2. ***Agency should describe internal system of monthly nursing review of the medication records and documentation of oversight.***
  
8. Describe the agency's process for compliance with NMAC Nursing Home Drug Control:
  - a. Provide a copy of your current, signed Pharmacy Provider and Consultant contract.
  - b. Provide evidence of the last review of the Pharmacy Manual for the agency
  - c. Describe the agency's system of following up on recommendations from the Consultant Pharmacist's routine Drug Regime review.
  1. ***Include demonstration that the agency receives active pharmacy consultation.***
  2. ***Demonstration of a clear system for following up on all of the Pharmacy consultant's recommendations.***
  3. ***Includes collaboration with the Pharmacy consultant for internal QA/QI about medication errors and medication processes.***
  
9. Describe the agency's experience with recruitment and retention of nurses.
  1. ***Addresses challenges with staffing and describes efforts made to recruit and retain nursing staff.***

## Assistive Technology

1. Describe the agency's experience and capacity to fulfill fiscal intermediary functions. Identify the accounting or software system that will be utilized to manage data to support tracking

***Clear processes are given for the following:***

- 1. Received and processed request;***
  - 2. Cashed and un-cashed checks;***
  - 3. Voided/returned checks;***
  - 4. Remaining balance for each individual;***
  - 5. Tracking receipts for all devices or materials purchased;***
  - 6. Annual reports for each individual; and***
  - 7. Administrative fee amounts.***
2. Identify the personnel who will be directly responsible for managing this service (including plan for back-up staffing); and
    - 1. Response clearly address all elements listed above.***
  3. Provide all policies and procedures to maintain compliance with the current DD Waiver Assistive Technology standards pertaining to:
    - a. All aspects for processing applications, including time lines;
    - b. Maintaining the financial system;
    - c. Distribution of annual reports; and
    - d. Monitoring integrity of financial systems.

***1. Documents clearly address all elements listed above.***

## Personal Support Technology

1. Explain how the agency will work with the individual and their interdisciplinary team (IDT) to complete assessment and planning related to their PST needs.
  1. ***This includes describing how the agency will facilitate creation of a customized team response plan to PST alerts when such a plan is needed.***
  
2. Explain how the agency will provide training and education to the individual receiving PST devices and services and any of the individual's guardian/family/staff who will also require the training.
  1. ***Include how the agency will provide education about monitoring and monitoring parameter safeguards that will ensure the individual and any roommate's privacy rights will be protected.***
  
3. Describe how the agency will facilitate basic PST installation and maintenance needs or facilitate vendor services in these areas.
  1. ***Include how agency will research and collaborate with potential vendors.***
  
4. Describe how the agency will track the independence, safety and/or health outcomes of PST services provided.
  1. ***Identify how tracking PST services outcomes might contribute to Quality Assurance plans or strategies implemented by the agency.***
  
5. Identify the software and accounting system that will be utilized to manage data for the tracking of services and financial information.

***Clear processes are given for the following:***

  1. ***Receiving and processing requests;***
  2. ***Cashed and un-cashed checks;***
  3. ***Voided/returned checks;***
  4. ***Tracking remaining balance for each individual;***
  5. ***Tracking receipts for all devices or materials purchased;***
  6. ***Maintaining an ongoing PST expense and services log, including a sample log;***
  7. ***Tracking administrative fee amounts, and***
  8. ***Submitting reports in a secure HIPAA compliant format.***
  
6. Describe the agency's experience and ability to ensure that an individual's lost, damaged, warranty replacement or returned item/s are addressed.

***Clear practices and explanations are given;***

  1. ***An explanation of how the above would be documented is provided;***
  2. ***Sample scenarios are given on how the agency has dealt with these issues in the past and how the circumstance ended.***
  3. ***If you have never provided this service before or have no current data, please describe how you would implement and address this question going forward.***

## Behavioral Support Consultation

1. Describe the agency's experience using Positive Behavior Support as a model for practice.
2. Describe the agency's approach to providing services through a consultation model.
3. Describe the agency's approach to development and implementation of a PBS Assessment and PBS plan.
4. Describe how the agency will fulfill the Behavior Support Consultation DD Waiver Service Standards regarding training of IDT members and DSPs.
5. Describe how the agency will work to ensure implementation of **the least intrusive** effective behavior interventions and describe how the agency will work with provider agencies to ensure proper Human Rights Committee meeting attendance and reviews.
6. Describe the agency's approach to development and implementation of the Behavior Crisis Intervention Plan (BCIP) to ensure safety considerations are being addressed during the use of Emergency Physical Restraint.
7. Describe effective documentation of the CARMP and how you will implement and comply with Aspiration Risk Management requirements.
8. Describe how you will support people with a co-occurring psychiatric condition.
9. Describe how you will support people and protect against unnecessary use of PRN Psychotropic Medications in the development and implementation of the PRN Psychotropic Medication Plan (PPMP).

### ***Response includes training and supervisory supports related to:***

- 1. Understanding DD Waiver service standards;***
- 2. Developing assessments and plans in compliance with required components outlined in the "Beyond the ABCs" training required of new BSCs;***
- 3. Guiding the person's and the IDT's understanding of contributing factors that currently influence behavior such as: genetic and/or predispositions to syndromes, developmental and physiological compromises, traumatic events, co-occurring I/DD and mental illness, communicative intentions, coping strategies, and environmental issues;***
- 4. Enhancing the person's and the IDT's competency to predict, prevent, intervene with, and potentially reduce behaviors that interfere with quality of life and pursuit of ISP Desired Outcomes, including recommendations regarding needed adaptations to environments in which the person participates;***
- 5. Developing behavior support strategies to lessen the negative impact of contributing factors to enhance the person's autonomy and self-determination;***
- 6. Providing IDT members, including DSP, with training, materials and/or other relevant information needed to successfully implement the PBSP and perform any ongoing data collection or provider reporting required by the PBSP and all other related plans (BCIP, PPMP, or RMP); and***
- 7. Monitoring the services rendered to the person and the team to ensure quality, accomplishment of the person's desired outcomes, and behavioral outcomes as anticipated/realized via the PBSP.***



10. **KPI for BSC's include community integration/outreach (CO); behavior of concern/ behavior topography (BT) and skill development (SD) measures. QI for BSCs include grievance measures, document reviews, staff training compliance. Provide the following:**

1. The number of people for whom agency provides supports.
2. The number of people in BSC services who maintain connection to at least one family member. (CO)
3. The number of people in BSC services who have at least one friend that is not a paid staff person. (CO)
4. The number of people in BSC services who have access to a minimum of two community activities. (CO).
5. The number of people in BSC services who have had interactions with law enforcement in the past year. (BT)
6. The number of people in BSC services who have any restrictive measures in place. (BT)
7. The number of people in BSC services who have had a decrease of behavior concerns over the past year (BT)
8. The number of people in BSC services who have had at least one reported new achievement in the past year. (SD)
9. The number of people in BSC services who have completed at least one new short-term goal (anything within the past year), (SD)
10. The number of people in BSC services who have completed at least one new skill in the past year. (SD)
11. Number of grievances processed by agency and how grievance information is used to improve BSC services.
12. Number of BSC document reviews the agency completes each year and how the agency monitors for effectiveness and quality of behavior plans related to the individual's needs.
13. Please describe how often agency reviews its agency data; how review/analysis is used to improve agency performance.
14. Please describe how the agency tracks compliance with DDS training requirements and BSC licensure requirements.

**1. Agency provides meaningful data and describes how it is used to improve services.**

## Crisis Supports

1. Submit a plan of proposed staffing patterns, illustrating how the agency will ensure that sufficient crisis response staff will be available to respond to Crisis Supports events on a twenty-four (24) hours/seven (7) days a week basis.

- 1. Applicant submits staffing patterns, demonstrating sufficient crisis response staff will be available 24/7.**

2. Crisis Supports providers must also provide relevant policies for:

- a. Training in relation to Crisis Supports in accordance with the requirements in the DD Waiver Service Standards.

**Applicant will include:**

- 1. The required orientation for upper and middle management,**
    - 2. Crisis Response training,**
    - 3. Introduction to Supporting Sexuality for Persons with I/DD, and**
    - 4. The agency's ongoing plan to identify additional/new Crisis Response staff.**

- b. Agency approved protocol of crisis prevention and intervention, in accordance with the current DD Waiver Service Standards.

3. Describe what position(s) within the agency will be responsible for coordination and oversight of Crisis Supports services and how these services fit into current agency operations.

- 1. Provider agencies will describe how they will ensure that the following fits into current agency operations, including: Training in one of the DDS-approved methods (i.e. the Mandt System, Handle with Care: Crisis Intervention & Behavior Management, or Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention);**
  - 2. 1:1 or higher crisis response staff to client ratios, including the incorporation of the ISP and/or the agreements made by the IDT in conjunction with BBS before, during or after crisis meetings;**
  - 3. IDT coordination (including weekly updates or site visits, and bi-monthly IDTs); and QA/QI program requirements especially use of the QA/QI committee to monitor.**
  - 4. Requirement of a 30-minute call back to BBS.**

## **Socialization and Sexuality Education**

1. Please describe the agency's philosophy around provision of socialization and sexuality education to individuals with intellectual/developmental disabilities.
  1. ***Response should detail how the person's sexual rights will be respected, both in the classroom and in consultation with the person's IDT, particularly regarding advocacy for the person to be able to pursue relationships of their own choosing.***
2. Please describe why the agency would like to provide this service and what benefits and impact you believe it will have on individuals served under the DDW;
3. Identify at least one (1) BBS certified lead teacher and describe their experience and strengths in providing this service.
4. Please describe the process the agency will use to identify/train student teachers when needed by the agency; and
5. Please describe the process the agency will use to identify, train and hire self-advocate peer mentors.
  1. ***Applicants will provide a detailed description of 2.-5. above.***

## Preliminary Risk Screening and Consultation

1. Provide documentation that the agency's identified Risk Evaluator (RE) has met all BBS qualifications and prerequisites for provisional BBS approval. (If Renewing: Provide documentation related to requirements for full and ongoing BBS approval.)
2. Please provide responses directly from the RE applicant for provisional approval for the following items:
  - a. Describe your capacity to commit the time necessary to complete all ongoing training and supervision requirements, to participate in a competency review with BBS for full approval for this service;
  - b. Please describe the agency's professional goals and how they relate to the level of training and supervision necessary to obtain BBS approval for this service; and
  - c. Please describe the RE's experience working with IDT members who are dealing with difficult, emotionally charged issues and their experience with making clinical recommendations in this context.
    1. ***Applicant agencies must show how they will ensure subcontractors or staff are competent to carry out all tasks including assessment, development of risk management strategies and recommending supervision reduction, and ongoing participation in outside PRSC clinical supervision and training.***
    2. ***Response should include a description of how required participation in supervision and training in professional practice will occur.***

## Case Management

1. The individual's information must be kept current and accessible at all times. Please state the methods that the agency will use to ensure adherence to this service standard.
  1. ***Agency has adequate methods and demonstrates that it follows this method and makes immediate corrections when necessary.***
2. Describe how the agency will keep current with generic community resources available in community of individuals supported;
  1. ***Agency demonstrates a thorough awareness of community resources and has a method to routine update and share that information with all case managers in the agency.***
3. Submit copy(ies) of each case manager's educational degree and experience.
  1. ***Case managers meet minimum requirements. An exception to the standards must be requested, which includes a plan to come into compliance within a year if minimum requirements are not met.***
4. Describe how caseloads are covered.
  1. ***Agency shows what criteria are used to assign, cover, and match case manager to client and how agency assures caseload size does not affect quality and thoroughness of service.***
5. Describe the agency's training expectations for case managers and how the agency supports case managers to develop and maintain the skills and abilities related to assessment, person centered planning, and monitoring.

***Applicant agencies must show how they ensure subcontractors or staff are competent to carry out all case management tasks including eligibility, assessment, planning, linking to services, monitoring and advocacy. Agency should address participation in training in professional practice as well as having a professional development plan and policies around corrective action.***

***Response includes training supports related to:***

  1. ***Understanding DD Waiver service standards;***
  2. ***Understanding current processes for Level of Care determination and budget approval;***
  3. ***Understanding ISP and budget development as well as submission process***
  4. ***Identifying/assessing the person's individual abilities, interests and preferences particularly if the person lacks communication skills to speak for her/himself;***
  5. ***Understanding how the person communicates and work with family, guardians, caregivers and providers to support the person to have an authentic voice in determining her/his path***
  6. ***Understanding the individual elements/requirements (preferences and needs) of the person-centered plan so when visiting the person, it is immediately apparent whether the plan is being implemented correctly;***
  7. ***Development of person-centered plans that capitalize on the person's interests and preferences;***

- 8. Facilitating a team of service providers to ensure the development and implementation of the plan that recognizes individual needs, skills, strengths, abilities and preferences of the person;**
- 9. Monitoring the services offered to the person to ensure quality and accomplishment of the person's objectives; and**
- 10. Informing Case Managers of available resources in the DD and MCO systems to support the person, their guardian and their teams, to seek consultation or additional services when faced with challenging social, health or behavioral issues.**

6. Using Agency data (**please use separate lines for Jackson Class Members data**) please provide the following information and describe how the agency uses data to improve services
- a. The number of people for whom agency provides case management.
  - b. The age range of agency clients.
  - c. Number of clients of working age that are employed in competitive integrated employment.
  - d. The number of client's agency has connected to services that allow clients to own, rent or lease their primary residence.
  - e. The number of clients that maintain connection to at least one family member.
  - f. The number of clients that have at least one friend that is not a paid staff person.
  - g. The number of clients that have access to community activities that are identified in their person-centered plan and which they are supported to attend on their own or with two or fewer others.
  - h. Number of grievances processed by agency and how grievance information is used to improve case management services.
  - i. Number of late Level of Care (LOC) documents in previous year.
  - j. Number of late Individual Service Plan (ISP) and Budget submissions in previous year.
  - k. Number of annual ISPs the agency reviews each year and how the agency monitors for appropriateness and quality of plans related to the individual's needs.
  - l. Number of clients/Jackson Class Members served by agency needing "Immediate Attention" in C/IQR findings for previous year and how agency acted on information to improve the health and safety of the client and quality of the ISP.
  - m. Number of clients/Jackson Class Members served by agency needing "Special Attention" in C/IQR findings from previous year and how agency acted on information to improve the health and safety of the client and quality of the ISP.
  - n. Number of corrective plans implemented within the previous 24 months and number of plans demonstrating closure with any deficiencies or findings. Corrective plans include but are not limited to:
    - i. C/IQR findings
    - ii. CPA Plans related to ANE reporting;
    - iii. POC related to QMB compliance surveys; and
    - iv. PIPs related to Regional Office Contract Management.
  - o. Please describe how often agency reviews its agency data; how review/analysis is used to improve agency performance.

**1. Agency provides meaningful data and describes how it is used to improve services.**

## Customized Community Supports

1. Describe how the agency will or has achieved the following:

a. Conduct community-based assessments, discovery activities or person-centered assessments as required in the DD Waiver Standards. Assessments must be used to guide planning and overcoming barriers to accessing the community. If a person has no volunteer or employment history, then the person and guardian should consider trying new discovery experiences in the community to determine interests, abilities, skills, and needs. It is the responsibility of the provider to offer these experiences. These new experiences must be clearly documented in the ISP Work, Education and/or Volunteer History section, as well as any reason(s) not to pursue new experiences.)

***Language to watch for:***

- 1. Informed choice about employment***
- 2. Commitment to discovery techniques & skills/ assessing individual's interests, abilities and skills***
- 3. Assists in providing relevant information and experiences to make choices***
- 4. Discussion of activities that were explored to make a decision***

b. Deliver services and supports in integrated, community settings rather than segregated settings and/or explain how individuals will be transitioned into more integrated, age appropriate options that are in the community to the fullest extent possible and comply with DD Waiver standards and the CMS Setting Rule.

***Language to watch for:***

- 1. Right to make life choices***
- 2. Meaningful***
- 3. Establishes relationships***
- 4. Provided on the interest of the individual***
- 5. Providing opportunities to pursue age appropriate hobbies and interests with non-disabled peers***
- 6. Culturally sensitive, unique to their background***

c. Provide individualized support to individuals receiving services to engage in community-based volunteer activities that support skill building, community connections, a sense of giving back to the community and the potential for employment opportunities. Please describe an example based on the agency's experience and success or what policies and procedures the agency will develop to address building volunteer and/or work experiences.

***Language to watch for:***

- 1. Strive to guide individual towards opportunity for skill building and growth***
- 2. Assist individual who wants to work, or volunteer make connections***
- 3. Work closely with individual and IDT members, follow plan. Cross train***
- 4. Offer choice, promote independence, strength vision and goals***

d. Decrease dependence on paid supports as the individual is supported to increase their community connections. Please describe an example based on the agency's experience and success or what policies and procedures the agency will develop to address

***Language to watch for:***

- 1. Choice making***
- 2. Assume social roles***
- 3. Participate in age appropriate generic community activities with non-disabled peers***
- 4. Lasting community connections***
- 5. Development and implementation of fading plans***

e. Create individualized schedules that can be modified easily based on individual needs, preferences and circumstances that outline planned activities per day, week and month including date, time, location and cost of the activity. Please provide an example.

***Language to watch for:***

- 1. Individualized preferences, health related needs***
- 2. Interest of the person***
- 3. Skill building***
- 4. Dignity of risk***
- 5. Community setting***
- 6. Community participation***
- 7. Choice making***
- 8. Relationship building***

f. Provide your hours of operation and describe how the agency provides services outside of the traditional week day program schedule to support person centered planning/ choice.

***Language to watch for:***

- 1. Preference***
- 2. Choice making***

***Overall documentation and language refer to the following:***

- 1. Agency provides adequate methods for conducting community-based assessments, discovery activities or person-centered assessment including, if the person has no volunteer or employment history:***
- 2. Access to new discovery experiences in the community to determine interests, abilities, skills and needs offered by the provider;***
- 3. Addresses overcoming barriers to community access.***
- 4. Includes the individual or guardian, along with family, as applicable when developing the assessment.***
- 5. Individual chooses where they receive services, and services are based on their preference and choice related to their Desired Outcomes in the ISP.***
- 6. Description of how the agency provides individualized supports for each person; promotion of community membership and contribution; use of human and social capital to***



*decrease dependence on paid supports; and, provision of supports that are outcome-oriented and regularly monitored to support individuals in their communities in non-work activities.*

*7. Assessments are conducted in a timely manner as referenced in the DD Waiver standards.*

*8. Innovative example(s) of service provision outside of the traditional week day program schedule to support person centered planning/ choice.*

*9. Development of Career Development Plans (CDP) as referenced in the DD Waiver standards for those who are working or wish to work.*

*10. Examples of Person Centered-Assessment and/or Career Development Plan and/or Individualized Schedule tools/forms.*

2. For CCS-Group **only**, describe the agency's process to determine the number of nurses needed to meet the health and safety needs of your DD Waiver individuals.

*1. Demonstrates a system of routine internal assessment of client needs and nursing staffing using the Provider eCHAT Report: Management Tool from the Therap Reports Library. (pending updated title from Therap)*

a. Submit a list of all nurses (RNs and LPNs) working for the agency including a contact email:

a. Identify the lead nurse for the agency who is responsible for supervision of the nursing staff. This must be an RN.

b. Identify if nurses are on staff or under contract and include city and state of residence. (Note per DD Waiver Standards, nurses must be able to respond at the person's service location within 60 minutes if deemed necessary.)

c. Identify the number of hours per week that each nurse works, including all on call time.

d. Provide a current, signed copy of the nursing contracts for all contract nurses (not considered an employee of the agency)

*1. Provides concise information for the above elements.*

b. Describe your agencies process to support all nurses to access meetings and continuing education that enhances their knowledge of caring for persons with I/DD and the DD Wavier system.

*1. Provides information regarding how nurses are informed about continuing educational activities (sessions provided by DDSD, Continuum of Care (COC), Transdisciplinary Evaluation Assessment Screening Clinic (TEASC) and New Mexico National Developmental Disabilities Nurses Association (DDNA) and are supported to attend these trainings.*

*2. Provides evidence of support for the nurses to join and participate in DDNA.*

c. Describe your agencies process to assure that all nurses complete face to face visits per the DDSD Standards.

*1. Provides information regarding how nurses schedule and complete nursing monitoring visits.*

d. Describe the agency's process to assure timely completion of all required nursing documentation and timely submission to the Case Manager.

*1. Demonstrates a system of internal monitoring of documentation and timely submission*

- e. Describe the agency's process for capturing medication orders, updating the MARs, creating monthly MARs and supporting nursing oversight of the medication records and the persons response to their medication regime.
  - 1. Demonstrates an internal system of obtaining and implementing orders; accurately updating MARs.**
  - 2. Describes internal system of monthly nursing review of the medication records and documentation of oversight.**
  
- f. Describe the agency's process for compliance with NMAC Nursing Home Drug Control:
  - a. Provide a copy of your current, signed Pharmacy Provider and Consultant contract.
  - b. Provide evidence of the last review of the Pharmacy Manual for the agency
  - c. Describe the agency's system of following up on recommendations from the Consultant Pharmacist's routine Drug Regime review.
  - 1. Demonstrates that the agency receives active pharmacy consultation**
  - 2. Demonstrates a clear system of following up on the Pharmacy consultant's recommendations**
  - 3. Includes collaboration with the Pharmacy consultant for internal QA/QI about medication errors and medication processes.**
  
- g. Describe the agency's experience with recruitment and retention of nurses.  
**Addresses challenges with staffing and describes efforts made to recruit and retain nursing staff.**
  - 1. Description of how fading is incorporated into therapy planning and that fading is monitored by the agency**
  - 2. Plan for follow-up/education with agency therapists who do not incorporate fading into their therapy plans.**

## Community Integrated Employment

1. Describe how the agency will or has achieved the following:
  - a. Develop community integrated employment at minimum wage or higher for individuals with intellectual/developmental disabilities. Please provide an example based on the agency's experience and success or what policies and procedures the agency will develop in this area;
  - b. Assist individuals to start his/her own business when specified in the ISP. Please provide an example based on the agency's experience and success or policies and procedures the agency will develop to address; and
  - c. Decrease dependence on and reduce the amount of paid supports needed as the individual accesses natural supports (fading plan). Please provide an example based on the agency's experience and success or policies and procedures the agency will develop to address.

2. Provide a sample of an employer satisfaction survey or current survey with previous year results as applicable.

***Documents/language for 1 and 2 refer to the following:***

- 1. Community integrated employment for ALL is the priority service for working age people.***
- 2. Language to watch for includes***
- 3. Commitment to discover/assess individual interests, abilities and needs***
- 4. Proficiency in customized employment as good practice and usually necessary for job seekers with the most severe disabilities***
- 5. Provision of understandable information about employment and self-employment options***
- 6. Inclusion of the person, family, guardian, friends in discovery of the person's interests and preferences***
- 7. Opportunities for job exploration activities***
- 8. Use of community experiences to identify the person's needs and preferences***
- 9. Regular jobs in typical community businesses***
- 10. Use of individualized employment strategies, adaptive devices, etc. to decrease the need for supervision and fade agency support when possible***
- 11. At least minimum wage with potential for increase; a living wage as the goal.***

3. From organizational chart provide a brief description of the primary purpose/job description of each management/supervisory and direct support positions including assigned caseloads that have supported employment responsibilities. Please show whether the position is full-time, part-time or has program responsibilities other than supported employment. Please show how vacant positions are covered and describe typical coverage strategies when job coach/employment specialist personnel are absent.

***The organizational chart should show positions that relate to and are heavily weighted toward supported employment. For example:***

- 1. Employment Services Manager***
- 2. Employment Services Supervisor***

3. *Employment Specialist/Job Coach/Job Developer*
4. *Benefits Specialist*
5. *Applicant is penalized points if position descriptions cover more than employment or do not reference employment.*

*The job coach/employment specialist to client support ratio should average 1:5. The application shows an understanding that the ratios vary depending where the job seeker is in the process with different support ratios for people who have jobs and for job seekers in discovery and job development.*

*The application must show that the agency has a plan to cover unfilled positions with staff that have the required training.*

4. Describe the supported employment strategies and practices the agency uses to find jobs for people with developmental disabilities.

*Language to watch for includes:*

1. *The strategies the Agency uses to develop supported employment jobs targeting competitive integrated employment options; individualized approaches and ability to use customized employment when applicable;*
2. *Commit to employment as the first option for all working age people with disabilities;*
3. *Make connections with employers that allow applicant agency to evaluate employer needs; match job seeker to the job; initial placement and support of job seeker; and customize a job if necessary. Evidence of different jobs developed, including examples of customized job may be used as evidence of skilled practice;*
4. *Commit to establish relationships with families and guardians that foster understanding of employment and provide a family/guardian foundation for the job seeker to find work*
5. *Develop partnerships with funders such as Vocational Rehabilitation and Developmental Disabilities that foster understanding of the needs of each partner and results in identifying and eliminating barriers to good jobs at good wages for people with disabilities;*
6. *Offers training opportunities for Board Members (as applicable) to keep up to date with applicant agency mission and practice;*
7. *Develops and uses supports and experiences in job seekers' daily lives to enable each person to make an informed choice about seeking employment opportunities;*
8. *Works with job seekers and their families to discover individual needs and interests and identify positions that match the skills and abilities of the job seeker;*
9. *Assesses target employers for tasks that need doing and may be joined together/carved out to create a position for a job seeker, as applicable.*
10. *Uses adaptive devices, assistive technology, reasonable accommodations, local transportation options and other supports to increase the job seeker's independence;*
11. *Applicant agency understands the importance of accurate knowledge about benefits and benefits planning and provides or ensures access to this service;*
12. *The applicant agency should demonstrate a knowledge of market needs and available jobs within its community (local) by showing an awareness of local businesses and industries.*

*The agency should demonstrate a knowledge of the most prevalent jobs locally, jobs that have high turnover or go unfilled and expectations/trends of jobs categories that may be lost and job categories that are expanding or are in development. Demonstrating a relationship with the state workforce board and/or agencies that track available jobs and publish workforce trends would help satisfy this element. Market or workforce studies the applicant agency has done that describe market needs including jobs available help satisfy this requirement.*

5. Describe the agency staff training plan including hiring and ongoing training requirements to successfully implement the strategies and practices the agency uses to find employment for people with developmental disabilities.

*The following topics are covered:*

1. *Assessment of staff orientation and training needs; establish minimum hiring requirements and training plans covering annual training expectations for all staff.*
  2. *Annual professional training requirements/professional development plans shall include professional practice elements that ensure employment staff are up to date with best practices in employment supports. Applicants must show how they ensure staff are competent to carry out all employment support tasks from discovery techniques through job development including employer contact and assessment of employer need, job matching, placement, precision training, individual job support and maintenance.*
  3. *Points are given for participation in Partners for Employment or similar best practice national models of training in professional practice. Points are removed if the agency does not have annual training requirements or annual training requirements/options for employment support staff are not clearly described or available.*
  4. *Reviewer should ensure that applicant's implementation of staff training requirement includes certification and/or training in supported employment strategies including customized employment*
  5. *A complete response to this requirement includes evidence of staff training including identification of events and verification of attendance;*
  6. *Evidence of certified staff (including source of certification) in employment skills and strategies will help satisfy requirements in this section;*
  7. *Applicant Agency can demonstrate that it budgets resources to ensure staff training requirements are met.*
6. Describe how the agency is using strategic planning to improve employment for individuals with I/DD.
    1. *Documentation of a strategic planning process or documented quality improvement strategies in any of the required sections demonstrates the applicant agency's intentions to improve, if needed, and meet mission, practice, staffing, training and data requirements. Coordinators will monitor succeeding contract applications to ensure strategic plans or referenced quality improvement strategies are implemented.*

2. *Applicant should provide the most recent copy of its Quality Assurance Plan. The plan should address how it uses DDS/D feedback including results of IQR reviews and its own internal data to improve its performance. Two examples of using data to improve performance were requested. Reviewers should analyze those examples here and ensure the examples are current and not repeats from previous years.*
  3. *Applicant agency may show its strategies for meeting the requirements of the Workforce Innovation and Opportunity Act (WIOA) and the Centers for Medicaid and Medicare Services (CMS) Settings Rule in support of its application for a contract to deliver Supported Employment services.*
  4. *Review the length of time applicant agency has provided services; number of job seekers placed in competitive integrated employment in relation to number of people served for the past 5 years. Does applicant agency consider this information when doing strategic planning or developing quality improvement strategies.*
  5. *Review what the applicant considers to be significant accomplishments. Examples must be related to competitive integrated employment.*
7. Describe the job sites where agency clients currently work; use business/company names, positions and job activities.
1. *The applicant should show variety in employers and in positions. Consideration will be given based on size; for example, if a business employs many people with disabilities, points will be given if the jobs are in different departments; have different job descriptions; do different tasks. Employees of the business that experience disability should not be clustered in one place doing the same work. Points are also given if the job seekers the applicant places show a variety of jobs with a variety of businesses. One goal is that not all or most job seekers have the same job description even with different employers.*
8. If Assistive Technology is needed to initiate, promote or enhance employment, describe how the agency would collaborate with related services and employer to support the person's employment goals.
1. *The agency has a documented process supporting the use of AT in the workplace to enhance job access, performance or success.*

**For Renewing Providers:**

9. Using the quarterly data (currently identified as SELN data) that the agency provides to the Developmental Disabilities Services Division (DDS/D) describe: **(please use separate lines for Jackson Class Members data)**
- a. The number of people in supported employment in the agency (information only).
  - b. The number of people the agency supports in employment services.
  - c. Number of people the agency supports who are employed in community integrated employment.

- d. Number of people the agency supports whose wages are paid by a business other than the agency.
- e. Average number of hours worked every two weeks by the agency clients.
- f. Average number of weekly support (job coach, employment specialist) hours required to maintain employment for individuals identified in "c." Provide examples of people for whom you have successfully faded/reduced hours of on the job supports.
- g. Average hourly wage for clients supported by the agency.
- h. Number of people the agency supports earning minimum wage or better.
- i. Number of people the agency supports that earn benefits such as vacation, sick leave. Please indicate how many receive benefits from community integrated employment; how many from facility-based work and how many from group supported employment
- j. Number of people referred to the agency who are not working but for whom the agency is actively developing a job; i.e., the agency has identified an employer and there is active collaboration with that employer to find/develop a job that meets the employer's needs and the person's abilities.
- k. Please describe how often the agency reviews the data; how your analysis is used to improve agency performance including increasing the number of community integrated jobs in typical business.

***1. Agency provides meaningful data and describes how it is used to improve services.***

## Living Supports (Family Living, Supported Living and Intensive Medical Living)

### General Questions for all Living Supports Providers:

1. Describe how the agency will provide support to individuals receiving services to engage in Meaningful Day activities identified in their ISP;
  - a. Describe how the agency will promote and support individuals to participate in integrated activities in the community;  
***Language to watch for:***
    1. ***Right to make life choices***
    2. ***Meaningful***
    3. ***Establishes relationships***
    4. ***Provided on the interest of the individual***
    5. ***Providing opportunities to pursue age appropriate hobbies and interests with non-disabled peers***
  - b. Describe how the agency will encourage, promote, and support individuals to gain meaningful employment; and  
***Language to watch for:***
    1. ***Informed choice about employment***
    2. ***Commitment to discovery techniques & skills/ assessing individual's interests, abilities and skills***
    3. ***Assists in providing relevant information and experiences to make choices***
    4. ***Discussion of activities that were explored to make a decision***
2. Describe how the agency will monitor and assure compliance with the required monthly face to face consultation by the agency supervisor or internal service coordinator in a Supported Living Home.
  1. ***Provide information regarding how the agency will comply with DDW standards regarding face to face visits and follow up.***
3. Describe how the agency will ensure Nurse will communicate at ISP or IDT meetings to communicate needed medical information to the team;  
***Provide description of how agency will ensure required nursing assessments (E-Chat, ARST, and MAAT) are completed for Annual ISP and Change of Condition within following timelines:***
  1. ***within no more than 3 business days of admission or transfer to a new provider agency, or 2 weeks following the initial ISP or transition meeting, whichever comes first***
  2. ***at least 14 calendar days but no more than 45 calendar days prior to the annual ISP meeting within 3 business days of a significant change of health status (change of condition) and upon return from any OOH including hospitalization, long term care, rehab/sub-acute admission or incarceration.***
4. Describe how the agency will ensure nursing assessments for annual ISP and change of condition are completed with the required timeframes as outlined in the DDW Service Standards;



**Provide description of system to ensure the nurse will complete face to face visits at required frequencies to include the following:**

- 1. NON-JCMs E-Chat Acuity Levels: Low Acuity – at least annually; Moderate acuity – at least semi-annually; High Acuity – at least once per quarter.**
- 2. JCM’s nurses are required to, at minimum, visit according to a combination of the person’s E-Chat Acuity Level and the Aspiration Risk Level, please see below:**

<b>FOR JCMS</b>	<b>Low eCHAT Acuity</b>	<b>Moderate eCHAT Acuity</b>	<b>High eCHAT Acuity</b>
<b>Low Asp Risk</b>	<b>Semi annual</b>	<b>Quarterly</b>	<b>Monthly</b>
<b>Mod Asp Risk</b>	<b>Quarterly</b>	<b>Quarterly</b>	<b>Monthly</b>
<b>High Asp Risk</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>

5. Describe how the agency will ensure that Nursing face to face monitoring and oversight occurs at the required frequency based on the person’s e-CHAT acuity level as per DDW Service Standards as well as the e-CHAT Acuity level and the Aspiration Risk level for JCMs;

- 1. Agency should provide information regarding how nurses schedule and complete nursing monitoring visits.**

6. Please describe how the agency will monitor all Assistive Technology to ensure that the needed adaptive equipment, augmentative communication and assistive technology devices are available and functioning properly.

- 1. Description includes who specifically will monitor, the frequency of monitoring and how follow-up will be initiated and verified when issues are noted.**

7. Describe how the agency monitors implementation of Individual Service Plans, Outcomes, Action Plans and Teaching and Support Strategies

- 1. Description includes who specifically will develop TSS, who will monitor the implementation of TSS and Action Plans, the frequency of monitoring and how follow-up will be initiated and verified when issues are noted.**

8. Describe how the agency will ensure that all LCAs meets CMS setting requirements and do not have the effect of isolating people from the broader community, especially if the service or setting is intended for group home living.

- 1. Description should include a discussion regarding informing individuals of their rights at least annually, how individual’s rights are protected as well as how the agency is supporting individuals to learn and exercise their rights. Provide examples i.e. have visitors when they want, receive their own mail, right to privacy etc. Should also discuss how individuals are supported to be valued members of their community.**

9. Describe the agency’s process to determine the number of nurses needed to meet the health and safety needs of your DD Waiver clients.

- 1. Demonstrates a system of routine internal assessment of client needs and nursing staffing using the Provider eCHAT Report: Management Tool from the Therap Reports Library. (pending updated title from Therap.)**

10. Submit a list of all nurses (RNs and LPNs) working for the agency including a contact email:
  - a. Identify the lead nurse for the agency who is responsible for supervision of the nursing staff.
  - b. Identify if nurses are on staff or under contract and include city and state of residence.)
  - c. Identify the number of hours per week that each nurse works, including all on call time.
  - d. Provide a current, signed copy of the nursing contracts for all contract nurses (not considered an employee of the agency)
  - 1. Agency should provide concise information for the above elements.**
  - 2. Information must demonstrate that nurses can respond at the person's home within 60 minutes if deemed necessary. If the applicant uses remote nursing/ telemedicine or is in multiple regions/areas the applicant should indicate how they will ensure nursing, contract nurses, and subcontractor nurses respond to calls from the DSP in a timely manner and are available in each region/area to support the persons as describe in the DDW Standards in each region/area with a face to face visit within 60 minutes.**
  - 3. Lead nurse must be an RN.**
11. Describe the agency's process to assure timely completion of all required nursing documentation and timely submission to the Case Manager.
  - 1. Demonstrates a system of internal monitoring of documentation and timely submission.**
12. Describe the agency's process for capturing medication orders, updating the MARs, creating monthly MARs and supporting nursing oversight of the medication records and the persons response to their medication regime.
  - 1. Demonstrates an internal system of obtaining and implementing orders; accurately updating MARs.**
  - 2. Describes internal system of monthly nursing review of the medication records and documentation of oversight.**
13. Describe the agency's process for compliance with NMAC Nursing Home Drug Control:
  - a. Provide a copy of your current, signed Pharmacy Provider and Consultant contract.
  - b. Provide evidence of the last review of the Pharmacy Manual for the agency
  - c. Describe the agency's system of following up on recommendations from the Consultant Pharmacist's routine Drug Regime review.
  - 1. Demonstrates that the agency receives active pharmacy consultation.**
  - 2. Demonstrates a clear system of following up on the Pharmacy consultant's recommendations Includes collaboration with the Pharmacy consultant for internal QA/QI about medication errors and medication processes.**
14. Describe the agency's experience with recruitment and retention of nurses.
  - 1. Addresses challenges with staffing and describes efforts made to recruit and retain nursing staff.**
  - 2. Describe recruitment and staffing plan to ensure a nurse is always available per DDW standards.**

## Family Living

1. Describe how the agency will assure that Direct Support Personnel Family Living are trained on and consistently implementing Therapy Support Plans and ISP Therapy Strategies.
  1. ***Explain how the agency will provide training and education on consistent implementation on implementing Therapy Support Plan and Strategies.***
2. Describe how the agency will monitor, assure compliance and complete follow up with the required monthly face to face consultation by the agency supervisor or internal service coordinator in Family Living Home.
3. Provide a description and a copy of the form used by the agency to complete monthly face-to face visits in Family Living home that is conducted by agency supervisor or internal service coordinator with the DSP and the person receiving services to include:
  - Reviewing implementation of the person's ISP, outcomes, action plans, and associated support plans, including HCPs, MERPs, PBSP, CARMP, WDSI
  - Scheduling of activities and appointments and advising the DSP regarding expectations and next steps, including the need for IST or retraining from nurse, nutritionist, therapists or BSC.
  - Assisting with resolution of service or support issues raised by the DSP or observed by the Supervisor or service coordinator.

## Supported Living

1. Describe how the agency assures that an average of five (5) hours of documented nutritional counseling will be available annually, if recommended by the IDT and clinically indicated.
  1. ***Provide description of how agency ensures an average of 5 hours of nutritional counseling is provided in accordance with standards for nutritional counseling described in Chapter 12.5 Nutritional Counseling must be available annually when recommended by the IDT and clinically indicated.***

## Intensive Medical Living

1. Describe your arrangements for availability of care for short term stays.

## Customized In-Home Supports

1. Describe how the agency will ensure that services will be provided in integrated settings, versus segregated settings, and how the agency will promote and support individuals to participate in integrated activities in the community;

### ***Language to watch for:***

1. ***Right to make life choices***
2. ***Meaningful***
3. ***Establishes relationships***

- 4. Provided on the interest of the individual**
- 5. Providing opportunities to pursue age appropriate hobbies and interests with non-disabled peers**
- 6. Culturally sensitive, unique to their background**

2. Describe how the agency will provide support to individuals, to design and manage their services in their own home or their family living home;

**Language to watch for:**

- 1. Culturally sensitive unique to an individual's background.**
- 2. Strive to guide individual towards opportunity for skill building and growth**
- 3. Offer choice making**
- 4. Promote independence**
- 5. Individualized preferences**
- 6. Dignity of risk**

3. Describe how the agency will encourage, promote and support individuals to gain meaningful employment;

**Language to watch for:**

- 1. Informed choice about employment**
- 2. Commitment to discovery techniques & skills/ assessing individual's interests, abilities and skills**
- 3. Assists in providing relevant information and experiences to make choices**
- 4. Discussion of activities that were explored to make a decision**

4. Describe how the agency will promote skill development and retention to enhance their ability to live independently.

- 1. Commitment to discovery techniques & skills/ assessing individual's interests, abilities and skills**
- 2. Right to make life choices**
- 3. Providing opportunities to pursue age appropriate hobbies and interests with non-disabled peers**

## **Nutritional Counseling**

1. Describe the agency's arrangements for nutritional counseling to comply with the requirements in the DDW Standards regarding annual assessments and supports for CARMP development and revision for agency employed or subcontracted nutritionists/Registered Dietitians.
2. Describe the agency's plan to timely address nutritional support for individual's changing condition/unanticipated health related events.
  1. *Demonstrates a system of internal monitoring of documentation*

## **Supplemental Dental**

1. Describe the agency's experience and capacity to fulfill fiscal intermediary functions for dental billing.
  1. *Applicant provides a detailed explanation related to above question.*

## **Therapies (OT, PT and SLP)**

1. Describe the agency's process to assure timely completion of all required therapy documentation and timely submission to the Case Manager.
  1. *Applicant demonstrates a system of internal monitoring of documentation.*
2. Describe the agency's understanding of the key concepts of the Collaborative-Consultative (C-C) therapy service model and describe how the agency uses this Model in the implementation of therapy services for individuals with I/DD.
  1. *Indicates the importance of person-centered assessment and planning, as well as the use of the Participatory Approach philosophy in relation to implementation of the C-C therapy model.*
  2. *Includes collaboration, WDSI/CARMP development, DSP training, and monitoring as key elements of implementation of the C-C therapy model.*
  3. *Demonstrates that the agency supports staff and contractor's attendance at all required training for DD Wavier therapists by demonstration of internal monitoring of training compliance.*
3. Describe the agency's experience with facilitating functional solutions utilizing AT (includes adaptive equipment), PST, Environmental Mods, and Durable Medical Equipment (DME), as applicable in the home and community setting.
  1. *Thoroughly describes agency personnel's experience level in these areas and includes specific examples of functional solutions that have been or could be facilitated with AT and related services.*
  2. *Demonstrates an understanding of a person-centered approach to AT and related services and demonstrates the importance of advocating for these services with the adult I/DD population.*
  3. *Describes how its therapist(s) keep up with the latest AT industry trends.*

4. Describe the agency's plan to ensure that all agency therapists are knowledgeable; have completed training and are correctly implementing Aspiration Risk Management (ARM) programs.

- 1. Indicates the importance of the ARM program for individuals with I/DD.***
- 2. Includes collaboration, CARMP development, DSP training, and monitoring as key elements of implementation of the ARM program.***

5. Describe the agency's understanding of the need to address "fading therapy services" when developing therapy plans.

- 1. Plan for orienting agency therapists to the need for fading.***
- 2. Description of how fading is incorporated into therapy planning and that fading is monitored by the agency***
- 3. Plan for follow-up/education with agency therapists who do not incorporate fading into their therapy plans.***

6. Describe how the agency assures that therapy services are delivered in home and community settings where the person lives his/her life.

- 1. Applicant demonstrates an understanding that therapy visits may not occur exclusively in only one setting. The use of a specific modality such as animal-assisted or aquatic activity to deliver therapy services may occur only as an adjunct to the C-C Model of therapy. All clients must be seen in the home and community by the therapist.***

## Independent Living Transition

1. Describe how your agency will assure this is a one-time support;

- 1. The agency should demonstrate an understanding of the requirement of DDW standards regarding this service being a one-time expense for people during transition.***

2. Describe how your agency will assure that the money requested will be used toward allowable expenses as found in the DDW Service Standards;

- 1. Identify how the agency will ensure the funds are only used for allowable expenses per DD Waiver standards.***

3. Describe how agency will assure that the DD Waiver funds are payer of last resort;

- 1. Describe how the agency will ensure they will complete documentation or information to the IDT to support that all other sources of funds have been exhausted prior to accessing this service.***

## Environmental Modification

1. Describe how the agency does or will assure that all environmental modifications follow the recommendations of the therapist and/or qualified individual's assessment that address the individual's disability and enable the individual to function with greater health, safety and independence in the home. How will the agency handle families who request modifications beyond the allowed DD Waiver budget?
  1. ***The applicant demonstrates a thorough understanding of the importance of basing the modification on the assessed needs of the individual served.***
  
2. How does or will the agency assure the health, and safety, and minimum disruption of the occupants of the home while modifications are being completed?
  1. ***The applicant addresses health, safety, and minimum disruption of the home's occupants.***
  
3. Describe the agency's experience in providing environmental modifications for people with physical and intellectual/developmental disabilities.
  1. ***This should include your experience in working with occupational therapists, physical therapists, case managers and other members of an interdisciplinary team, as well as ADA requirements.***
  
4. Describe the agency's capacity to address the Environmental Modification Service Provider Requirements as outlined in the current New Mexico Medicaid DDW Service Standards, as well as assuring the agency will follow ADA requirements.
  1. ***The applicant addresses a majority of the service and agency requirements as per current DD Waiver service standards.***
  
5. What type of written warranty do you give? Please be specific to the different types of modifications you provide. Provide assurance that you will give, at a minimum, a standard 1-year written warranty of the work completed, including both materials and labor, to the person, guardian, homeowner or other family members, and CM.
  1. ***The applicant states they will give the warranty as requested.***
  
6. Describe your procedure for assuring consultation is provided to family members, waiver providers and contractors concerning environmental modification projects to the individual's residence. To assure satisfaction with the modification completed, how will you go about getting input and agreement from the individual, family, therapists and contractors concerning the environmental modifications to the individual's residence?
  1. ***The applicant describes a process for effective communication those involved in and affected by the modification.***

## Non-Medical Transportation

1. Provide information on how the agency will provide training to implement individual-specific techniques to ensure the safe transportation of individuals who have unique medical, physical or behavioral considerations.
  1. *Should include training on safely pre-boarding vehicle, during transportation, and post-boarding vehicle at time of hire and continuously throughout employment, and requirements for driver's license requirements per the DD Waiver standards.*
2. Provide specific information about how staff will be trained on the use of special lifts and other equipment for individuals in a wheelchair.
  1. *Should include specific training on individual specific techniques to ensure safe transportation as required in the DD waiver standards.*
3. Describe the agency's process for monitoring its vehicles for potential safety hazards while in use and routine repair checks as needed.
  1. *Should include verifying current state automobile insurance requirements, how special lifts and other equipment are kept in safe, working order, how locking mechanisms on wheelchairs are used to immobilize wheelchairs during travel, and accessibility.*
4. Provide the agency's policy and procedure for staff having to deal with breakdowns or accidents on the road and what to do in case of an emergency.
  1. *Should include procedures for reporting incidents including keeping procedure in vehicle, how driver will keep all users of the vehicle safe when encountering a breakdown or accident, reporting breakdowns or accidents, and follow up on vehicle safety and driver competence after breaking down or accident.*



## VII. MEDICALLY FRAGILE (MF) WAIVER PROGRAM DESCRIPTIONS

Please read all the sections below. Number all pages in sequence and include a topic cover sheet for each new topic section. Please respond citing your reference documents and the pages where the information will be found.

### *MF Waiver Standard Program Description*

(Topic coversheet and page numbers required)

1. Provide a statement describing the agency's:
    - a. Mission;
    - b. Vision; and
    - c. Values.
  2. Please summarize why the agency would like to provide services to individuals on the MF Waiver.
  3. Please submit any licenses, accreditation and/or certifications the agency possesses.
  4. Please describe:
    - a. The agency's or your professional experience working with individuals with Medically Fragile conditions;
    - b. The agency's or your professional experience providing each of the service the agency is applying to provide; and
  5. Please provide your Director's resume.
- 1. *The applicant must provide the documentation as requested demonstrating an understanding of the MF Waiver Standards. The MF Waiver application is followed by the reference section.***

## MF Waiver Authoritative Documents

(Topic Coversheet and page numbers required) Medically Fragile Waiver providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency's documents that address the following and provide document titles and use the grid below to provide page numbers where each numbered area is addressed:

	Policy /Procedure/Agency Document Topical Areas	Applicable Service	Agency's Document Title	Page Number(s)
1.	ANE  <i>Incident Management: procedures that comply with the current <u>NM Department of Health Improvement Incident Management Guide</u>, available on the DOH website at <a href="https://nmhealth.org/about/dhi/ane/">https://nmhealth.org/about/dhi/ane/</a>. Include training postings and incident reporting related to Abuse, Neglect and Exploitation.</i>	All		
2.	Transitions  <i>Transitioning individuals upon termination or expiration of the agency's Provider Agreement.</i>	All		
3.	Records Retention  <i>Maintenance of all individual's files for up to six (6) years after the termination or when an individual transition to another agency.</i>	All		
4.	Caregiver Criminal History Screening Program and Employee Abuse Registry  <i>Compliance with Caregiver Criminal History Screening Program and use of the Employee Abuse Registry.</i>	All		
5.	Pre-employment Skills Verification  <i>Pre-employment Skills Verification</i>	All except SME, Environmental Modification		

	Policy /Procedure/Agency Document Topical Areas	Applicable Service	Agency's Document Title	Page Number(s)
6.	Emergency Procedures <i>Agency emergency procedures (loss of electricity, fire, tornado, etc.)</i>	All except for SME, Environmental Modification		
7.	Individual Records <i>Individual's safety plan to include the location of the individual's medical and or behavioral information.</i>	All services except SME, Environmental Modification		
8.	Orientation to MFW Service Standards and Training <i>Staff/subcontractor plan and orientation to MFW Services standards and required training.</i>	All		
9.	Staff/Subcontractor Supervision and Oversight <i>Staff/subcontractor supervision and oversight practices for licensed professionals, Home Health Aides, Certified Nursing Assistants, COTA, PTA and Certified Medication Aides.</i>	All except SME, Environmental Modification		
10.	Coverage and Back Up <i>Plans for coverage and back-up as applicable and other personnel critical to agency operations for all individuals receiving services by the agency.</i>	All except SME, Environmental Modification		
11.	Health and Safety: Emergency contacts and on-call procedures.	All		
12.	Person Centeredness <i>Person centered planning practices, preservation of rights and choice, and CMS settings requirements.</i>	All except SME and Environmental Modification		
13.	Coordination with Other Supports	All		

	Policy /Procedure/Agency Document Topical Areas	Applicable Service	Agency's Document Title	Page Number(s)
	<i>Coordination and communication with providers of other services for individuals mutually served (Case Management, Home Health or Hospice, Therapies and Managed Care Organizations).</i>			
14.	Compliant /Grievance Procedures  <i>Compliant /Grievance Procedures available to individuals family/or guardians.</i>	All		

## *Additional MF Waiver Descriptions*

### Case Management

1. The individual's information must be kept current and accessible at all times. Please state the methods that the agency will use to ensure adherence to this service standard.
2. Provide the policies and procedures that state the methods the agency will use to ensure adherence to the following standards:
  - a. Case Managers will have monthly contact with the individual/individual's family; and
  - b. Face-to-face visits with the individual must occur at a minimum of at least every other month.
3. Provide the agency's plan that ensures a person-centered approach is used in the development of the ISP.
4. Provide the agency's plan that ensures coordination of all the individual's services.
5. Provide a current copy of all licenses for professional and subcontracted employees.

***1. The applicant demonstrates a thorough understanding of the Medically Fragile Waiver benefits and the case management requirements as stated in the Medically Fragile Waiver Standards.***

### Nursing (Home Health Agency)

1. The agency's master staffing plan, number of staff by title or position, hours scheduled and their qualifications for each service you are applying to provide:
2. Fully describe the agency's approach to delivering each service that you are applying to provide;
3. Policy and procedure on supervision of HHAs, LPNs and RNs.
4. Provide the verification process the agency uses to ensure competency for HHAs, LPNs, and RNs and how often this process is performed.
5. Provide supporting documents that all home health aides have received certification and/or training to meet the minimum requirements to be certified as a Home Health Aide.
6. Provide a current copy of all licenses for professional staff (both employees and subcontractors.)

***1. The applicant demonstrates a thorough understanding of the private duty nursing, home health aide, and respite requirements as stated in the Medically Fragile Waiver Standards.***

### Therapies (Occupational, Physical and Speech)

1. Provide the agency's job description for each therapy service you are applying to provide.
2. Provide a current copy of all licenses for professional staff (both employees and subcontractors)
3. Describe the agency's experience with Assistive Technology.
  - a. What method(s) does the agency's staff utilize to promulgate strategies and results of strategies?
  - b. If the agency uses therapy assistants, provide a copy of your policies and procedures regarding supervision and scope of practice (in policy and procedure table).

- 1. The applicant demonstrates a thorough understanding of the Medically Fragile Wavier Therapy benefits as stated in the Medically Fragile Waiver Standards.***

## Behavior Support Consultation

- Describe the agency's strategies for developing BSC strategies and evaluation of those strategies to non-MF Waiver agencies. This must include acknowledging the development of an interdisciplinary/interagency-family behavior support plan and providing training to all applicable staff in all applicable settings including the school. Provide a current copy of all licenses for professional staff (both employees and subcontractors).
  - 1. The applicant demonstrates a thorough understanding of the Medically Fragile Behavioral Support benefit as stated in the Medically Fragile Waiver Standards.***

## Environmental Modification

- Describe the agency's capacity to address the Environmental Modification Service Provider Requirements as outlined in the current New Mexico Medicaid MFW Service Standards, as well as assuring the agency will follow ADA requirements.
  - 1. The applicant must address a majority of the service and agency requirements as per current DDSD Waiver service standards.***
- Describe how the agency assures that all environmental modifications follow the recommendations of the therapist and/or qualified individual's assessment that address the individual's disability and enable the individual to function with greater health, safety and independence in the home. How will the agency handle families requesting additional modifications beyond the allowed MF Waiver budget?
  - 1. The applicant must demonstrate a thorough understanding of the importance of basing the modification on the assessed needs of the individual served.***
- How does or will the agency assure the health, safety, and minimum disruption of the occupants of the home while modifications are being completed?
  - 1. The applicant must address health, safety, and minimum disruption of the home's occupants.***
- Provide assurance that you will give, at a minimum, a standard 1-year written warranty of the work completed, including both materials and labor, to the person, guardian, homeowner or other family members.
  - 1. The applicant states they will give the warranty as requested.***
- To assure satisfaction with the modification completed, how will you go about getting input and agreement from the individual, family, therapists and contractors concerning the environmental modifications to the individual's residence?
  - 1. The applicant describes a process for effective communication those involved in and affected by the modification.***

## VIII. QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) PLAN

### ***Quality Assurance/Quality Improvement (QA/QI) Plan and Annual Reporting:***

Community-based providers shall develop and maintain an active QA/QI plan in order to assure the provisions of quality services.

#### ***Development of a QA/QI plan***

1. Described the agency's approach to developing a QA/QI plan to be used by an agency to continually determine whether the agency is performing within program requirements, achieving desired outcomes and identifying opportunities for improvement. This should include tracking of the DDSD Key Performance Indicators.
2. Describe the agency's discovery, remediation and improvement based on the frequency, the source and types of data gathered, as well as the methods used to analyze and measure performance.
3. Describe how the data collected will be used to improve the delivery of services and methods to evaluate whether implementation of improvements is working.
  1. ***The agency is able to describe their approach to QA/QI that will lead to desired outcomes, performance improvement based on relevant data and remediation activities that will improve the agency's system overall.***

#### ***Implementing a QA/QI Committee***

1. Described the agency plan to convene a QA/QI committee (required for Living Supports, Crisis Supports, and CCS agencies (not required of BSC, PRSC or SSE agencies) on at least a quarterly basis.
2. Describe the agency plan to review monthly service reports, to identify and remedy any deficiencies, trends, patterns, or concerns as well as opportunities for quality improvement.
3. Describe the agency plan to document and track the QA/QI meeting outcomes.
  1. ***Agency shows that there is a QA/QI committee with all required elements as described.***

#### ***Preparation of the Annual Report:***

The Provider Agency must complete a QA/QI report annually from the QA/QI Plan by February 15<sup>th</sup> of each calendar year. The report must be sent to DDSD, kept on file at the agency and made available upon request.

For DD Waiver Providers only, the report will summarize the listed items below:

The plan shall also include the 10 required Key Performance Indicators (KPI):

- a. Implementation of the ISP, including:
  - Implementation of outcomes and action steps at the required frequency outlined in the ISP; and
  - Outcome statements for each life area are measurable and can be readily determined when it is accomplished or completed.

- b. Compliance with Caregivers Criminal History Screening requirements;
- c. Compliance with Employee Abuse Registry requirements;
- d. Compliance with DDS training requirements;
- e. Patterns in reportable incidents;
- f. Sufficiency of staff coverage;
- g. Patterns in medication errors;
- h. Action taken regarding individual grievances;
- i. Presence and completeness of required documentation; and
- j. Significant program changes.

**1. Agency provides meaningful data and describes how it is used to improve services.**

### For DD Waiver only DDS/DOH Determined Annual KPI Reporting

In addition to the 10 required KPI's listed above, agencies are required to track and trend three DDS determined KPI that are developed by DDS annually. The data and review of all should be included in quarterly meetings of the QA/QI committee.

1. Describe agency process to determine the numerator and denominator for each key performance indicator listed above, including overall compliance percentage for each indicator.
2. Describe agency process to determine the numerator and denominator for each of the three, current, DDS annually determined KPI, including compliance percentage.
3. Describe plan to develop and report remediation base on compliance percentages falling under 86% as necessary.

**1. Agency shows criteria for tracking, trending, reporting and remediation on the thirteen key performance indicators.**



# DDSD CONTACT INFORMATION

**Developmental Disabilities Waiver  
Community Programs Bureau  
Provider Enrollment Unit  
Tammy M. Barth (505) 476-8910  
Joseph Valdez (505) 476-8912**

P.O. Box 26110  
810 San Mateo Road, Suite 103  
Santa Fe, NM 87505  
Fax: (505) 476-8894

**Metro Regional Office  
Michael Driskell, Regional Office Director**

5301 Central Avenue NE, Suite 1700  
Albuquerque, NM 87108  
Main Phone: (505) 841-5500  
Toll Free: (800) 283-5548  
Fax: (505) 841-5546

**Northeast Regional Office  
Angela Pacheco, Regional Office Director**

224 Cruz Alta, Suite B  
Taos, NM 87571  
Main Phone: (575) 758-5934  
Toll Free: (866) 315-7123  
Fax: (575) 758-5973

**Northwest Regional Office  
Crystal Wright, Regional Office Director**

2910 E. Historic Route 66  
Gallup, NM 87301  
Main Phone: (505) 863-9937  
Toll Free: (866) 862-0448  
Fax: (505) 863-4978

**Southeast Regional Office  
Michelle Lyon, Regional Office Director**

726 B. South Sunset  
Roswell, NM 88203  
Main Phone: (575) 624-6100  
Toll Free: (866) 895-9138  
Fax: (575) 624-6104

**Southwest Regional Office  
Angie Brooks, Regional Office Director**

1170 N. Solano Drive, Suite G  
Las Cruces, NM 88001-2369  
Main Phone: (575) 528-5180  
Toll Free: (866) 742-5226  
Fax: (575) 528-5194

**Clinical Services Bureau  
Elizabeth Finley, Bureau Chief**

5301 Central Avenue NE, Suite 1700  
Albuquerque, NM 87108  
Main Phone: (505) 841-2948  
Toll Free: (800) 283-5548  
Fax: (505) 841-2987

**Bureau of Behavioral Supports  
Cheryl Frazine, Bureau Chief**

5301 Central Avenue NE, Suite 1700  
Albuquerque, NM 87108  
Main Phone: (505) 841-5532  
Fax: (505) 841-5554

**Community Inclusion  
Casey Stone-Romero**

810 San Mateo Road  
Santa Fe, New Mexico 87505  
(505) 827-1626

# APPENDIX 1

## **MEDICAID REGULATIONS**

Go to the NM Human Services Department website at:

<https://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division-1.aspx>

1. Medicaid Eligibility Home and Community Based Waiver Services;
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

Chapter 314 Home and Community-Based Services, Waivers and Providers

<https://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

1. Developmental Disabilities Waiver
2. Medically Fragile Waiver

## **DD WAIVER SERVICE STANDARDS**

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/policy/4173/>

## **MF WAIVER SERVICE STANDARDS**

Go to the DDS website at:

<https://nmhealth.org/about/dds/pven/ddmfen/>

## **BILLING RATES DDW and MFW**

Go to the NM Human Services Department website at:

<https://www.hsd.state.nm.us/providers/fee-for-service.aspx>

## **DDSD SAMPLE PROVIDER AGREEMENT**

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/form/4283/>

## **DDSD ACCREDITATION INFORMATION**

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/regulation/4173/>

Go to Chapter 16.2-Qualified Provider Agencies - Accreditation

## **INCIDENT MANAGEMENT SYSTEM GUIDE**

Go to the NM Department of Health website at:

<https://nmhealth.org/about/dhi/ane/racp/>

### **TRANSITION OF DDW INDIVIDUALS**

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/policy/4173/>

Go to Chapter 9 – Transitions

### **TRAINING REQUIREMENTS**

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/policy/4173/>

Go to Chapter 17 – Training Requirements

### **THE MEANINGFUL DAY IDEA BOOK**

The definition of a Meaningful Day

Go to the NM Department of Health website at:

<https://nmhealth.org/publication/view/general/4079/>

# APPENDIX 2

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ANE	Abuse Neglect and Exploitation
ARA	Annual Resource Allotment
ARM	Aspiration Risk Management
AWMD	Assistance with Medication Delivery
AT	Assistive Technology
BBS	Bureau of Behavioral Supports
BCIP	Behavior Crisis Intervention Plan
BSC	Behavior Support Consultation
BWS	Budget Worksheet
CARMP	Comprehensive Aspiration Risk Management Plan
CCS	Customized Community Supports
CIA	Client Individual Assessment
CIE	Community Integrated Employment
CIHS	Customized In-Home Supports
CIU	Client Information Update
CMA	Certified Medication Aide
CMS	Centers for Medicare and Medicaid Services
COE	Category of Eligibility
CoP	Condition of Participation
CPA	Corrective and Preventive Action Plan
CPB	Community Programs Bureau
CPR	Cardiopulmonary Resuscitation.
CRU	Central Registry Unit
DDSD	Developmental Disabilities Supports Division
DDSQI	Developmental Disabilities Services Quality Improvement
DCP	Decision Consultation Process
DHI	Division of Health Improvement
DME	Durable Medical Equipment
DOH	Department of Health
DSP	Direct Support Personnel
DVR	Division of Vocational Rehabilitation
e-CHAT	Electronic Comprehensive Health Assessment Tool:
EMSP	Environmental Modification Service Provider
EPR	Emergency Physical Restraint
EPSDT	Early Periodic Screening Diagnosis and Treatment

FRC	Friends and Relationships Course
GER	General Events Reporting
GERD	Gastro Esophageal Reflux Disease
H&P	Health and Physical
HCBS	Home and Community Based Services
HCP	Health Care Plan
HIPAA	Health Insurance Portability and Accountability Act
HRC	Human Rights Committee
HSD	Human Services Department
IASP	Individual Action and Safety Plan
I/DD	Intellectual and/or Developmental Disabilities
ICF/IID	Intermediate Care Facility for Individuals with ID
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEB	Intake and Eligibility Bureau
IMB	Incident Management Bureau
IMLS	Intensive Medical Living Services
IQR	Individual Quality Review
IRC	Internal Review Committee
ISD	Income Support Division
ISP	Individual Service Plan
IST	Individual Specific Training
ITP	Individual Transition Plan
JCM	Jackson Class Member
KPI	Key Performance Indicator
LCA	Living Care Arrangement
LOC	Level of Care
LPN	Licensed Practical Nurse
MAAT	Medication Administration Assessment Tool
MAR	Medication Administration Record
MCO	Managed Care Organization
MERP	Medical Emergency Response Plan
NMAC	New Mexico Administrative Code
OOHP	Out of Home Placement
OR	Outside Review(er)
OT	Occupational Therapy/Therapist
PBS	Positive Behavior Support
PBSA	Positive Behavior Supports Assessment
PBSP	Positive Behavior Supports Plan
PCA	Person Centered Assessment

PCP	Person-centered planning
PEU	Provider Enrollment Unit
PFOC	Primary Freedom of Choice
POC	Plan of Correction
PPMP	PRN Psychotropic Medication Plans
PRN	Pro Re Nada- as-needed
PRSC	Preliminary Risk Screening and Consultation
PT/ PTA	Physical Therapy/Therapy(ist)/ PT Assistant
QA	Quality Assurance
QI	Quality Improvement
QIS	Quality Improvement Strategy
QMB	Quality Management Bureau
RFI	Request for Information
RMP	Risk Management Plan
RN	Registered Nurse
RORA	Regional Office Request for Assistance
SE	Supported Employment
SFOC	Secondary Freedom of Choice
SLP	Speech-Language Pathologist
SSE	Socialization and Sexuality Education
SARL	Statewide Aspiration Risk List
TPA	Third Party Assessor
TSS	Teaching and Support Strategies
WCF	Waiver Change Form
WDSI	Written Direct Support Instructions
WIOA	Workforce Innovation and Opportunity ACT