DD Waiver Standards Input - Response Report

Thank you for your feedback. DDW Draft Service Standards were released for public feedback on 5-20-21. Chapter 13 Draft was released for Public Feedback on 7-20-21. Questions please contact Marie Velasco at 505-660-2766 or marie.velasco@state.nm.us

	Public Feedback/Comments	DDSD RESPONSE TO PUBLIC COMMENT
1	Concerns about change in timeframe for ISP meeting date.	Thank you for your feedback. The Submission deadline to the OR was changed to 45 days to accommodate this change. The intent is to prevent planning too far ahead of the budget start date
2	Possible to have regular education teachers to teach SSE?	Thank you for your input. The waiver application does include "other related licenses and qualifications may be considered with DOH's prior written approval." This will be covered in the provider application process..
3	Change of requirement for staff to participate with students for SSE classes.	Thank you for your input; the language in the standards will not be changed at this time. Support persons are broadly defined to include others within the individual's life besides paid staff. Please see Section 14.8 paragraph 2 for a full definition of those who may fulfill that role.
4	CORE Training Requirements: Limit the number of 30 and 60 day required classes	Thank you for your input. DDSD will be changing training requirements to be inclusive of 90 days..
5	Same as #4-Answered	
6	Encourage a more formal public comment period and notice process for future revisions to standards.	Thank you for your feedback. DD Waiver Standards Revision work has been ongoing for 2 years. Feedback regarding changes and updates were presented through various public committees, subcommittees and other public forums. DDSD encourages our community to participate in these various forums.
7	Applauds the Department for opening the proposed standards with a statement from Waiver participants, their families and other advocates.	Thank you for your comment.
8	I.1 Suggestion that the last line be amended to read: "contribute to and benefit from their community."	Thank you for your suggestion. DDSD will incorporate your edit.
9	1.2 Suggest adding the word "requiring" between the words "to" and "institutional"	Thank you for suggestion. DDSD has clarified the language.
10	I.3:Add terminology regarding expressed desires and direction of each individual participant.	Thank you for your feedback. DDSD incorporates person-centered planning throughout service standards. The following language has been added to the DD Waiver Standards: DD Waiver program in New Mexico is person-centered planning, and that services provided will be based upon the expressed desires and direction of each individual DD Waiver participant.
11	Request a minimum of 30 day public comment period for changes to Service Standards	Thank you for your comment. DDSD has involved various stakeholder groups in standards input over the past year, so posting the standards draft was the culmination of significant feedback opportunities. DDSD will continue to do outreach in advance of any changes and attempt longer period of review whenever possible.
12	Chapter 1 (1.1): 1) Development Period should be birth through age 21 and not birth through age 18. 2) Clarification as to whether the eligibility date for purposes of the wait list will be the date the child was placed on "Pend" status	Thank you for your feedback: 1) For Intellectual Disability the developmental period is birth to age 18. For Related Condition age of onset for the severe chronic disability is prior to age 22. 2) When an application is placed into "Child Pend," the registration date for the Wait List is the original registration date. Not the date of the determination.
13	Chapter 3(3.1): Request to edit terminology for supporting decision-making	Thank you DDSD will incorporate your edits. Change incorporated in standards:
14	Chapter 3 (3.3.1): Request to edit health care decision makers to clarify participant values guiding decision making and layman be change to lay person.	Thank you for your feedback. DDSD will incorporate your edits.
15	Chapter 3(3.3.5): Request change in language to have more definitive guidance Change from should to must. "HRC must review plans..."	Thank you for your feedback. DDSD will incorporate your edits.
16	Chapter 3 (3.3.7): Request for clarification whether there is a single or multiple HRCSC and whether HRCSC prevails over the HRC decision.	Thank you for your feedback. DDSD will address your concerns by editing the HRCSC section to document that: 1) there will only be one HRCSC committee; and 2) the appeal process, if any.

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17	Chapter 3 (3.3.7.1) HRC Super Committee accept referrals from any interested party	Thank you for your feedback. The HRCSC will not be accepting referrals from "any interested party," but will add clarifying language that referrals from IDT members will also be accepted via the Provider Agency's HRC. Concerns from outside entities regarding plans/strategies subject to HRC review must work through the teams and regional BBS/regional office staff regarding those concerns. Work through the teams and regional BBS/regional office staff regarding concerns.
18	Chapter 13 (3.3.7.2) Training requirements for HRCSC voting members, complete relevant training with the past five years, if training completed prior a refresher training should be required.	Thank you for your feedback. DDSD will incorporate your edits.
19	Chapter 3 (3.4.3) 1) Oppose proposed change that would limit reporting requirements to more than one instance of EPR not document in individual's BCIP. . DOH to reconsider relaxing EPR reporting requirements.2) Approved Techniques under Handle with Care and CPI be approved techniques in accordance with prevailing best practices. 3) Questions whether extended use of EPR lasting more than 10 minutes should require additional review for corrective action	Thank you for your feedback. 1) DDSD agrees with DRNM that EPR is a potentially dangerous intervention of last resort. Section 3.4.3 is not new, and does not relax EPR reporting requirements; indeed, we have always required all EPR use to be documented in a GER or in a DHI report (when the EPR meets requirements for a DHI report). What this section refers to is the initial or first use of EPR for a participant that occurs with no Behavioral Crisis Intervention Plan (BCIP) in place. It authorizes an immediate, appropriate use of an EPR in a newly emerging dangerous situation (e.g., an individual assaulting a roommate or running into the street), without fear of recrimination by DHI. Section 3.4.2 then goes on to require the IDT to meet to determine whether: a) the incident was unprecedented and would not likely be repeated, or b) would require a BCIP with EPR as an intervention of LAST resort. DDSD has rewritten this section to hopefully clarify this concern. Section 3.4.3 titled Provider Agency Administration then outlines provider agency policy and procedures regarding the ongoing training, administration, and follow up regarding use of Crisis Prevention/Intervention Systems. This includes section 3.4.3.5.h which states that training on documentation and reporting of EPR include GER requirements, as well as DHI-IMB reporting requirements. This is also NOT a new requirement. 2) Modifications to the Handle with Care and CPI protocols were made to remove any potential interventions that caused discomfort or pain, or that served to keep the individual 'off balance' during an incident. episode requiring an EPR. All crisis prevention/intervention systems (CPIS) currently approved (or any new systems submitted for approval) will only be approved in accordance with prevailing best practices from the CPIS field. DDSD will insert clarifying language about this in section 3.4.3.2. 3) Thank you for the feedback. DDSD has rewritten the definition of extended restraint from 10 to 5 minutes and will specify any additional actions to be taken by DDSD when used.
20	Chapter 4 (4.4.1): Proposed Change in definition for person-centered thinking.	Thank you for your feedback. DDSD will not be making any changes with the definition for person-centered thinking as the language is currently incorporated in person centered practices.
21	Chapter4 (4.2): 1) Revision of section to ensure individuals are able to understand informed choice. 2) Concern regarding requirement of provider agencies to support advance directives and Do Not Resuscitate orders, and to assist " a person or their Family" when a wavier setting is "unwilling to accommodate their wishes around a DNR: Requiring blanket provider support of DNR orders regardless of individual circumstances is inappropriate. Recommendation to remove these items.	Thank you for your feedback. At this time DDSD will make changes to clarify the role of legal guardian and/or health care decision maker. 1) If an individual is their own guardian they are their own decision maker. Will change Family to Legal Guardian and/or Health Care Decision Maker.. 2) DDSD supports informed decision making and personal choice by the person and their legal guardian/health care decision maker and will offer support so that their wishes and desires are fulfilled.
22	Chapter 5 (5.5): Support of requirement to complete new ARST, support of DSP not being allowed to implement CARMP unless passing competency.	Thank you for your comment. This is not a new element. ARST should be done annually at a minimum. when ever there is a change of condition or when the person has been in an out of home placement.
23	Chapter 5 (5.5.1) SLP and OT should be consulted in all cases in relation to interim ARM plan, MERP, and CARMP.	Thank you for your feedback. An SLP OR OT is considered the eating specialist required for CARMP development. Other disciplines may be individualized. Note that the interim ARM plan and MERP are created when the CARMP is in development. Once CARMP is developed the interim plan is removed. The MERP will be updated if indicated. B Finley, RN
24	Chapter 5(5.5.2) : Support proposed requirements that the IDT team discuss all sections of the CARMP.	Thank you for your comments.
25	The addition of the annual CM review requirement will improve oversight for our constituents	Thank you for your comments.
26	Chapter 5 (5.5.6): Concern that making the participation of specified clinicians discretionary will lead to loss of their expertise when it is needed to preserve the health and safety of DDW participants.	Thank you for your feedback. When referring to specified clinicians DDSD is referring to therapist. Clinicians (therapist) are still an integral pat of the CARMP review and revision process.
27	Chapter 5(5.5.6) Recommendation that specific clinicians remain identified to ensure there is expertise in CARMP development.	Thank you for your feedback. As stated previously the terminology for clinician refers to nurse, BSC, RD and Therapists.
28	Chapter 6 (6.2): Include MCO Care Coordinator to meeting invitations. Require participant to be present at IDT meeting.	Thank you for your feedback. The participant can choose whom to invite to their IDT meeting. DDSD honors an individuals choice whether to attend his/her IDT meetings.

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29	Chapter 6 (6.3):In point 3, consider revision: “The need for a medical evaluation should be considered to address persistent, challenging behaviors…” In point 4, there is a proposed requirement for IDT to “coordinate with the MCO Care Coordinator for support.” What “support”? Consider revision: “to secure services from MCO provider network.”	Point 3. Thank you for your feedback on point 6.3.3. DDSD will accept the suggested revision. Point 4: Thank you for your feedback. DDSD will incorporate your edits.
30	Chapter 6 (6.5.2): Error in "72 business hours"	Thank you for catching error. DDSD will incorporate the change.
31	Chapter6 (6.6): Need clarification on person-centered approach and committment.	Thank you for your feedback. An individual does not require IDT agreement/approval to pursue their dreams, aspirations, and desired long-term outcomes through the ISP. The IDT must find a way to honor choice and preferences balanced with planning safeguards. At this time DDSD will not be making any changes.
32	Chapter 6 (6.3): Clarification that "Consensus" is not to be used for the rest of the IDT to overrule the participant.	Thank you for feedback. Correct, consensus is only specific to this section and number. Consensus is not to be utilized for the rest of the IDT to overrule the participant.
33	Chapter 6 (6.6.3.4): Appreciate the commitment to Employment First as incorporated in these proposed standards. We suggest changing “should” to “must” in the last sentence here.	Thank you for your feedback. DDSD will incorporate your edits.
34	Chapter 6 (6.7): Thank you for this important addition.	Thank you for your comments
35	Chapter 7 (7.3) Clarification of " ability to access the EPSDT benefit” refers specifically and exclusively to EPSDT services a DDW participant actually receives.	Thank you for your feedback. When services are provided for children, services must be coordinated with and shall not duplicate other services such as: the Medicaid School Based Services (MSBS) Program, the Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, services offered by the New Mexico State Department of Education, or the Early Childhood Education and Care Program. Access to EPSDT services is based upon clinical need and physician orders. Each service must be provided in accordance with the corresponding DD Waiver regulations, standards, and applicable DDSD policies.
36	Chapter 7 (7.3): Why was Supplemental Dental Care removed from “Other Services” included under the Adult Category Services?	Thank you for your feedback. Supplemental Dental service will be added back to the service standards.The intention was not to cut services. However, this service has not been accessed by any individuals since 2014. Individuals are utilizing their state plan for these services.
37	Chapter 8 (8.3.4): Concerns regarding case managers being allowed to carry a caseload of 50 individuals.	Thank you for your feedback. There was much discussion with various committees, including meetings with Case Managers and a caseload of 50 was a workable amount for case managers. Case Managers have a choice of up to 50 individuals on their caseloads. Some may choose to have less. Caseload requirements are complex with some individuals needing more support; some less, The key takeaway for DDSD is that agencies must assure appropriate level of support regardless of caseload level.
38	Chapter 9 (9.6): Requesting more information on steps provider agencies and cm's take to prevent suspension, and more information on potential harm to participant. Concern that risk to a participant is too great to be left to a simple notice to Regional Office.	Thank you for your feedback. The reason DDSD would like CM to work with Regional Offices is so that Regional Office will be able to provide technical assistance and guidance with the intention to prevent any potential short or long term harm to an individual.
39	Chapter 10: Thankful for support of participant access to AT. See this as part of the movement towards a more modern and comprehensively responsive DDW system.	Thank you for your comments.
40	Chapter 10 (10.3.3): This is an excellent addition to the standards, and will improve the health and quality of life of participants.	Thank you for your comments.
41	Chapter 11; Appreciated commitment to employment. Acknowledge efforts for availability of AT during pandemic. Request more attention be given to concomitant mental illness for DDW participants and to value romantic relationships in community inclusion.	Thank you for your feedback. DDSD continues to strive to work with individuals, and their IDT teams to strive towards individuals having the choice of friends and romantic relationships of their choice. Note that behavioral health is also part of State Plan not exclusively provided under Waiver Program scope of services. Collaboration with MCO Care Coordinators is needed and encouraged.
42	Chapter 11 (11.4): Individual has to be present at all PCA meetings and fully involved in every step of the process. Anything less including current language, absolutely belies person-centeredness/	Thank you for your feedback. The section you are referring to does require the individual to be involved in the development of the person-centered assessment. A guardian and those who know the person best must also be included in the development of the PCA, as applicable. However, an individual can choose to or leave their meeting early.
43	Chapter 12 (12.2.2(3)) These are two separate points, writing plans and training plans, each meriting its own numbered inclusion in this list.	Thank you for your feedback. The purpose of particular point is to avoid psychological or behavioral jargon that is not easily understood when working with Direct Support Professionals.
44	Chapter 12 (12.2.3):Suggests an addition to the current language clarifying that the wishes and input from the individual participant are to be given the highest possible priority during collaboration around BSC service provision.	Thank you for your feedback. DDSD agrees and will edit this section.

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45	Chapter 12 (12.2.3): Suggest “ancillary therapy providers” instead of “ancillary therapies.”	Thank you for your feedback. DDSD agrees and will accept this edit as suggested.
46	Chapter 12 (12.2.3(13)) Suggest “schedule trainings in appropriate groupings when possible to maximize efficiency for all participants when possible and when desired by the individual participant.”	Thank you for your feedback. The suggestion must also incorporate IST training standards, which have requirements for size of training groups based on competency groups. Item will be edited accordingly.
47	Chapter 12 (12.2.3(19)):Commend the Department for including advocating for supports that ensure freedom from restraint, abuse, neglect, exploitation, and undue intrusion as part of BSC service provision under these proposed standards.	Thank you for your comment.
48	12.2.3.1: Questions on Fading for Therapy and BSC. 1). BSC: It should be explicitly stated in this section that consultation with the waiver participant is essential when a BSC is considering the reduction of services. 2) Therapies: It should be explicitly stated in these sections that consultation with the waiver participant is essential when a change in the level of therapy services available under the waiver is being considered.	Thank you very much for your feedback. DDSD agrees to accept the language regarding fading with consultation with individual. 1)As BSC is a consultation model focused on assisting the individual and their team to gain mastery skills, a BSC must assess these skill levels and foster a vision of growth (and thus independence or interdependence) for the individual and their team. The BSC must guide the team and individual in their journey of resilience, recovery, and pursuit of their quality of life. Medical necessity must drive utilization not attachment or dependence on the consultant. BSC units may be increased or reinstated as needed. In the section on fading of BSC services (12.2.3.1), we will insert the following language: “Fading should be considered in consultation with the waiver participant and/or guardian if:” 2) Thank you for your comment. CSB notes that families and individuals are members of the IDT and are present during these discussions, and are key decision makers in fading.
49	Chapter 12 (12.2.4): Objection to the five-hour yearly limit placed upon the provision of BSC services in school settings, and the limitation on how those services can be used. Service plans must be individualized in order to meet the needs of each participant. If it is determined that these needs include BSC in a school setting, it should be available.	Thank you for your comment. The DDW is charged to provide support that is not replicated by another service, either within the DDW system or other services utilized in the community. According to the federal regulations governing special education in public schools, IDEA, children and adolescents who have behavioral and/or psychological needs that impact their education should receive those services through the school. Crossover training and attendance at IEP meetings serve to make sure that coordination and consultation occur appropriately. No changes will be made.
50	Chapter 13 not released with standards.	Thank you for your feedback as DDSD works through the changes and edits with Chapter 13.
51	14.6.2.1 Best safety practices now indicate that another point should be added here, to require the driver to report any stops or delays of a limited period of time, perhaps five or ten minutes, to guard against sexual assault	Thank you for your feedback. Under 14.3.2.1 #6.Diver must log unanticipated stops or delays during transportation. This does not apply to when an individual utilizes ride shares or public transportation passes.
52	15.1 The “Expiration of Provider Agreement” addition appears to be redundant.	Thank you for your feedback. DDSD will not be implementing these changes at this time.
53	Request to include 120 day renewal notice and request to include examples of Subject matter Experts reviewing application in the Service Standards. 15.2 Section also seems to remove the timeline for renewal, and no longer indicates that the renewal notice will issue 120 days before expiration. Furthermore, the section no longer provides information about application completeness as ensured by PEU, including that applications missing more than three items will be denied.	Thank you for your comment. The Provider Application itself contains the detailed process and DDSD elected not to incorporate SME'S in the Service Standards . Section 15.2 incorporates information noted as missing in this chapter.
54	15.2.1 This section grows stronger in the proposed standards. DRNM appreciates the clarifications. We look forward to robust implementation of these protections for DDW participants	Thank you for your comments.
55	Chapter 16 A number of the revisions in this chapter supply helpful information about accountability of providers, including administrative actions and sanctions.	Thank you for your comments.
56	17.1.1 Appreciates the new credentialing requirements.	Thank you for your comments.
57	17.9.1(1) Grateful for the proposed expansion of requirements.	Thank you for your comments.
58	17.10 Supports the additional minimal requirement in the last sentence of this section.	Thank you for your comments.
59	19.2.1 Request to expand the GER List.	Thank you for your feedback DDSD. At this time we will not be expanding the list, but will look at potentially expanding at a later time.

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60	Chapter 20:Unless there are multiple eMAR systems in Therap,suggest that 20.5(6) be clearer and in line with 20.6(1).	Thank you for your feedback. During this period DDSD will provide guidance to provider agencies to move towards the utilization of eMar in Therap. There will be various trainings, workshops and technical assistant to those agencies in need of assistance during the transition. .
61	22.2:Suggest providing and identifying a link to the webpage where DDSQI will archive these annual, numbered memos.	Thank you for your feedback. All DD Waiver Numbered Memos from DDSD Director can be found on the DDW home page. Under Communication to Field and Numbered Memos. https://www.nmhealth.org/about/ddsd/pgsv/ddw/
62	22.4 Appreciates the new language in 22.4(1), to hold provider agencies accountable for failing to submit the annual report on time as subject to civil monetary sanctions.	Thank you for your comments
63	Tables: Suggest removing these tables from the standards to ensure the full engagement of participants and their teams in the DD Waiver budget process. If the Department elects not to follow that suggestion, further recommend that language be placed in front of the tables noting that the suggested budgets are not binding, and that person-centered planning must be the focus of each DD Waiver budget.	Thank you for your feedback. DDSD will maintain the table regarding proposed budget levels and will take your edits into consideration.
64	Required DSP training with a required timeline of 30 days. Request that DDSD not move forward with these tight timeframes.	Thank you for your feedback. DDSD will be changing training requirements to be inclusive of 90 days..
65	DDSD aligning Mi Via and the Supports waiver- but DDW has a great deal more training requirements	Thank you for your feedback. DDSD is working on aligning Waiver Services especially in terms of training. However, each waiver has their own unique and varied services and based on the service there are various requirements that are mandated.
66	Same as above	Thank you for your feedback back. Aligning Waiver trainings supports a smoother transition of valued staff as individuals choose to moving to different Waivers.
67	Nursing: Concern that there is a significant chapter that is being “rolled over” and is in dire need of editing. I urge DDSD to keep both our steering committee and provider agency nurses involved in this critical conversation.	Thank you for your feedback as DDSD continues to work on edits for Chapter 13. This chapter was released on July 12, 2021 for public feedback.
68	DDSD aligning Mi Via and the Supports waiver- but DDW has a great deal more training requirements	Thank you for your feedback. DDSD has condensed the training time .
69	Service delivery for clients in services will be delayed because providers will need to complete additional training requirements prior to signing a contract or being hired by a provider agency – i.e. FA/CPR, ANE, IST, AWMD, HWC, additional online courses provided on the Training Hub.	Thank you for your feedback. What is being described is an agency policy, as an example, a Family Living Sub-Contractor for Family Living providers and not a DDSD training policy.
70	The proposed change from 30 days, 90 days, and 1 year training requirement timeline to 30 days for most DDSD Core Curriculum courses is an overwhelming amount of material to cover,	Thank you for your feedback DDSD has decided to extend several of the training timelines. DDSD will be changing training requirements to be inclusive of 90 days...
71	Substitute Care billing vs FL billing: Unresolved would like service "bundled"	Thank you for your feedback. DDSD would like to continue the discussion on Substitute Care Billing in future DD Waiver renewal work.
72	Internet Access: 1)Opposing requirement for ALL DSP and LCAs be required to use it or have access 2)Subcontracted DSPs are not allowed to use "the agency's technology" unless in a specific situation. 3) FL provider agencies are not able to ensure that "Devices are maintained" and subcontracted DSPs do not have access to agency IT supports Agencies IT support is to support Agency functions and not the DSP functions. If agency has to support IT for DSP a rate for service needs to be provided 4) Change wording "application for employment" FL are contractors not employees..	Thank you for your feedback. 1) In regards to Internet access DDSD is moving towards accessibility of internet services for all individuals and DSP's working with individuals, especially in relation to the use of eMar in therap. Support and training for DSP's in regards to the utilization of Therap will be the responsibility of the provider agency. DDSD will provide training and workshops during the implementation of eMar in Therap. 2) In regards to whether a subcontracted DSP is able to utilize an agency's technology is a decision made by the agency. 3)The provider agency is required to ensure a DSP has internet access provide IT support when necessary. 4) If a person is hired to provide Family Living as a sub-contractor or an as employee, it is up to the Family Living Provider Agency to make this determination to hire. Any person providing direct Family Living services, whether they are employed or hired as a sub-contractor, are considered Direct Support Personnel by DDSD. It is the responsibility of Family Living Providers (agencies) to assure that the hired Family Living employee or hired sub-contractor complies with and implement DD Waiver Service Standards to include compliance with internet access.
73	Family Living: 10.3.8.2.1.1 mentions that the sub-contractor is to complete the agency’s “application for employment” – needs to be reworded as they are not employees.	Thank you for your feedback. DDSD will make the change to "agency's application to provide Family Living"
74	20.5.1 – Opposition to requirement for DSPs to use SComm under family living, as these are subcontractors with provider agencies.	Thank you for your feedback: Any staff hired by a provider agency be they considered a subcontractor or employee by the provider agency are still subject to requirements for (Direct Support Personnel) DSP's
75	Opposed to the Mi Via IHLS EVV requirement.	Thank you for your feedback . This will be referred to the DDSD Mi Via Program Manager.

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76	Use of eMAR for all agencies. FLP's are not tech savvy and FLP agencies do not have the IT manpower to supports DSPs to use this service. Will there be support that DSP's can access?	Thank you for your feedback; Support and training for DSP's in regards to the utilization of Therap will be the responsibility of the provider agency. DDSD will provide training and workshops during the implementation of eMar in Therap.
77	Having all Employees retake Advocacy 101.. Advocacy in Action seems like overkill as a core class especially by Sept.	Thank you for your feedback. This is a valuable course that supports key concepts important to supporting individuals within our system.
78	10.3.2 Supporting Technology:Wording implies it is the agencies responsibility to ensure access to equipment, maintenance of equipment, training of DSP and wi-fi in each home.	Thank you for your feedback: Any staff hired by a provider agency be they considered a subcontractor or employee by the provider agency are still subject to requirements for Direct Support Professional (DSP's). How an agency will manage access to technology, maintenance of technology, training of DSP and access to wi-fi will be up to the agency. Technology has been built into the rate for several years.
79	10.3.3:employ/subcontract with a nurse for on-call services only- for smaller agencies- this may becomes a tremendous financial burden/cost. Is this reasonable for smaller agencies?	Thank you for your feedback. Providers are reimbursed for Nursing services. Awareness of current nursing salaries may assist with recruitment
80	11.6.2- Item 28-This is unclear- does this mean that if an agency has a CCS Christmas Party Or if the individuals want to gather to celebrate a friends birthday? - the time spent in the building is no longer billable?	Thank you for your feedback. That is correct. Time in an agency for CCSI should not be billed
81	11.6.3 Individual CCS- Previous standards allowed intermittent time at the individual's home and/or agency facility to allow for meals, ADL's, behavioral stabilization- up to one hour/day. As written now- this is no longer allowable.	Thank you for your feedback. There is still intermittent time in the home allowed under General Service Requirements which covers all forms of CCS
82	11.6.4- Small Group- CCS Small Group may not occur in an agency-operated building.	Thank you for your feedback. There is still intermittent time in the home allowed under General Service Requirements which covers all forms of CCS
83	12.2.3: Behavioral Support Consultation Services. This is the only reference to a "Program Log" in the standards- what a Program Log is and what information a provider agency must include in the program log.	Thank you for pointing out this discrepancy in language. An agency "program log" is old terminology for the set of daily notes that the agency, individual home, or CCS agency keeps to document the services provided. The term "program log." will be changed to "daily progress notes".
84	14.1.2 Service Limitation-	Thank you for your feedback. AT is the funding of last resort. If an existing benefit may cover the cost of the item it should be pursued. Requestors typically know which items are customarily covered under Medicare or the State Plan/Medicaid.
85	14.1.2 Refurbished AT devices may NOT be purchased using AT funds"	Thank you for pointing out the contradiction. DDSD will edit. AT Funds should be utilized to purchase new AT devices with the exception of limited fund availability OR at the request of the individual/guardian.
86	14.1.3 Questions on AT Purchasing Agents and role in IDT	Thank you for your feedback. This language will be revised: 14.1.3- Service Requirements 4.b- An annual accounting of all finances used per person supported by the agency must be maintained and provided at request of IDT Team Members or DDSD.
87	Environmental Modification: DDW consider adding therapy services solely for an EMSP assessment to the scope of therapy services for children under the age of 18?	Thank you for your feedback. Environmental Modifications if not covered under EPDST may be covered under DD Waiver Services.
88	Standards do not clearly state which DDSD Trainings are CORE Required Trainings	Thank you for your feedback. DDSD will make modifications to the standards regarding CORE required trainings. .
89	17.8: Training requirements for all positions indicate time-periods of 30 days/prior to working alone, 60 days, and 90 days. this is a tremendous burden on filling new positions filled.	Thank you for your feedback. DDSD will be changing training requirements to be inclusive of 90 days..
90	20.3 #2 Family Living is considered a LCA- what is the agency responsibility to ensuring a secure computer for access of records.	Thank you for your feedback: Any staff hired by a provider agency be they considered a subcontractor or employee by the provider agency are still subject to requirements for Direct Support Personnel (DSP's). How an agency will manage access to technology, maintenance of technology, training of DSP and access to wi-fi will be up to the agency.
91	Client File Matrix- Therapists, BSC's and ANS are now required to maintain IDT meeting minutes in the primary record- who is responsible for distribution?	Thank you for your feedback. IDT meeting minutes are the responsibility of the CM to take and distribute to IDT team members.
92	Client File Matrix- Therapists, BSC's and ANS are now required to maintain IDT meeting minutes in the primary record- who is responsible for distribution?	Thank you for your feedback. The Service Coordinator is responsible for sending the Teaching and Support Strategies to the Case Manager and the Case Manager provides documents to the rest of the IDT team.
93	Client File Matrix- Initial Therapy Evaluation, Assessments, Therapy Re-evaluation reports are not checked as required to be maintained in the LCA or CCS-CIE administrative file or service delivery site file- will providers no longer be required to have these documents?	Thank you for your feedback. LCA and CCS-CIE agencies were not required to retain these documents. This section was not changed or modified, in regards to location of documents.
94	Client File Matrix refers to Therapy Intervention Plan (TIP) and Therapy Documentation Form. Change to Therapy documentation Forms	Thank you for your feedback. Changes will be made in the Matrix. The TDF includes the TIP and the semi-annual report.

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95	Training for nutritionist is excessive.	Thank you for your feedback. DDSD will be revising requirements and will implement a shorter version of ARM training for nutritionists. RD/LDs will be required to complete a modified ARM Supports Training. CSB will produce through a live webinar(s). Recorded webinars will be made available and existing RD/LD will need to complete training within 1 year. New hires will complete within 90 days.
96	Training: Proposed changed for trainings. AWMD should be required course	Thank you for your feedback. AWMD has been changed to i.Assistance with Medication Delivery (AWMD) within 90 days of hire "WHEN" designated as required in the Medication Administration Assessment Tool (MAAT);
97	Recommendations on changing 30,60, 90 day training rquirements.	Thank you for your feedback. We are modifying some courses from 30 days to 90 days.
98	Concern Chapter 13 not released or finalized for feedback.	Thank you for your inquiry. Unfortunately, DDSD has not been able to incorporate the extensive input received to-date in a manner that justifies release at this time. DDSD released Chapter 13 for Public Comment on July 12, 2021.
99	Recommendation Dieticians not complete ARM Training.	Thank you for your feedback. DDSD will be revising requirements and will implement a shorter version of ARM training for nutritionists. RD/LDs will be required to complete a modified ARM Supports Training. CSB will produce through a live webinar(s). Recorded webinars will be made available and existing RD/LD will need to complete training within 1 year. New hires will complete within 90 days.
100	Questions on Training: 1) What are "standard precautions"? 2) DSPs need to take the sexuality class that is required for Service Coordinators?	Thank you for your feedback.17.1: 1) This is currently used for the supports waiver. It used to be called universal precautions now it is called standard precautions. 2)Yes, DSP who are supporting someone who have this course identified in their ISP. The course is the same CM/SC.
101	Recommend change in 30 day training be increased to 90 days	Thank you for your feedback. DDSD will be revising training requirement timelines .DDSD will be changing training requirements to be inclusive of 90 days..
102	Recommend change in 30 day training be increased to 90 days. Requesting staff with no experience to start taking on line courses before understanding their job is too much and DSP will not retain training information.	Thank you for your feedback. DDSD will be revising training requirement timelines.DDSD will be changing training requirements to be inclusive of 90 days.. Thank you for your feedback. The training presented to DSP during the first 30 days are requirements necessary for a DSP to be able to perform not only their duties but provide information and knowledge about working with persons with IDD. These trainings are foundational and build the knowledge for the DSP.
103	Use of EMar in Therap to not be required for use.	Thank you for your feedback. DDSD will be requiring the use of eMar in Therap for provider agencies utilizing AWMD and will be providing transition and training guidance to the field. There will be a year to transition.
104	Increased training hours for nutritionists is burdensome.	Thank you for your Feedback. DDSD will modify training hours for nutritionists.
105	Chapter 13 not included in Draft	Thank you for your inquiry. Unfortunately, DDSD has not been able to incorporate the extensive input received to-date in a manner that justifies release at this time. DDSD released Chapter 13 for Public Comment on July 12, 2021.
106	Environmental Modifications needs an increase from $5000 to $7000	Thank you for your feedback. Please note at this time changes in reimbursement limits are not part of the edits for DD Waiver Service Standards.
107	Increased training hours for nutritionists is burdensome	Thank you for your Feedback. DDSD will modify training hours for nutritionists.
108	Oversight of Nursing Students needs to be added to the Provider Agreement.	Thank you - DDSD will take this under consideration, language will be added to the Provider Agreement that any agency who desires to contract with a School or College of Nursing may do so.
109	Request for wording clarification regarding eCHAT	Thank you for your feedback. 13.2.8.3 was edited
110	Clarification about nursing collaboration with therapists as well as BSCs	Thank you for your feedback. Chapter 13.2.2 6.# b ii was edited
111	Clarification about verbal orders taken by nurses	Thank you for your feedback. Yes LPN's are able to take phone orders and RN has the obligation for routine oversight.
112	Clarification about routine nursing visits requested.	Thank you for your feedback.. Please see edit in 13.3.1.3 b.ii
113	Clarification about routine nursing visits request	Thank you for your feedback. Please see edits in 13.2.4.#5
114	Comment on language for Semi annual assessments. Likes the language.	Thank you for your comment.

	Public Feedback/Comments	DDSD RESPONSE TO PUBLIC COMMENT
115	Clarification of face to face visits for eCHAT assessments.	Thank you for your comment. Telehealth or remote methods may be used based on prudent nursing practice, or the condition of the person.
116	Comment about timing for eCHAT approval.	Thank you for your comment.. No changes are being made but DDSD works with QMB to assure their survey tools reflect intent of standards as written.
117	Recommend to have Semi-Annual review of HCP and MERPS to be documented in Therap under the Plan section	Thank you for your comment. See edits 13.2.9.1.#12 for revisions.
118	Question regarding MERP template. Did not realize there is a MERP template.	Thank you for your feedback. The MERP template is available in Therap. This is an optional document to utilize.
119	Edit needed to clarify language regarding FL Providers	Thank you for your feedback. See edit 13.2.11.7
120	Edited language and clarified need for nursing to be budgeted.	Thank you for your feedback . See edits in 13.3.1.2.a
121	Comment regarding 45-14 day time span.	Thank you for your feedback.
122	Pg 8, 3b –"If this timeframe is not addressed in the Provider Agency's Pharmacy Manual, then all verbal orders (medication and non-medication) must be signed, and dated by the ordering practitioner and returned to the Provider Agency within 10 business days of the date of the verbal order." This is dictating what an outside entity (not a DDSD employee or contractor) "must do."	Thank you for your feedback. However, it is the responsibility of the provider agency to obtain verification of a verbal order. A nurse cannot accept a new verbal order for a new medication. However, a nurse can accept a verbal order for an existing medication. These edits were completed in collaboration with the NM Board of Pharmacy.
123	Telehealth should have more widespread access in the DDSD System	Thank you for your comment. An edit was made to page 11.13.2.6.1
124	Inquiry about nurse delegationof administration of medication	Thank you for your comment. No changes will be made at this time.
125	Inquiry about MERP form.	Thank you for your comment. The MERP template is available in Therap. No changes will be made at this time.
126	Clarification about linking plans.	Thank you for your comment. See clarifying edit in echat section
127	Clarification regarding AWMD	Thank you for your comment. All related and non related DSP must complete AWMD training. Please refer to the Chapter on Training.
128	Requested expansion of those persons who the nurse might support.	Thank you for your comment. Will be adding 13.1: and share information with natural supports when requested by individual or guardian.
129	Multiple comments regarding nursing oversight and services 1) What constitutes appropriate RN supervision? 2) telehealth language as written does not require consideration of whether a telehealth visit would meet a person's needs. Recommend adding the italicized language: "…the condition and needs of the individual." Concerned that DSP training is permitted to occur remotely. For many hands-on tasks, in person training is critical to ensuring that services are performed correctly and safely. Also, this seems to conflict with provisions in 13.2.4. 3) Needs to be a clear definition of the supervisory requirements for students. 4) Be more specific about elements to be documented under "all activities related to delegation"	Thank you for your comment. See reference to Nurse Practice in 13.2.1.2 The New Mexico. RN has obligation to provide oversight based on New Mexico Nursing Practice Act. Specific numbers of hours are not listed.
130	Multiple comments on Collaboration and Hierarchy for Nursing Tasks. 1) Add a timeline for sharing assessment outcomes 2) MCO Care Coordinator be added to list of individuals with whom the nurse must collaborate with respect to discharge planning. 3) Include hospice ordered medications other than those required for pain and anxiety in the exemption from PPMP and HRC requirements	Thank you for your comments. 1) At this time nurses are to collaborate and share assessment outcomes. This is an expectation of nurses 2) There is collaboration as needed with MCO Care Coordinator and is mentioned in chapter 13.2.2.6.v. 3) At this time Hospice normally only orders pain and comfort medication. It is at the discretion of the hospice physician to continue other medication based on the person condition and medical needs. DD Waiver provider agency will will follow all hospice orders.
131	13.2.5 Change of Condition questions on what is mandatory.	Thank you for your comments. See edits 13.2.5
132	13.2.6 On-Call Nursing Item 4 is unclear as to whether a referral to urgent care waives the onsite visit requirement.	Thank you for your comments. See edits 13.2.6
133	13.2.7 Request for requirement of collaboration with MCO Care Coordinator.	Thank you for your comments. Please refer to Introduction to 13.2 and 13.2.2.6 a.v.

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134	13.2.9.1 Health Care Plans 1) HCP in electronic and print as requirement. 2)Add a timeline for review of HCP's and MERP's	Thank you for your comments 1) Most agencies have moved towards electronic systems in the home eliminating paper documents. As long as a DSP is able to access the HCP/MERP this requirement is met. 2) Review of HCP's and MERP's are required semi-annually 13.9.9.1.14.
135	13.2.9.2 Clarifications and questions on MERP's	Thank you for your comments. Nurses may create an MERP for any conditions that they deem appropriate and must create an MERP for any that are triggered in Therap. The Emergency Medication list is currently being updated and will soon be posted on the DDSD website.
136	13.3.2.1 Clarification regarding nursing monitoring when families have opted out of ongoing nursing services.	Thank you for your comments. The nurse completes the annual workup including the eCHAT, ARST adn MAAT. If the family has opted out of nursing, but decides they want additional help for change of condition, they may request additional units to be added to the budget.
137	Request to lengthen the timeframe for deadline for post hospitalizations re-assessments to be increase to 5 business days instead of 3.	Thank you for your comments. No changes being considered at this time due to critical nature of updated documentation post hospitalization.
138	Request to lengthen the timeframe for documentation.	Thank you for your comments. Refer to Chapter 9.10 and 9.11
139	Question regarding annual eCHAT	Thank you for your comment. The Annual nursing assessment including eCHAT is required. Nursing visits are not required if the Guardian has opted out of ongoing nursing.
140	Request to lengthen the timeframe for deadline for post hospitalizations re-assessments to be increase to 5 business days instead of 3	Thank you for your comments. No changes being considered at this time due to critical nature of updated documentation post hospitalization.
141	inquiry regarding CARMP.	Thank you for your comments. Refer to Chapter 5.5
142	Input regarding consent for nursing students	Thank you for your comment. Obtaining guardian consent for having care from a student nurse would be based upon the agreement between the Provider Agency and the School Nursing.
143	Question regarding CARMP draft in Therap and coordination with MCO Care Coordinators.	Thank you for your comments. #5 -Per 13.2.5 the Agency will provide access to the CARMP draft in Therap.The Primary Provider nurse collaborates with other nurses on team to insure access to CARMP Questionnaire in Therap. Refer to Chapter 20.5.6 : CARMP draft in Therap. #8 Nurses may interact with the the MCO Care Coordinators to support the person's needs. Please contact the person's CM or CSB is assistnce is needed.
144	Question on Verbal Orders, prescription drug orders and licensed practitioners.	Thank you for your feedback. A nurse cannot accept a new verbal order for a new medication. However, a nurse can accept a verbal order for an existing medication. These edits were completed in collaboration with the NM Board of Pharmacy.
145	Question on Verbal Orders	Thank you for your feedback. Language in this section has been edited in collaboration with the NM Board of Pharmacy.
146	Questions on CIHS nurse visits in the home setting.	Thank you for your comments. This allows the nurse to observe the individual in their home and community setting and to ensure their needs are met in those settings.
147	Questions on HCP documentation in Therap. #1-Discrepency: interactions with HCP must be documented one calendar day after the contact in a signed, legible progress note. Everyone is required to use Therap's t-logs. Yet in #5 it says progress not or Therap #12 (iii)-again, mentions MCO care coordination collaboration for hospital discharges	Thank you for your comments. #1 is in reference to Health Care Provider (HCP) and nurse must document within one calendar day, and #5 refers to "on call" work and must be documented as soon as possible.
148	Emergency Medication List needs updating and unable to access on DOH website	Thank you for your comments. The medications listed are included on the updated Emergency Medications List. The Emergency Medication list has been updated and will soon be posted on the DDSD website. The updated Emergency Medication list was shared at the July 28, 2021 Community of Practice Meeting and all DD Waiver nurses were invited.
149	MERP Template question	Thank you for your comments. This will be addressed in the Nursing Community of Practice Call adn in the nursing specific training that will be provided after the Standards are published.
150	IST training clarification	Thank you for your comments. The team will identify the staff who need training on the IST section of the ISP. This training is typically focused for the DSP.
151	Consider expanding the response time for requirement related to verbal orders to 14 business days from the date of initial verbal order.	Thank you for your comments. Please follow your agency Pharmacy Manual. The limit is a fall back if not mentioned in Agency Pharmacy Manual.

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152	IST training clarification	Thank you for your comments. This should be discussed during the ISP meeting. the individual or their guardian determines whether natural supports need to be included in training on the HCP or MERP. This is based upon the role of the natural supports in the person's life. ex- If natural supports will respond to RPST, they may be included the IST section of the ISP.
153	Request to restore discontinue and copy for echat	Thank you for your comments. Nurses will continue to be required to use a new Echat template each time. Please refer to Chapter 20.
154	Request to restore discontinue and copy for echat	Thank you for your comments. Nurses will continue to be required to use a new Echat template each time. Please refer to Chapter 20
155	Request to minimize the final comments required in the eCHAT summary.	Thank you for your comments. Nurses will need to fill out the final comment section in the echat, and provide "Brief" summary.
156	Monitoring the MAR and Treatment records	Thank you for your comment. Language was added to reflect the eMAR review.
157	Clarification about nurses training each others plans	Thank you for your comment. The standards address that each specific agency develop and train plans pertinent to their settings. Nurses within the same agency may train plans created by other nurses within that agency.
158	Clarification about ongoing ANS requirements.	Thank you for your comments. If the natural family has opted out of ongoing adult nursing services, the nurse must only complete the annual nursing assessment requirements. However, if the family desires additional nursing supports, such as training or training natural support on RPST response then additional hours may need to be added. For example see Chapter 13.2.9.3 #3. Additional hours will be needed to address any ongoing required nursing tasks if non related DSP are providing any services. All sections of 13.3 clearly indicate the nurse's role and requirements when non-related DSP are providing services.
159	Do natural families provide FL services have to use the Health Passport?	Thank you for your comment. Natural Families providing FL services must utilize the Health Passport, even though they have opted out of ongoing nursing services.
160	Question regarding billable hours.Can a nurse bill for time spent writing her semiannual since it falls within the scope of Healthcare Planning? Or should she not bill because 21.8 says not to bill for semiannuals?	Thank you for your comment. An addition to the service standards under 13.3.2.1 #6 will be made: "The nurse may not bill for the development and distribution of the the semi-annual report."
161	Question regarding billable hours	Thank you for your comments. The introduction to Chapter 13 Nursing Services, does refer to the scope of ANS.
162	Requesting clarification in the MAAT	Thank you for your comment. MAAT will be reviewed and corrected.
163	Noting need for language clarification regarding PRN medications.	Thank you for your comment. Edits have been completed for Clarification
164	Request to allow designated trainer	Thank you for your feedback. Refer to 13.2.10.3
165	Chapter 10 and Chapter 12 Nutritional Counseling clarification and enhancement.	DDSD will be enhancing the language in Chapter 10 and Chapter 12 regarding Nutritional Counseling to encompass determining the level of nutritional supports under LCA's .