CMS Extends Date for Compliance for CMS Final Rule: HCBS Settings Requirements

On May 9, the Centers for Medicare and Medicaid Services (CMS) issued an informational bulletin extending the deadline for compliance with the CMS Final Rule: HCBS Settings Requirements.

The bulletin contained the following: “Promoting community integration for older adults and people with disabilities remains a high priority for CMS. We acknowledge the important work underway at the state level in implementing the regulation that finalized criteria for home and community-based settings appropriate for the provision of HCBS. State partners, stakeholders representing beneficiaries and their families, providers, and other community organizations have been collaborating with us, and with each other, to develop transition plans that would make the reforms described in the regulation a reality for over a million Medicaid beneficiaries receiving HCBS. In recognition of the significance of the reform efforts underway, CMS intends to continue to work with states on their transition plans for settings that were operating before March 17, 2014 to enable states to achieve compliance with the settings criteria beyond 2019. Consistent with the preamble language, states should continue progress in assessing existing operations and identifying milestones for compliance that result in final Statewide Transition Plan approval by March 17, 2019. However, in light of the difficult and complex nature of this task, we will extend the transition period for states to demonstrate compliance with the home and community-based settings criteria until March 17, 2022 for settings in which a transition period applies.”

DDSD will continue its compliance efforts through our Know Your Rights Campaign and stakeholder meetings. (See pages 2 & 3)

Contributor: Jennifer Rodriguez, DDSD Community Programs Bureau Chief
KNOW YOUR RIGHTS CAMPAIGN (CONT.)

Validation

The CMS required validation activities are underway! DDSD has contracted with the Center for Development and Disability (CDD) at the University of New Mexico to do the validations as a critical and required element of NM’s statewide transition plan for compliance with the CMS Final Rule: HCBS Settings Requirements.

CMS requires that 100% of settings be validated in one of three ways: the provider self-assessment, the on-site provider validation, or the participant survey. CMS has provided guidance that 100% of some types of settings, such as group settings, go through the on-site validation process, no matter what. For other types of settings, CMS requires each state to validate a “statistically valid sample” of settings.

In 2015, providers completed a self-assessment to determine how well each setting complied at that time with the CMS Final Rule. CMS requires that each state complete validation activities to “validate” the providers’ self-assessment results to determine compliance levels and identify training and/or technical assistance needs. Validation activities involve provider validations and participant surveys as an additional way to validate each setting.

If you or your agency setting is chosen to be a part of the validation activities, the CDD staff will work with you to identify a date and time for the validation visit, and determine who should be there. For more information please visit http://actnewmexico.org/.

Contributor: Jennifer Rodriguez, DDSD Community Programs Bureau Chief

Person – Centeredness

Person-Centered Thinking
Person-centered thinking values and supports individuals with intellectual and developmental disabilities to make informed choices and exercise the same basic, civil, and human rights as other citizens, including dignity of risk.

Person-Centered Planning
Person-centered planning (PCP) is an ongoing process that identifies what is important to and what is important for a person. The individual with intellectual and/or developmental disability (I/DD) is at the center of the process and is encouraged to direct the process as much as possible. No matter what the nature or severity of a person’s disability, there are many ways to identify a person’s strengths, abilities, preferences, needs, and goals. PCP supports people with I/DD to exercise the same basic legal, civil, and human rights as well as other citizens.

Person-Centered Practice
Person-centered practice is aligning services and resources to support individuals to achieve individual goals and outcomes that are important to and for them.

Contributor: Jennifer Rodriguez, DDSD Community Programs Bureau Chief; Roberta Duran, DDSD Deputy Director
Town Hall Summary and FAQs

The Know Your Rights Campaign Steering Committee was created in November 2016 to provide education and outreach to people with disabilities, family members, advocates and guardians on the Centers for Medicare and Medicaid Services (CMS) Final Rule: Home and Community Based Services (HCBS) Settings Requirements. The Steering Committee is comprised of numerous partners: the New Mexico Allies for Advocacy, the ARC of New Mexico, Case Management Action and Advocacy Council, New Mexico Autism Society, Developmental Disabilities Planning Council, Disability Rights New Mexico, Developmental Disabilities Supports Division, Division of Health Improvement, Governor’s Commission on Disability, Human Services Department, Parents Reaching Out, San Juan Center for Independence, Association of Developmental Disabilities Community Providers (ADDCP), Family Living Provider Association, UNM/Center for Development and Disability, NM Equality, and the Attorney General’s Office. One of the actions led by the Steering Committee was hosting 10 Know Your Right Town Halls across the state from February to April 2017.

Close to 600 people attended the various Town Halls across the state. The Town Halls consisted of a Power Point presentation explaining the Know Your Rights campaign, a panel of advocates, family members and guardians talking about their personal experiences followed by a discussion/question and answer period regarding Know Your Rights. Summaries of the discussion/question and answer component of every Town Hall were recorded as panelists and audience participants engaged in the conversation. Please visit http://actnewmexico.org/cms-final-rule.html to read the summaries.

Next steps for the steering committee and DDSD are to create Frequently Asked Questions (FAQs) based on the feedback that was received statewide. Stay tuned for a series of FAQs on the Know Your Rights Campaign and HCBS settings requirements in NM. Thank you for your participation and collaboration during these exciting times!

Contributor: Jennifer Rodriguez, DDSD Community Programs Bureau Chief
The **Advisory Council on Quality (ACQ)** is a group of individuals, vetted through the Governors Office, made up of parents, participants, advocacy groups and provider agencies who work with state partners including the Department of Health (DOH), Developmental Disabilities Supports Division (DDSD), Mi Via, Division of Vocational Rehabilitation (DVR), and the Human Services Department (HSD) to resolve issues facing the disability community. The diversity of the group and the program structure knowledge that state partners provide allow for a unique ability to address issues head on and work them out as they may affect participants. The council creates advice on policy and process for state partners and the Governor. Please find out more about the meetings and projects this council is working on by visiting [http://actnewmexico.org/partners.html](http://actnewmexico.org/partners.html).

**Mission Statement:** The Advisory Council on Quality (ACQ) advises the New Mexico Department of Health on the systems guiding the provisions of services and supports that assist people with developmental disabilities of all ages and their families to be fully included in New Mexico communities.

**Vision Statement:** People with developmental disabilities of all ages and their families receive the supports and services needed to live inclusively and as independently as possible within their community.

**Core Values:**
- Community Inclusion
- Quality of Services
- Dignity of Risk
- Support Networks
- Quality of Life
- Everyone is Valued
- Self-Determination
- Respect

Find us at [http://actnewmexico.org/partners.html](http://actnewmexico.org/partners.html) or contact a member if you have an issue you would like to address. Members submit **PARTNER forms**. This form is a documentation process for submitting requests for information or seeking clarification on policies regarding services for individuals with disabilities. You can ask a member to submit one on your behalf.

**Contributor:** Kathleen Cates, Liferoots NM and Member, ACQ Executive Committee

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The Advisory Council on Quality (ACQ)

**Goal 2: Increase System Capacity**

**Objective 1:** Support clean-up of wait list numbers and the maintenance of accuracy thereafter.

**Action Step 1:** Wait list Committee will review and assess the KIT (Keeping in Touch) letter then return to the ACQ with recommendations on how to maintain ongoing contact with DDW applications.

**Action Step 2:** Wait List Committee will partner with the HB2/DDSD Committee.

**Action Step 3:** Explore a volunteer approach to ongoing maintenance of accuracy of the wait list numbers.

**Action Step 4:** ACQ will make recommendations to DDSD on how to clean up wait list and maintain accuracy thereafter.

The ACQ formed a small subcommittee that was led by Cassandra DeCamp, Central Registry Staff Manager from the Developmental Disabilities Supports Division (DDSD). The committee reviewed the KIT letter and process regarding how to reach out (in a variety of ways) to individuals on the wait list. Text fields were utilized (never before) on the registry to capture email addresses and other contact information to increase successful contact with registrants. Ms. DeCamp reported monthly to ACQ or the subcommittee the number of individuals who were being allocated and any members of the wait list who needed to be removed due to relocation from the state, commitment to a different program or death.

The capture of additional contact information and points of contacts has increased the accuracy of the list and the ability to contact individuals for allocation. The Wait List subcommittee is still reviewing the existing process to insure that an accurate list can be maintained through a process even when the detailed staff has moved to other positions.

**Increasing System Capacity** will remain a goal for ACQ but a new **Objective** and **Action Steps** will be identified to work towards the over all goal.
DDSD is working with Partners for Employment (which includes UNM/CDD, NMDVR and DDSD) on an initiative designed to build capacity around understanding “Discovery” and “Customized Employment” in New Mexico. Both Discovery and Customized Employment are best practices to support individuals with severe disabilities with employment placement.

New Mexico is approaching Discovery in a new and innovative way during this project: rather than using Discovery as a tool that automatically leads to employment. We are using Discovery as a mechanism to get to know individuals on a deeper level and to improve the quality of services they receive.

“Discovery” involves observing individuals in familiar and unfamiliar settings and participating with them in these activities. Staff members and individuals with I/DD participate in these activities together. Staff involved in Discovery learn to ask questions about why an individual may or may not enjoy a particular activity.

For example, let’s say that Juan expresses an interest in playing soccer. The staff may observe Juan playing soccer with his team. Staff are asked to observe and think through what it is about that activity that makes soccer enjoyable for Juan. Does Juan enjoy playing soccer for the comradery? Does he like wearing a uniform? Does he like being outside? Is it the physical activity he enjoys? Once the staff member gains a deeper understanding about why Juan enjoys the activity, it should lead to ideas about other activities to try. If Juan enjoys wearing a uniform, what other activities involve wearing uniforms? Maybe Juan would like to be a part of a volunteer crew that wears uniforms. Through Discovery, Juan can try out that volunteer activity if he chooses.

The Discovery process is customized to each person involved in it. Discovery is designed to give people who may have limited experiences in the community or even limited mechanisms to communicate their preferences an outlet for trying out activities. This attribute makes Discovery a tool for person-centered planning.

People close to the individual, such as family members and guardians, are pulled into the process along the way. At the end of Discovery, information learned about that individual is compiled into a summary tool (the Discovery Tool). This tool meets DDSD’s requirements for person-centered assessments.

Discovery has been dubbed the “Informed Choice Initiative” because, at the end of Discovery, individuals should have a better understanding, based on experience, about what options in the areas of work, education, volunteer, relationship-building and having fun exist. Individuals involved in Discovery therefore guide direction of services based on their OWN experiences. Discovery findings have lead the team to designing new goals and outcomes for ISP’s in cases where this has been a challenge.

Additionally, Discovery assists the Interdisciplinary team (IDT) with meeting the requirements related to informed choice which have been in the DD Waiver standards since 2007. As a refresher, here is the language from the standards:

Continued on page 6
Informed Choice on Employment: In the context of employment, informed choice must include the following activities:

- Assessing the individual’s vocational interests, abilities and needs;
- Discussing with the individual/guardian what was learned through the assessment;
- Providing information about employment options available to the individual; including information regarding self-employment, and customized employment options, and resources;
- Providing opportunities for career exploration activities including trial work opportunities;
- Considering potential impact on the individual’s benefits and services; including information and plans to address any benefit related issues that may arise…"

DDSD is currently partnering with Los Lunas Community Program (LLCP), LifeRoots in Albuquerque and Tresco in Las Cruces on staff training in Discovery. We plan to partner with ENMRSH in Clovis in the near future too. National and local experts visit these agencies frequently and support staff in their learning and future expertise!

DDSD would like to thank everyone involved in this project for all of their hard work!

Contributor: Carrie Roberts, DDSD Community Inclusion Manager

Director’s Corner

By the time you read this, I will have started my 3rd month as the Director of DDSD. To say it has been a whirlwind would be an understatement. It has been virtually non-stop. Coming from 14 years on the provider side of the system, I had developed some preconceived notions of how DDSD did and didn’t work. I can honestly say that most of those preconceived notions have been dispelled in the time I have been in this job.

I have not personally met most of the DDSD employees. The employees I have met have proven themselves to be professional, passionate and dedicated people. After 42 years serving people with intellectual disability, this job has given me a renewed sense of “doing the right thing”. This renewed sense is and always has been tempered with a large dose of reality. We have to commit ourselves to examine the realities that exist in our system. We have to become creative in our approaches to solving the challenges that we face each day. As we move forward, together, in improving the quality system that our participants deserve and we all want, I am working to shift our collective focus on our work.

That shift will center on issues previously considered to be negative or impositions on us and our work. The ultimate goal of any litigation is to make improvements, correct perceived deficiencies or right any wrongs. I would like all of the litigation that surrounds our system to be considered as Quality Improvement activities. I would like all of our information gathering activities to be viewed as system improvements. The Regional Office Request for Intervention (RORI) form is a prime example of data that can be used to improve our service delivery system. We are all overworked and stressed. Rather than a negative, the RORI should be seen as a request for help.

If we all commit ourselves to using the system improvement tools we have available to us, the work will become more focused on what we have to accomplish. If we support each other and believe that we are truly all in this together, our system will improve, sometimes in spite of us and not because of us. I hope to get around to the regions in the near future. It is my hope to meet all of our team members who are joining us in this massive building project.

Contributor: Jim Copeland, DDSD Division Director
The Speed of Trust

Continuing with The Speed of Trust we take the concepts of Character and Competency and add the 13 Behaviors that either encourage or discourage trust.

Credibility boils down to two simple questions.
First, do I trust myself? Second, am I someone who others can trust?

Talk Straight
What we say is true and forthcoming – not just technically correct

Demonstrate Respect & Genuine Caring
What creates trust, in the end, is the leader’s manifest respect for the followers

Create Transparency – Open, Authentic & Truthful
Try to be transparent, clear and truthful, even when it is difficult, and above all when it is difficult

Right Wrongs – Acknowledge & Apologize
Watergate wasn’t so much a burglary as it was the failure to recognize mistakes, take responsibility and apologize.

Show Loyalty – Acknowledge Contributions
People who gain trust, loyalty and energy fast are those who pass on the credit to those who have done the work.

Deliver Results – Don’t Over Promise
Leaders will be less concerned with saying what they will deliver and more concerned with delivering what they said they would.

Get Better – Act on Feedback
The illiterate of the 21st century will not be those who cannot read and write but those who cannot learn, unlearn, and relearn.

Confront Reality Directly, Courageously
Address the tough stuff directly. Acknowledge the unsaid. Lead out courageously in conversation. Remove the ‘sword’ from their hands. Don’t skirt the real issues.

Clarify Expectations – Renegotiate If Necessary
Don’t assume that expectations are clear or shared. Discuss them, validate them, renegotiate if needed and possible.

Practice Accountability – Don’t Blame Others
All power is a trust; and we are accountable for its exercise.

Listen First – Try to Understand, Don’t Assume
Listen before you speak. Understand. Diagnose, listen with your ears – and your eyes and heart.

Keep Commitments – Make Commitments Public
Make commitments carefully & keep them. Say what you’re going to do, then do what you say you will.

Extend Trust Appropriately, Even If It Is a Risk
Extend trust to those who have earned it. Be willing to extend trust to those who are still earning it. Be wise in extending trust to those who have not exemplified a character worth trusting.

Contributor: Christine Fredenburgh, DDSD Provider Enrollment Info/Rec Clerk
Mi Via

Mi Via Amendment is approved by CMS!

The Mi Via waiver amendment was approved by the Centers for Medicare and Medicaid Services (CMS) April 13, 2017.

Due to the increase in numbers of participants using the Mi Via self-directed waiver, it was necessary to amend the waiver approved in 2015 to reflect the increase. Highlights of the approved amendment include: the service known as “Related Goods” has been renamed “Individual Directed Goods”; “Transportation” service will now be available for minors (18 and under) to use; and language for “Respite” services has been added to clarify the definition for its use.

Stay tuned for updates (dates and locations) for the Mi Via rule promulgations. The rule promulgation, which includes a public comment and hearing process, is an opportunity for the public to review and to provide input/feedback on the Mi Via regulations that will be updated to reflect the changes in the approved waiver amendment.

Mi Via Consultant Services

The primary responsibilities of Consultant services are to educate, guide and assist participants with self-direction. Consultants assist the participant with virtually every aspect of the Mi Via program. For example, helping participants and Employer of Record (EOR) to understand their roles and responsibilities within the Mi Via program; developing a thoughtful and comprehensive person-centered Service and Support Plan (SSP) and budget; and identifying resources outside the Mi Via program.

Consultants are required to contact participants in person or by telephone at least monthly, they are required to meet face to face with the participant at least quarterly, and they must conduct at least one annual visit in the participant’s residence.

Support Guide Services

Did you know that Consultant services can provide more intensive supports known as Support Guide services? Support Guides help participants more effectively self-direct services if needed. For example, support guides can provide education to the participant and EOR on how to navigate the Mi Via program; assist the participant and EOR with employer/vendor functions such as recruiting, hiring, and supervising workers; and troubleshooting payment issues with the Fiscal Management Agent (FMA) and other relevant parties.

Support Guide functions can be provided by the Consultant or by a non-professional staff. However, if this service is provided, the amount and type of support needed must be identified in the SSP. Support Guide services will be reviewed at least quarterly with the participant and EOR to identify effectiveness.

New participants are required to receive Support Guide services for the first three months of program participation. For more information on Consultant Services and Support Guide Services please visit the Mi Via website at http://archive.mivianm.org/documents/AppxA-ServiceStandardsDescriptions.pdf

Contributor: Regina Lewis, DDSD Mi Via Program Coordinator
Upcoming Disability Conferences and Events

During each year, there are conferences held in New Mexico which are important opportunities for gathering information and advocacy opportunities for individuals with disabilities, their families and the community. The following information is provided to assist with planning and participation in these events. While certainly not a complete list, the items listed below are some of the upcoming events in New Mexico:

2017 Statewide Self-Advocacy Summit  “Know Your Rights, So You Can Live The Life You Want”

Friday, June 16, Statewide Self-Advocacy Conference & Saturday, June 17 2017, The ARC of NM Conference  
2017 Events will be held at: Hyatt Regency Albuquerque, 330 Tijeras NW, Albuquerque, New Mexico 87102. Registration Fee: $30.00 for self-advocates, staff or family member (that price includes Awards Dinner, Dance and luncheon on Saturday, June 17th, 2017. Each person attending must be registered separately.) $50.00 for professionals (Hotel room NOT included). Hotel is on your own. Hotel is only included in the registration fee if the person registering is traveling 200 miles or more, round trip, within the state of New Mexico.

39th Annual New Mexico Conference on Aging  NM Aging and Long Term Services Department

“Supporting Active Aging Today-Tomorrow and Beyond”  
August 15-16, 2017 at Isleta Resort & Casino Conference Center  
For more information: www.nmaging.state.nm.us/2017-conference-on-aging.aspx. Or Call: (505)383-3900 or (866)842-9230 Toll-Free

2017 Southwest Conference on Disability  Center for Development and Disability UNM

Main Conference Theme: “The Intersection of Disability and Other Underserved Populations”  
October 11-13, 2017 at the Albuquerque Convention Center, 401 Second Street NW, Albuquerque, NM  
Special Emphasis Themes:  
Disability in Native America: Causes, Impacts, Solutions  
Addressing the Intersections of Adversity and Disability Prenatally and in Early Childhood: Research, Prevention, Intervention and Capacity-Building  
For more information and to register, contact: Pavi Padilla, padillap@salud.unm.edu (505) 272-2082

14th Annual Family Leadership Conference  April 2018 in Albuquerque

Parents Reaching Out  
1920 Columbia Dr SE Albuquerque, NM 87106. Phone: (505)247-0192 or 1-800-524-5176  
This Annual event will be held next April. Contact Parents Reaching Out for Dates and Location

For more information, contact Lisa Storti, Office of Constituent Support, DDSD, at 505-476-8972 or email: Lisa.Storti@state.nm.us.

Contributor: Lisa Storti, DDSD Constituent Support Manager
Supporting Families Throughout the Lifespan

It’s not easy to get data on the number of individuals with Intellectual / developmental disability (I/DD) being served at home with their parents, or on the number of children under 18 being served on the waivers or on the waiting list. However, according to the ‘Supporting Families’ initiative of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) nationally over half of individuals with I/DD live with their families, and in some states, that number is as high as 80%.

Defining Family Support
Supporting the family is defined as a set of strategies targeting the family unit but that ultimately benefit the individual with I/DD. Supporting the family strategies are intended to assist family members who have a key role in the provision of support and guidance of their family member with I/DD to address the emotional, physical and material well-being of the entire family. Strategies must be designed, implemented and funded in a manner directed by the family unit. They should be flexible, comprehensive, and coordinated. (NASDDDS National Agenda on Supports to Families, 2011)

A Lifespan Approach
Focusing on family support does not mean abandoning other core values of I/DD supports and services such as independence, community inclusion, and self-determination. Rather, it recognizes a lifespan approach to service delivery. Figure 1 illustrates how during earlier years the child (any child, whether they have a disability or not) is more dependent on the parent or family unit. During the transition and adult years, the family, while still involved and an important part of the person’s life, takes on different roles as the person assumes a larger role in making their own choices and decisions about how they live their life. (Missouri “Strategies to Support Real Lives”, 2012)
Three Core Strategies in Supporting Families

According to NASDDDS' Supporting Families - Communities of Practice (2017) the three core strategies in supporting families are: discovery and navigation, connecting and networking, and goods and services, often called the "Three Buckets of Supporting Families". Many times, as professionals who work directly with families, focus only on actual goods and services even though we know that families need more or different kinds of support. Sometimes families need information about a disability diagnosis or about a particular therapy or program. Sometimes, they need opportunities to connect with others who have been in their shoes.

**Discovery and Navigation:** Information, education, and training on best practices within and outside of disability services, accessing and coordinating community supports, and advocacy and leadership skills. Some examples may include: Information on disability, Information about options and possibilities for employment, community living, relationships, recreation, knowledge about best practices and values, skills to navigate and access services.

**Connecting and networking:** Connecting a family with other families, including parents with disabilities, self-advocates and siblings, grandparents and other guardians for mutual support. Examples might include parent-to-parent support, self-advocacy organizations, family organizations, sib-shops, support groups, professional counseling, non-disability community support.

**Services and goods:** Services that are specific to the daily support and/or care-giving role for the person with I/DD, such as planning for current and future needs, respite, crisis prevention and intervention, systems navigation, home modifications, and health/wellness management. Other examples may include transportation, adaptive equipment, financial assistance, caregiver supports and training.

I’ll be back in future newsletters to explore opportunities and strategies to enhance family supports here in New Mexico.

**Further reading:**

http://supportstofamilies.org/ Supporting Families Community of Practice – A NASDDDS project funded by the Administration on Intellectual and Developmental Disabilities (AIDD)

http://www.nasddds.org/resource-library/supporting-families/ NASDDDS' Supporting Families resource page

https://archrespite.org/ National Respite Network and Resource Center

Contributor: Andy Gomm, DDSD Child & Family Supports Bureau Chief
Accessing Specialized Medical or Behavioral Services

Sometimes it is difficult for families or Teams to identify professionals with specialized skills that meet the needs of DD Waiver participants. In order to maintain clear communication and to assure that individuals have full access to services, the Health Care Coordinator or other Interdisciplinary Team (IDT) members should first work with the individual’s primary care physician, other current providers and the individual’s MCO Care Coordinator to identify professionals to provide the needed specialized services.

A variety of DDSD staff are also available to help whenever needed. The following is a quick guide of contact information if you ever need assistance.

**DDSD Regional Office** staff are knowledgeable about local and regional services and may be able to identify a solution. You may contact your local Regional office Directors, nurses, behavior and crisis specialists or case management coordinators at the numbers listed below.

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>City</th>
<th>Main Number</th>
<th>Toll Free</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Office</td>
<td>Taos</td>
<td>575-758-5934</td>
<td>1-866-315-7123</td>
<td>575-758-5973</td>
</tr>
<tr>
<td>Northwest Office</td>
<td>Farmington</td>
<td>505-863-9937</td>
<td>1-866-862-0448</td>
<td>505-863-4978</td>
</tr>
<tr>
<td>Southwest Office</td>
<td>Las Cruces</td>
<td>575-528-5180</td>
<td>1-866-742-5226</td>
<td>575-528-5194</td>
</tr>
<tr>
<td>Southeast Office</td>
<td>Roswell</td>
<td>575-624-6100</td>
<td>1-866-895-9138</td>
<td>575-624-6104</td>
</tr>
<tr>
<td>Metro Office</td>
<td>Albuquerque</td>
<td>505-841-5500</td>
<td>1-800-283-5548</td>
<td>505-841-5546/841-5554</td>
</tr>
</tbody>
</table>

DDSD Statewide Staff include the Bureau of Behavioral Supports (BBS), the Clinical Services Bureau (CSB), and the DDSD Medical Director who are also available to help identify medical, behavioral or clinical professionals with specialized skills by providing information, consultation and/or technical assistance. As these situations arise, please feel free to contact any one of us and we will assist in addressing your concerns.

<table>
<thead>
<tr>
<th>For help with:</th>
<th>Contact:</th>
<th>Phone</th>
<th>email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Issues</td>
<td>Cheryl Frazine, MA BBS Bureau Chief</td>
<td>(505) 841-6510</td>
<td><a href="mailto:cheryl.frazine@state.nm.us">cheryl.frazine@state.nm.us</a></td>
</tr>
<tr>
<td>Crisis Supports</td>
<td>BBS Crisis Line</td>
<td>1-505-250-4290</td>
<td>After Hours</td>
</tr>
<tr>
<td>General Clinical issues</td>
<td>Betsy Finley, RN CSB Bureau Chief</td>
<td>(505) 841-2907</td>
<td><a href="mailto:elizabeth.finley@state.nm.us">elizabeth.finley@state.nm.us</a></td>
</tr>
<tr>
<td>Clinical or insurance issues</td>
<td>Iris Clevenger, RN BSN, MA, CCM</td>
<td>(505) 841-2913</td>
<td><a href="mailto:iris.clevenger@state.nm.us">iris.clevenger@state.nm.us</a></td>
</tr>
<tr>
<td>Clinical and aspiration prevention issues</td>
<td>Jacoba “Kotie” Viljoen, RN, MSN</td>
<td>(505) 841-6188</td>
<td><a href="mailto:Jacoba.viljoen@state.nm.us">Jacoba.viljoen@state.nm.us</a></td>
</tr>
<tr>
<td>OT, PT or SLP issues</td>
<td>Felicia Vidro, BSBM</td>
<td>(505) 841-5878</td>
<td><a href="mailto:felicia.vidro@state.nm.us">felicia.vidro@state.nm.us</a></td>
</tr>
<tr>
<td>Clinical or Physician issues</td>
<td>Ron Voorhees, MD, MPH, Medical Director</td>
<td>(505) 476-5659</td>
<td><a href="mailto:ronald.voorhees@state.nm.us">ronald.voorhees@state.nm.us</a></td>
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</table>
Accessing Specialized Medical or Behavioral Services (Cont.)

Finally, providers are encouraged to utilize the Request for Regional Office Intervention (RORI) form to request help or report any existing gaps in specialty services. RORI may also include needs or access issues for:

- Hospital admission or discharge issues
- Occupational Therapy
- Physical Therapy
- Speech and Language Pathology
- Behavioral Support Consultation
- Medical Specialists
- Behavioral Health specialists
- Dental services
- Durable Medical Equipment or medical supply issues

The RORI form may be downloaded from http://archive.nmhealth.org/ddsdrules/TA/RORI.htm#Sec1. Note that the RORI process is under revision. A new form will be sent this summer but either form will be accepted.

Please feel free to share this information as needed. We look forward to assisting your efforts to meet the needs of persons with developmental disabilities in New Mexico.

Contributor: Elizabeth Finley, DDSD Clinical Services Bureau Chief

Budget Authority Under Mi Via

Once your Service and Support Plan (SSP) has been completed and you have identified the supports you would like to have through the Mi Via program, you and your consultant will work together to develop the SSP/budget request. Your consultant will assist you with the budget development and to review the program requirements. You or your Authorized Representative, will determine the rate of pay and how your budget is distributed for spending, not your vendors and/or employees. You have the right to determine the amount of pay for services within the Mi Via program’s limits you can find this information in the Mi Via Standards in Appendix C.

http://archive.mivianm.org/documents/MiVia-AppxC-RangeRatesCodes.pdf?update=20161205

For more information about Budget Authority you can access this on the Mi Via website at the following link http://archive.mivianm.org/documents/MiViaServiceStandards.pdf

Contributor: Fleur Dahl, DDSD Mi Via Project Coordinator
Community Resource Column

This column highlights resources for individuals with disabilities & their families in New Mexico. In this newsletter, we are discussing access to child care and summer programs for individuals with disabilities, specifically, rights under the Americans with Disabilities Act (ADA) as well as the Americans with Disabilities Act Amendments Act (ADAAA).

Child and Adult care programs and summer programs, including privately run centers (including home-based centers), all child care services provided by government agencies (like Head Start, summer school or extended day programs), and private centers operating on the premises of a religious organization must all follow ADA/ADAAA regulations. Programs run by religious organizations are not covered unless required through contract with the state or county.

ADAAA Child Care include the following requirements:

- Make reasonable modifications to their policies and practices
- Provide auxiliary aids and services needed for effective communication with child or adults with disabilities
- Make no additional charges to the parents or individual as a result of serving the child or adult with a disability
- The programs must ensure accessibility, including removing achievable barriers (even if the program does not currently serve any adults or children with disabilities).

Unacceptable reasons to exclude a child or adult from a program, include the following:

- Higher insurance rates
- Need for individualized attention
- Service animal
- Medication
- Delayed speech or developmental delays
- Mobility impairments
- Need for toileting.

Parents are responsible for appropriate testing equipment, training, and special food for the child. Additionally, they may have to reimburse the program for some services outside of the ADAAA, including hiring licensed medical personnel, to conduct specific treatment regimens or procedures.

For more information, visit the Department of Justice ADA Web site, [http://www.ada.gov/chcaflyr.htm](http://www.ada.gov/chcaflyr.htm), or call the Department of Justice ADA information line: 800-514-0301 (voice) or 800-514-0383 (TDD).


Contributor: Lisa Storti, DDSD Constituent Supports Manager
New Hires & Retirees

New Hires:

Lisa Martinez joined DDSD as the Statewide Case Management Coordinator on February 25, 2017. Lisa is in Santa Fe. Welcome to DDSD, Lisa!

Welcome to Teresa True! Teresa is the new Purchasing Agent as of March 11, 2017 working out of Santa Fe.

Larry Lovato has joined the Metro office as our new SOC/COM SV COORD. He began working on March 25, 2017. Glad to have you on board, Larry!!!

Evangeline Yanez has accepted the position of Intake & Eligibility Staff Manager. She joins Cassandra DeCamp in the Metro office. Her first day was April 10, 2017. We are glad to have you, Vangie!

Sandyeva Martinez moved within the Intake & Eligibility Unit as the new PASRR Social & Community Service Coordinator-Supervisor on May 20, 2017. Congratulations, Sandyeva!

Retirements:

Ralph Miller will retire from the Administrative Supports Bureau on June 30, 2017. Best wishes to you, Ralph, enjoy your retirement.

Contributor: Joe Anaya, DDSD Human Resources