

April 8, 2020

Version II

Frequently Asked Questions (FAQs)

Customized Community Supports (CCS) and Community Integrated Employment (CIE)

Customized Community Supports		
	Questions	Answers
1	Do CCS agencies have to retain all their employees or only some of them to bill for 80% of the CCS budget?	It's the expectation from DDS that CCS employees are not laid off, to preserve the workforce. Each CCS agency will have to make their own decision with respect to their employees, sub-contractors, and overall DSP workforce. Retainer payments are based on each individual's budget. For example, an individual is budgeted to attend CCS-G for 10 hours/week, the agency can bill for 8 of those hours or up to 80 % of the scheduled time at the existing monthly rate. Or another example, if the Day Provider has a CCS total budget of \$15,000 they would only be able to bill 80% of the total budget or \$12,000 during the time of restrictions. Note: Retainer payments are only for scenarios when the CCS Provider cannot provide services in the individual's home and the LCA Provider is not billing for the service in the home. CCS Agencies must first attempt to provide/offer CCS Services in the home. If they are unable to provide the service, they need to document the offer, the discussion and the outcome. CCS Agencies are also required to track and report billing of the 80% retainer payment by individual, to DDS Community Inclusion. Additional details on tracking and reporting will be released soon.
2	Can CCS agencies pick up an individual at the door or have individuals dropped off at their agencies and provide CCS-I services such as taking them out for a walk or to a park, and bill for CCS-I?	No, the CCS agency must provide the service in the individual's home. If through the course of the day the individual wants to go out and take a walk, the CCS staff and individual should determine if it is safe to do so abiding by the Governor's Public Health Order. If it is safe, and in alignment with the Governor's current orders, then a walk may be appropriate. IDTs are expected to meet telephonically to discuss and plan for activities that can be completed in the home as well as plan for activities that could be completed outside of the home, such as short walks during the day in the neighborhood that are in alignment with, and do not violate the Governor's Public Health Order.

3	<p>DSPs are taking individuals on car rides around town. Can this be done as long as they don't leave the vehicle?</p>	<p>Groups of individuals should not be in cars or vans riding around town. As an example: It would be acceptable for DSP to transport one or two individuals to a local drive through or to a restaurant that has drive up service to pick up food. The individual should not leave the vehicle and the transportation should be limited to leaving the home, picking up the food, and returning home. Even prior to the COVID 19 restrictions, DDS strongly discouraged groups of individuals taking car or van rides for the purpose of riding around town. To be clear, with the COVID 19 restrictions and the Governor's Order and advisory, travel should be limited, and recommendations related to the Public Health Order are recommended (i.e. homemade face coverings in public).</p>
4	<p>If two individuals in a home both have CCS-I and only one staff person is available can CCS-I be billed for both individuals?</p>	<p>Yes. DDS obtained CMS approval to temporarily waive DD Waiver Service Standards and allow for CCS and CIE to be provided in the home. In addition, due to the Governor's Public Health Order implementing restrictions due to COVID 19, DDS has waived the staff to individual ratios allowing services to be provided based on individual need and availability of staff. The basic principle that should be followed is for the Provider to bill for the current and approved service on the individual's budget. If the individual has CCS-I and CCS-G, CCS-G should be billed. If one individual has CCS-I and one has CCS-G, bill according to their respective budgets, even if staff to individual ratios are not met.</p>
5	<p>If two individuals in a home both have CCS-I and there are two staff in the home, it puts the group at 6. The Governor's order limits public gatherings to 5 or less.</p>	<p>The key words here are the Governor's Public Health Order limiting <u>public gatherings</u> to 5 or less in community based or public based activities. There can be more than 5 people in an individual's home (including staff and the individuals who live in the home) if it is based on individual need and availability of staff. All current directives from DDS related to entering the home for essential services must be followed. However, the number of DSP in a home must be thoughtfully considered by each individual and team. If two people have five hours per day of CCS-I in the home but staffing at that level is not needed and the resultant number of people in a small residence becomes too intensive for too long, the CCS- I schedule should be adjusted based on individual needs.</p>
6	<p>Can a CCS agency provide CCS service electronically or telephonically?</p>	<p>No, the intent of the Guidance Regarding CCS and CIE is to provide individual, direct service, face to face, in the individual's home. To be clear, no direct care CCS services can be completed electronically or telephonically.</p>
7	<p>If a CCS agency is only paid 80% as a retainer payment, can they pay staff 80% of their regular pay?</p>	<p>DDS cannot and does not specify how third-party providers run their businesses and pay their staff including the salary paid to staff. This decision must be made by each individual agency on a case by case basis.</p>

8	What are we billing 80% of for CCS retainer payments?	An agency that cannot provide CCS service to an individual can bill for up to 80% of the individual's normal weekly CCS schedule or budget. For example, an individual is budgeted to attend CCS-G for 10 hours/week, the agency can bill for 8 of those hours or 80 % of the scheduled time at the existing monthly rate. Or another example, if the Day provider has a CCS total budget of \$15,000 they would only be able to bill 80% of the total budget or \$12,000 during the time of restrictions. Note: Retainer payments are only for scenarios when the CCS Provider cannot provide services in the individual's home and the LCA Provider is not billing for the service in the home. CCS Agencies must first attempt to provide/offer CCS Services in the home. If they are unable to provide the service, they need to document the offer, the discussion and the outcome. CCS Agencies are also required to track and report billing of the 80% retainer payment by individual, to DDSD Community Inclusion. Additional details on tracking and reporting will be released soon.
9	Can CCS-I be billed in the home? Or does CCS-G Cat 2 need to be added to all budgets?	CCS-I can be billed in the home. Bill for what the individual has on their current, approved budget. If additional CCS services need to be added to the budget, CCS G Cat 2 is what should be added to the budget, unless the individual has had a change in condition due to falling ill with COVID 19, then other CCS services may be requested based on IDT recommendations.
10	If there is CCS-G on the budget and there is enough to get through the ISP term, is the provider allowed to request CCS-G Cat 2 to get a higher funding rate?	No, the provider cannot request CCS-G Category 2 "to get a higher funding rate". This is not a reason to submit a budget revision. If the provider agency does not have an adequate number of CCS-G units to continue to provide services in the home, budget revisions can be submitted to request an increase in CCS-G units. The request for an increase in additional units cannot exceed 1440 units and the end date must be no later than June 30, 2020. The number of units (1440) is equivalent to 30 hours a week of CCS-G for 12 weeks. Budget revisions to a higher funding rate must meet Clinical Criteria and must be documented in IDT meeting minutes, with the decision reflected and submitted to the Outside Review as justification of the revision with the revision request. The justification must demonstrate that the IDT has met to determine the best possible CCS service for the individual. If a person requires a higher level of CCS staffing support due to the individual becoming ill related to COVID- 19, a budget revision may be submitted requesting other types of CCS services. The justification must be specific as to how the staffing support will be increased related to the individual becoming ill related to COVID-19.
11	Can CCS-I be requested if they already have CCS-G on the budget?	No, CCS agencies should bill the CCS-G service that is specified in the individual's current budget. If the CCS agency does not have an adequate number of CCS-G units, a request for additional CCS G Cat 2 units can be requested but cannot exceed 1440 units. The end date for the additional units must be no later than June 30, 2020. The number of CCS G Cat 2 units (1440) is equivalent to 30 hours a week of CCS-G Cat 2 for 12 weeks. If the IDT has met to

		determine the best possible CCS service for the individual and a person requires a higher level of CCS staffing support due to the individual becoming ill related to COVID- 19 , a budget revision may be submitted requesting other types of CCS services. The justification must be specific as to how the staffing support will be increased related to the individual becoming ill related to COVID-19
12	When an individual has a different CCS provider agency from their LCA provider agency, can CCS-G units be converted to CCS-I units?	No, CCS agencies should bill the CCS service that is specified in the individual's current budget.
13	Should a CCS or CIE agency be contacting an individual, family member or guardian to request additional services?	It is the expectation from DDSD that IDTs work together to support the individual based on their needs and the agency's staffing patterns. Individuals, guardians and case managers are essential to this planning to assure that services are secured and provided to the individual. Telephonic IDTs should be held when necessary to address issues.
14	If a residential agency does not allow CCS or give the CCS agency the opportunity to provide services, the residential agency cannot request a budget revision, correct?	<p>Yes, that is correct. The expectation from DDSD is that the CCS Provider and the LCA Provider (Intensive Medical Living, Supported Living, Family Living, and Customized In-Home Supports) Provider work together during this time of crisis to support the individual in the home, to comply with the Governor's Executive Order to stay at home.</p> <p>As referenced in the Guidance Regarding CCS and CIE: CCS-2. b. If it is not feasible for the LCA provider agency to allow a CCS staff from another agency to work in the home, the LCA provider agency cannot request/add CCS services for their agency on the budget. <i>CMS will not allow duplicative payment for the same individual for the same service from multiple providers.</i> CCS-3. b. If an FLP does not want a CCS staff to provide CCS in the home, then the FLP must provide 24-hour care.</p>
15	If a budget is revised for the residential agency to provide CCS, will the CCS agency be able to bill the Medicaid retention percentage?	<p>The LCA residential provider cannot request/add CCS services. The expectation from DDSD is that the CCS Provider and the LCA (Intensive Medical Living, Supported Living, Family Living, and Customized In-Home Supports) Provider work together during this time of crisis to support the individual in the home to comply with the Governor's Executive Order to stay at home.</p> <p>As referenced in the Guidance Regarding CCS and CIE: CCS- 2. f. If CCS providers cannot provide services in the individual's home, and the LCA provider is not billing for service in the home, the CCS providers may bill up to 80% of that individual's budget to retain workforce. A Provider may not bill more than 5 consecutive days in a row. Please Note: In this scenario, it is the expectation of DDSD that CCS employees are not laid off to preserve workforce.</p>

16	Proposal to allow Supported Living Agencies to bill category 4 supported living over utilizing the CCS provision. Has DDSD considered this as an alternative?	Yes, this has been considered internally by DDSD. The decision has been made that providers need to bill Supported Living and CCS services as they are currently defined on the individual's budget.
18	What if there is only CCS-I or CCS-IIBS on the budget?	If an individual only has CCS-I or CCS-IIBS on their budget, the Provider is to bill those services. The Case Manager does not need to complete budget revisions to convert CCS-I or CCS-IIBS to CCS-G. Any additional requests for CCS should be CCS-G Cat 2.
19	If a residence has 3-4 individuals in a home and each individual has a different CCS Provider Agency, can the LCA limit what CCS staff can enter the home, and then request CCS budget revision from the Case Manager?	<p>The Residential provider cannot request/add CCS services. The expectation from DDSD is that the CCS Provider and the LCA (Intensive Medical Living, Supported Living, Family Living, and Customized In-Home Supports) Provider work together during this time of crisis to support the individual in the home to comply with the Governor's Executive Order to stay at home.</p> <p>As referenced in the Guidance Regarding CCS and CIE: CCS-2. b. If it is not feasible for the LCA provider agency to allow a CCS staff from another agency to work in the home, the LCA provider agency cannot request/add CCS services for their agency on the budget. <i>CMS will not allow duplicative payment for the same individual for the same service from multiple providers.</i></p> <p>CCS- 2. f. If CCS providers cannot provide services in the individual's home, and the LCA provider is not billing for service in the home, the CCS providers may bill up to 80% of that individual's budget to retain workforce. A Provider may not bill more than 5 consecutive days in a row. Please Note: In this scenario, it is the expectation of DDSD that CCS employees are not laid off to preserve workforce.</p>
20	Should an LCA contact a Case Manager directly to request additional services?	LCA (Intensive Medical Living, Supported Living, Family Living, and Customized In-Home Supports) agencies cannot direct a Case Manager to change services on an individual's budget. It is the expectation from DDSD that IDTs work together to support the individual based on their needs and the agency's staffing patterns. Individuals, guardian's, families and Case Managers are essential to this planning to assure that services are secured and provided to the individual. Telephonic IDTs should be held when necessary to address issues.
21	If the IDT is requesting an additional 1440 units of CCS G Cat 2 and the ISP term is after 06/30/20 the end date would not be adjusted?	That's correct, if the ISP expiration date is after 6/30/20 (For example: 7/31/20) the end date for the CCS G Cat 2, 1440 units, must be 6/30/20.

22	What is the end date for all NEW CCS-G Cat 2 requests for services?	The end date for all CCS-G Cat 2 requests to add additional units (1440) is June 30, 2020. CCS-G Cat 2 requests must be submitted by 6/30/2020.
23	Do CCS and CIE retroactive requests, allowed per the DDSD guidance, need to go through DSSD first for approval?	No. As referenced in the Guidance for CCS and CIE the approval for retroactive requests related to CCS and CIE COVID 19 are submitted directly to the OR. For Jackson Class Members, submit budgets directly to CoMagine. All other retroactive requests outside of the CCS and CIE guidance should follow the normal process and go through DDSD first.
24	Does the Case Manager need to revise the ISP to reflect that services are being provided in the home?	No. However, it is recommended that the provider agency keep documentation on the services being provided in the home.
25	If CCS-G Cat 2 services are requested does the individual have to meet Clinical Criteria for CCS-G Cat 2?	Please see the answer to question #10 above.
26	Can CCS agencies who provide services to a Family Living Provider (FLP) qualify for the 80% retainer payment if the FLP does not want/allow CCS service in the home?	Yes, if a CCS Agency is unable to provide services in an FLP home the CCS Agency is allowed to bill the 80% retainer fee.
27	Can a CCS Agency bill for services back 3/16/2020 without action from the Case Manager? Is a budget revision required?	Yes, the CCS agency can bill for services back to 3/16/2020 without action from the Case Manager. However, CCS Agencies must first attempt to provide/offer CCS Services in the home. If they are unable to they need to document the offer, the discussion and the outcome. CCS Agencies are also required to track and report billing of the 80% retainer payment by individual, to DDSD Community Inclusion. Additional details on tracking and reporting will be released soon. A budget revision is not required to bill the 80% retainer fee.
28	Can CCS services be denied now and in a few weeks be requested to start again?	No, if the CCS Agency is unable to provide the service in the home and begins billing the 80% retainer fee, they must continue with that structure for payment. Billing for CCS service provision and the 80% retainer fee cannot be combined.
29	What type of documentation needs to be provided to bill the 80% retainer fee?	CCS Agencies must first attempt to provide/offer CCS Services in the home. If they are unable to they need to document the offer, the discussion and the outcome. CCS Agencies are also required to track and report billing of the 80% retainer payment by individual, to DDSD Community Inclusion. Additional details on tracking and reporting will be released soon.

30	For new ISPs that will be starting in July-should Case Managers include CCS outcomes?	Yes, teams should hold telephonic ISP meetings and plan for the upcoming ISP year. Teams should develop outcomes in each life area to include the development of CCS Outcomes in the community. If the Public Health Order is not lifted at the time the ISP is to be implemented, the current directives will apply. Teams will not be held accountable for not being able to implement CCS Outcomes in the community.
31	Can CCS Agency staff take individuals to their own homes for a “change of scenery”?	No, CCS services are intended to take place, in person, face to face in the individuals home. Individuals are not to be transported to CCS Staff homes at any time.
32	We feel limited in figuring out options for activities given the current Public Health Orders.	We understand and recommend holding an IDT meeting, telephonically, to brainstorm and discuss potential activities that could occur as part of CCS services, in the home. DDSD also recommends discussing other activities that are short in duration, and close to their home, that will help an individual who may require more outdoor activities that are in compliance with the Governor’s Public Health Order.
33	Is a CM responsible to ensure that IST and plans are carried over into the home?	Case Managers are not responsible for ensuring that trainings or components of an individual’s programs are carried over to the homes. However, the CM’s role is to verify that trainings are completed during their monitoring visits. Trainings necessary for such things as positioning, hydration and activity schedules need to be provided by the therapist or agency providing the service depending on the training or program need. Example: If there is a HCP, MERP, CARMP, or even therapy plans it is the agencies responsibility that DSP working with the individual are trained, the agency should be contacting the nurses and therapist to schedule a time to train the staff in need of training. The agency should work with the nurses and therapist to have technology available for staff to be trained via teleconferencing or other technology during COVID-19. Refer to page 226 of current DDW standards 17.10 Individual Specific Training and page 240-241 of current DDW standards 20.5.2 Health Tracker.
34	Can my individual still volunteer as part of CCS during the COVID-19 Crisis?	DDSD strongly recommends adhering to the Governor’s Public Health Order to stay home. IDTs should meet and discuss pros, cons and risk for exposure.
35	What if a CCS Agency does not have the staff to cover the CCS need? If the CCS Agency cannot provide the service in the home due to staff shortage, can the Supported Living Agency request budget for CCS Services?	In these situations, please contact Casey Stone-Romero at casey.stone-romero@state.nm.us to discuss on a case by case basis.

Community Integrated Employment (CIE)		
	Questions	Answers
1	Should CIE agencies be applying for unemployment if an individual qualifies?	Yes, CIE agencies should assist individuals in accessing all benefits they may be eligible to access with the knowledge that applying for unemployment assistance may have an impact on their financial resource limits. In addition to applying for unemployment the CIE agency should also contact DVR for Post-Employment Services to begin planning to assist the individual in securing future employment. Visit http://www.dvr.state.nm.us/ for more information on DVR Services. As noted in the Guidance Regarding CCS and CIE, it is also considered a billable activity for CIE agencies to work with an employer to advocate on behalf of the individual, to maintain their employment, if the loss was related to COVID-19.
2	Does the Case Manager need to revise the ISP if CCS is being provided in the home instead of CIE, which is on the budget?	No. However, it is recommended that the provider agency keep documentation on the services being provided in the home.
3	Will an RFI be issued by the Outside Review if there is no vision driven outcome for CIE or CCS services being provided in the home?	No.