

State of New Mexico Department of Health Developmental Disabilities Supports Division

Provider Capacity Assessment Presentation

September 28, 2023

Welcome & Introductions



Public Consulting Group



Developmental
Disabilities Supports
Division

Agenda

1. Project Overview
2. General Findings
3. Services of Focus
4. Service Availability Findings
5. Geographic Findings
6. Recommendations
7. Questions



Project Overview

Project Scope

- ❖ The Division contracted with Public Consulting Group LLC (PCG) in September 2022 to lead an HCBS Waivers Rate Study and **Provider Capacity Assessment**.
- ❖ PCG administered **surveys** to participants, providers, case managers, and consultants. Additionally, PCG analyzed **DDSD provider data**, along with a review of Regional Office Request for Assistance (**RORA**) **data**, to evaluate the service provider capacity for **specific services** designed for individuals receiving services through the Developmental Disabilities and Mi Via Waivers.



Waivers in Scope

- ❖ Developmental Disabilities Waiver
 - ❖ In this waiver, providers contract directly with DDSD.

- ❖ Mi Via Waiver
 - ❖ In this self-directed waiver, participants and/or the Employer of Record find and hire direct employees or vendors for their services who are contracted and paid through a third-party Fiscal Intermediary.



Services in Scope

Developmental Disabilities Waiver

- Assistive Technology Purchasing Agent
- Adult Nursing Services (RN and LPN)
- Behavior Support Consultation
- Case Management
- Community Integrated Employment
 - Job Maintenance
- Customized Community Supports
 - Individual
 - Group – Category 1
 - Group – Category 2
 - Group – Small Group
- Customized In-Home Supports
 - Living with Family or Natural Supports
 - Living Independently
- Family Living
- Occupational Therapy
- Physical Therapy
- Respite
- Speech Therapy
- Supported Living
 - Category 1 – Basic Supports
 - Category 2 – Moderate Supports
 - Category 3 – Extensive Supports
 - Category 4 – Extraordinary Medical/Behavioral Supports
- Socialization and Sexuality Education

Mi Via Waiver

- Behavior Support Consultation
- Community Direct Supports
- Customized Community Supports
- In Home Living Supports
- Homemaker/Direct Supports
- Consultant Services
- Private Duty Nursing
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Respite
- Technology for safety and Independence Purchasing Agent



Summary of Surveys

Survey	Estimated Length to Complete	Maximum Number of Questions	Total Responses Received
Participant	7 minutes	15	217
Case Manager & Consultant	10 minutes	25	139
Provider & Vendor*	7 minutes	20	104

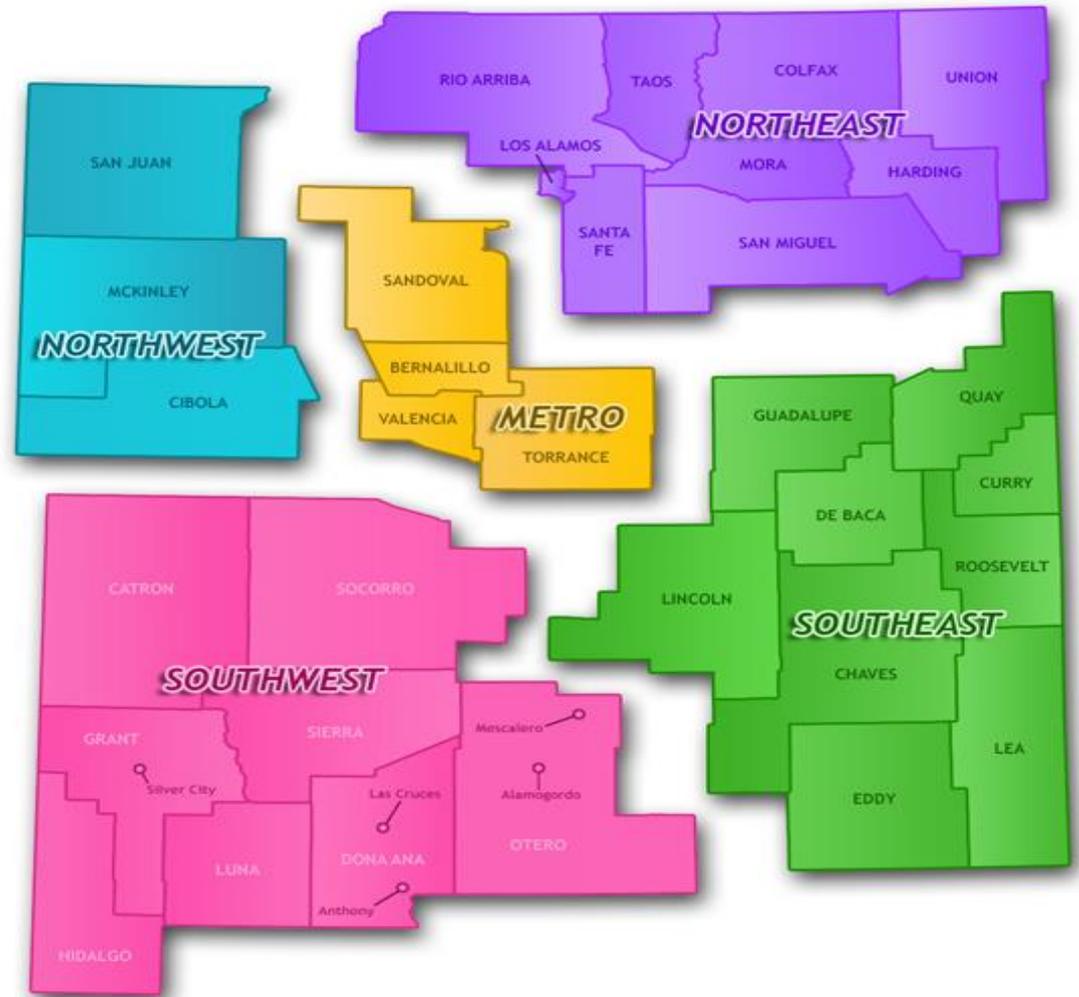
*This survey was titled “Provider Survey” as is referred to this way throughout this presentation.



Participant Survey Respondents

Counties Represented

- ❖ Participant responses represented 18 of the 33 counties.
- ❖ The distribution by county aligned with the distribution of DDSD participants.



Region	Count of Participant Survey Responses
Metro	78
Northeast	13
Northwest	15
Southeast	24
Southwest	45

Participant Survey Respondents

Waivers Represented

- ❖ 142 participants (83%) receive Developmental Disabilities Waiver services
- ❖ 30 participants (17%) receive Mi Via Waiver services

Services Represented

- ❖ All 14 Developmental Disabilities Waiver services and 10 of the 12 Mi Via Waiver services within scope were represented by participant respondents; the only services not represented in the results are Mi Via's Private Duty Nursing and Respite services.



Provider Survey Respondents

Counties Represented

- ❖ Respondents serve participants in all 33 counties, with a majority serving participants in Bernalillo (16%), Sandoval (8%), Valencia (7%), Doña Ana (4%), and Santa Fe (4%) Counties
- ❖ Three respondents serve participants statewide

Waivers Represented

- ❖ 39 (47.8%) of those indicating which waivers they participate in offered DDW services; 40 (48.8%) offered both DDW and MVW services; only 3 (3.7%) offered MV only

Services Represented

- ❖ All 14 Developmental Disabilities Waiver services and 10 of the 12 Mi Via Waiver services were represented by participant respondents; the only services not represented in the results are Mi Via's Technology for Safety and Independence and Private Duty Nursing.



Case Manager and Consultant Survey Respondents

Counties Represented

- ❖ Respondents serve participants in all 33 counties, with a majority serving participants in Bernalillo (33%), Valencia (22%), Doña Ana (22%), and Sandoval (20%) Counties.
- ❖ A quarter of respondents (26%) serve participants statewide

Waiver Participants Supported

- ❖ 80 respondents (58%) support DD Waiver participants and 59 respondents (42%) support MV Waiver participants
- ❖ Most respondents (86%) reported having caseloads of 11 to 50 participants

Services Represented

- ❖ All services are represented in the results.



DDSD Data

DDSD Provider Enrollment Unit (PEU) Data

- ❖ PCG reviewed PEU data for February through August 2023 by service for:
 - 1) Services that do not have available service openings by county
 - 2) Providers on self-imposed moratorium (not serving new participants)
- ❖ DDSD's PEU data only includes providers who contract directly with DDSD through the Developmental Disabilities waiver and not individuals and vendors contracted through Mi Via's third-party Fiscal Intermediary

Regional Office Request for Assistance (RORA) Data

- ❖ The RORA is a mechanism for providers, participants and their representatives to request assistance or inform DDSD of gaps in service.
- ❖ PCG reviewed the 1,378 RORA's submitted in State Fiscal Year 2023 (July 1, 2022, to June 30, 2023) for the Developmental Disabilities and Mi Via Waivers.



General Findings

Findings That Were Not Service-Specific

Participants report having provider choice and service quality

- ❖ 75% agree their services meet their needs
- ❖ 92% agree their services are provided in their language and/or in a culturally competent manner.
- ❖ 91% agree their services are being provided in a manner that respects their dignity and privacy.
- ❖ 86% agree their services are being delivered in an individualized and person-centered way.
- ❖ 66% agree they have multiple service providers to choose from for the service(s) on their Individualized Service Plan (ISP) or Service and Support Plan (SSP)

When issues arise...

- ❖ 96% indicated that they contacted their provider, case manager, consultant, or the Developmental Disabilities Supports Division (DDSD) or another State employee for help.
- ❖ 60% of participants indicated that their efforts resolved the problem.



Services of Focus

Services Access Assessment

Identifying Services of Focus

- ❖ The Participant Survey and Case Manager and Consultant Survey asked:
 - ❖ Over the past year, were any of these service(s) **not always available** to you at the amount you are authorized to receive and/or at the quality level you would like?
 - ❖ Over the past year, were any of these DD waiver service(s) **never available** to you at the amount you are authorized to receive and/or at the quality level you would like?
- ❖ PCG used the survey responses to determine the services with the highest unavailability. The eight services of focus are in the table below.

Service Name	Developmental Disabilities Waiver	Mi Via Waiver
Behavior Support Consultation	Mid	High
Occupational Therapy	High	High
Physical Therapy	High	High
Speech Therapy	High	High
Customized Community Supports	High	High
Supported Living	Mid	N/A
Respite	Mid	Mid
Private Duty Nursing	N/A	High



Service Availability Findings

Behavior Support Consultation and Therapies

Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
<ul style="list-style-type: none"> Behavior Support Consultation, Occupational Therapy, Physical Therapy and Speech Therapy were each identified by 28-58% of case managers and consultants as “Not Always Available” in both waivers. 	<ul style="list-style-type: none"> There are many counties with no slots for each service. A high proportion of providers are on self-imposed moratorium. There were many Developmental Disabilities related RORAs, but none for the Mi Via Waiver. 	<ul style="list-style-type: none"> Providers not accepting new participants No providers in area Providers will not accept rate for Mi Via Waiver Lack of staff for geographic areas and complex needs 	<ul style="list-style-type: none"> Increased rates and wages Telehealth



Customized Community Supports

Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
<ul style="list-style-type: none"> • Customized Community Supports was identified as “Not Always Available” by 45% of consultants and 60% of case managers. 	<ul style="list-style-type: none"> • Most counties had service openings. • A high proportion of providers are on self-imposed moratorium. • There were not many RORAs submitted for either waiver. 	<ul style="list-style-type: none"> • Providers not accepting new participants • No providers in area • Providers unable to staff service due to complexity of needs • Transportation not available for Developmental Disabilities Waiver • Lack of staff for specific days or hours • Staff leaving the agency 	<ul style="list-style-type: none"> • Increased rates and wages • Bonuses • Benefits • Dependent care • Housing • Paid trainings



Respite and Supported Living

Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
<ul style="list-style-type: none"> • Respite was identified as “Not Always Available” by 30% of consultants and 26% of case managers. • Supported Living was identified as “Not Always Available” by 26% of case managers. 	<ul style="list-style-type: none"> • For Respite: <ul style="list-style-type: none"> • Most counties had service openings. • A low proportion of providers are on self-imposed moratorium. • There were only a few RORAs the Developmental Disabilities Waiver. There were no RORAs for the Mi Via Waiver. • For Supported Living: <ul style="list-style-type: none"> • There were 15 counties with no openings. • A high proportion of providers are on self-imposed moratorium. • Supported Living had the highest number of RORAs of any service for the Developmental Disabilities Waiver. 	<ul style="list-style-type: none"> • Providers not accepting new participants • No providers in area • Providers unable to staff service due to complexity of needs • Providers will not accept rate for Mi Via Waiver • Lack of staff for specific days or hours • Staff leaving the agency 	<ul style="list-style-type: none"> • Increased rates and wages



Private Duty Nursing

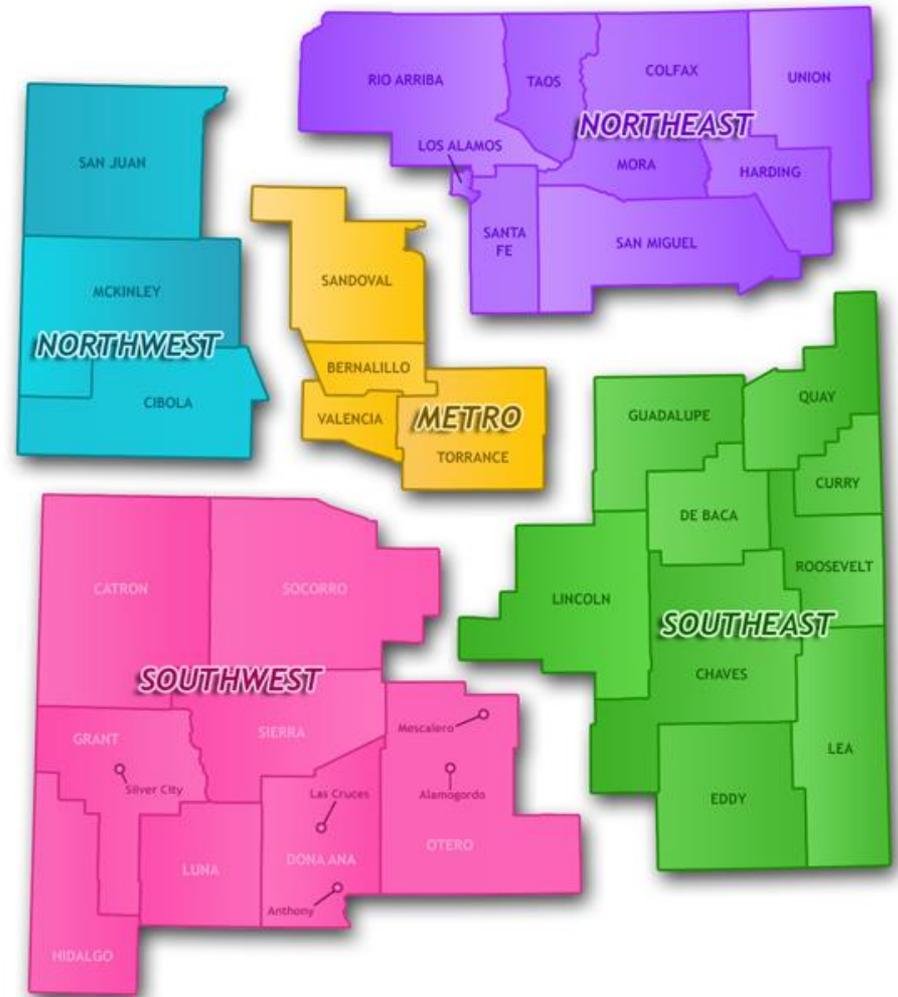
Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
<ul style="list-style-type: none"> Private Duty Nursing was identified as “Not Always Available” by 30% of consultants. 	<ul style="list-style-type: none"> N/A (Mi Via waiver service, Mi Via data not available) 	<ul style="list-style-type: none"> Providers not accepting new participants No providers in area Providers unable to staff service due to complexity of needs Providers will not accept rate 	<ul style="list-style-type: none"> N/A (No provider responses)



Geographic Findings (1 of 2)

Service Availability Findings

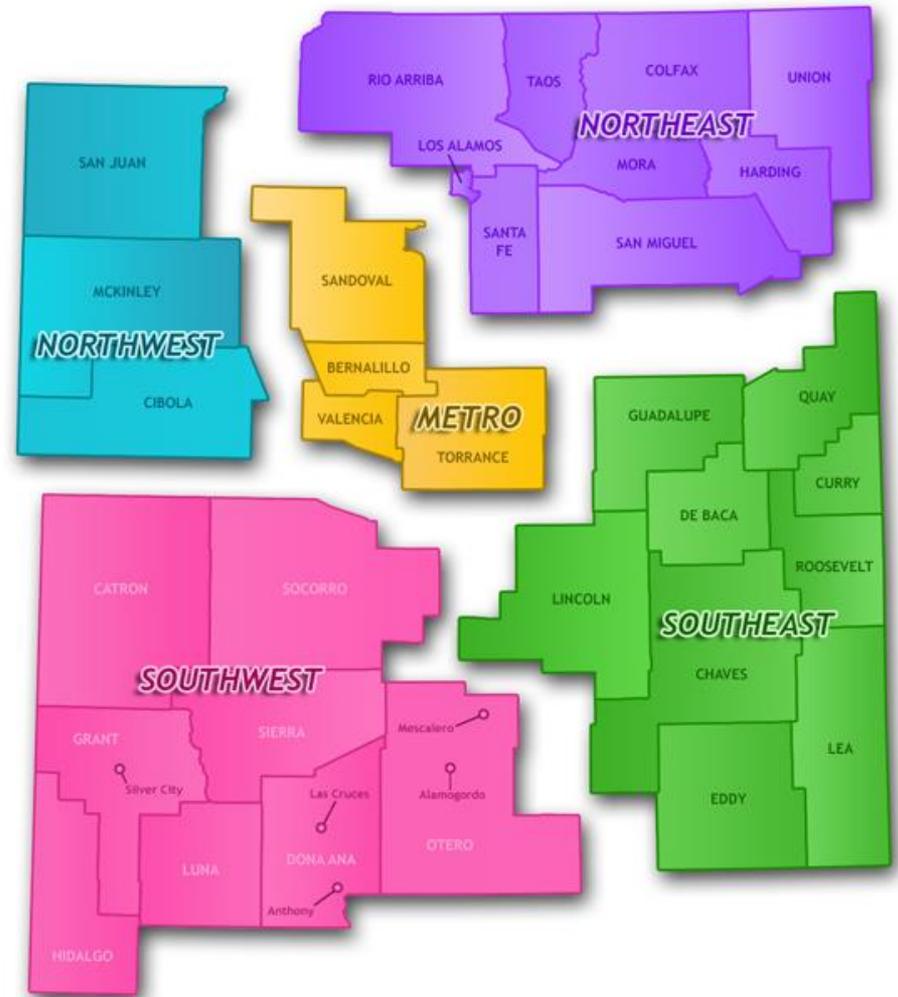
- ❖ De Baca (**Southeast**) and Harding (**Northeast**) *have no slots available for any of the eight services of focus*
- ❖ The **Metro** region survey respondents reported availability issues for **all services**. DDSD's data indicated that most services had available slots.
- ❖ In the **Southeast** and **Southwest**, most counties have no slots in Physical Therapy and Occupational Therapy.
- ❖ In the **Northwest** and **Southeast**, most counties have no slots in Behavior Support Consultation.



Geographic Findings (2 of 2)

Service Availability Findings

- ❖ Survey respondents in **most regions** report Respite as being unavailable. DDSD’s data shows openings in all regions.
- ❖ The **Northeast region** had few survey respondents report service availability problems. This region also had the lowest survey participation.
- ❖ Three services of focus were available in certain regions, as indicated by both survey responses and DDSD data.
 - ❖ Behavioral Support Consultation in the **Southwest**
 - ❖ Customized Community Supports in the **Northwest** and **Southwest**
 - ❖ Supported Living in the **Northwest**



Conclusion (1 of 2)

Capacity Issues Supported by DDS PEU Data

- ❖ These are the services that stood out among survey respondents as having capacity issues.
- ❖ These capacity issues are also supported by DDS PEU data as shown below. Note that DDS PEU data does not include Mi Via services.

Services	Regions with majority of counties with no slots	Regions with one or more counties with no slots
Behavior Support Consultation	NW, SE	Metro, NE, NW, SE
Therapies	SE, SW	Statewide*
Supported Living (DD)	SW	NE, SE, SW

*Speech Therapy has availability in all counties in the Metro region



Conclusion (2 of 2)

Capacity Issues Not Clearly Seen in DDSD PEU Data

- ❖ These are the services that stood out among survey respondents as having capacity issues.
- ❖ These capacity issues are not clearly supported by DDSD PEU data, as shown below. Note that DDSD PEU data does not include Mi Via services.

Services	Regions with majority of counties with no slots	Regions with one or more counties with no slots
Private Duty Nursing (MV)	No Data	No Data
Customized Community Supports	None	NE, SE, SW
Respite	None	NE, SE



Recommendations on Removing Barriers to Expansion

Recommendation 1: Enhance Recruitment and Retention

(1 of 2)

- ❖ According to ANCOR 2023 DSP Survey Report, in addition to completing recruitment campaigns in multiple languages, there are a variety of strategies providers can utilize to increase recruitment and retention such as offering DSPs:
 - ❖ Competitive Compensation
 - ❖ Referral Programs or Bonuses
 - ❖ Recognition and Rewards Programs
 - ❖ Educational Opportunities
 - ❖ Professional Development
 - ❖ Career Advancement Pipelines



Recommendation 1: Enhance Recruitment and Retention (2 of 2)

- ❖ Providers can partner with local educational institutions to create career pipelines for DSPs.
 - ❖ The Arc Lexington in New York (a service provider) created a [Human Services Internship Program](#) with their local school district to have high school interns complete activities for participants under the supervision of fully-qualified DSP staff.
 - ❖ Interns received pay, school credit, and an introduction to the rewards of a DSP career. When interns turned 18, they become valuable, highly-trained candidates for fully-qualified DSP employment.
- ❖ Providers can also support DSPs in accessing professional development and educational opportunities.
 - ❖ Southern New Hampshire University (SNHU), a non-profit university with nationwide virtual offerings, and CareAcademy, an online DSP training platform, partnered to launch the [CAREer Path Initiative](#).
 - ❖ DSPs who complete DSP training on the platform earn college credit. SNHU also considers any of the DSP's work experience, regardless of where and how it was completed, for additional college credit.



Recommendation 2: Leverage the Advisory Council on Quality

- ❖ New Mexico can leverage the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families (ACQ) committee to formulate recommendations for direct support personnel (DSP) recruitment and retention strategies, potentially including:
 - ❖ Assisting qualified HCBS providers to fund employee scholarships for education and training in a course of study that is expected to lead to career advancement in the HCBS field.
 - ❖ **Minnesota Department of Health** established (in 2017) the [HCBS Employee Scholarship Grant & Loan Forgiveness Program](#) in statue to assist qualified HCBS providers in funding employee scholarships and repaying qualified educational loans related to a course of study that is expected to or has led to career advancement in the HCBS field.
 - ❖ Supporting providers by completing a public marketing campaign to increase public interest in and to promote entry into the HCBS workforce.

Recommendation 3: Collaborate with Department of Workforce Solutions

- ❖ Targeted workforce development initiatives through the ACQ, provider organizations, DDSD and New Mexico's Department of Workforce Solutions (DWS) may result in system innovation.
- ❖ These initiatives should focus on recruiting, training, and retaining DSP, and may encompass financial support for staff training, certification, and exploration of avenues for career progression. Additionally:
 - ❖ The partnership between DDSD and the DWS can extend to collaborative data collection and analysis, to better comprehend the current demand for DSP services and forecast future requirements.
 - ❖ Explore avenues to streamline administrative processes and reduce paperwork for both providers and DSPs.
 - ❖ Complete a joint effort to enhance public awareness regarding the significance of DSPs and the various career prospects available in the field, with the goal of inspiring more individuals to consider careers in this sector.

Recommendation 4: Implement Wage Pass Throughs for the DSP workforce

- ❖ Providers and vendors have the autonomy to establish their own wage structures. However, PCG recommends DDS consider studying the feasibility of implementing wage pass-throughs whose primary aim is to ensure a fixed percentage of provider wages directly contribute to DSP compensation.
- ❖ DDS should also develop reporting mechanisms to monitor and track how providers are spending the increased funding.
- ❖ In addition, DDS should monitor the Centers for Medicare and Medicaid Services Notice of Proposed Rule Making to see what the final rule language will require as it relates to percentage of payments that must go to DSPs. While the rule is not final, it is likely that some version of this will become final. DDS can be prepared for this by developing its reporting measures in advance.



Recommendation 5: Implement Rate Modifiers

- ❖ PCG recommends DDSD consider conducting a study to identify appropriate rate modifiers tailored to address staffing challenges highlighted in this capacity assessment, such as higher rates for services provided by providers with specific credentials or those working during nighttime or weekends. In practice, these rate modifiers would function as payment differentials.



Recommendation 6: Establish Telehealth Oversight Framework

- ❖ PCG recommends that if DDSD reintroduces telehealth, they develop telehealth policies that include protective measures for participants, which should encompass:
 - ❖ Informed Consent
 - ❖ Privacy and Security
 - ❖ Technology Access and Training
 - ❖ Clinical Guidelines
 - ❖ Emergency Protocols
 - ❖ Cultural Sensitivity
 - ❖ Continuity of Care
 - ❖ Licensing and Credentialing
 - ❖ Quality Assurance and Monitoring
 - ❖ Complaint Mechanism



Recommendation 7: Develop a Telehealth Quality Assurance and Monitoring Process

- ❖ Quality assurance and monitoring should be an ongoing process to ensure the consistent delivery of high-quality telehealth services. Therefore, it is advisable that if New Mexico reintroduces telehealth, DDSD should introduce a three-phase approach to their telehealth credentialing:
 - ❖ The first phase of credentialing must confirm that the provider possesses sufficient training and resources and has proven their **capability to comply** with all aspects of the telehealth framework before they are granted permission to offer telehealth services.
 - ❖ The second phase should **implement rigorous oversight**, involving both the provider and DDSD, to ensure the framework's proper execution.
 - ❖ The third phase, with less frequent oversight, should be reserved for providers who have consistently demonstrated their ability to adhere to all elements of the framework. If any complaints or concerns arise, the policy should require providers to revert to a previous phase for additional monitoring and support.

Recommendations on Gathering Additional Data & Further Assessing Capacity

Recommendation 8: Additional Study of Service Availability

- ❖ Conduct an in-depth assessment of service availability to better understand why respondents reported that these services are not available when DDSD PEU data indicates availability. Such evaluation would include:
 - ❖ Concentrated outreach to participants, providers, and vendors; e.g., focus groups and/or targeted surveys.
 - ❖ Comparison of participants' needs and preferences (e.g., language needs, preferred time) to provider and vendor availability and aptitude (e.g., workforce skills).



Recommendation 9: Explore Providers' Inability to Staff Services for Participants with Complex Needs

- ❖ Many survey respondents cited that providers were unable to staff services due to complexity of participants' needs.
- ❖ Providers who are unable to serve all participants should be on self-imposed moratorium.
- ❖ If they are not on self-moratorium, providers should seek an exception from DDSD's to not serve the individual with complex needs based on extraordinary circumstances
- ❖ DDSD should consider assessing whether providers are implementing admission criteria that excludes participants, as this practice is prohibited by DDSD



Recommendation 10: Additional Targeted Outreach to Mi Via Waiver Participants

- ❖ In general, Mi Via Waiver services are underrepresented in the RORA data.
- ❖ Additionally, several Mi Via services highlighted as unavailable in the Consultant Survey received minimal or no RORA reports.
- ❖ As the RORA process is relatively new for the Mi Via Waiver, increased use is expected.
- ❖ Further engagement with Mi Via Waiver participants can clarify if their needs are being met and whether there are any policy or business process-related barriers to access.
- ❖ Outreach can be done through an additional survey with longer window for responses and/or a focus group.



Recommendation 11: Implement a Participant Data Management System to Enhance Participant Communication and Engagement

- ❖ Mi Via survey response rates accounted for less than 1% of Mi Via waiver participants.
- ❖ To improve communication and engagement with Mi Via Waiver participants, PCG recommends that DDS develops and implements a Participant Data Management System (PDMS) that will:
 - ❖ Operate as a centralized repository, streamline participant interactions and communication, and track engagement while ensuring swift access to participant information for DDS.
 - ❖ Generate reports and analytics, enabling the evaluation of participant engagement patterns, the identification of areas necessitating enhancement, and the facilitation of data-driven decision-making.
- ❖ PCG recommends initiating a comprehensive project plan to develop, test, and deploy this system, ensuring that it aligns with DDS's strategic goals and mission.

Recommendation 12: Outreach to Encourage the Use of and Feedback on the RORA Process

- ❖ The survey findings suggest that respondents were identifying problems that might not have been previously brought to DDSD's attention through the established RORA process.
- ❖ Engagement can include:
 - ❖ Promoting the utilization of RORA forms,
 - ❖ Providing explanations regarding the various applications of the RORA process,
 - ❖ Gathering input on potential enhancements to the RORA procedure.

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Questions?



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Solutions that Matter