



SUSANA MARTINEZ, GOVERNOR

CATHERINE D. TORRES, M.D., CABINET SECRETARY

Date: September 10, 2012

To: Carol Romero, Executive Director
Provider: Advocacy Partners, LLC
Address: 3150 Carlisle Blvd, Suite 200
State/Zip: Albuquerque, New Mexico, 87110

E-mail Address: eromero77@hotmail.com

Region: Metro & Southeast
Routine Survey: August 2 – September 2, 2011
Verification #1 Survey: May 15 - 18, 2012
Verification #2 Survey: August 20 – 22, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living) & Community Inclusion (Community Access)
Survey Type: Verification
Team Leader: Stephanie R. Martinez de Berenger M.P.A., Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mrs. Romero,

The Division of Health Improvement/Quality Management Bureau has completed a verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the Verification Survey on **May 15 – 18, 2012**. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Compliance with Conditions of Participation

This concludes your Survey process. Please call the Plan of Correction Coordinator at 505-699-0714, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

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Sincerely,

Stephanie R. Martinez de Berenger, M.P.A.

Stephanie R. Martinez de Berenger, M.P.A.
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – Advocacy Partners, LLC – Metro & Southeast Regions – August 20 – 22, 2012

Survey Report #: Q.13.1.DDW.13986007.4/5.003.VER.1.254

Survey Process Employed:

Entrance Conference Date: August 20, 2012

Present:

Advocacy Partners, LLC

Victoria C. Romero – Financial Manager/Owner
Elena Yamato, Service Coordinator/Owner

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, MPA, Team Lead/Healthcare Surveyor

Marti Madrid, LBSW, Healthcare Surveyor

Exit Conference Date:

August 22, 2012

Present:

Advocacy Partners, LLC

Elena Yamato, Service Coordinator/Owner
Victoria C. Romero, Financial Manager/Owner

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, M.P.A, Team Lead/Healthcare Surveyor

Tony Fragua, BFA, Healthcare Surveyor

Administrative Locations Visited

Number: 1

Total Sample Size

Number: 11
0 - Jackson Class Members
11 - Non-Jackson Class Members
11 - Family Living
8 - Community Access

Person Served Records Reviewed

Number: 11

Direct Service Professionals Record Review

Number: 88

Service Coordinator Record Review

Number: 7

Administrative Files Reviewed

- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedure
- Caregiver Criminal History Screening Records
- Employee Abuse Registry
- Quality Assurance / Improvement Plan

CC: Distribution List:

DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division

QMB Determinations of Compliance

- “Compliance with Conditions of Participation”
The QMB determination of “Compliance with Conditions of Participation,” indicates that a provider is in compliance with all ‘Conditions of Participation,’ (CoP) but may have standard level deficiencies (deficiencies which are not at the condition level) out of compliance. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals’ health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with *all* Conditions of Participation.
- “Partial-Compliance with Conditions of Participation”
The QMB determination of “Partial-Compliance with Conditions of Participation” indicates that a provider is out of compliance with one (1) to three (3) ‘Conditions of Participation.’ This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals’ health and safety. The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

Providers receiving a repeat determination of ‘Partial-Compliance’ for repeat deficiencies of CoPs may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

- “Non-Compliant with Conditions of Participation”:
The QMB determination of “Non-Compliance with Conditions of Participation,” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:
 - Four (4) Conditions of Participation out of compliance.
 - Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm.
 - Any finding of actual harm or Immediate Jeopardy.

The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

Providers receiving a repeat determination of ‘Non-Compliance’ will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

Attachment C

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRC process, email the IRF Chairperson, Scott Good at scott.good@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDS provider contract.

A Provider forfeits the right to an IRF if the request is not made within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request, the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: Advocacy Partners, LLC - Metro & Southeast Region
Program: Developmental Disabilities Waiver
Service: Community Living (Family Living) & Community Inclusion (Community Access)
Monitoring Type: Verification Survey
Routine Survey: August 29 - September 2, 2011
Verification #1 Survey: May 15 - 18, 2012
Verification #2 Survey: August 20 - 22, 2012

Standard of Care	August 29 – September 2, 2011 Deficiencies	May 15 – 18, 2012 Verification Survey – New and Repeat Deficiencies	August 20 – 22, 2012 Verification Survey – New and Repeat Deficiencies
CMS Assurance – Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.			
Tag #1A08 Agency Case File	Scope and Severity Rating: B	Completed	N/A
Tag #1A08.1 Agency Case File – Progress Notes	Scope and Severity Rating: B	Completed	N/A
Tag #1A32 & 6L14 (CoP) ISP Implementation	Scope and Severity Rating: E	Completed	N/A
Tag #6L14 Residential Case File	Scope and Severity Rating: E	Completed	N/A
Tag #6L17 Reporting Requirements (Community Living Quarterly Reports)	Scope and Severity Rating: A	Completed	N/A
CMS Assurance – Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.			
Tag # 1A11.1 (CoP) Transportation Training	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A22 Staff Competence	Scope and Severity Rating: D	Completed	N/A

Tag # 1A28.1 Incident Mgt. System - Personnel Training	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope and Severity Rating: E	Completed	N/A
Tag # 1A36 Service Coordination	Scope and Severity Rating: C	Completed	N/A
Tag # 1A37 Individual Specific Training	Scope and Severity Rating: E	Standard Level Deficiency	Completed
<i>CMS Assurance – Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i>			
Tag # 1A03 CQI System	Scope and Severity Rating: C	Standard Level Deficiency	Completed
Tag# 1A05 (CoP) General Requirements	Scope and Severity Rating: F	Completed	N/A
Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: D	Completed	N/A
Tag # 1A09.1 Medication Delivery - PRN Medication	Scope and Severity Rating: D	Completed	N/A
Tag # 1A11(CoP) Transportation P & P	Scope and Severity Rating: F	Completed	N/A
Tag # 1A15.2 & 5I09 - Healthcare Documentation	Scope and Severity Rating: E	Completed	N/A
Tag # 1A27 Incident Mgt Late & Failure to Report	Scope and Severity Rating: N/A	Standard Level Deficiency	Completed
Tag # 1A29 Complaints/Grievances Acknowledgement	Scope and Severity Rating: A	Completed	N/A
Tag # 6L06 (CoP) - FL Requirements	Scope and Severity Rating: E	Completed	N/A
Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Completed	N/A
Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: F	Standard Level Deficiency	Completed

CMS Assurance – Medicaid Billing/Reimbursement – *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*

Tag # 5136 CA Reimbursement	Scope and Severity Rating: A	Completed	N/A
Tag # 6L27 FL Reimbursement	Scope and Severity Rating: B	Completed	N/A