



SUSANA MARTINEZ, GOVERNOR

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

Date: September 2, 2011

To: Irene Evans, Executive Director  
Provider: Sun Country Case Management Services  
Address: 133 Wyatt Drive, Suite 4  
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: [ireneevans@sccm-dcc.com](mailto:ireneevans@sccm-dcc.com)

CC: Richard Evans, Board Chair  
Address: P.O. Box 38  
State/Zip: Mesilla, New Mexico 88046

Region: Southwest  
Survey Date: August 15 – 18, 2011  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Case Management  
Survey Type: Routine  
Team Leader: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Stephanie Martinez de Berenger, MPA, Healthcare Surveyor, Division of Health

Dear Ms. Evans:

The Division of Health Improvement/Quality Management Bureau has completed a compliance survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider contracts. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

**Quality Management Compliance Determination:**

The Division of Health Improvement is issuing your agency a determination of “Sub-Standard Compliance with Conditions of Participation.”

**Plan of Correction:**

The attached Report of Findings identifies deficiencies found during your agency’s compliance review. You are required to complete and implement a Plan of Correction. Please submit your agency’s Plan of Correction in the space on the two right columns of the Report of Findings. See attachment “A” for additional guidance in completing the Plan of Correction. The response is due to the parties below within 10 working days of the receipt of this letter:

- 1. Quality Management Bureau, Attention: Plan of Correction Coordinator  
5301 Central Ave. NE Suite 400 Albuquerque, NM 87108**



**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 – Sun Country Case Management Services - Southwest Region – August 15 – 18, 2011

Survey Report #: Q12.01.D0325.SW.001.RTN.01

## 2. Developmental Disabilities Supports Division Regional Office for region of service surveyed

Upon notification from QMB that your Plan of Correction has been approved, you must implement all remedies and corrective actions within 45 working days. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as all remedies must still be completed within 45 working days of the receipt of this letter.

Failure to submit, complete or implement your Plan of Correction within the 45 day required time frames may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

### **Request for Informal Reconsideration of Findings (IRF):**

If you disagree with a finding of deficient practice, you have 10 working days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief  
5301 Central Ave NE Suite #400  
Albuquerque, NM 87108  
Attention: IRF request

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please call the Plan of Correction Coordinator at 505-222-8647 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

*Nadine Romero, LBSW*

Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date: 8/15/2011

Present: **Sun Country Case Management Services**  
Irene Evans, Executive Director  
Rebecca Walker, Case Manager

**DOH/DHI/QMB**

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor  
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor

Exit Conference Date: August 17, 2011

Present: **Sun Country Case Management Services**  
Irene Evans, Executive Director  
Sofia Hughes, Case Manager  
Araceli Ramirez, Case Manager  
Carri Lyon, Case Manager  
Rebecca Walker, Case Manager  
Judy F. Brandon, Case Manager  
Jamey Gallegos, Case Manager  
Sonya Hicks, Case Manager  
Natasha Rakoff-Ruiz, Case Manager  
Jan Duran, Case Manager

**DOH/DHI/QMB**

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor  
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor

**DDSD – Southwest Regional Office**

Cheryl Dunfee, Case Management Coordinator

Administrative Locations Visited Number: 1

Total Sample Size Number: 20  
20 - Non-Jackson Class Members  
0 – Jackson Class Members (No class members were included in the sample as the agency was preparing for the 2011 Community Practice Review)

Persons Served Records Reviewed Number: 20

Case Managers Interviewed Number: 11

Case Mgt Personnel Records Reviewed Number: 14

Administrative Files Reviewed

- Billing Records
- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedures
- 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

## Provider Instructions for Completing the QMB Plan of Correction (POC) Process

### **Introduction:**

After a QMB Compliance Review, your QMB Report of Findings will be sent to you via US mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued non compliance.

Agencies must submit their Plan of Correction within 10 business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 days will be referred to the Internal Review Committee [IRC] for sanctions).

If you have questions about the Plan of Correction process, call the QMB Plan of Correction Coordinator at 505-222-8647 or email at [George.Perrault@state.nm.us](mailto:George.Perrault@state.nm.us). Requests for technical assistance must be requested through your DDS Regional Office.

If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) days of receiving your report. The POC process cannot resolve disputes regarding findings. Please note that you must still submit a POC for findings that are in question (see Attachment "C").

### **Instructions for Completing Agency POC:**

#### **Required Content**

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the regulation cited is in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance Plan. (see page 3, DDW standards, effective; April 1, 2007, Chapter 1, Section I Continuous Quality Management System)

If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

The Plan of Correction you submit needs to address **each deficiency** in the two right hand columns with:

1. How the corrective action will be accomplished for all cited deficiencies in the report of findings;
2. How your Agency will identify all other individuals having the potential to be affected by the same deficient practice;
3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not reoccur and corrective action is sustained;
4. How your Agency plans to monitor corrective actions utilizing its continuous Quality Assurance/Quality Improvement Plan to assure solutions in the plan of correction are achieved and sustained, including (if appropriate):
  - Details about how and when Consumer and Personnel files are audited by Agency personnel to ensure they contain required documents;
  - Your processes for ensuring that all staff are trained in Core Competencies, Incident Reporting, and Individual-Specific service requirements, etc;
  - How accuracy in Billing documentation is assured;
  - How health, safety is assured;
  - For Case Management Providers, how ISPs are reviewed to verify they meet requirements, how the timeliness of LOC packet submissions and consumer visits are tracked;
  - Your process for gathering, analyzing and responding to Quality data, and

- Details about Quality Targets in various areas, current status, Root Cause Analyses about why Targets were not met, and remedies implemented.

5. The individual's title responsible for the Plan of Correction and completion date.

**Note: Instruction or in-service of staff alone may not be a sufficient plan of correction.** This is a good first step toward correction, but additional steps should be taken to ensure the deficiency is corrected and will not recur.

### **Completion Dates**

The plan of correction must include a **completion date** (entered in the far right-hand column). Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 days. Direct care issues should be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

### **Plan of Correction Submission Requirements**

1. Your Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
2. If you have questions about the POC process, call the POC Coordinator, George Perrault at 505-222-8647 for assistance.
3. For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
4. Submit your POC to George Perrault, POC Coordinator in any of the following ways:
  - a. Electronically at [George.Perrault@state.nm.us](mailto:George.Perrault@state.nm.us)
  - b. Faxed to 505-222-8661, or
  - c. Mailed to QMB, 5301 Central Avenue SW, Suite 400, Albuquerque, NM 87108
5. Do not send supporting documentation to QMB until after your POC has been approved by QMB.
6. QMB will notify you when your POC has been "approve" or "denied."
  - a. Whether your POC is "approved," or "denied," you will have a maximum of 45 business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
  - b. If your POC is "Denied" it must be revised and resubmitted as soon as possible, as the 45 working day limit is in effect.
  - c. If your POC is "Denied" a second time your agency may be referred to the Internal Review Committee.
  - d. You will receive written confirmation that your POC has been approved by QMB and a final deadline for completion of your POC.
7. Failure to submit your POC within 10 days without prior approval of an extension by QMB will result in a referral to the Internal Review Committee and the possible implementation of monetary penalties and/or sanctions.
8. Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator at QMB, prior to the due date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

### **POC Document Submission Requirements**

Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

1. Your internal documents are due within a maximum of 45 business days of receipt of your Report of Findings.

2. You may submit your documents by postal mail, fax, or electronically on disc or scanned and attached to e-mails.
3. All submitted documents must be annotated: please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
4. Do not submit original documents; hard copies or scanned and electronically submitted copies are fine. Originals must be maintained in the agency file(s) per DDSD Standards.
5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
6. For billing deficiencies, you must submit:
  - a. Evidence of an internal audit of billing documentation for a sample of individuals and timeframes;
  - b. Copies of “void and adjust” forms submitted to correct all over-billed or unjustified units billed identified during your internal audit.

## QMB Scope and Severity Matrix

Each deficiency in your Report of Findings is scored on a Scope and Severity Scale. The culmination of each deficiency's Scope and Severity is used to determine degree of compliance to standards and regulations and level of QMB Compliance Determination.

		SCOPE			
		Isolated 01% - 15%	Pattern 16% - 79%	Widespread 80% - 100%	
SEVERITY	High Impact	Immediate Jeopardy to individual health and or safety	J.	K.	L.
		Actual harm	G.	H.	I.
	Medium Impact	No Actual Harm Potential for more than minimal harm	D.	E.	F. (3 or more)
			D. (2 or less)		F. (no conditions of participation)
	Low Impact	No Actual Harm Minimal potential for harm.	A.	B.	C.

### Scope and Severity Definitions:

- **Isolated:**  
A deficiency that is limited to 1% to 15% of the sample, usually impacting few individuals in the sample.
- **Pattern:**  
A deficiency that impacts a number or group of individuals from 16% to 79% of the sample is defined as a pattern finding. Pattern findings suggest the need for system wide corrective actions.
- **Widespread:**  
A deficiency that impacts most or all (80% to 100%) of the individuals in the sample is defined as widespread or pervasive. Widespread findings suggest the need for system wide corrective actions as well as the need to implement a Continuous Quality Improvement process to improve or build infrastructure. Widespread findings could be referred to the Internal Review Committee for review and possible actions or sanctions.



## QMB Determinations of Compliance

- “Substantial Compliance with Conditions of Participation”

The QMB determination of “Substantial Compliance with Conditions of Participation” indicates that a provider is in substantial compliance with all ‘Conditions of Participation’ and other standards and regulations. 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 Substantial Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation.

- “Non-Compliance with Conditions of Participation”

The QMB determination of “Non-Compliance with Conditions of Participation” indicates that a provider is out of compliance with one (1) or more ‘Conditions of Participation.’ This non-compliance, if not corrected, is likely to result in a serious negative outcome or the potential for more than minimal harm to individuals’ health and safety.

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

- “Sub-Standard Compliance with Conditions of Participation”:

The QMB determination of “Sub-Standard Compliance with Conditions of Participation” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:

- 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.

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

## **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 that surveyors have clarified issues and/or requested missing information before completing the review. 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 working days** of receipt of the final report.
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.

### **The following limitations apply to the IRF process:**

- The request for an IRF and all supporting evidence must be received within 10 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 QMB compliance determination or the length of their DDS provider contract.

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

QMB has 30 working days to complete the review and notify the provider of the decision. The request will be reviewed by the IRF committee. 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:** Sun Country Case Management Services - Southwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Case Management  
**Monitoring Type:** Routine Survey  
**Date of Survey:** August 15 – 18, 2011

Standard of Care	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<b>Tag # 1A08 Agency Case File</b>	<b>Scope and Severity Rating: C</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</p> <p>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual,</p>	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 18 of 20 individuals.</p> <p>Review of the Agency individual case files found the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• <b>Current Emergency &amp; Personal Identification Information</b> <ul style="list-style-type: none"> <li>◦ Did not contain Pharmacy Information (#4)</li> <li>◦ Did not contain Health Plan Information (#3, 4 &amp; 8)</li> </ul> </li> <li>• ISP Assessment Checklist (#6)</li> <li>• Addendum A (#19)</li> <li>• <b>ISP Teaching &amp; Support Strategies (TASS)</b> <ul style="list-style-type: none"> <li>◦ <b>Individual #1 - TASS not found for:</b></li> <li>◦ Outcome Statement # 2 - "Will complete 4 different crafts."               <ul style="list-style-type: none"> <li>➢ "Research a craft"</li> <li>➢ "Gather materials"</li> <li>➢ "Will complete craft"</li> </ul> </li> <li>◦ Outcome Statement # 3 - "Will create scrape book of family memories"               <ul style="list-style-type: none"> <li>➢ "Will review family pictures"</li> <li>➢ "Will create pages using family pictures"</li> </ul> </li> </ul> </li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p>	

<p>and the most current completed Health Assessment Tool (HAT);</p> <p>(3) Progress notes and other service delivery documentation;</p> <p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <p>(a) Complete file for the past 12 months;</p> <p>(b) ISP and quarterly reports from the current and prior ISP year;</p> <p>(c) Intake information from original admission to services; and</p> <p>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</p>	<ul style="list-style-type: none"> <li>◦ <b>Individual #2 - TASS not found for:</b></li> <li>◦ Outcome Statement # 2 - "Will use fax machine to send fax to work without assistance" <ul style="list-style-type: none"> <li>➤ "Will use fax machine to send fax"</li> </ul> </li> <li>◦ <b>Individual #3 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - "Will decorate my room with 3 collages I complete with photos" <ul style="list-style-type: none"> <li>➤ "Take pictures with staff assistance"</li> <li>➤ "Develop pictures with staff assistance"</li> <li>➤ "Purchase materials to hang pictures with staff assistance"</li> </ul> </li> <li>◦ Outcome Statement # 2 – "Hand out my created greeting card/invitations" <ul style="list-style-type: none"> <li>➤ "Choose and purchase items"</li> <li>➤ "Create with staff assistance"</li> <li>➤ "Hand out with staff assistance"</li> <li>➤ "OT, SLP, PT, will develop, maintain and train staff on support plans"</li> </ul> </li> <li>◦ Outcome Statement # 3 – "Will host gathering throughout the year" <ul style="list-style-type: none"> <li>➤ "Send and deliver invitations"</li> <li>➤ "Choose menu"</li> <li>➤ "Choose activity"</li> <li>➤ "OT,SLP, will develop, maintain and train staff on support plans"</li> </ul> </li> <li>◦ <b>Individual #6 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - "Will own my home" <ul style="list-style-type: none"> <li>➤ "Will research different programs for home buyers"</li> <li>➤ "Will participate in a home buying program of her choice"</li> <li>➤ "Will look at and select a home within her price range to purchase"</li> <li>➤ "Will save \$100.00 (Deposit to her trust)"</li> <li>➤ "Will complete a loan process at a lender of her choice"</li> </ul> </li> <li>◦ Outcome Statement #3 - "I will visit my family"</li> </ul>		
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	<p>in California”</p> <ul style="list-style-type: none"> <li>➤ “Will research options for trip to California”</li> <li>➤ “Will create detailed schedule for trip”</li> <li>➤ “Will take a trip to California and follow schedule created”</li> </ul> <p>◦ Outcome Statement #4 - “I will put cream on my hands”</p> <ul style="list-style-type: none"> <li>➤ “Will apply cream on hands daily”</li> </ul> <p>◦ <b>Individual #7 - TASS not found for:</b></p> <p>◦ Outcome Statement # 1 - “Will prepare smoothies to be served at monthly gatherings”</p> <ul style="list-style-type: none"> <li>➤ “”will select type of smoothie and prepare”</li> </ul> <p>◦ Outcome Statement # 2 - “Will bowl 3 games in a row”</p> <ul style="list-style-type: none"> <li>➤ “Will bowl 3 games in a row”</li> </ul> <p>◦ <b>Individual #9 - TASS not found for:</b></p> <p>◦ Outcome Statement # 1 - “Will learn 10 tasks towards diabetes management”</p> <ul style="list-style-type: none"> <li>➤ “Will have support to learn his diabetes regimen, take medications with prompts, chart initials”</li> </ul> <p>◦ Outcome Statement # 2 - “Will complete the transition program by 2013”</p> <ul style="list-style-type: none"> <li>➤ “Will have the support to prepare, attend and complete the high school transition program”</li> </ul> <p>◦ Outcome Statement #3 - “Will have support to learn bowling At least 3 times by the end of summer 2011”</p> <ul style="list-style-type: none"> <li>➤ “Will have support to learn bowling skills, keep score and utilize bowling skills 1 time during summer”</li> </ul> <p>◦ <b>Individual #11 - TASS not found for:</b></p> <p>◦ Outcome Statement # 1 - “Will pour herself a glass of milk without spilling”</p>		
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	<ul style="list-style-type: none"> <li>➤ “Will pour her own milk”</li> <li>◦ <b>Individual #12 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - “Will complete 12 projects at ceramics class” <ul style="list-style-type: none"> <li>➤ “Purchase project”</li> <li>➤ “Complete project”</li> </ul> </li> <li>◦ <b>Individual #13 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - “I will decorate for each session” <ul style="list-style-type: none"> <li>➤ “Will look at what she has available in her home to use for decorate”</li> <li>➤ “Will pick a room to redecorate”</li> <li>➤ Collecting decorating ideas”</li> <li>➤ “Save money”</li> <li>➤ “Will decorate chosen room”</li> </ul> </li> <li>◦ Outcome Statement # 2 - “Will find a job” <ul style="list-style-type: none"> <li>➤ “Research job vacancies”</li> <li>➤ “Submit applications”</li> <li>➤ “Interview for position”</li> <li>➤ “Perform job duties”</li> </ul> </li> <li>◦ Outcome Statement # 3 - “Will make a memory book” <ul style="list-style-type: none"> <li>➤ “Obtain a camera”</li> <li>➤ “Take pictures of meaning full events”</li> <li>➤ “Put captions for each picture”</li> <li>➤ “Present memory book to a group of friends”</li> </ul> </li> <li>◦ <b>Individual #15 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - “Will build things to either decorate my yard or my house” <ul style="list-style-type: none"> <li>➤ “Chose a project”</li> <li>➤ “Build item”</li> </ul> </li> <li>◦ Outcome Statement # 2 - “I will decorate for each session” <ul style="list-style-type: none"> <li>➤ “Keep my new job as a grocer shopper for 1 year”</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ “Will use visual shopping list to complete assignment”</li> <li>◦ Outcome Statement # 3 - “Will hosts events for himself and his friends” <ul style="list-style-type: none"> <li>➤ “Will chose a type of social event”</li> <li>➤ “Plan the event”</li> <li>➤ “Host the event and have fun with his friends”</li> </ul> </li> <li>◦ <b>Individual #16 - TASS not found for:</b></li> <li>◦ Outcome Statement # 2 - “Will complete kindergarten to first grade learning program in one year” <ul style="list-style-type: none"> <li>➤ “Will practice program”</li> </ul> </li> <li>◦ <b>Individual #19 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - “Will decorate a room in my house 3 times a year” <ul style="list-style-type: none"> <li>➤ “Will choose and purchase decorations”</li> <li>➤ “Redecorate room”</li> <li>➤ ”Transportation”</li> </ul> </li> <li>◦ Outcome Statement # 2 - “Will complete 3 puzzles” <ul style="list-style-type: none"> <li>➤ “Choose puzzle”</li> <li>➤ “Work on puzzle”</li> </ul> </li> <li>◦ Outcome Statement # 3 - “Will volunteer to water 2 times monthly for 2 businesses” <ul style="list-style-type: none"> <li>➤ “Identify volunteer site”</li> <li>➤ “Volunteer watering plants”</li> <li>➤ “Transportation”</li> </ul> </li> <li>◦ Outcome Statement # 4 - “Will host game night at my house 1 time a month” <ul style="list-style-type: none"> <li>➤ “Plan game night”</li> <li>➤ “Host party”</li> </ul> </li> <li>◦ <b>Individual #20 - TASS not found for:</b></li> <li>◦ Outcome Statement # 1 - “Feed my dogs using assistive technology”</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ “Cheap talker will be programmed to feed dog”</li> <li>➤ “Will be prompted when to feed dog”</li> <li>➤ “Will press on cheap talker to call her dog”</li> <li>➤ “Cheap talker pressed to tell dog it’s time for treat”</li> <li>➤ “Will feed dog treat”</li> <li>➤ “Maintenance of Cheap Talker”</li>   <li>◦ Outcome Statement # 2 - “Will pay for transaction” <ul style="list-style-type: none"> <li>➤ “Choose transaction to pay for”</li> <li>➤ “Will pay for transaction”</li> <li>➤ “SLP will train staff”</li> <li>➤ “OT will train staff”</li> </ul> </li>   <li>◦ Outcome Statement # 3 - “Will use cheap talker to greet others” <ul style="list-style-type: none"> <li>➤ “Will choose who to greet”</li> <li>➤ “Will greet using cheap talker”</li> <li>➤ “SLP will assist individual communication”</li> <li>➤ “OT will assist individual with coordination and dexterity skills”</li> <li>➤ “PT will complete assessment”</li> </ul> </li>   <li>• Positive Behavioral Plan (#8)</li>   <li>• Positive Behavioral Crisis Plan (#12)</li>   <li>• Speech Therapy Plan (#7, 14 &amp; 19)</li>   <li>• Occupational Therapy Plan (#7)</li>   <li>• Physical Therapy Plan (#1, 7 &amp; 20)</li>   <li>• Health Assessment Tool (#4, 5, 7, 15, &amp; 19)</li>   <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>• <i>Aspiration</i> <ul style="list-style-type: none"> <li>◦ Individual #2 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>• <i>Seizures</i> <ul style="list-style-type: none"> <li>◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <i>Allergies</i> <ul style="list-style-type: none"> <li>◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <b>Crisis Plans/Medical Emergency Response Plans</b></li> <li>• <i>GERD</i> <ul style="list-style-type: none"> <li>◦ Individual #4 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <i>Diabetes</i> <ul style="list-style-type: none"> <li>◦ Individual #5 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <i>Seizures</i> <ul style="list-style-type: none"> <li>◦ Individual #14 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li>   <li>◦ Individual #19 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <i>Allergies</i> <ul style="list-style-type: none"> <li>◦ Individual #14 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li>   <li>◦ Individual #19 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li>   <li>• <b>Special Health Care Needs:</b></li> </ul>		
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	<ul style="list-style-type: none"> <li>• <i>Nutritional Plan</i> <ul style="list-style-type: none"> <li>◦ Individual #2 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #4 - As indicated by the IST section of ISP the individual is required to have a plan . No evidence of plan found.</li> <li>◦ Individual #7 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> <li>• <i>Meal Time Plan</i> <ul style="list-style-type: none"> <li>◦ Individual #7 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #12 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> </ul> <p><b>Other Individual Specific Evaluations &amp; Examinations:</b></p> <ul style="list-style-type: none"> <li>• <b>Dental Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #7 - As indicated by the documentation reviewed, exam was completed on 7/11/10. Follow-up was to be completed in 6 months. No documented evidence of the follow-up being completed was found.</li> <li>◦ Individual #9 – As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found</li> <li>◦ Individual #11 - As indicated by the documentation reviewed, exam was completed on 10/2010. Follow-up was to be completed in 3 months. No documented evidence of the follow-up being completed was found.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #18 – As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found</li> <li>• <b>Auditory Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #8 - As indicated by the documentation reviewed, the exam was completed on 8/31/09. No evidence of exam was found.</li> <li>◦ Individual #11 - As indicated by the documentation reviewed. Follow-up was to be completed in 7/13/11. No evidence of follow-up found.</li> <li>◦ Individual #15 – As indicated by the documentation reviewed, exam was completed 2008. Follow-up to be completed 2010. No evidence of follow-up completed.</li> <li>◦ Individual #19 - As indicated by the documentation reviewed. Exam was to be completed in 7/2010. No evidence of follow-up found.</li> </ul> </li> <li>• <b>Vision Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #9 - As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.</li> <li>◦ Individual #11 - As indicated by the documentation reviewed, exam was completed on 6/29/10. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #15 - As indicated by the documentation reviewed, exam was completed on 6/29/10. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #19 - As indicated by the DDS file matrix Vision Exams are to be conducted every</li> </ul> </li> </ul>		
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	<p>other year. No evidence of exam was found.</p> <ul style="list-style-type: none"><li>• Positive Behavior Support Assessment (#19)</li><li>• Speech/Language Therapy Evaluation (#7 &amp; 19)</li><li>• Occupational Therapy Evaluation (#18)</li><li>• Physical Therapy Evaluation (#1, 7, 12, 13 &amp; 20)</li><li>• Guardianship Documentation (#4, 9 &amp; 11)</li></ul>		
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Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D	
<p><b>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS:</b>  <b>F. Timely Submission:</b> Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p><b>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS:</b>  <b>A. Prohibition on Employment:</b> A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p><b>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS.</b> The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider:  <b>A.</b> homicide;  <b>B.</b> trafficking, or trafficking in controlled substances;  <b>C.</b> kidnapping, false imprisonment, aggravated assault or aggravated battery;  <b>D.</b> rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses;  <b>E.</b> crimes involving adult abuse, neglect or financial exploitation;  <b>F.</b> crimes involving child abuse or neglect;  <b>G.</b> crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or  <b>H.</b> an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 1 of 14 Agency Personnel.</p> <p><b>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</b></p> <ul style="list-style-type: none"> <li>• #51 – Unknown date of hire. Date of hire not provided to surveyors. Not found in personnel record or provided when requested during on-site visit.</li> </ul>	<p><u>Provider:</u>  In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: D	
<p><b>NMAC 7.1.12.8</b>  <b>REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED:</b> Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. <b>Provider requirement to inquire of registry.</b> A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. <b>Prohibited employment.</b> A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. <b>Documentation of inquiry to registry.</b> The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p>	<p>Based on record review, the Agency failed to maintain documentation in the employee's personnel records that evidenced inquiry to the Employee Abuse Registry prior to employment for 2 of 14 Agency Personnel.</p> <p><b>The following Agency personnel records contained no evidence of the Employee Abuse Registry being completed:</b></p> <ul style="list-style-type: none"> <li>• #51 – Unknown date of hire. Date of Hire was not found in personnel record nor provided when requested during on-site visit.</li> <li>• #53 – Date of Hire 8/15/2011</li> </ul>	<p><u>Provider:</u>  In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>

E. **Documentation for other staff.** With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.

F. **Consequences of noncompliance.** The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

**Chapter 1.IV. General Provider Requirements.**

**D. Criminal History Screening:** All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.

<b>Tag # 1A28.1 (CoP) Incident Mgt. System - Personnel Training</b>	<b>Scope &amp; Severity Rating: D</b>		
<p><b>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</b></p> <p><b>A. General:</b> All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p><b>D. Training Documentation:</b> All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p> <p><b>Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007</b></p> <p><b>II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>	<p>Based on record review the Agency failed to provide documentation verifying completion of Incident Management Training for 1 of 14 Agency Personnel.</p> <ul style="list-style-type: none"> <li>• Incident Management Training (Abuse, Neglect &amp; Misappropriation of Consumers' Property) (#51)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>	



<b>Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training</b>	<b>Scope &amp; Severity Rating: D</b>	
<p><b>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</b></p> <p><b>A. General:</b> All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p><b>E. Consumer and Guardian Orientation Packet:</b> Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.</p>	<p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 3 of 20 individuals.</p> <ul style="list-style-type: none"> <li>• Parent/Guardian Incident Management Training (Abuse, Neglect &amp; Misappropriation of Consumers' Property) (#13, 18 &amp; 19)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>

Tag # 1A37 Individual Specific Training - Case Manager Awareness Level	Scope and Severity Rating: D		
<p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title:</b> Training Requirements for Case Management Agency Staff Policy - <b>Eff. March 1, 2007</b></p> <p><b>II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified case managers.</p> <p>B. Case management staff shall complete individual-specific (formerly known as “Addendum B”) training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p> <p>C. Case management staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p> <p>D. In addition to the applicable requirements described in policy statements B – C (above), case managers and case management supervisors shall complete DDSD-approved core curriculum training...</p> <p>E. Substitutes shall comply with the training requirements of the staff for whom they are substituting.</p> <p>◦ F. To complete a core curriculum-training course, trainees shall achieve 100% competency rating during the competency verification process.</p>	<p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 1 of 14 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Individual Specific Training (Awareness Level) (#51)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>	

Tag # 4C04 (CoP) - Assessment Activities	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS</b></p> <p><b>B. Case Management Assessment Activities:</b> Assessment activities shall include but are not limited to the following requirements:</p> <p>(1) Complete and compile the elements of the Long Term Care Assessment Abstract (LTCAA) packet to include:</p> <ul style="list-style-type: none"> <li>(a) LTCAA form (MAD 378);</li> <li>(b) Comprehensive Individual Assessment (CIA);</li> <li>(c) Current physical exam and medical/clinical history;</li> <li>(d) Norm-referenced adaptive behavioral assessment; and</li> <li>(e) A copy of the Allocation Letter (initial submission only).</li> </ul> <p>(2) Prior to service delivery, obtain a copy of the Medical Assistant Worker (MAW) letter to verify that the county Income Support Division (ISD) office of the Human Services Department (HSD) has completed a determination that the individual meets financial and medical eligibility to participate in the DD Waiver program.</p> <p>(3) Provide a copy of the MAW letter to service providers listed on the ISP budget (MAD 046).</p>	<p>Based on record review, the Agency failed to complete and compile the elements of the Long Term Care Assessment Abstract (LTCAA) packet for 4 of 20 individuals.</p> <p>The following items were not found, not current and/or incomplete:</p> <ul style="list-style-type: none"> <li>• Annual Physical (#3, 11 &amp; 18)</li> <li>• Adaptive Behavior Scale (#13)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>

Tag # 4C08 (CoP) - ISP Development Process	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS - F. Case Manager ISP Development Process:</b></p> <p>(1) The Case Manager meets with the individual in advance of the ISP meeting in order to enable the person to review current assessment information, prepare for the meeting, plan to facilitate or co-facilitate the meeting if the individual wishes and to ensure greater and more informed participation.</p> <p>(2) The Case Manager will discuss and offer the optional Personal Plan Facilitation service to the individual to supplement the ISP planning process; if selected, the Case Manager will assist in obtaining this service through the FOC process. This service is funded within the individual's ARA.</p> <p>(3) The Case Manager convenes the IDT members and a service plan is developed in accordance with the rule governing ISP development (7.26.5 NMAC).</p> <p>(4) The Case Manager will advise the individual of his or her rights and responsibilities related to receipt of services, applicable federal and state laws and guidelines, DOH policies and procedures pertaining to the development and implementation of the ISP, confidentiality, abuse, neglect, exploitation, and appropriate grievance and appeal procedures. In addition, the Case Manager shall provide the individual and/or guardian with a copy of the Case Management Code of Ethics at this time.</p> <p>(5) The Case Manager will clarify the individual's long-term vision through direct communication with the individual, and if needed, through communication with family, guardians, friends and support providers and others who know the individual. Information gathered shall include, but is not limited to the following:</p>	<p>Based on record review the Agency failed to ensure Case Managers provided and/or advised the individual and/or guardian with the following requirements for 2 of 20 individuals.</p> <p>Review of record found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Case Manager Code of Ethics (#13 &amp; 19)</li> </ul>	<p>Provider:</p> <p>In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>	

<p>(a) Strengths;  (b) Capabilities;  (c) Preferences;  (d) Desires;  (e) Cultural values;  (f) Relationships;  (g) Resources;  (h) Functional skills in the community;  (i) Work interests and experiences;  (j) Hobbies;  (k) Community membership activities or interests;  (l) Spiritual beliefs or interests; and  (m) Communication and learning styles or preferences to be used in development of the individual's service plan.</p> <p>(6) Case Managers shall operate under the presumption that all working age adults with developmental disabilities are capable of working given the appropriate supports. Individuals will be offered employment as a preferred day service over other day service options. It is the responsibility of the Case Manager and all IDT members to ensure that employment decisions are based on informed choices.</p> <p>(a) The Case Manager shall verify that all Jackson Class members who express an interest in work or who have employment-related desired outcome(s) in the ISP have an initial or updated vocational assessment that has been completed within the preceding twelve (12) months.</p> <p>(b) In cases when employment is not an immediate desired outcome, the ISP shall document the reasons for this decision and develop employment-related goals within the ISP that will be undertaken to explore employment options (e.g., volunteer activities, career exploration, situational assessments, etc.) This discussion related to employment issues shall be documented within the ISP or on the DDSD Decision Justification form.</p>			
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<p>(c) In the context of employment, informed choices include the following:</p> <ul style="list-style-type: none"> <li>(i) Information regarding the range of employment options available to the individual</li> <li>(ii) Information regarding self-employment and customized employment options</li> <li>(iii) Job exploration activities including volunteer work and/or trial work opportunities</li> </ul> <p>(7) The Case Manager will ensure discussion on Meaningful Day activities for the individual in the ISP meeting, and reflect such discussion in the ISP “Meaningful Day Definition” section.</p> <p>(8) When a recipient of DD Waiver services has a HAT score of 4, 5, or 6, medical consultation shall be obtained for service planning and delivery, including the ISP and relevant Health Care and Crisis Prevention/Intervention Plans. Medical consultation may be from a Provider Agency Nurse, Primary Care Physician/Practitioner, Regional Office Nurse, Continuum of Care Nurses or Physicians including his or her Regional Medical Consultant and/or RN Nurse Case Manager.</p> <p>(9) For new allocations, the Case Manager will submit the ISP to NMMUR only after a MAW letter has been received, indicating the individual meets financial and LOC eligibility.</p> <p>(10) The Case Manager, with input from each Provider Agency, shall complete the Individual Specific Training Requirements section of the ISP form listing all training needs specific to the individual.</p> <p>(11) The Case Manager shall complete the initial ISP development within ninety (90) days as required by DDSD.</p>			
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Tag # 4C15.1 - QA Requirements - Bi-Annual Reports & Provider Quarterly Reports	Scope and Severity Rating: B	
<p><b>CHAPTER 4 IV. CASE MANAGEMENT PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>C. Quality Assurance Requirements:</b> Case Management Provider Agencies will use an Internal Quality Assurance and Improvement Plan that must be submitted to and reviewed by the Statewide Case Management Coordinator, that shall include but is not limited to the following:</p> <p>(1) Case Management Provider Agencies are to:</p> <p>(a) Use a formal ongoing monitoring protocol that provides for the evaluation of quality, effectiveness and continued need for services and supports provided to the individual. This protocol shall be written and its implementation documented.</p> <p>(b) Assure that reports and ISPs meet required timelines and include required content.</p> <p>(c) Conduct a quarterly review of progress reports from service providers to verify that the individual's desired outcomes and action plans remain appropriate and realistic.</p> <p>(i) If the service providers' quarterly reports are not received by the Case Management Provider Agency within fourteen (14) days following the end of the quarter, the Case Management Provider Agency is to contact the service provider in writing requesting the report within one week from that date.</p> <p>(ii) If the quarterly report is not received within one week of the written request, the Case Management Provider Agency is to contact the respective DDS Regional Office in writing within one business day for assistance in obtaining required reports.</p> <p>(d) Assure at least quarterly that Crisis Prevention/Intervention Plans are in place in</p>	<p>Based on record review, the Agency failed to ensure that reports and ISP's meet required timelines and include the required contents for 14 of 20 individuals.</p> <p>The following quarterly/bi-annual reports were not found:</p> <ul style="list-style-type: none"> <li>• <b>Community Living Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for 7/2010 – 7/2011</li> <li>◦ Individual #9 – None found for 8/2010 – 2/2011</li> <li>◦ Individual #13 – None found for 9/2010 – 7/2011</li> <li>◦ Individual #15 – None found for 8/2010 – 5/2011</li> <li>◦ Individual 18 – None found for 1/2011 – 3/2011</li> </ul> </li> <li>• <b>Community Living Annual Assessment</b> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for 7/2010 – 7/2011</li> <li>◦ Individual # 11 – None found for 3/2010 – 3/2011</li> <li>◦ Individual #13 – None found for 9/2010 – 9/2011</li> </ul> </li> <li>• <b>Community Inclusion - Adult Habilitation Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for 5/2010 – 4/2011</li> <li>◦ Individual #3 – None found for 7/2010 – 7/2011</li> <li>◦ Individual #7 – None found for 12/2010 – 2/2011</li> </ul> </li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p>

<p>the residence and at the Provider Agency of the Day Services for all individuals who have chronic medical condition(s) with potential for life threatening complications and/or who have behavioral challenge(s) that pose a potential for harm to themselves or others.</p> <p>(e) Assure at least quarterly that a current Health Care Plan (HCP) is in place in the residence and day service site for individuals who receive Community Living or Day Services and who have a HAT score of 4, 5, or 6. During face-to-face visits and review of quarterly reports, the Case Manager is required to verify that the Health Care Plan is being implemented.</p> <p>(f) Assure that Community Living Services are delivered in accordance with standards, including responsibility of the IDT Members to plan for at least 30 hours per week of planned activities outside the residence. If this is not possible due to the needs of the individual, a goal shall be developed that focuses on appropriate levels of community integration. These activities do not need to be limited to paid supports but may include independent or leisure activities appropriate to the individual.</p> <p>(g) Perform annual satisfaction surveys with individuals regarding case management services. A copy of the summary is due each December 10<sup>th</sup> to the respective DDSD Regional Office, along with a description of actions taken to address suggestions and problems identified in the survey.</p> <p>(h) Maintain regular communication with all providers delivering services and products to the individual.</p> <p>(i) Establish and implement a written grievance procedure.</p>	<ul style="list-style-type: none"> <li>◦ Individual #9 – None found for 12/2011 – 3/2011</li> <li>◦ Individual #15 – None found for 11/2010 – 5/2011</li> <li>◦ Individual - #16 – None found for 9/2010 – 5/2011</li> </ul> <p>• <b>Community Inclusion - Community Access Quarterly Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #11 – None found for 9/2010 – 11/2011</li> </ul> <p>• <b>Behavior Consultation Quarterly Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #8 – None found for 1/2011 – 6/2011</li> <li>◦ Individual #11 – None found for 1/2011 – 3/2011</li> <li>◦ Individual #14 – None found for 9/2010 – 5/2011</li> <li>◦ Individual # 18 – None found for 1/2011 – 3/2011</li> </ul> <p>• <b>Speech &amp; Language Pathology Bi-Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #7 – None found for 11/2010 – 4/2011</li> <li>◦ Individual #8 – None found for 11/2010 – 4/2011</li> <li>◦ Individual #14 – None found for 6/2010 – 5/2011</li> <li>◦ Individual #19 – None found for 10/2010 – 3/2011</li> </ul> <p>• <b>Occupational Bi-Annual Progress Reports:</b></p>		
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<p>(j) Notify appropriate supervisory personnel within the Provider Agency if concerns are noted during monitoring or assessment activities related to any of the above requirements. If such concerns are not remedied by the Provider Agency within a reasonable mutually agreed period of time, the concern shall be reported in writing to the respective DDSD Regional Office and/or DHI as appropriate to the nature of the concern. This does not preclude Case Managers' obligations to report abuse, neglect or exploitation as required by New Mexico Statute.</p> <p>(k) Utilize and submit the "Request for DDSD Regional Office Intervention" form as needed, such as when providers are not responsive in addressing a quality assurance concern. The Case Management Provider Agency is required to keep a copy in the individual's file.</p> <p>(2) Case Managers and Case Management Provider Agencies are required to promote and comply with the Case Management Code of Ethics:</p> <p>(a) Case Managers shall provide the individual/guardian with a copy of the Code of Ethics when Addendum A is signed.</p> <p>(b) Complaints against a Case Manager for violation of the Code of Ethics brought to the attention of DDSD will be sent to the Case Manager's supervisor who is required to respond within 10 working days to DDSD with detailed actions taken. DDSD reserves the right to forward such complaints to the IRC.</p>	<ul style="list-style-type: none"> <li>◦ Individual #7 – None found for 11/2010 – 3/2011</li> <li>◦ Individual #13 – None found for 1/2011 – 6/2011</li> <li>◦ Individual #18 – None found for 10/2010 – 4/2011</li> <li>◦ Individual #20 – None found for 11/2010 – 4/2011</li> </ul> <p>• <b>Physical Bi-Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for 5/2010 – 5/2011</li> <li>◦ Individual #7 – None found for 4/2011 – 4/2011</li> <li>◦ Individual #12 – None found for 7/2011 – 6/2011</li> <li>◦ Individual #13 – None found for 7/2010 – 6/2011</li> <li>◦ Individual #20 – None found for 11/2010 – 4/2011</li> </ul>		
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Tag # 4C17 (CoP) - Case Manager Qualifications - Required Training	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 IV. CASE MANAGEMENT PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>E. Case Manager Qualifications:</b> Case Managers, whether subcontracting or employed by a Provider Agency, shall meet these requirements:</p> <p>(1) Case Managers shall possess these qualifications: ...</p> <p>(2) Within specified timelines, Case Managers shall meet the requirements for training specified in the DDSD policy governing the training requirements for Case Managers serving individuals with developmental disabilities. All Case Management Provider Agencies are required to report required personnel training status to the DDSD Statewide Training Database as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, identification number category) on all required personnel to be submitted to DDSD Statewide Training Database within the first ninety (90) calendar days of providing services; and</p> <p>(b) Quarterly personnel update reports sent to DDSD Statewide Training Database to reflect new hires, terminations, or agency position changes, and name changes.</p> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title:</b> Training Requirements for Case Management Agency Staff Policy - <b>Eff. March 1, 2007</b></p> <p><b>II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent</p>	<p>Based on record review, the Agency failed to ensure that Training requirements were met for 3 of 14 Case Managers.</p> <p>Review of Case Manager training records found no evidence of the following required DOH/DDSD trainings being completed:</p> <ul style="list-style-type: none"> <li>• Pre-Service Manual (#51)</li> <li>• Person-Centered Planning in New Mexico (2-Days) (#51)</li> <li>• Promoting Effective Teamwork (#51)</li> <li>• Participatory Communication and Choice Making (#51)</li> <li>• Positive Behavior Supports Strategies (#51)</li> <li>• Advocacy Strategies (#51)</li> <li>• ISP Critique (#51)</li> <li>• Sexuality for People With Developmental Disabilities (#51)</li> <li>• Level One Health (#40, 43 &amp; 51)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p>

and qualified case managers.

B. Case management staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.

C. Case management staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.

D. In addition to the applicable requirements described in policy statements B – C (above), case managers and case management supervisors shall complete DDSD-approved core curriculum training...

E. Substitutes shall comply with the training requirements of the staff for whom they are substituting.

◦ F. To complete a core curriculum-training course, trainees shall achieve 100% competency rating during the competency verification process.

Tag # 4C17.1 (CoP) - Case Manager Qualifications - Credentials	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 IV. CASE MANAGEMENT PROVIDER AGENCY REQUIREMENTS - E. Case Manager Qualifications:</b> Case Managers, whether subcontracting or employed by a Provider Agency, shall meet these requirements:</p> <p>(1) Case Managers shall possess these qualifications:</p> <ul style="list-style-type: none"> <li>(a) Licensed social worker, as defined by the NM Board of Social Work Examiners; or</li> <li>(b) Licensed registered nurse as defined by the NM Board of Nursing; or</li> <li>(c) Bachelor's or Master's degree in social work, psychology, counseling, nursing, special education, or closely related field; and</li> <li>(d) Have one-year clinical experience, related to the target population, working in any of the following settings: <ul style="list-style-type: none"> <li>(i) Home health or community health program;</li> <li>(ii) Hospital;</li> <li>(iii) Private practice;</li> <li>(iv) Publicly funded institution or long-term care program;</li> <li>(v) Mental health program;</li> <li>(vi) Community based social service program; or</li> <li>(vii) Other programs addressing the needs of special populations, e.g., school.</li> </ul> </li> <li>(e) Have a working knowledge of the health and social resources available within a region...</li> </ul> <p>(3) Prior written approval from DDSD is required for any person providing services as an intern in Case Management. If approval is granted, DDSD reserves the right to add conditions (i.e., supervisor review and sign off on quality of work) that shall be adhered to and may rescind the approval at any time for any reason.</p>	<p>Based on record review, the Agency failed to ensure Case Managers possessed the required qualifications 2 of 14 Case Managers.</p> <p>Review of Case Manager personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Bachelor's or Master's degree in social work, psychology, counseling, nursing, special education, or closely related field; and (#51 &amp; 53)</li> </ul>	<p><u>Provider:</u> In addition to stating the Plan of Correction for these findings above, also please provide your evidence of on-going Quality Assurance / Quality Improvement specific to this tag below this line.</p> <hr/>	

(5) Exception: If a Case Management Provider Agency has made reasonable efforts to recruit Case Management personnel with the required qualifications without success, that Case Management Provider Agency may request an exception from the Case Manager Qualifications from the DDSD Central Office as per the following procedure:

- (a) The requesting Provider Agency will describe and document all efforts made to recruit Case Managers with the required qualifications and the results of those efforts.
- (b) The requesting Provider Agency will describe and document in detail the relevant educational, employment, volunteer, familial, and other experience that will qualify the prospective candidate for successful employment as a Case Manager. Consideration may be given for unique skills needed by the Provider Agency such as fluency in a language other than English.
- (c) If the exception is granted, DDSD reserves the right to add conditions (e.g., specific training, supervisory oversight) that shall be adhered to and may rescind the exception at any time for any reason.

**ADDITIONAL FINDINGS: Reimbursement Deficiencies**

**BILLING  
TAG #1A12**

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **Chapter 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION**

**B. Billable Units:** The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:

- (1) Date, start and end time of each service encounter or other billable service interval;
- (2) A description of what occurred during the encounter or service interval; and
- (3) The signature or authenticated name of staff providing the service.

Billing for Case Management services was reviewed for 20 of 20 individuals. Progress notes and billing records supported billing activities for the months of May, June and July, 2011

Date: January 19, 2012

To: Irene Evans, Executive Director  
Provider: Sun Country Case Management Services  
Address: 133 Wyatt Drive, Suite 4  
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: [ireneevans@sccm-dcc.com](mailto:ireneevans@sccm-dcc.com)

CC: Richard Evans, Board Chair  
Address: P.O. Box 38  
State/Zip: Mesilla, New Mexico 88046

Region: Southwest  
Routine Survey: August 15 – 18, 2011  
Verification Survey: January 19, 2012  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Case Management  
Survey Type: Verification  
Team Leader: Valerie V. Valdez, M.S., Health Program Manager, Division of Health Improvement/Quality Management Bureau  
Team Members: Deb Russell, B.S., Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Evans:

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 Routine Survey on *August 15 - 18, 2011*. There were no deficiencies noted. The Routine Survey and subsequent Plan of Correction process is now complete. 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 505-222-8647, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Valerie V. Valdez, M.S.*

Team Lead/Health Program Manager

**Survey Process Employed:**

Entrance Conference Date: January 19, 2012

Present: **Sun Country Case Management Services**  
Irene Evans, Executive Director

**DOH/DHI/QMB**

Valerie V. Valdez, M.S., Team Lead/Health Program Manager  
Deb Russell, B.S., Healthcare Surveyor

Exit Conference Date: January 19, 2012

Present: **Sun Country Case Management Services**  
Irene Evans, Executive Director

**DOH/DHI/QMB**

Valerie V. Valdez, M.S., Team Lead/Health Program Manager  
Deb Russell, B.S., Healthcare Surveyor

Administrative Locations Visited Number: 1

Total Sample Size Number: 20  
20 - Non-*Jackson* Class Members  
0 – Jackson Class Members (No class members were included in the sample as the agency was preparing for the 2011 Community Practice Review)

Persons Served Records Reviewed Number: 6 (14 other Individuals did not have Condition Level deficiencies, therefore their records were not reviewed)

Case Mgt Personnel Records Reviewed Number: 14

Administrative Files Reviewed

- Billing Records
- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedures



- 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