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To: All DD Waiver Providers and Interested Parties

From: Christina Hill, DDSD DD Waiver Program Manager 

Subject: DD Waiver Service Standards with Transition Period and Special Instructions for Compliance

The DD Waiver Service Standards published on February 26, 2018 are effective March 1, 2018. Some standards require a transition period and/or special instructions for DD Waiver Provider Agencies to come into compliance. The grid below details these standards for your convenience. If you have any questions, please contact your DDSD Regional Office.

Standard	Transition Information
<p>2.2.1 <i>Statement of Rights Acknowledgement Requirements</i></p>	<ul style="list-style-type: none"> • The case manager (CM) is required to review the <i>HCBS Consumer Rights and Freedoms</i> with the person at the annual meeting. • The <i>Statement of Rights Acknowledgement Form</i> is available on the Department of Health's (DOH) website and is required to complete the file by the next Individual Service Plan (ISP) start date following 6/1/18.
<p>3.3 Human Rights Committee</p>	<ul style="list-style-type: none"> • Human rights committees (HRCs) are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies. • All HRC committee members must receive training on human rights, HRC requirements, and other pertinent topics prior to voting participation on the HRC. A committee member trained by the Bureau of Behavioral Support (BBS), may train other HRC members, with prior approval from BBS. • CCS and CIE Provider Agencies must have created and trained their own agency HRC, or be a trained, voting participant of an <i>interagency human rights committee</i> by 9/1/18. • CCS and CIE Provider Agencies are encouraged to collaborate with: 1) an existing <i>interagency</i> HRC, or 2) create their own interagency HRC with other provider agencies. • CCS and CIE agencies should contact BBS if they are unable to create an HRC or coordinate with an existing HRC, and a review is required according to the HRC review schedule. • BBS is planning a webinar training on HRCs in the near future. • For more information, contact regional BBS Crisis Specialists or BBS staff.
<p>6.6.3.4 Documenting Employment First in the ISP</p>	<ul style="list-style-type: none"> • Case Managers do not need to revise ISP's by 3/1/18 but should update and revise the ISP to document Employment First as soon as possible and at minimum: after any IDT meeting that discusses the work learn section of the ISP, with any revision to the budget related to work/learn, and at the next annual ISP meeting.

<p>7.3.1 Jackson Class Members (JCM)</p>	<ul style="list-style-type: none">• Providers who serve Jackson Class Members (JCMs) will transition to the 2018 service codes and standards beginning with ISP start dates on or after 6/1/18.• DDSD will provide case managers an electronic Budget Worksheet (BWS), V-JCM 2018 03-01 and instructions to crosswalk from service codes used in 2007 to the service codes for 2018 DD Waiver Service Standards.• The JCM BWS will be used for ISP's starting on or after 6/1/18 and for related revisions. Submission timelines are unchanged.• The JCM BWS is submitted directly into the Qualis Health Provider Portal (QHPP), selecting Jackson class as the Episode Class indicator. Quick Start guides are available at http://www.qualishealth.org/healthcare-professionals/new-mexico-medicaid/provider-resources under Submitting Traditional Budget Requests.• Revisions to JCM budgets that are still on the ARA/MAD 046 form will continue to be processed using the 2007 service codes and rates until the JCM transitions by ISP start date, using the JCM BWS.• Case Managers must submit all budgets via the QHPP, including revisions on the MAD 046. The Qualis Health Jackson fax line will only remain open for Living Supports and Customized Community Supports providers to process outlier packets until all the JCMs have transitioned to the new 2018 DD Waiver Services Standards.
<p>7.3.2 Adult Budget Submission Process</p>	<ul style="list-style-type: none">• Clinical Criteria and the BWS for non JCMs are updated and aligned with the 2018 DD Waiver Service Standards. The submission process and frequency of reviews has been made more efficient.• The following documents posted on the DOH website:<ul style="list-style-type: none">- <i>Streamline Plan/Clinical Review Frequency Schedule;</i>- <i>Three Year Review Schedule;</i>- <i>Clinical/Service Criteria V.4;</i>- <i>Sample BWS V-OR 2018 03-01</i> (provided to all case managers by e-blast); and- <i>DDW Presentation of Outside Review Frequency of Clinical Criteria February 15, 2018 (PowerPoint).</i>• DDSD- DDW Numbered Memo 2018 -03: Roll Out of Clinical Criteria V4 details specific instructions about the roll out.

<p>8.2.1 Promoting Self Advocacy and Advocating on Behalf of the Person in Services</p>	<ul style="list-style-type: none"> • A revised ISP Addendum A includes information about Abuse, Neglect, and Exploitation (ANE) reporting and detecting. • The Division of Health Improvement (DHI) has also authored a letter about ANE for the person in services and his/her guardian, as applicable. • The case manager must review the revised Addendum A and DHI Letter at least annually with the person and guardian, as applicable. • The revised ISP Addendum A is published on DOH Website. Separate instructions and the DHI letter are provided to case managers by e-blast. • The revised Addendum A is required to complete the file by the next ISP start date following 6/1/18.
<p>10.3.9.1 Supported Living Service Requirements</p>	<ul style="list-style-type: none"> • Supported Living -Individual Intensive Behavior Supports (SL-IIBS) will not be approved on annual budgets or for revisions submitted after 3/1/18. • Supported Living Category 4 (Extraordinary Medical/ Behavioral Support) is available in lieu of SL-IIBS. • Individuals receiving SL-IIBS can continue to receive the service in the amount on a prior approved budget until their next ISP term; however, no additional units will be approved.
<p>11.7.2.2 Job Development 11.7.2.6 Self-Employment</p>	<ul style="list-style-type: none"> • Using short-term Division of Vocational Rehabilitation (DVR) funding first applies to: Job Development, Job Coaching, and Self-Employment. • To request an exception from DDSD, if DVR services are not available, contact Casey Stone-Romero, Statewide Supported Employment Lead at: casey.stone-romero@state.nm.us or ph.: (505) 827-1626. There should be very few exceptions. • If a person has been working and only requires job maintenance, DVR funding does not need to be accessed. • If a person has been working and wants a new job, the IDT will need to first access DVR funding for job development for the new job. However, the job maintenance for the person's current job can continue to be funded though the DD Waiver.
<p>13.2.9 Healthcare Plans (HCP) 13.2.10 Medical Emergency Response Plan (MERP)</p>	<ul style="list-style-type: none"> • Interventions that may prevent a medical emergency must be addressed in each HCP to support the response actions identified in the corresponding MERP. The MERP cannot be combined with or replace the HCP. Measures to prevent a life-threatening condition are addressed in the HCP. • MERPs and HCPs can be updated to reflect the new requirements upon annual review and coordinated with the person's ISP year.

<p>16.9 Quality Management Bureau Surveys</p>	<ul style="list-style-type: none"> • The Quality Management Bureau (QMB) will start surveys in two phases: (1) administrative requirements will be reviewed beginning 4/1/18; and (2) individuals will transition to the new 2018 DD waiver Service Standards survey tools based on their ISP date. • QMB conducts Survey Process and Survey Expectations Training. For more information, visit https://nmhealth.org/about/dhi/ or contact QMB directly.
<p>Chapter 17: Training Requirements</p>	<ul style="list-style-type: none"> • For all employees hired prior to March 1, 2018, there is a 90-day grace period until May 29, 2018 to come into compliance with: <i>Indications of Illness and Injury</i>. • The approved curriculum on Indications of Illness is an online training by Health Risk Screening, Inc. that can be accessed here: http://www.cdd.unm.edu/dhpd/programs/learnportal/courses/index.html • Case managers who have not completed the Aspiration Risk Training (ARM) must complete the training within a year by 3/1/19. The training is offered regionally. Register at http://trainnewmexico.com/.
<p>20.5 Creating and Maintaining Records in Therap</p>	<ul style="list-style-type: none"> • Medication Administration Record (MAR): Therap is working on making the MAR available to the Case Managers. Until that time the forms are required by provider type in print or scanned form according to Appendix A: Client File Matrix. • Aspiration Risk Screening Tool (ARST) and Medication Administration Assessment Tool (MAAT): Therap is working on making these two custom forms available by attaching them to the e-CHAT. Until that occurs, the forms are required by provider type in print or scanned form according to Appendix A: Client File Matrix. • Health Care Plans (HCPs) and Medical Emergency Response Plans (MERPs): Attach all HCPs to the eCHAT Summary Sheet. Attach all MERPs to the Individual Data Form (IDF). If Therap makes changes to this process, DDSD will provide notification.
<p>Chapter 22: Quality Improvement Strategy (QIS)</p>	<ul style="list-style-type: none"> • Providers are required to incorporate the Key Performance Indicators (KPIs) issued by DDSD in their Quality Improvement System upon release of the identified KPI's. • The Provider Agency's annual report due to DDSD by 2/15/19 may contain reporting on KPI per quarter based on release date of the KPI.

