I. SUMMARY:
New Mexico’s Developmental Disabilities Waiver (DDW) is a Medicaid Home and Community Based Services (HCBS) waiver for individuals with intellectual and/or developmental disabilities (I/DD) under the federal authority of the Centers for Medicare and Medicaid Services (CMS). To receive federal matching funds and waiver renewals, CMS must determine that the DDW is administered in accordance with the approved waiver.

DDSD is required to operate the DDW as written and approved by CMS. This Director’s Release provides clarification regarding service parameters and applicable limits on amounts, to include administrative fees, and frequency and duration of specific services offered through the approved DDW.

II. SPECIFIC REQUIREMENTS AFFECTED BY THIS DIRECTOR’S RELEASE:

A. For DDW services which include allowable administrative processing fees, fees may not exceed the allowable percentage as defined in the most current published version of the DDW Service Standards (6/15/15).

B. Administrative processing fees for all applicable services must be included within the maximum dollar amount specified.

C. Services described in the DDW approved by CMS that have specified limits on amounts, frequency and duration include:

1. **Assistive Technology** which is a maximum dollar amount of $250 per Individual Service Plan (ISP) year, inclusive of any allowable administrative fees and no more than $20 can be used for the purchase of batteries.

2. **Fiscal Management of Educational Opportunities** which is not to exceed $550 per ISP year, inclusive of any allowable administrative fees.

3. **Environmental Modifications** which is a maximum dollar amount of $5,000.00 every five (5) years inclusive of any allowable administrative fees.
4. **Living Supports** which include Family Living, Supported Living and Intensive Medical Living Services billed at a daily unit that cannot exceed 340 days per ISP year.

5. **Independent Living Transition Service** which is a maximum lifetime amount of $1,500.00 inclusive of any allowable administrative fees.

6. **Personal Support Technology** which includes on-site response services up to 365 days a year and a one-time installation fee. The combination of the installation fee, rental, and/or maintenance of electronic devices and ongoing monitoring may not exceed $5,000.00 per ISP year.

7. **Preliminary Risk Screening and Consultation** which is not to exceed twenty-five (25) hours for an initial year of service and an additional fifteen (15) hours per subsequent ISP year.

8. **Socialization and Sexuality Education** which is not to exceed (24) classes (total of 48 hours) per student per ISP year. An individualized education rate is not to exceed 15 hours per student per ISP year.

9. **Case management** which is a monthly unit with a maximum of 12 months per ISP year.

10. **Supplemental Dental** which is one supplemental routine oral examination and cleaning visit per ISP year for adults; two for children.

D. Non-Medical Transportation has applicable limits of $750/mile and $460 for transportation passes per ISP year. Limits have been detailed in the current DDW Service Standards and the clinical criteria applied by the Outside Reviewer for adults.

E. All other criteria established for approval of an individual’s budget and ISP for children, adults and Jackson Class Members continue to apply.

### III. REQUIREMENT CLAIRIFICATION:

A. Case Managers and DDW service providers should work together to ensure the budget and ISP submission reflects allowable amounts for each of the above specified services.

### IV. DEFINITIONS:

**Administrative Service Fee:** A portion of the allowable service reimbursement reserved to pay the provider agency responsible for administering and managing the purchase of the service or materials. Administrative fees are intended to cover expenses related to record keeping and/or other administrative costs specific to DDW services that require a fiscal agent to directly purchase materials, goods and services.

**Case Manager:** The individual responsible for service coordination for individuals with intellectual and/or developmental disabilities (I/DD) on the Medicaid Developmental Disabilities Waiver (DDW). The Case Manager is external to and independent from all other direct services provided to the individual.

**DDSD:** The Developmental Disabilities Supports Division within the New Mexico DOH.

**Developmental Disabilities Medicaid Waiver (DDW) Program:** A Home and Community Based services waiver for individuals with intellectual and/or developmental disabilities (I/DD) under the Title XIX Home and Community Based Services Act of 1981. This act made an exception to
or “waived” traditional Medicaid requirements by making Medicaid funds available for home and community based services as an alternative to institutional care.

Individual Service Plan (ISP): A treatment plan for an eligible recipient that includes the eligible recipient’s needs, functional level, intermediate and long range goals, statement for achieving goals and specifies responsibilities for the care needs. The plan determines the services allocated to the eligible recipient within program allowances.

Outside Reviewer (OR): An Outside Review Contractor that applies a set of criteria to each DDW service requested on an Individual Service Plan and budget.

VI. REFERENCES
Developmental Disabilities Home and Community Based (1915c) Waiver: NM.0173 and DRAFT ID NM.019.06.00