

Katrina Hotrum  
Deputy Secretary

Jessica Sutin  
Deputy Secretary

Michael Mulligan  
Acting Deputy Secretary

Karen Armitage, MD  
Chief Medical Officer

Date: August 27, 2010

To: Scott Newland, Operations Director  
Provider: Unidas Case Management, Inc.  
Address: 2403 San Mateo Blvd, NE W-17  
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: [simrev@earthlink.net](mailto:simrev@earthlink.net)

CC: Kristin Pasquini-Johnson, QA Director  
Address: 2403 San Mateo Blvd, NE W-17  
State/Zip: Albuquerque, New Mexico 87110

E-Mail Address: [Admin@unidascm.org](mailto:Admin@unidascm.org)

Region: Metro & Northeast  
Survey Date: July 26 – 30, 2010  
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: Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Maurice Gonzales, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Crystal Lopez-Beck, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Barbara Czinger, LMSW, Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Ellen Hardman, Case Management Coordinator, Developmental Disabilities Support Division.

Dear Mr. Newland,

The Division of Health Improvement/Quality Management Bureau has completed a quality review 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.

**Quality Management Compliance Determination Issued:**

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



*“Assuring safety and quality of care in New Mexico’s health facilities and community-based programs.”*

**David Rodriguez, Division Director • Division of Health Improvement**

Quality Management Bureau • 5301 Central Ave. NE Suite 400 • Albuquerque, New Mexico 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://dhi.health.state.nm.us>

DHI Quality Review Survey Report – Unidas Case Management- Metro & Northeast Region – July 26 – 30, 2010

Survey Report #: Q11.01.D2793.METRO&NE.001.RTN.01

**Plan of Correction:**

The attached Report of Findings identifies deficiencies found during your agency's survey. You are required to complete and implement a Plan of Correction (POC). Please submit your agency's Plan of Correction (POC) in the space on the two right columns of the Report of Findings. See attachment A for additional guidance in completing the POC. 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
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 ASAP for approval. All remedies must still be completed within 45 working days of the original submission.

Failure to submit, complete or implement your POC within the required time frames will 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 determination of noncompliance (finding) 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

A 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, sampling methodology or the Scope and Severity of the finding.

If the IRF approves the change or removal of a finding, you will be advised of any changes.

This IRF process is separate and apart from the Informal Dispute Resolution (IDR) and Fair Hearing Process for Sanctions from DOH.

Please call the Team Leader at 505-670-6290, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Nadine Romero, LBSW*

Nadine Romero, LBSW  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date: July 26, 2010

Present: **Unidas Case Management, Inc.**  
Scott Newland, Operations Director  
Kristin Pasquini-Johnson, QA Director  
Linda Piasecki HR Director  
Eric Hankla, Finance Director

**DOH/DHI/QMB**

Nadine Romero, LBSW Team Lead/Healthcare Surveyor  
Maurice Gonzales, BS, Healthcare Surveyor  
Crystal Lopez-Beck, BS, Healthcare Surveyor  
Florie Alire, RN, Healthcare Surveyor

**DDSD – Metro Regional Office**

Ellen Hardman, Case Management Coordinator

Exit Conference Date: July 30, 2010

Present: **Unidas Case Management Inc.**  
Scott Newland, Operations Director  
Kristin Pasquini-Johnson, QA Director

**DOH/DHI/QMB**

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor  
Crystal Lopez-Beck, BS, Healthcare Surveyor  
Florie Alire, RN, Healthcare Surveyor

**DDSD - Metro Regional Office**

Ellen Hardman, Case Management Coordinator

Administrative Locations Visited Number: 1

Total Sample Size Number: 49  
0 - Jackson Class Members  
49 - Non-Jackson Class Members

Case Manager Personnel Record Review: Number: 24

Case Managers Interviewed Number: 23

Records Reviewed (Persons Served) Number: 49

Administrative Files Reviewed

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

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8647.
- Within 10 business days of the date you received your survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”), and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to [George.Perrault@state.nm.us](mailto:George.Perrault@state.nm.us), by fax (505-222-8661), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8647 for assistance.
- For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
- Once your POC has been approved by QMB, the POC may not be altered or the dates changed.
- Requests for an extension or modification of your POC (post approval) must be made in writing and submitted to the POC Coordinator at QMB, and are approved on a case-by-case basis.
- When submitting supporting documentation, organize your documents by Tag #s, and annotate or label each document using Individual numbers.
- Do not submit original documents, hard copies or scanned and electronically submitted copies are fine. Originals must be maintained in the agency/client file(s) as per DDSD Standards.
- Failure to submit, complete or implement your POC within the required timeframes will result in a referral to the IRC and the possible imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

## QMB Scope and Severity Matrix of survey results

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 Certification.

			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:

#### Key to Scope scale:

Isolated:

A deficiency that is limited to 1% to 15% of the sample, usually impacting no more than one or two 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 must be referred to the Internal Review Committee for review and possible actions or sanctions.

#### Key to Findings:

##### “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 not have any findings that meet the thresholds for determining non-compliance with any Condition 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 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.

To informally dispute a finding the provider must request in writing an Informal Reconsideration of the Finding (IRF) to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.

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>) and must specify in detail the request for reconsideration and why the finding is inaccurate. The **IRF request must include all supporting documentation or evidence that was not previously reviewed during the survey process.**

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

- The request for an IRF and all supporting evidence must be received in 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 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 Scope and Severity of a finding.
- 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 Quality Approval Rating and the length of their DDSD 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 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 successfully reconsidered, it will be noted and will be removed or modified from the report. 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:** Unidas Case Management, Inc. - Metro & Northeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Case Management  
**Monitoring Type:** Routine Survey  
**Date of Survey:** July 26 – 30, 2010

Standard of Care	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<p><b>Tag # 1A08 Agency Case File</b></p> <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><b>Scope and Severity Rating: B</b></p> <p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 26 of 49 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 (#6, 25 &amp; 36)</li> </ul> </li> <li>• ISP Assessment Checklist (#15, 25, 30 &amp; 39)</li> <li>• <b>ISP Signature Page</b> <ul style="list-style-type: none"> <li>◦ None Found (#47)</li> </ul> </li> <li>• Addendum A (#11)</li> <li>• <b>ISP Teaching &amp; Support Strategies</b> <ul style="list-style-type: none"> <li>◦ Individual #1 - TASS not found for:               <ul style="list-style-type: none"> <li>➢ Increase number of tasks at pool</li> </ul> </li> <li>◦ Individual #36 - TASS not found for:               <ul style="list-style-type: none"> <li>➢ Will play his accordion 12 times over the next year</li> </ul> </li> <li>◦ Individual #37 - TASS not found for:               <ul style="list-style-type: none"> <li>➢ Meet staff to plan activities</li> <li>➢ Save money for trips</li> </ul> </li> </ul> </li> </ul>		



<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>◦ Individual #49 - TASS not found for: <ul style="list-style-type: none"> <li>➢ Keep job at Albertson's</li> <li>➢ Look for volunteer opportunities</li> <li>➢ Physical activity of choice</li> </ul> </li> <li>• Positive Behavioral Plan (#3 &amp; 47)</li> <li>• Positive Behavioral Crisis Plan (3 &amp; 27)</li> <li>• Speech Therapy Plan (#15, 28 &amp; 41)</li> <li>• Occupational Therapy Plan (#22, 30 &amp; 36)</li> <li>• Physical Therapy Plan (#1 &amp; 13)</li> <li>• Health Assessment Tool (#1, 4, 39 &amp; 47)</li> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>• Allergies <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.</li> </ul> </li> <li>• Aspiration <ul style="list-style-type: none"> <li>◦ Individual #13 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>◦ Individual #29 - As indicated by the IST section of ISP the individual is required to have a plan</li> </ul> </li> <li>• Constipation <ul style="list-style-type: none"> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• CVA Heart Failure <ul style="list-style-type: none"> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Diabetes</li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Excessive Bleed</li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• GERD</li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Health Maintenance</li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• High risk for fractures</li> <li>◦ Individual #21 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• High risk for positioning</li> <li>◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Hypertension</li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Osteoporosis</li> <li>◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Oral Care</li> <li>◦ Individual #21 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Psychotropic Medications</li> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Respiratory Distress</li> <li>◦ Individual #21 - As indicated by the IST section</li> </ul>		
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	<p>of ISP the individual is required to have a plan.</p> <ul style="list-style-type: none"> <li>• Seizures <ul style="list-style-type: none"> <li>◦ Individual #21 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Skin Breakdown <ul style="list-style-type: none"> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Sleep Disturbance <ul style="list-style-type: none"> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• <b>Crisis Plans</b> <ul style="list-style-type: none"> <li>• Allergies <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.</li> <li>◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Aspiration <ul style="list-style-type: none"> <li>◦ Individual #13 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>◦ Individual #29 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Bactin <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.</li> </ul> </li> <li>• Bi-polar <ul style="list-style-type: none"> <li>◦ Individual #43 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Cardiac Condition <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #36 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Diabetes <ul style="list-style-type: none"> <li>◦ Individual #27 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>◦ Individual #43 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• GERD <ul style="list-style-type: none"> <li>◦ Individual #43 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• G-Tube <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.</li> </ul> </li> <li>• Hepatitis C <ul style="list-style-type: none"> <li>◦ Individual #43 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• High risk for positioning <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.</li> </ul> </li> <li>• Respiratory Distress <ul style="list-style-type: none"> <li>◦ Individual #36 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Seizures <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>◦ Individual #13 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>◦ Individual #30 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Severe Osteoporosis</li> </ul>		
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	<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.</li> <li>• Skin Breakdown <ul style="list-style-type: none"> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• Sleep Apnea <ul style="list-style-type: none"> <li>◦ Individual #36 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>• <b>Special Health Care Needs:</b> <ul style="list-style-type: none"> <li>• Nutritional Plan <ul style="list-style-type: none"> <li>◦ Individual #20 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li>◦ Individual #21 - As indicated by the IST section of ISP the individual is required to have a plan.</li> <li>• Meal Time Plan <ul style="list-style-type: none"> <li>◦ Individual #21 - As indicated by the IST section of ISP the individual is required to have a plan</li> </ul> </li> <li>◦ Individual #26 - As indicated by the IST section of ISP the individual is required to have a plan.</li> </ul> </li> <li><b>Other Individual Specific Evaluations &amp; Examinations:</b> <ul style="list-style-type: none"> <li>• <b>Psychiatric Evaluation</b> <ul style="list-style-type: none"> <li>◦ Individual #41 - Per documentation reviewed evaluation was completed on 3/2/10. Follow-up was to be completed on 6/2/10. No evidence of follow-up was found.</li> </ul> </li> <li>• <b>Nutritional Evaluation</b> <ul style="list-style-type: none"> <li>◦ Individual #20 - Per documentation reviewed evaluation was to be completed. No evidence of evaluation was found.</li> </ul> </li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>• <b>Dental Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #13 - As indicated by the documentation reviewed, exam was completed on 12/17/08. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #26 - As indicated by the documentation reviewed, exam was completed on 1/13/10. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #30 - As indicated by the documentation reviewed, exam was completed on 8/7/08. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #41 - As indicated by the documentation reviewed, exam was completed on 10/22/09. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #42 - As indicated by the documentation reviewed, exam was completed on 7/08. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #45 - As indicated by the documentation reviewed, exam was completed on 1/29/09. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #49 - As indicated by the documentation reviewed, exam was completed on 1/22/09. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #37 - As indicated by the documentation reviewed, exam was completed on 6/23/08. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #45 - As indicated by the</li> </ul> </li> </ul>		
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	<p>documentation reviewed, exam was completed on 6/27/07. Follow-up was to be completed in 2 years. No evidence of follow-up found.</p> <ul style="list-style-type: none"> <li>• <b>Vision Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #4 - As indicated by the documentation reviewed, exam was completed on 7/09/09. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #13 - As indicated by the documentation reviewed, exam was completed on 6/4/08. Follow-up was to be completed in 2 years. No evidence of follow-up found.</li> <li>◦ Individual #30 - As indicated by the documentation reviewed, exam was completed on 5/6/08. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> <li>◦ Individual #36 - As indicated by the documentation reviewed, exam was completed on 7/17/09. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> </ul> </li> <li>• <b>Mammogram Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #29 - As indicated by the documentation reviewed, exam was completed on 9/15/08. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> </ul> </li> <li>• <b>Prostate Check</b> <ul style="list-style-type: none"> <li>◦ Individual #30 - As indicated by the documentation reviewed, exam was completed on 5/6/08. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> </ul> </li> <li>• <b>Colonoscopy</b> <ul style="list-style-type: none"> <li>◦ Individual #29 - As indicated by the documentation reviewed, referral was made 9/18/09. No evidence found to verify visit was completed.</li> </ul> </li> </ul>		
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|  | <ul style="list-style-type: none"><li>• Positive Behavior Support Assessment (#47)</li><li>• Speech/Language Therapy Evaluation (#26, 28 &amp; 30)</li><li>• Occupational Therapy Evaluation (#22)</li><li>• Physical Therapy Evaluation (#1)</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 4 of 24 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> <li>• #52 – Date of Hire 5/1/2000</li> <li>• #59 – Date of Hire 5/15/2002</li> <li>• #66 – Date of Hire 3/1/2008</li> <li>• #67 – Date of Hire 7/29/1998</li> </ul>		

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 1 of 24 Agency Personnel.</p> <p><b>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</b></p> <ul style="list-style-type: none"> <li>• #56 – Date of Hire 8/1/2009. Completed on 8/18/2009</li> </ul>		

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.

Tag # 1A29 Complaints / Grievances - Acknowledgement	Scope and Severity Rating: A		
<p><b>NMAC 7.26.3.6</b>  A. These regulations set out rights that the department expects all providers of services to individuals with developmental disabilities to respect. These regulations are intended to complement the department's Client Complaint Procedures (7 NMAC 26.4) [now 7.26.4 NMAC].</p> <p><b>NMAC 7.26.3.13 Client Complaint Procedure Available.</b> A complainant may initiate a complaint as provided in the client complaint procedure to resolve complaints alleging that a service provider has violated a client's rights as described in Section 10 [now 7.26.3.10 NMAC]. The department will enforce remedies for substantiated complaints of violation of a client's rights as provided in client complaint procedure. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p><b>NMAC 7.26.4.13 Complaint Process:</b>  <b>A. (2).</b> The service provider's complaint or grievance procedure shall provide, at a minimum, that: <b>(a)</b> the client is notified of the service provider's complaint or grievance procedure</p>	<p>Based on record review, the Agency failed to provide documentation, the complaint procedure had been made available to individuals or their legal guardians for 1 of 49 individuals.</p> <ul style="list-style-type: none"> <li>Grievance/Complaint Procedure Acknowledgement (#29)</li> </ul>		

Tag # 4C04 (CoP) - Assessment Activities	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</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> <p>(a) LTCAA form (MAD 378);</p> <p>(b) Comprehensive Individual Assessment (CIA);</p> <p>(c) Current physical exam and medical/clinical history;</p> <p>(d) Norm-referenced adaptive behavioral assessment; and</p> <p>(e) A copy of the Allocation Letter (initial submission only).</p> <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 5 of 49 individuals.</p> <p>The following items were not found and/or incomplete:</p> <ul style="list-style-type: none"> <li>• Annual Physical (#2, 13, 20 &amp; 41)</li> <li>• Client Individual Assessment (CIA) (#6)</li> </ul>		

<b>Tag # 4C07 - Individual Service Planning</b>	<b>Scope and Severity Rating: A</b>		
<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>E. Individualized Service Planning and Approval:</b></p> <p>(1) Individualized service planning is developed through a person-centered planning process in accordance with the rule governing ISP development (7.26.5 NMAC). A person-centered planning process shall be used to develop an ISP that includes:</p> <p>(a) Realistic and measurable desired outcomes for the individual as identified in the ISP which includes the individual's long-term vision, summary of strengths, preferences and needs, desired outcomes and an action plan and is:</p> <p>(i) An ongoing process, based on the individual's long-term vision, and not a one-time-a-year event; and</p> <p>(ii) Completed and implemented in response to what the IDT members learn from and about the person and involves those who can support the individual in achieving his or her desired outcomes (including family, guardians, friends, providers, etc.).</p> <p>(2) The Case Manager will ensure the ongoing assessment of the individual's strengths, needs and preferences and use this information to inform the IDT members and guide the development of the plan.</p> <p><b>7.26.5.14 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - CONTENT OF</b></p>	<p>Based on record review the Agency failed to ensure Case Managers developed realistic and measurable desired outcomes for the individual as identified in the ISP which includes the individual's long-term vision, summary of strengths, preferences and needs, desired outcomes and an action plan for 1 of 49 Individuals.</p> <p>The following was found with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> <li>• Individual #37: No documentation was found justifying why the individual did not have an outcome for the "Live" Area. Outcomes are required for any life area for which the individual receives services funded by the Developmental Disabilities Medicaid waiver.</li> </ul>		

**INDIVIDUAL SERVICE PLANS:** Each ISP shall contain...

C. Outcomes:

(1) The IDT has the explicit responsibility of identifying reasonable services and supports needed to assist the individual in achieving the desired outcome and long term vision. The IDT determines the intensity, frequency, duration, location and method of delivery of needed services and supports. All IDT members may generate suggestions and assist the individual in communicating and developing outcomes. Outcome statements shall also be written in the individual's own words, whenever possible. Outcomes shall be prioritized in the ISP.

(2) Outcomes planning shall be implemented in one or more of the four "life areas" (work or leisure activities, health or development of relationships) and address as appropriate home environment, vocational, educational, communication, self-care, leisure/social, community resource use, safety, psychological/behavioral and medical/health outcomes. The IDT shall assure that the outcomes in the ISP relate to the individual's long term vision statement. Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver.

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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</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 3 of 49 individuals.</p> <p>Review of record found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Rights &amp; Responsibilities (#4)</li> <li>• Case Manager Code of Ethics (#29)</li> <li>• Documentation of Employment 1<sup>st</sup> Principle (#30)</li> </ul>		



not limited to the following:

- (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.

(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.

(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.

(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 DDS

<p>Decision Justification form.</p> <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 # 4C09 - Secondary FOC	Scope and Severity Rating: A		
<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>G. Secondary Freedom of Choice Process</b></p> <p>(1) The Case Management Provider Agency will ensure that it maintains a current Secondary Freedom of Choice (FOC) form that includes all service providers offering services in that region.</p> <p>(2) The Case Manager will present the Secondary FOC form to the individual or authorized representative for selection of direct service providers.</p> <p>(3) At least annually, at the time rights and responsibilities are reviewed, individuals and guardians served will be reminded that they may change providers at any time, as well as change types of services. At this time, Case Managers shall offer to review the current Secondary FOC list with individuals and guardians served. If they are interested in changing, a new FOC shall be completed.</p>	<p>Based on record review, the Agency failed to maintain current Secondary Freedom of Choice documentation and ensure individuals obtained all services through the Freedom of Choice Process for 3 of 49 individuals.</p> <p>The following items were not found and/or not agency specific to the individual's current services :</p> <ul style="list-style-type: none"> <li>• <b>Secondary Freedom of Choice</b> <ul style="list-style-type: none"> <li>◦ Adult Habilitation (#36)</li> <li>◦ Supported Employment (#4)</li> <li>◦ Behavior Consultation (#30)</li> <li>◦ Goods &amp; Services (#36)</li> </ul> </li> </ul>		

<b>Tag # 4C15 - QA Requirements - Bi-Annual Reports &amp; Provider Quarterly Reports</b>	<b>Scope and Severity Rating: B</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 25 of 49 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 #5 – None found for 12/2009 - 5/2010.</li> <li>◦ Individual #27 – None found for 7/2009 – 6/2010.</li> <li>◦ Individual #30 – None found for 6/2009 – 6/2010.</li> <li>◦ Individual #45 - None found for 9/2009 - 5/2010.</li> <li>◦ Individual #47 – None found for 3/2009 – 3/2010.</li> </ul> </li> <li>• <b>Community Living Annual Assessment:</b> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for 6/2009 – 6/2010.</li> </ul> </li> <li>• <b>Community Inclusion - Adult Habilitation Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for 3/17/2009 – 6/17/2009.</li> <li>◦ Individual #10 – None found for 10/09 – 12/2009</li> <li>◦ Individual #29 – None found for 6/2009 – 6/2010.</li> </ul> </li> </ul>		

<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 #30 – None found for 6/2009 – 6/2010.</li> <li>◦ Individual #33 – None found for 4/2010 – 6/2010.</li> <li>◦ Individual #35 – None found for 7/2009 – 12/2009.</li> <li>◦ Individual #47 – None found for 6/2009 – 6/2010.</li> <li>◦ Individual #49 – None found for 4/2010 – 6/2010.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Community Inclusion - Community Access Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #5 – None found for 3/2010– 5/2010.</li> <li>◦ Individual #47 – None found for 6/2009 – 6/2010.</li> </ul> </li> <li>• <b>Community Inclusion - Supported Employment Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #49 – None found for 9/2009 – 6/2010</li> </ul> </li> <li>• <b>Behavior Consultation Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for 5/2009 – 1/2010.</li> <li>◦ Individual #21 – None found for 12/2009 – 2/2010.</li> <li>◦ Individual #26 – None found for 4/2010 – 6/2010.</li> <li>◦ Individual #27 – None found for 7/2009 – 6/2010.</li> <li>◦ Individual #36 – None found for 4/2009 –</li> </ul> </li> </ul>		
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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>	<p>7/2009</p> <ul style="list-style-type: none"> <li>◦ Individual #38 – None found for 6/2009 – 9/2009.</li> <li>◦ Individual #39 – None found for 9/2009 - 1/2010.</li> <li>◦ Individual #43 – None found for 3/2010 – 5/2010.</li> <li>◦ Individual #45 – None found for 4/2010 – 6/2010.</li> <li>◦ Individual #49 – None found for 7/2009 – 3/2010.</li> </ul> <p>• <b>Speech &amp; Language Pathology Bi-Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #13 – None found for 12/2009 – 6/2010</li> <li>◦ Individual #15 – None found for 12/2009 – 6/2010.</li> <li>◦ Individual #28 – None found for 12/2009 – 6/2010.</li> <li>◦ Individual #37 – None found for 12/2009 – 6/2010.</li> </ul> <p>• <b>Occupational Bi-Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #22 – None found for 12/2009 – 6/2010.</li> <li>◦ Individual #30 – None found for 12/2009 – 6/2010.</li> </ul> <p>• <b>Physical Bi-Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for 12/2009 – 6/2010.</li> </ul>		
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|  | <ul style="list-style-type: none"><li>◦ Individual #6 – None found for 12/2009 – 6/2010.</li><li>◦ Individual #13 – None found for 12/2009 – 6/2010.</li></ul> |  |  |
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Tag # 4C17 (CoP) - Case Manager Qualifications - Required Training	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</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 1 of 24 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>• Person-Centered Planning in New Mexico (2-Days) (#59)</li> <li>• Promoting Effective Teamwork (#59)</li> <li>• Participatory Communication and Choice Making (#59)</li> <li>• Positive Behavior Supports Strategies (#59)</li> </ul>		



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.

**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 49 of 49 individuals. Progress notes and billing records supported billing activities for the months of March, April, & May, 2010.