

DDSD Master List of Definitions



	Primary	2023 Final Definition
1	1915c Waiver Programs	A program in which the federal government (Centers for Medicare and Medicaid Services) has waived certain statutory requirements of the Social Security Act to allow states to provide an array of home and community-based service options through Medical Assistance Division as an alternative to providing long-term care services in an institutional setting.
2	Activities of Daily Living (ADLs)	Basic personal everyday activities that include bathing, dressing, transferring (e.g., from bed to chair), toileting, oral care, mobility, eating and skills necessary to maintain the normal routines of the day, such as housekeeping, shopping and preparing meals. The term also includes exercising, personal, social and community skills.
3	Administration of Medication	Delivery of medication by a licensed or certified healthcare professional
4	Administrative Actions	Actions that are less than sanctions but are designed to intervene before the imposition of a sanction. Administrative actions and technical assistance are intended to provide direction or guidance to the agency to remedy the issue or concern resulting in quality services for the person served. Administrative actions and/or technical assistance may be provided on an individual level, provider level, or systemic level depending on the circumstance.
5	Adult	An individual who is eighteen (18) years of age or older.
6	Advisory Council on Quality (ACQ)	Advises the New Mexico Department of Health on the systems guiding the provision of services and supports that assist people with Intellectual and/or Developmental Disabilities (I/DD) of all ages and their families to be fully included in New Mexico communities.
7	Affiliated Agency	A direct service agency providing Mi Via services that has a marital, domestic partner, blood, business interest or holds financial interest in providing direct care for individuals receiving Mi Via services.
8	Affinity	A relationship by adoption or marriage.
9	Agency Nurse	The nurse hired or contracted by the Developmental Disabilities Waiver Provider Agency to assist with the health care needs of individuals served.
10	Agency-Based	Service Delivery Model offered to an eligible recipient who does not want to direct their waiver services. Agency-based services are provided by an agency with an approved agreement with Department of Health (DOH) to provide waiver services.
11	Annual	The twelve (12) month period.
12	Annual Assessments	One or more processes that are used to obtain information about an individual, including his/her condition, personal goals, and preferences, functional limitations, health status and other factors that are relevant to the authorization and provision of services. Assessment information supports the determination that an individual requires waiver services as well as the development of the person centered plans.
13	Apps	Mobile applications installed on a cellphone or tablet.
14	Aspiration	The act of food, saliva, liquids, phlegm or any other solid matter getting below the true vocal cords into the trachea. Aspiration is directly linked to Dysphagia, but may also occur as a result of Gastroesophageal Reflux Disease (GERD) or other conditions.
15	Assistance with Medication	Support provided to individuals served through the Developmental Disabilities Waiver to assist with Medication Delivery course.
16	Audio Only Technology	Phone calls or voice-over-internet without video.
17	Authorized Annual Budget (AAB)	The eligible recipient works with his or her consultant or community supports coordinator to develop an annual budget request which is submitted to the third-party assessor (TPA) for review and approval. The total annual amount of the Mi Via Services or the Supports Waiver Services and goods. The budget includes the frequency, the amount, and the duration of the services and the cost of goods approved by the TPA. Once approved, this is the AAB.
18	Authorized Representative	The individual designated, by the eligible recipient or their guardian, as applicable, to represent and act on the recipient's behalf. The authorized representative does not have budget or employer authority.
19	Aversive Measures	Any device or intervention, consequence or procedure intended to cause emotional or physical pain or unpleasant sensations for the purpose of mediating behavior. Examples include but are not limited to: use of cameras, body checks, room checks, electric shock, forced isolation, mechanical restraint, forced exercise, withholding food, water, or sleep, humiliation, water misting, forced ingestion of noxious substances, over-correction, and other cost response protocols.
20	Base Budget	Developmental Disabilities Waiver services that will be available for all eligible individuals as needed. Examples include but are not limited to Case Management, Living Supports, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment.
21	Billable Unit	An increment of time or other measure used to determine duration or amount of a billable service. Billable units may be established in fifteen (15) minutes, daily, or monthly time increments, or per mile, or at a set dollar amount.
22	Call Center	A physical location where staff will be located when utilizing remote support technology to engage with individuals supported. The call center provides the back-up in-person response, and they are the remote support vendor (meaning, they do the actual remote support engagement from a remote support that they run).
23	Case Manager	Case Manager is an umbrella term and working titles are established in each waiver. Developmental Disabilities Waiver Case manager, Medically Fragile Waiver Nurse Case Manager, Mi Via Waiver Consultant, and Supports Waiver Community Supports Coordinator are responsible for a set of activities that are undertaken to ensure that the waiver participant receives appropriate and necessary services.

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24	Category of Eligibility (COE)	To qualify for a medical assistance program (MAP) services, an applicant must meet financial criteria and belong to one of the groups that the New Mexico Medical Assistance Division (MAD) has defined as eligible. An eligible recipient in the Developmental Disabilities, Medically Fragile, Mi Via, or Supports Waiver programs must belong to the medical assistance program (MAP) categories of eligibility (COE) described in 8.314.7.9 NMAC.
25	Centers for Medicare and Medicaid Services (CMS)	Federal agency within the United States Department of Health and Human Services that works in partnership with New Mexico to administer Medicaid and medical assistance program (MAP) services under Human Services Department.
26	Centers for Medicare and Medicaid Services (CMS) Final Rule	The Centers for Medicare and Medicaid Services (CMS) published a Final Rule addressing several sections of the Social Security Act, The Final Rule amends the federal regulations which govern 1915 (c) Home and Community Based Services (HCBS) waiver programs. These rules support inclusion and integration of people with intellectual and developmental disabilities (I/DD) in the community.
27	Centers for Medicare and Medicaid Services (CMS) Performance Measures	As set forth in the Code of Federal Regulation (CFR) 441.301 and Code of Federal Regulations (CFR) 441.302, performance indicators developed and measured by the state in the areas of waiver administrative authority, level of care, qualified providers, service plan, health and welfare, and financial accountability.
28	Certified Medication Aide (CMA)	A person certified by either both the New Mexico Board of Nursing under the Nursing Practice Act, Chapter 61, Article 3, 10.2 and/or New Mexico Administrative Code (NMAC) Title 16, Chapter 12, Part 5 Certified Medication Aide Rules, or both, to administer medication under the supervision/direction of a registered nurse in a Board of Nursing approved program. Certified Medication Aides (CMAs) are not allowed to administer medication through any type of injection, through a nasogastric (NG) tube, or a non-premixed nebulizer treatment. A Certified Medication Aide (CMA) II may administer specific injections only in accordance with the New Mexico Board of Nursing Rules.
29	Challenging Behavior	Any behavior that interferes with a person's pursuit of goals, aspirations or ambitions; opportunity to participate in generic or specialized activities; and opportunity to enjoy a broad range of personal relationships. The challenging behavior may include but is not limited to: aggression, self-injurious behavior, elopement, property destruction, inappropriate or offending sexual expression, symptoms of mental health disorders, and/or manifestations of genetic conditions.
30	Change in Condition or Health Status	The person has experienced one or more of the following: a decline in physical, cognitive or functional ability; a "life change" or a new diagnosis or event that requires creation or revision to a healthcare or medical emergency response plan(s).
31	Chemical Restraint	The administration of medication at a dose and/or frequency to intentionally and exclusively preclude behavior without identifying an underlying anxiety, fear or severe emotional distress or other symptoms of psychiatric/emotional disturbance to be eased, managed, and/or treated.
32	Child	An individual under the age of 18. For purpose of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services eligibility, "child" is defined as an individual under the age of 21.
33	Chronic Medical Conditions	Frequent or persistent medical diagnoses that require long-term health care management.
34	Civil Monetary Penalty (CMP)	Monetary fines that may be issued to Provider Agencies by Developmental Disabilities Supports Division (DDSD) and Internal Review Committee (IRC).
35	Clinical Criteria	A set of criteria established by the Department of Health Developmental Disabilities Supports Division (DOH/DDSD) that is applied by an outside reviewer to each Developmental Disabilities Waiver service when a Developmental Disabilities Waiver service is requested for recipients.
36	Clinical Documentation	Information and documentation that demonstrates the request for initial and ongoing Developmental Disabilities Waiver (DDW) services is necessary and appropriate based on the service specific Developmental Disabilities Waiver (DDW) clinical criteria. Examples of clinical documentation include but are not limited to: the Developmental Disabilities Waiver therapy documentation form (TDF), intensive medical living supports (IMLS) and adult nursing services parameter tools, electronic comprehensive health assessment tool (e-Chat), all other assessments, clinical notes, progress notes, interdisciplinary team (IDT) meeting minutes, letters or reports from physicians or ancillary service providers that provide sufficient clinical information that demonstrates the need for requested service, etc.
37	Clinical Justification	Information and documentation that justifies the need for services based on the eligible recipient's assessed need and the Developmental Disabilities Waiver Clinical Criteria. Based on assessed need, the justification must: (1) meet the eligible recipient's clinical, functional, physical, behavioral or rehabilitative needs; (2) promote and afford support to the eligible recipient for their greater independence and to maintain current level of function or minimize risk of further decline; or (3) contribute to and support the eligible recipient's efforts to remain in the community; to contribute and be engaged in their community, and to reduce their risk of institutionalization; and (4) address the eligible recipient's physical health, behavioral and social support needs (not including financial support) that arise as a result of their functional limitations or conditions, such as: self-care; receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and (5) relate to an outcome in the eligible recipient's individual service plan (ISP).
38	Clinical Monitoring Visit	The nurse or other clinical professional that sees the person in a home or community setting in order to check on their status; interact with Direct Support Professionals (DSPs) as needed; and support implementation of plans.
39	Code of Federal Regulations (CFR)	A compilation of mandatory laws that have been created by several federal regulatory agencies.
40	Collaborative-Consultative Therapy Model	A therapy design that depends on implementation (by non-therapists) of strategies developed by a therapist following professional assessment, trial and training of those strategies. Appropriate monitoring of implementation of the strategies is essential to this model. This model of therapy is based on a partnership between the therapist and other Interdisciplinary Team (IDT) members with the goal being on-going, everyday integration of therapy strategies into a person's life in order to move the person toward fulfilling life visions, enhancing function and assuring health and safety.

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41	Community Life Engagement	Sometimes used to refer to, "Meaningful Day" or "Adult Habilitation" activities. Community Life Engagement (CLE) refers to supporting people in their communities in non-work activities.
42	Community-Based Situational Assessment	Assessments conducted in typical employment settings and situations. This type of assessment places a person with a disability in a work environment in an actual job. Situational assessments are typically conducted in multiple work settings, for short periods of time in order for the assessor and the person to realize the person's work interests and aptitudes to create a good job match.
43	Competency Based Individual-Specific Training	Individual-specific training with all the following elements: defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDSD training levels of awareness, knowledge, and skill.
44	Condition of Participation (CoP)	An identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of people served. Conditions of Participation are based on the Centers for Medicare and Medicaid Services Home and Community Based Services Waiver required assurances. A provider must be in compliance with Conditions of Participation to participate as a Waiver provider.
45	Consanguinity	Consanguinity is a relationship by blood.
46	Continuous Quality Improvement Plan	A strategy that addresses how an agency will collect, analyze, act on data and evaluate results related to the following: (1) Individual access to needed services and supports. (2) Effectiveness and timeliness of implementation of Person-Centered Plans. (3) Trends in achievement of individual outcomes in the Person-Centered Plans (4) Trends in medication and medical incidents leading to adverse health events (5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels. (6) Quality and completeness documentation; and (7) Trends in individual and guardian satisfaction
47	Corrective and Preventive Action Plan (CPA)	A written plan of corrective actions, developed by the provider at the conclusion of an investigation by Division of Health Improvement related to a report of abuse, neglect or exploitation (ANE), documenting all reasonable steps taken to prevent further incidents, as well as providing opportunities to improve quality. The plan is intended to be used by the provider to examine internal root causes and/or contributing factors and to take action on identified issues, when abuse, neglect, and exploitation is substantiated.
48	Crisis Intervention/Prevention Protocol	A comprehensive system of support designed to prevent, deescalate and, as a last resort, intervene physically when the behavior of a person poses a threat of harm to self or others. Protocols must be reviewed and approved by Bureau of Behavioral Supports prior to being utilized.
49	Crisis Response Staff	Direct Support Professional (DSP), with additional training required (Certification from Bureau of Behavioral Supports) and designated by a provider agency contracted with Developmental Disabilities Supports Division to provide Crisis Supports.
50	Data Plan	When cellular connectivity or communication is required to utilize enabling technology the data plan may be part of the subscription for the service or carved out of the individual's cellular service plan. Data plans for waiver reimbursement need to be dedicated to enabling technology.
51	Days	Calendar days unless business days are specified
52	De-Escalation	Verbal and non-verbal interactions intended to lessen the setting factors contributing to a person's distress and/or assist them in reducing distress and regaining emotional balance.
53	Decompression/Resolution Protocols	An agency procedure designed to lessen or diminish traumatic emotional responses that a participant may experience after an Emergency Physical Restraint (EPR)
54	Department of Health (DOH)	State Agency responsible for operating the Home and Community Based (HCBS) waivers for populations (intellectual/developmentally disabled or medically fragile) that meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care.
55	Department of Vocational Rehabilitation (DVR)	Vocational Rehabilitation (VR) is a State and Federally funded program designed to help eligible individuals with documented disabilities find suitable employment. Vocational Rehabilitation is a voluntary program, and services persons who want to work. With a long history of success and proven methodology for making the best fits, time and again, Division of Vocational Rehabilitation (DVR) is committed to helping our clients succeed. In addition, we partner with companies and agencies seeking opportunities to enhance and diversify their workforce.
56	Destructive Behavior	Behavior that results in physical injury and/or great emotional harm. The person, peers, staff, family, and community members may each, or all, be jeopardized by the activity
57	Developmental Disabilities System Quality Improvement Committee (DDSQI)	Supports participants in exercising greater choice and control over the types of services and supports that are purchased within a State assigned budgetary amount. Serves the most people possible within available resources, identifies opportunities for improvement and ensures action, when indicated; and ensures that the State meets each of its statutorily required assurances to Centers for Medicare and Medicaid Services.
58	Developmental Disabilities Supports Division (DDSD)	The Developmental Disabilities Supports Division (DDSD) oversees four Home and Community Based Waiver programs. These include the Developmental Disabilities Waiver, the Medically Fragile Waiver, Mi Via Self-Directed Waiver and the Supports Waiver.
59	Developmental Disabilities Waiver (DD Waiver)	Services intended for eligible recipients who have developmental disabilities limited to intellectual disability (ID) or a specific related condition as determined by the Department of Health-Developmental Disabilities Supports Division. The developmental disability must reflect the person's need for a combination and sequence of special interdisciplinary or generic treatment or other supports and services that are lifelong or of extended duration and are individually planned and coordinated. The individual must also require the level of care provided in an Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID). In accordance with 8.313.2 New Mexico Administrative Code (NMAC) and meet all other applicable financial and non-financial eligibility requirements.
60	Direct Therapy Treatment	Implementation of therapeutic activities, which have been evaluated using professional judgement and determined to be appropriate exclusively for a skilled, licensed therapist to administer.

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61	Discovery	Discovery is examining with the person, family, friends and people who know the person best her/his life and experiences to discern interests and preferences. Discovery works for everyone but is particularly helpful to people with communication challenges. Information gleaned in Discovery about what the person likes to do and does well is used in identifying possible jobs. The information is also used to negotiate with employers the kinds of tasks the person does well and identifies the supports he/she needs to do the job competently and be a good hire for the employer.
62	Disruptive Behavior	Behavior that impacts the person's ability to retain a baseline level of independence, that interferes with quality of life, or that involves a health and safety risk needing behavioral recommendations to establish a safety net.
63	Distracting Behavior	Behavior that others find annoying, "pesky," negative, and undesirable that does not imminently cause significant harm, but may occur at a frequency and intensity that maintaining family and peer relationships and retaining staff are compromised. Distracting behavior may also exclude participation and presence in community settings.
64	Division of Health Improvement (DHI)	The Department of Health's Division of Health Improvement (DHI) is the regulatory entity providing compliance oversight for the home and community-based Medicaid waiver providers.
65	Durable Medical Equipment (DME)	Specialized Medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the state plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the state plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the state plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.
66	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Medicaid's comprehensive child health program for individuals under the age of 21. Early and Periodic Screening, Diagnosis and Treatment is authorized under 1905(r) of the Act and includes the performance of periodic screening of children including vision, dental, and hearing services. 1905(r)(5) of the Act requires that any medically necessary health care service that is listed in 1905(a) of the Act be provided to an Early and Periodic Screening, Diagnosis and Treatment beneficiary even if the service has not been specifically included in State plan.
67	Electronic Visit Verification (EVV)	A telephone and computer-based system that electronically verifies the occurrence of selected services, as required by the 21st Century CURES Act. The Electronic Visit Verification system verifies the occurrence of authorized service visits electronically by documenting the precise time and location where service delivery visit begins and ends. Electronic Visit Verification is implemented according to federal requirements and timelines. The 21st century CURES Act requires Electronic Visit Verification for personal care services (PCS), defined as services that provide assistance with activities of daily living (ADLs) or instrumental activities for daily living (IADLs) effective January 1, 2020, and for home health services effective January 1, 2023.
68	Eligible Recipient	An applicant meeting the financial and medical level of care (LOC) criteria who is approved to receive Medical Assistance Division (MAD) services through the Developmental Disabilities Waiver, Medically Fragile Waiver, Supports Waiver or Mi Via Waiver.
69	Emergency Physical Restraint (EPR)	The use of personal, manual physical force to limit, prohibit, or preclude imminently dangerous behavior by restricting movement through specified and allowed sustained physical contact or holding procedures. Emergency Physical Restraint is allowed only under certain circumstances for the Developmental Disabilities Waiver.
70	Employee	Person who is employed by and provides services to a Mi Via participant. In order to provide services to a Mi Via participant and receive payment for delivered services, the employee must meet qualifications set forth in the waiver, regulations and standards; complete and sign an employee agreement and all required tax documents.
71	Employer of Record (EOR)	The individual responsible for directing the work of the Support's Waiver or Mi Via Waiver employees, including recruiting, hiring, managing and terminating all employees. The Employer of Record tracks expenditures for employee payroll, goods, and services. The Employer of Record authorizes the payment of timesheets by the financial management agency (FMA). An eligible recipient is required to have an Employer of Record when he or she utilizes employees for services. An eligible recipient may be his or her own employer of record unless the eligible recipient is a minor or has a plenary or limited guardianship or conservatorship over financial matters in place. An eligible recipient may also designate an individual of his or her choice to serve as the employer of record, subject to the employer of record meeting qualifications specified in the rule. A power of attorney (POA) or other legal instrument may not be used to assign the employer of record responsibilities, in part or in full, to another individual and may not be used to circumvent the requirements of the employer of record as designated in this rule.
72	Employment First	The Developmental Disabilities Support Division adopted an Employment First Policy in 2016 to establish procedures for supporting working age adults to have access to valued employment opportunities as the preferred service in New Mexico. Every person has the right and ability to work given opportunity and access. Access to competitive integrated employment enables the person to engage in community life, control personal resources, increase self-sufficiency, and is a proven method for creating community inclusion, identity, status, and roles. In person centered planning, members must first look to and consider utilizing community and natural supports to assist people to attain their employment goals and Desired Outcomes. As such, supported employment activities are a planning priority for all working age adults.
73	Enabling Technology	The use of various forms of devices and technology to support a person with disabilities to live as independently as possible. These types of technologies include sensors, mobile applications, remote support systems, and other smart devices. Enabling technology can support a person in navigating their jobs and communities, gain more control of their environment, and provide remote support and reminders to assist a person in living more independently. Enabling Technologies include off-the-shelf and customized devices and services that empower independence, embody self-determination, and enhance quality of life.

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74	Enabling Technology Integration Plan	When integrating technology into the support plan, your state may require that a technology plan be submitted on behalf of the individual. This plan typically includes a justification for how technology can benefit the individual and serve as a natural support while also identifying the types of technology, location of use, and staff or family members responsible maintaining or responding to the technology.
75	Exception Authorization Process	A process by which an exception to Waiver Service Standards that directly impacts a person in service can be requested.
76	Face-to-Face	Providing services in the physical presence of a person with intellectual or developmental disabilities (I/DD), or in specific instances, the family of a child with intellectual or developmental disabilities (I/DD).
77	Fading	The orderly process by which the therapist (Occupational Therapist /Physical Therapist or Speech Language Pathologist) or the Behavior Support Consultant (BSC), transfers the delivery or implementation of specific therapy strategies to non-therapists or non-Behavior Support Consultants, such as Direct Support Professionals and natural supports. When planned fading results in the discontinuation of a therapy/behavioral support consultation service, the responsibility for support of current therapy strategies rests with another provider agency.
78	Fair Hearing	An informal evidentiary hearing that is conducted by the Fair Hearings Bureau so that evidence may be presented as it relates to an adverse action taken, or intended to be taken, by Medical Assistance Division (MAD), its Utilization Review (UR) contractor, or the Managed Care Organization (MCO).
79	Financial Management Agency (FMA)	Human Services Department (HSD) Contractor that helps self-directed participants implement the Authorized Annual Budget (AAB) by paying the eligible recipient's service providers and tracking expenses.
80	Financial Management Agency (FMA) On-line System	Used by the Financial Management Agency (FMA) for receiving and processing payments. The FMA on-line system is also used by participants and consultants or Community Supports Coordinators to develop and submit Individual Service Plans (ISP) or Service and Support Plans (SSP) /budget requests for Third-Party Assessor (TPA) review and to monitor spending throughout the Individual Service Plan (ISP) or Service and Support Plan (SSP)/budget year.
81	Functional Activity for Therapy	Goal-directed activity that is related to a person's daily life routines in the areas of self-care, home and community living, education, work, leisure, and social participation.
82	General Events Reports (GER)	The Therap Module used for incident reporting. The division mandates use of this module by providers dependent on the waiver and support service being received by the person supported. The Developmental Disabilities Waiver for instance collects reports and demographic information for events including out of home placements, missing persons or elopement, unplanned and planned use of Emergency Room/Urgent Care/Emergency Medical Services, use of Law Enforcement, fall without injury, restraint related to behavior, injury, suicide attempts or threats, medication errors, behavior tracking, and use of pro re nata (PRN) psychotropic medication.
83	Generic Supports	Unpaid supports that are not specific to, or specifically designed for people with intellectual and developmental disabilities (I/DD).
84	<i>Guardian</i>	An individual or organization named by order of the court to exercise any or all powers and right of the person and/or the estate of a person. The term includes conservators and certified private or public fiduciaries, and full or plenary guardians which means a guardian appointed by the court to exercise all legal rights and powers of the protected person after the court has found that the person lacks the capacity to carry out all the tasks necessary to care for their self or property.
85	Health Insurance Portability and Accountability Act (HIPAA)	A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the individual's consent or knowledge. The Privacy Rule standards address the use and disclosure of individuals' health information (known as protected health information or PHI) by entities subject to the Privacy Rule.
86	Healthcare Coordinator	Is the designated individual on the for Developmental Disabilities Waiver recipient's interdisciplinary team (IDT) who is responsible for communication, facilitation and monitoring of healthcare services for the person. Healthcare Coordination describes the actions taken by the system to: monitor and manage health related needs respond proactively to health changes and concerns, facilitate the appropriate delivery of healthcare services, and support the larger process of Healthcare Coordination for the individual, in concert with multiple entities in the healthcare system.
87	Healthy Relationships	Ongoing connections with friends, family, and significant others that are characterized by a mutual respect and reciprocity of feeling, and are free from physical, sexual, and emotional abuse or financial exploitation.
88	High Medical Necessity	An acute or chronic health status, including brain disorders that result in a dependency on medical care for which daily skilled (nursing) intervention is medically necessary.
89	Home and Community Based Services (HCBS)	A set of Medical Assistance Division services that provides alternatives to long-term care services in institutional settings, such as the Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver and Supports Waiver programs. The Centers for Medicare and Medicaid Services (CMS) waives certain statutory requirements of the Social Security Act to allow Human Services Department to provide an array of community-based options through these waiver programs.
90	Human Rights Committee (HRC)	A Committee designed to protect the rights and freedoms of all Developmental Disabilities Waiver participants through the review of proposed plans and restrictions to a person's rights based on a documented health and safety concerns.
91	Human Services Department (HSD)	Designated by the Center for Medicare and Medicaid Services (CMS) as the Medicaid administering agency in New Mexico.
92	Immediate Action and Safety Plan (IASP)	Documentation completed and submitted with the Abuse, Neglect or Exploitation (ANE) Report that identifies the immediate steps implemented to ensure the health and safety of a person when there has been a report of Abuse, Neglect, Exploitation, Suspicious Injury, Death or Environmental Hazard (collectively, ANE).

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93	Immediate Family Member	Includes father (includes natural or adoptive or foster father, father-in-law, step-parent) mother (includes natural or adoptive or foster mother, mother in-law, step-parent), brother (includes half-brother, step-brother), sister (includes half-sister, step-sister), son or daughter, step-son or step-daughter, adoptive or foster son or daughter, natural grandfather, natural grandmother, and spouse relationship to the individual. Foster relationships are only applicable for persons under age 21.
94	Imminent, Serious Physical Harm	Harm certain to result in physical insult great enough to render a person incapable of continuing usual activities regardless of whether medical intervention is needed
95	Incident Management Bureau (IMB)	The Incident Management Bureau (IMB) serves individuals with intellectual and developmental disabilities (I/DD) by assessing needs and providing protective services in community-based programs through investigations of allegations of abuse, neglect and exploitation, often collectively referred to as "abuse" or ANE. New Mexico state law requires all persons with knowledge about potential Abuse Neglect or Exploitation to report; this includes people who work directly with individuals with intellectual and developmental disabilities (I/DD). All family, friends and people who provide support can report abuse. Reports also come from law enforcement, medical providers and other sources.
96	Individual Budgetary Allotment (IBA)	The maximum budget allotment available to an eligible recipient. The eligible recipient will develop a plan to meet his or her assessed functional, medical, and habilitative needs to enable the recipient to remain in his or her community.
97	Individual Case File	Means a hard copy or electronic file of documents pertaining to eligibility, service delivery, service history and other pertinent information about the person in Waiver services. The record shall document activities and services provided to individuals with developmental disabilities receiving community-based services.
98	Individuals with Disabilities Education Act (IDEA)	The federal law (P.L. 108-446; 20 USC §1400 et seq.) that ensures "that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living."
99	Informed Choice	Informed choice is when a person decides based on a solid understanding of all available options and consequences of how that choice will impact their life. Informed choice is a component of Person Centered Planning.
100	Integrated Work Setting	Work settings where non-disabled individuals are co-workers; or in which a person with disabilities has consistent and regular opportunities for interacting with non-disabled people in non-disability specific settings.
101	Intellectual and Developmental Disability (I/DD)	Developmental Disabilities is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood. Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability. A person is considered to have intellectual disabilities if she/he has significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental periods.
102	Intensive Nursing Care, Clinical Oversight and Health Management	Nursing clinical and health management supports indicated in the "severe" or "significant" category on the Intensive Medical Living Services eligibility parameters tool issued by the Developmental Disability Services Division.
103	Interdisciplinary Team (IDT)	A group of individuals including the person receiving Developmental Disabilities services, their families and/or guardian, and a group of professionals, paraprofessionals and other support persons, who are responsible for the development and/or implementation of the ISP.
104	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Facilities that are licensed and certified by the New Mexico Department of Health (DOH) to provide room and board, continuous active treatment and other services for eligible recipients with a primary diagnosis of intellectual disabilities.
105	Intermittent Skilled Nursing	Direct skilled nursing is provided on an occasional basis or scheduled on a less than daily basis.
106	Intern	An individual holder of an advanced degree or candidate for an advanced degree, participating in a practicum program approved by and under supervision of a university program.
107	Internal Review Committee (IRC)	A committee comprised of voting members from the Developmental Disabilities Supports Division (DDSD), the Division of Health Improvement (DHI), and the Human Services Department (HSD). The purpose of the committee is to review performance issues identified by any bureau or responsible party within DDSD, DHI, or HSD, and to apply sanctions, if necessary, to assure compliance.
108	Legally Responsible Individual (LRI)	A person who has a legal obligation under the provisions of state law to care for another person. Legal responsibility is defined by State law, and generally includes the parents (natural or adoptive) of minor children, legally assigned caretaker relatives of minor children, or spouses.
109	Level of Care (LOC)	The specification of the minimum amount of assistance that an individual must require in order to receive services in an institutional setting under the state plan.
110	Licensed Dietitian	A licensed, professional who has met the educational and clinical requirements set forth by the American Dietary Association (ADA) and licensure requirements set forth by the State of New Mexico.
111	Life Change	Hospitalization, significant health status change, relocation to another city, loss of employment and other circumstances that change someone's daily life.
112	Life Threatening Medical Conditions	Conditions that have associated potential to cause cardiopulmonary arrest or respiratory arrest leading to cardiac arrest
113	Managed Care Organizations (MCO)	The entity that participates in Centennial Care under contract with the Human Services Department (HSD) to assist the State in Meeting their requirements established under NMSA 1978, Sec. 27-2-12.

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114	Meaningful Day	Individualized access for people with I/DD to support their participation in activities and functions of community life that are desired and chosen by the general population. The term "day" does not exclusively denote activities that happen between 9:00 a.m. to 5:00 p.m. on weekdays.
115	Mechanical Restraint	Any device attached or adjacent to an individual's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.
116	Medical Adverse Events	A negative change in health that is related to a prescribed procedure, treatment or medication.
117	Medical Emergency	A health condition that is life threatening to the person and requires rapid emergency intervention and treatment.
118	Medically Fragile	A chronic physical condition, which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one or more of the following: a life threatening condition characterized by reasonable frequent periods of acute exacerbation which require frequent medical supervision, or physician consultation and which in the absence of such supervision or consultation would require hospitalization; a condition requiring frequent, time consuming administration of specialized treatments which are medically necessary; or dependence on medical technology such that without the technology a reasonable level of health could not be maintained; examples include but are not limited to ventilators, dialysis machines, enteral or parenteral nutrition support and supplemental oxygen.
119	Medically Fragile Waiver	New Mexico's 1915(c) Home and Community Based Services program serving individuals diagnosed with a medically fragile condition prior to the age of 22 and a developmental disability or who are developmentally delayed or at risk for developmental delay and meet an Intermediate Care Facilities for Individuals with Intellectual Disabilities level of care.
120	Medication Delivery	The method by which people take or receive their medication.
121	Medication Error	A mistake in medication administration that includes but is not necessarily limited to the following: (a) wrong medication (an individual receives and take medication which is intended for another person, discontinued, or inappropriately labeled); (b) wrong dose (an individual receives the incorrect amount of medication); (c) wrong time (an individual receives medication dose at an incorrect time interval); and, (d) omission (missed dose) is when an individual does not receive a prescribed dose of medication, not including when an individual refuses to take medication.
122	Medication Route	A method of medication entry into a person's body (e.g., oral, injection, rectal or topical)
123	Mi Via Waiver	Mi Via "My Way" is the name of the Section 1915 (c) MAD self-directed HCBS waiver program through which an eligible recipient has the option to access services to allow him or her to remain in the community.
124	Money Network Card	The money network card is an option that is available to employees. It works similarly to direct deposit on a bank account, but the money is deposited onto their card. There are fees associated with using the card (ATM charges, balance inquiry charges, etc) so if someone has a bank account, it seems direct deposit into their checking/savings account would be preferable (instead of having a Money Network Card).
125	Monitoring Base	The off-site locations from which the remote support staff monitor an individual.
126	Mortality Review Committee (MRC)	The committee that collects and analyzes health records to identify underlying causes of death in order to promote system-wide quality improvement. The role of the Mortality Review Committee is to effect system change with the goal of improving the provision of care, reducing mortality and morbidity, and promoting the provision of competent, caring services and supports.
127	Natural Environments (For Therapy Services)	The settings where a person lives his/her life irrespective of therapy services. These settings would be included in the person's routines if they were not a setting for therapy sessions. Individual Support Plan (ISP) visions may identify non-traditional settings of interest to that individual for exploration and/or continued participation. This does not include an office clinic setting and should not be identified because if the therapist's interest in a specific treatment modality alone.
128	Natural Supports	Unpaid personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and work places; and associations developed through participation in clubs, organizations, and other civic activities.
129	New Allocation Factor	Core therapy/Behavior Support Consultation hours are multiplied by a factor of 1.2 for therapy/Behavior Support Consultation budgets that meet the following criteria: a) therapy/Behavior Support Consultation services are initiated within the first twelve (12) months of the effective date of the initial Individual Service Plan (ISP); b) the individual has never received therapy or Behavior Support Consultation services through the Developmental Disabilities Waiver; or c) the person has not had the particular therapy for one Individual Service Plan budget cycle or Behavior Support Consultation service for two or more budget cycles.
130	New Mexico Administrative Code (NMAC)	Created to assist the public finding current rules.
131	New Mexico Consolidated On-Line Registry (NMCOR)	An application that provides a one-stop repository for New Mexico healthcare employers to quickly ascertain employment suitability for new healthcare employees through data from information sources such as: Nurse Aide Registry (NAR), New Mexico Employee Abuse Registry (EAR) and New Mexico Sex Offender information. All employees, independent providers, provider agencies and vendor must pass the New Mexico Consolidated On-line Registry screening prior to initial hire. Individual employees must pass the New Mexico Consolidated On-line Registry screening every three years after initial hire.
132	New Mexico Medicaid Third Party Assessor (TPA)	The Third-Party Assessor reviews required level of care (LOC) assessments and determines medical eligibility for people who are newly allocated to the waiver and redeterminations. The Third-Party Assessor is contracted through Human Services Division. In addition, the Third-Party Assessor Contractor approves and enters Person Centered Plans/budgets into the Medicaid Management Information System to ensure that waiver requirements are met.

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133	New Mexico State Plan Services	Health related benefits available to all New Mexico Medicaid recipients who meet applicable medical necessity criteria.
134	New Therapy Referral	A therapy referral for a person who had no therapy hours on the previous ISP budget for that therapy discipline.
135	Non-Ambulatory	Not able to walk independently without support.
136	Nursing Practice Act	The New Mexico statute (Chapter 61, Article 3 NMSA 1978) which governs the regulations and licensing of nurses or certification of certified medication aides.
137	Ongoing Therapy	Therapy services provided after the initial budget that includes therapy hours for at least six (6) months of the budget year for that therapy discipline.
138	Ongoing Therapy Discharge Plan	A written plan developed by the Interdisciplinary Team (IDT) to assure that pertinent strategies developed by the therapist are integrated into the Individual Service Plan (ISP) and other plans as appropriate. The document is retained in Interdisciplinary Team (IDT) minutes. Discontinuation of a service providing the Direct Treatment Model therapy targeted is not subject to this requirement.
139	Orders	Written, electronic, fax, verbal, or phone instructions from a healthcare practitioner that provides direction for care or treatment. Verbal and phone orders shall be documented and signed by the receiving nurse and faxed to the healthcare practitioner for counter signature to be retained in the record.
140	Other Services Budget	Developmental Disabilities Waiver Services that will be available for all eligible individuals as needed. Examples include but are not limited to Adult Nursing, Initial Therapy Assessments, Non-Medical Transportation, Environmental Modifications, Assistive Technology, Preliminary Risk Screening and Consultation, Socialization and Sexuality Education, and Remote Personal Support Technology.
141	Outside Reviewer (OR)	An independent third-party assessor who has a contract with the Department of Health to conduct clinical reviews of all requested Developmental Disabilities Waiver services.
142	Parent	The natural or adoptive mother, father, stepmother, or stepfather.
143	Participant Directed	Provision of the opportunity for a waiver participant to exercise choice and control in identifying, accessing, and managing waiver services and other supports in accordance with their needs and personal preferences.
144	Participatory Approach	The state mandated philosophy that asserts the physical and communicative participation in life activities is possible for all people. Therapy service providers must incorporate this approach during provision of all therapy services including assessment, strategy development, strategy training, etc.
145	Performance Improvement Plan (PIP)	A written document developed by the provider or regional office that identifies specific program or program area deficiencies by the provider that need corrective action to be in compliance with policy, standard, or regulations. At a minimum, the plan must address the area(s) of concern, cite the applicable policy, standard, or regulation, identify the required actions or evidence to correct the deficiency, and establish documentation and timelines for completion.
146	Performance Measure	Regular measurement of outcomes and results, which generates reliable data on the effectiveness and efficiency of programs and drives better decision making for improvement planning.
147	Person-Centered Planning (PCP)	An assessment and service planning process that is directed and led by the individual with assistance as needed or desired from a representative or other persons of the individual's choosing. The process is designed to identify the strengths, capacities, preferences, needs, and desired outcomes of the individual. The process may include other persons, freely chosen by the individual, who are able to serve as important contributors to the process. The PCP process enables and assists the individual to identify and access a personalized mix of paid and non-paid services and supports that assist him/her to achieve personally defined outcomes in the community.
148	Personal Emergency Response System	An electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.
149	Personal Representative	The eligible recipient may select an individual to act as his or her personal representative for the purpose of offering support and assisting the eligible recipient understand his or her Mi Via services. The eligible recipient does not need a legal relationship with his or her personal representative. The personal representative will not have the authority to direct the member's Mi Via waiver services or make decisions on behalf of the eligible recipient. Directing services remains the sole responsibility of the eligible recipient or his or her authorized representative. The personal representative cannot serve as the eligible recipient's consultant and cannot approve his or her specific timesheet.
150	Physical Intervention	The use of touch and/or brief physical redirection with minimal physical force to guide or direct a person from danger or as an adjunct to instruction physical intervention changes the direction of movement rather than stopping or preventing movement.
151	Physical Redirection	The use of touch and/or body position with minimal physical force to redirect attempts by a person to strike or otherwise cause physical insult or harm. Physical redirection is not utilized to move someone from one area to another or to keep them from leaving/entering an area.
152	Physical Restraint	The use of physical interventions to restrict a participant's capacity for desired or intended movement including movement or normal function of a portion of a participant's body for the exclusive purpose of precluding a challenging behavior.
153	Planning Alternative Tomorrows with Hope (PATHs)	Evolved from the Making Action Plan (MAP) process. It offers the opportunity to extend the Making Action Plans steps and to put into place a plan of action. Planning Alternative Tomorrows with Hope is a self-sustaining planning process. It is another tool to address long range and short-term planning and involves eight (8) short steps. It is co-facilitated by two (2) trained facilitators.
154	Practitioner Orders	Medical instructions prescribed by a physician, physician assistant, certified nurse practitioner, or prescribing psychologist.

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155	Practitioner Recommendations	Suggested course of action related to medical symptoms or condition written or discussed by a medical professional including physician, physician assistant, certified nurse practitioner, psychologist, speech language pathologist, occupational therapist, physical therapist, behavior support consultant, dietician, dentist, or pharmacist.
156	Primary Care Practitioner (PCP)	A person's primary medical care provider, usually a Medical Doctor, Physician's Assistant, or Certified Nurse Practitioner.
157	Primary Provider	The agency responsible, as per the hierarchy, to create and maintain the client record within Therap, in this order: Living Supports Provider; Adult Nursing Services Provider, Customized Community Supports-Group Provider.
158	Prior Authorization	The process of obtaining authorization prior to the person receiving services. The purpose of the prior authorization function is to determine member eligibility, benefit coverage, medical necessity, location and appropriateness of services through the insurance provider.
159	PRN (Latin term: Pro Re Nata) Medication use for Behavioral Control	Any Chemical agent ordered on an "as needed" basis used for the effect it exerts on the central nervous system in terms of altering thoughts, feelings, mental activities, mood, and behavior. This includes chemical agents considered psychotropic and those with psychoactive effects not considered psychotropic.
160	PRN (Latin term: Pro Re Nata) Psychotropic Medication	See definition for PRN Medication Use for Behavioral Control.
161	PRN (Latin term; Pro Re Nata)	Referring to prescribed or over-the-counter-medications (including comfort medications) or treatments taken or used only on an as-needed basis at times when particular symptoms occur.
162	PRN (Latin term: Pro Re Nata) Psychotropic Medication Plan (PPMP)	A document developed by the Behavior Support Consultant in collaboration with the agency nurse that provides guidance to direct support personnel when the usual interventions and supports included in the Positive Behavior Supports Plan are insufficient to ensure the health and safety of the person or others and/or is an effective alternative to a regularly prescribed psychotropic medication.
163	Professional Services Budget (PSB)	Occupational, Physical and Speech Language Therapies, Nursing and Behavior Support Consultation.
164	Progress Note	Notes written by Behavior Support Consultant, therapy, nursing or other professional/clinical services. They may be routine notes of care or, for Behavior Support Consultant's may be confidential notes of treatment sessions. These notes may be used for documentation for billing services, but Behavior Support Consultant may not be included as part of the semiannual report.
165	Provider Agency	A private entity that has entered into a contract or Provider Agreement with the Department of Health for the purpose of providing Waiver services in accordance with regulations and standards to Waiver participants.
166	Prudent Nursing Practice	Standards of care in nursing for practices that a reasonably prudent nurse would use.
167	Psychoactive Medication	A chemical substance that acts on the central nervous system which results in temporary changes to perception, mood, consciousness, cognition and behavior.
168	Qualified Health Professional	A physician, nurse practitioner, physician assistant or agency nurse.
169	Quality Assurance and Quality Improvement (QA/QI)	Process utilized by State and Federal governments, programs and providers whereby appropriate oversight and monitoring of Home and Community Based Services waiver programs of waiver assurances and other measures provide information about the health and welfare of participants and the delivery of appropriate services. This information is collected, analyzed and used to improve services and outcomes and to meet requirements by State and Federal agencies. Quality plans, systems and processes are designed and implemented to maintain continuous quality improvement.
170	Quality improvement Strategy	A strategy to monitor the provision of services to ensure quality outcome for people receiving services, and ensure continual compliance with all applicable program requirements.
171	Quality Management Bureau (QMB)	A Bureau of the Division of Health Improvement that conducts compliance surveys of providers holding a provider agreement with the Developmental Disabilities Services Division to provide Home and Community Based Services. The purpose of Quality Management Bureau (QMB) reviews is to determine compliance with federal and state standards; to assure the health, safety, and welfare of people receiving services through the Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver, and Supports Waiver to identify opportunities for improvement by these providers.
172	Reallocation of Direct Support	In a technology first approach, the desire is to create less dependence on direct support staff which leads to a reduction in staff hours. Staff are not replaced by technology; instead, they are reallocated to serve additional people or take on different responsibilities.
173	Recipient	Individual receiving waiver services.
174	Reconsideration	Participants who disagree with a review decision made by the Third-Party Assessor may submit a written request through a case manager, community support coordinator, consultant, or registered nurse case manager to the Third-Party Assessor for a reconsideration of the decision. These requests must include new, additional information that is different from, or expands on, the information submitted with the initial request."
175	Registered Dietitian	A licensed, certified professional who has met the educational and clinical requirements set forth by the American Dietary Association (ADA) and licensure requirements set forth by the State of New Mexico.
176	Registered Nurse (RN)	A nurse who practices professional registered nursing and whose name and pertinent information are entered in the register of licensed registered nurses maintained by the NM Board of Nursing, or a nurse who practices professional registered nursing pursuant to a multi-state licensure privilege as provided in the Nurse Licensure Compact.
177	Remediation	A process of taking action to remedy specific issues to bring performance up to acceptable levels.

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178	Remote Monitoring	Monitoring through the use of cameras or other technology with the purpose of supervision and constant remote observation. This is prohibited in the New Mexico Home and Community Based Services waiver system. Cameras are prohibited in any area where the privacy of the individual could be compromised, in particular bedrooms and bathrooms.
179	Remote Prompting	Prompting provided through an app or DSP working through technology from a remote location. This may come in the form of remote cueing or response through a virtual DSP, or app
180	Remote Support	The provision of supports by staff of an agency provider at a remote location who are engaged with an individual through equipment with the capability for live two-way communication. Remote support may be used in home, community, or employment. Equipment used to meet this requirement may include but is not limited to one or more of the following components. (a) Motion sensing system; (b) Radio frequency identification; (c) Live video feed; (d) Live audio feed; (e) Web-based monitoring system; or (f) Another device that facilitates live two-way communication.
181	Remote support caseload Size	The number of individuals who are sharing remote staff, regardless of the funding source for those services.
182	Representative Payee	A person or an organization who acts as the receiver of United States Social Security Disability or Supplemental Security Income for a person who is not fully capable of managing their own benefits, i.e., cannot be their own payee. The representative payee is expected to assist the person with money management, along with providing protection from financial abuse and victimization.
183	Restrictive Interventions	The use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods to preclude a challenging behavior.
184	Risk Evaluator	A professional who meets the qualification requirements and has completed the training requirements to provide Preliminary Risk Screening and Consultation services.
185	Risk Factors	A set of internal stimuli or external circumstances that triggers a person's loss of self-control and increases the risk for re-offending or reoccurrence of the inappropriate behavior that could include but is not limited to demonstrated sexual, aggressive or other anti-social behavior.
186	Risk Management	The strategies and supervision used to reduce or mitigate risk presented by a person who exhibits or has exhibited inappropriate sexual behavior.
187	Routine	Activities or services that occur on a predetermined schedule or with some level of expectancy such as occasional illness.
188	SaaS	SaaS subscription is a software licensing model where cloud-based applications may be leased on a recurring basis and accessed over the internet.
189	Sanctions	Penalties against providers for fraud, violations of federal or state law, violations of HIPAA regulations, failure to meet professional standards of conduct, non-compliance with the Medical Assistance Division's New Mexico Administrative Code (NMAC) rules, violations of the Medicaid Provider Act, and other misconduct.
190	Seclusion and Isolation	The use of coercion or physical force to confine a person alone in a room or limited space that prevents interaction with others. This applies whether the setting is mechanically locked or forcibly contained by other means. This is prohibited in the waivers.
191	Secondary Provider	Any agency that is not the Primary Provider on the person's team that is also required to utilize Therap.
192	Self- Protective Behavior	Actions taken to assure personal safety during a crisis. This may include using one's hands or arms to block attempted blows, employing grasp release strategies identified in approved crisis intervention protocols, or the use of pillows or soft materials to absorb impact.
193	Self-Advocacy	When people with disabilities, whether individually or in groups, speak or act on behalf of themselves, others, or on behalf of issues that affect people with disabilities.
194	Self-Determination	When people with disabilities exercise their ability to direct their lives including their own supports and services.
195	Self-Direction	The process applied to the service delivery system wherein the eligible recipient identifies, accesses and manages the service that meet his or her assessed therapeutic, rehabilitative, habilitative, health or safety needs to support the eligible recipient to remain in his or her community.
196	Self-Imposed Moratorium	A provider agency, with the approval of the regional office(s) and the Developmental Disabilities Supports Division Director or his/her designee, requesting and receiving a freeze on the requirement to accept all new people into a specified service for a specified period of time, in a specified Developmental Disabilities Services Division region and/or in specified counties. The removal of a provider from the Secondary Freedom of Choice (SFOC) form in specific counties for a limited amount of time, per the provider's request.
197	Sensor	Equipment used to notify the remote or on site support staff or other persons designated under the enabling technology integration plan of a situation that requires attention or activity which may indicate deviations from routine activity and/or future needs. Examples include, but are not limited to, seizure mats, door sensors, floor sensors, motion detectors, heat detectors, and smoke detectors.
198	Setting Factors	Interpersonal, Intrapersonal, environmental and activity consideration that "set the stage" for emotional distress and subsequent behavioral expression, setting factors are included as broad considerations of behavioral antecedents and precursors.

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199	Settings Requirements	The Home and Community Based Services (HCBS) settings requirements establish an outcome-oriented definition that focuses on the nature and quality of people's experiences. All Home and Community Based Services (HCBS) settings (residential and non-residential), which includes all Developmental Disabilities Waiver funded settings must: 1. Be integrated in and facilitate full access to the greater community; 2. Ensures people receive services in the community to the same degree of access as people not receiving HCBS; 3. Maximize independence in making life choices; 4. Be chosen by the person (in consultation with the guardian if applicable) from all available residential and day options, including non-disability specific settings; 5. Ensure the right to privacy, dignity, respect and freedom from coercion and restraint; 6. Optimizes individual initiative, autonomy, and independence in making life choices. 7. Provide an opportunity to seek competitive employment; 8. Provide individuals an option to choose a private unit in a residential setting; and 9. Facilitate choice of services and who provides them.
200	Sexually Inappropriate Behavior	Any sexual act that violates social norms or concerning appropriate sexual boundaries or increases the potential for sexual injury to self-and/or others.
201	Sexually Offending Behavior	Any sexual act that violates existing laws.
202	Shared Household	Two (2) or more Mi Via participants who live in the same private residence (not a group home or other facility) are defined as living in a shared household. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. The Third-Party Assessor will assess the service plans of participants living in the same household in order to determine whether one or more employees may be needed to ensure that individual different cognitive, clinical and habilitative needs are met.
203	SHIFT	Online educational platform and learning community designed to advance the Tech First movement through standardized best practices for enabling technologies and Tech First models
204	Significant Change in Personal Life circumstances	A change in personal circumstances that have been part of a person's long-term stability and affect a person's personal support needs. This may include one or more of the following: changes in long-term living environment, loss of a job, significant life transition such as going from living at home to living on their own, or changes in long-term support systems, such as a loss of a parent.
205	Smart Technology	Technology device means any computer, cellular phone, smart phone, digital camera, video camera, audio recording device or other electronic device that can be used for creating, storing or transmitting information in the form of electronic data.
206	Socialization	Means the process whereby persons are made aware of what is expected of them in social situations from their family, culture, tribe or nation, school, friends, church and other social or environmental settings.
207	Specialized Medical or Employment Related Appointments	A work related or clinical visit that is intended to address current concerns. A nurse or therapist may participate in order to provide professional input and to obtain needed clinical information.
208	Stable	The person's condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The person's condition does not require frequent assessment or monitoring by a licensed nurse or behavioral health professional to determine their status or their response to medication or treatment.
209	Staffing Ratio to Individual	The number of people an employed staff member or subcontractor is responsible for in terms of caseload, stated as a full-time equivalent in relation to number of people.
210	Supports	The assistance to a person that may or may not include a paid service.
211	Surrogate Family Provider	A living support provider that is not related by affinity (adoption or marriage) or consanguinity (blood).
212	System-wide Alert	An alert posted on the Department of Health website to providers regarding an urgent health risk that has been identified through the Mortality Review Committee process or other means.
213	Systematic Instruction	Systematic Instruction is a method that enables staff to teach a complex series of tasks to people with significant disabilities. It focuses on teaching tasks in a natural way and balancing the amount of intervention staff should provide. The goal is to empower the person to learn new tasks with supports that fade.
214	Technology	The application of scientific knowledge for practical purposes, especially in industry. Machinery and equipment developed from the application of scientific knowledge. The branch of knowledge dealing with engendering or applied science.
215	Technology First	A framework for system changes where technology is considered first in the discussion of support options available to individuals and families through person-centered approaches to promote meaningful participation, social inclusion, self-determination and quality of life. Two primary goals include technology as a natural support and reducing the number of direct support hours.
216	Teleconference	A technology enabled conference not to be for management of health conditions for a person supported. It may include video conference engagement
217	Telehealth	Telehealth is the use of technology through video and audio communication to support remote service delivery related to healthcare. The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional related health education, public health and health administration. Most Telehealth services use biometric data collected from sensors (blood pressure, weight, pulse, etc.) for the provision of service. Technologies include video conferencing, the internet, store- and forward imaging, streamlining media, and terrestrial and wireless communications. Telehealth is broader than telemedicine because it refers to a broader scope of remote healthcare services than telemedicine.
218	Therap	A secure Health Insurance Portability Accountability Act (HIPAA) compliant web-based system for planning, reporting, documentation, communication, and more to meet the needs of organizations supporting people with intellectual and developmental disabilities (I/DD) in Home and Community Based Services (HCBS) and other settings.
219	Therapy Evaluation	The documentation of a therapy assessment process inclusive of recommendations. This document may also have other titles such as Assessment Report, Summary of Assessment Results, Annual Re-assessment or Annual Re-evaluation.

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220	Third Party Assessor (TPA)	The Medical Assistance Division contractor who determines and re-determines Level of Care and medical eligibility for the Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver and Supports Waiver programs. The Third-Party Assessor also reviews the eligible recipient's person-centered plans and approves budgets for the eligible recipient. The Third-Party Assessor performs utilization management duties for budget requests.
221	Timely Implementation of Healthcare Orders	Timely implementation shall be immediate for emergency medications or orders; eight (8) hours for initiation of urgent care medication and orders initiation of urgent care medication and orders, initiation of prescription pain medication or first antibiotic dose; and twenty-four (24) hours for initiation of routine medication and orders.
222	Timely Medical Assessment	The amount of time taken to perform an assessment so that a good healthcare outcome is achieved for a person. Emergency situations require that a person be assessed immediately either by calling 911 or by transport to an emergency room. Urgent situations require that a nurse, physician or other appropriate healthcare practitioner assess an individual within eight (8) hours. Routine situations require that a nurse, physician, or other appropriate healthcare practitioner see the person as soon as an appointment can be scheduled.
223	Trial Work Opportunities	Opportunities that typically occur when a candidate for employment and an employer are close to a hiring decision. The employer may want to know if the potential employee would be a good match for the position and the company. The candidate may be hired on a trial basis. Wages are required for time worked.
224	Unexpected Death	A death that resulted from a condition that was previously undiagnosed, occurred suddenly, or was unanticipated.
225	Vendor	A business who is employed by and provides services to a waiver participant.
226	Vineland Adaptive Behavior Scales	A standardized, valid, and reliable assessment tool that measures adaptive behaviors for individuals with intellectual and developmental disabilities.
227	Visit	A visit may be a face-to-face or remote (telehealth) interaction or observation.
228	Volunteer	An unpaid person who carries out service or support activities.
229	Working Age Adult	A person who is at least 17 years of age who has completed or nearly completed her/his K-12 School curriculum including the transition portion and requests adult services through Developmental Disabilities Services Division. Typical retirement age, based on Social Security rules, ranges from 62-67 with many people choosing to work longer for economic or other reasons.
230	Young Adult	An individual between the ages of 18 through 20 years of age who is allocated to the Waivers and is receiving specific services as identified in the Department of Health Developmental Disabilities Services Division standards. An individual under age 21 is eligible for medical services funded by their Medicaid providers under Early Periodic Screening, Diagnosis and Treatment. Upon the individual's 21st birthday, they are considered to be an adult recipient Waiver services.