PROVIDER APPLICATION

NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

Provider Enrollment Unit

DEVELOPMENTAL DISABILITIES (DD) WAIVER

P. O. Box 2611
Santa Fe, New Mexico 87502-0110
OR
1190 S. St. Francis Drive, Suite S1203
Santa Fe, New Mexico 87505

Effective Date November 1, 2022
Revised February 2, 2024

Department of Health, Cabinet Secretary
Patrick M. Allen

NEW MEXICO
Department of Health
Developmental Disabilities Supports Division

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Dear DDSD Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Developmental Disabilities (DD) Medicaid Waiver Program.

All Medicaid Waiver Programs shall be subject to all New Mexico Human Services Department, Medical Assistance Division and Department of Health (DOH) regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the DD, MF and Supports Waiver Service Standards and other general provider requirements of the DOH.

For assistance in completing the application, please contact Tammy M. Barth at (505) 469-8480 or via email at Tammy.Barth@doh.state.gov.

Sincerely,

Dr. Jose Acosta

Dr. José A. Acosta, Director
Department of Health
Developmental Disabilities Supports Division

Contents

I. OVERVIEW OF THE DEVELOPMENTAL DISABILITIES (DD) MEDICAID WAIVER PROGRAM

A. *Overview of Waiver Program and Waiver Background Information*

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Department of Health (DOH) herein referred to as the DEPARTMENT administers provider enrollment for the Medicaid Developmental Disabilities (DD) Waiver. All waiver programs are jointly administered with the New Mexico Human Services Department (HSD) - the single state Medicaid Agency. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the Human Services Department (HSD), Income Support Division (ISD) in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved waiver enrollment slots. The DEPARTMENT also has the authority to approve the area(s) and specific service(s) for authorized and approved waiver service providers. Medicaid Waiver services are not an "entitlement" for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient's selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

B. *Developmental Disabilities (DD) Definition*

DD Waiver services are for eligible recipients who have developmental disabilities limited to an intellectual disability (ID) or a specific related condition as determined by the DOH-DDSD. 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 person must also require the level of care provided in an ICF/IID, in accordance with 8.313.2 New Mexico Administrative Code (NMAC) and meet all other applicable financial and non-financial eligibility requirements.

C. *Conflict of Interest*

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict-of-interest issues. This applies to the DD Waiver provider. *See* NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.

A Case Management Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers are not able to serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD, MF or Supports Waiver services that has a marital, blood, business interests or holds financial interest in providing direct care for individuals receiving Home and Community Based Services (HCBS). Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.

D. Developmental Disabilities (DD) Waiver Summary

The DD Waiver is a home and community-based alternative to institutionalization in an ICF/IID. The program serves individuals who:

1. Meet the state/federal definition of developmental disabilities.
2. Meet the clinical criteria for placement in an ICF/IID facility.
3. May currently be in an alternative placement in the community.
4. Meet established Medicaid financial and non-financial eligibility criteria; and
5. May reasonably be expected to receive services and supports in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this if the aggregate cost of care for all consumers receiving service and supports under the DD Medicaid Waiver program is less than the cost of institutional care.)
6. Have intellectual/developmental disabilities or a specific related condition.

II. INSTRUCTIONS AND REQUIREMENTS

A. Application Requirements
Submit applications to DDSD with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDSD may request additional information from the applicant, which must be submitted within timelines determined by DDSD.

B. Where to Submit

DOH / DDSD / Provider Enrollment Unit (PEU)

Mailing Address	**Physical Address**
PO Box 26110	1190 S. St. Francis Drive, Suite S1203
Santa Fe, New Mexico 87502-0110	Santa Fe, New Mexico 87505

C. Application Format
Applications that do not conform to the required outline described in all sections may be returned.
It is the applicant's responsibility to ensure that all pages are numbered, and appropriate documents are included.

- Submit only single-sided copies.
- Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
- Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria. Scoring criteria, applicable NMAC and service standards are listed under each scored policy in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful authoritative document is required.
- Use separate pages for each authoritative document and section.
- Number pages.

D. DDSD Required Application Forms
DDSD requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

- **Provider Information Sheet**: This form must be used as a cover page when the application is submitted.

- **Service and County Request Form(s):** This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)
     a. **Renewing providers** who would like to delete services and/or counties from their Provider Agreement, must submit a statement advising DDSD of the services and/or counties they wish to remove and the date they plan to end services.

- **Statement of Assurances Form**

- **Provider Agency Status Sheet** (**Renewing Providers Only**)

E. Accreditation Requirements
Some providers are required to be accredited by either CARF International or The Council on Quality and Leadership. Refer to the tables below for requirements by service type.

Options for the Waiver Service Types with Accreditation Requirements

Waiver Service	CARF International	The Council on Quality and Leadership
Case Management	Aging Service	Quality Assurances Accreditation
Community Integrated Employment	Employment and Community Services/Aging Services	Quality Assurances Accreditation
Customized Community Supports	Employment and Community Services	Quality Assurances Accreditation
Customized In-Home Supports	Employment and Community Services	Quality Assurances Accreditation
Living Supports: Family, Intensive Medical Living and Supported	Employment and Community Services	Quality Assurances Accreditation
Respite	Employment and Community Services	Quality Assurances Accreditation

Agencies applying for the first time must provide a detailed plan that outlines timelines to ensure the agency is accredited within the next eighteen (18) months and/or a letter from an accrediting body showing when your survey will take place.

Current accredited providers must provide a copy of the letter and certificate showing current accreditation status for the agency **and** a copy of the letter received from the Department granting a waiver from the accreditation requirement.

Accreditation waivers are only good through the term of the agency's current Provider Agreement. **You must submit a new request for a waiver of accreditation during your renewal period to the PEU for consideration.**

F. DDSD Required Documentation for Developmental Disabilities Waiver

Articles of Incorporation or Organization and current board members, if applicable. The applicant must submit a current list of each board member's name, home address, phone number and email address.

Combined Reporting System (CRS) Certificate Proof of registration with the NM Taxation and Revenue Department.

Proof of General or Professional Liability Insurance (one-million dollar minimum), naming Department of Health as an additional insured. **(New Providers, within 30 days of approval)**

Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance (ten-thousand dollar minimum) naming the Department of Health as loss payee. (**New Providers, within 30 days of approval**)

Professional Licensure All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services: Adult Nursing, Behavioral Therapy, Case Management, Environmental Modification, Nutritional Counseling, Occupational Therapy, Physical Therapy, Preliminary Risk Screening and Consultation and Speech Therapy.

Financials

> **New Providers are required to submit** a business plan, including anticipated expenses for a three (3) month period and most current, last three (3) bank statements or line of credit.

> **Renewing Providers are required to submit:**
> - Annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by an accountant.
> - Description of the agency's current operating budget.
>   *Language to watch for:*
>   - *Include information about resources devoted to staff and Board (if applicable) training.*
>   - *Include short and long-term financial goals.*
>   - *The applicant can show it has 3 months of operating costs available.*
>   - *Applicant can show routine and regular financial audits are* conducted. *Identify the percentage or amount of the agency budget devoted to staff (and Board, if applicable), training and technical assistance.*

Latest Quality Management Bureau (QMB) survey results, if applicable. The applicant must submit their latest QMB survey Determination of Compliance Letter.

Provide your agency's **Mission statement.**

Provide the agency's **Organizational chart** and brief position descriptions including management and supervisory positions.
Language to watch for:
- *The Organizational Chart and position descriptions should show positions that relate to the service type, understand the service system, know the communities their clients live in and what community options are available to their clients.*
- *The applicant should show an administrative structure that provides support to staff, including managing, monitoring, teaching, and improvement in practice.*

III. Developmental Disabilities Waiver: Service Specific Questions

For some DDW services, there are additional service specific questions. Please answer the service specific questions (as relevant) to your application.

A. Adult Nursing

1. Submit a list of all nurses (RNs and LPNs) working for the agency including a contact email.
> a. Identify the lead nurse for the agency who is responsible for supervision of the nursing staff.
> b. Identify if nurses are on staff or under contract and include city and state of residence.
> c. Identify the number of hours per week that each nurse works, including all on call time.
> d. Provide a current, signed copy of the nursing contracts for all contract nurses (not considered an employee of the agency).

2. Describe the agency's process to determine the number of nurses needed to meet the health and safety needs of your DD Waiver clients.

 3. Describe your agency's process to support all nurses to access continuing education that enhances their knowledge of caring for persons with I/DD.

B. Assistive Technology Purchasing Agent

1. Describe the agency's experience and capacity to fulfill fiscal intermediary functions. Identify the accounting or software system that will be utilized to manage data to support tracking.

2. Clear processes are given for the following:
- Received and processed request.
- Cashed and un-cashed checks.
- Voided/returned checks.
- Remaining balance for each individual.
- Tracking receipts for all devices or materials purchased.
- Annual reports for each individual; and

3. Identify the personnel who will be directly responsible for managing this service (including plan for back-up staffing.

4. Provide all policies and procedures to maintain compliance with the current DD Waiver Assistive Technology standards pertaining to:
- All aspects for processing applications, including timelines.
- Maintaining the financial system.
- Distribution of annual reports.
- Monitoring integrity of financial systems.

5. Please describe how individuals and staff are trained on Assistive Technology Equipment.

C. Behavioral Support Consultation

1. Describe the agency's experience using Positive Behavior Support as a model for practice.

2. Describe the agency's approach to providing services through a consultation model.

3. Describe how the agency will work to ensure implementation of **the least intrusive** effective behavior interventions and describe how the agency will work with provider agencies to ensure proper Human Rights Committee meeting attendance and reviews.

4. Describe how you will support people and protect against unnecessary use of PRN Psychotropic Medications in the development and implementation of the PRN Psychotropic Medication Plan (PPMP).

Language to watch for:
- *Developing assessments and plans in compliance with required components outlined in the "Beyond the ABCs" training required of new BSCs.*
- *Guiding the person's and the IDT's understanding of contributing factors that currently influence behavior such as: genetic and/or predispositions to syndromes, developmental and physiological compromises, traumatic events, co-occurring I/DD and mental illness, communicative intentions, coping strategies, and environmental issues.*
- *Enhancing the person's and the IDT's competency to predict, prevent, intervene with, and potentially reduce behaviors that interfere with quality of life and pursuit of ISP Desired Outcomes, including recommendations regarding needed adaptations to environments in which the person participates.*
- *Developing behavior support strategies to lessen the negative impact of contributing factors to enhance the person's autonomy and self-determination.*
- *Providing IDT members, including DSP, with training, materials and/or other relevant information needed to successfully implement the PBSP and perform any ongoing data collection or provider reporting required by the PBSP and all other related plans (BCIP, PPMP, or RMP); and*
- *Monitoring the services rendered to the person and the team to ensure quality, accomplishment of the person's desired outcomes, and behavioral outcomes as anticipated/realized via the PBSP. Agency provides meaningful data and describes how it is used to improve services.*

D. Case Management; Qualified Independent Case Management Service Provider

Case Management Services are intended to be person-centered and support people to pursue their desired life outcomes while gaining independence and access to needed services and supports. The essential elements of Case Management include:

- Knowledge of the requirements for the entire system.
- Advocacy (promote self-advocacy and advocate on behalf of the person).
- Assessment (activities related to LOC, Person-Centered Planning).
- Planning (organize and facilitate the PCP process and the ISP development).
- Linking (person/guardian to publicly funded programs, community resources, non-disability specific resources Available to all citizens and natural supports within the person's community).
- Monitoring (ISP implementation, service delivery, coordination of other supports and health and safety Assurances required by the individual).
- Annual medical and financial recertification (submit the ISP and the Waiver Budget Worksheet/MAD 046 and any other required prior authorizations).
- Record keeping, and budget approvals (maintain a complete and accurate record for each person).

1. Submit copy(ies) of each case manager's experience.

2. What is the agency's onboarding process for new CM's? How does the agency evaluate CM performance throughout their career?

3. Indicate what criteria are used to assign, cover, and match case manager to client and how agency assures caseload size does not affect quality and thoroughness of service.

E. Community Integrated Employment

1. Please provide a copy of Association for Community Rehabilitation Educators (ACRE) Certificate or evidence of valid Certified Employment Support Professional (CESP) through the Association for People Supporting Employment First (ASPE) as applicable to staff providing Community Integrated Employment.

2. Describe how the agency will or has achieved the following:

   a. Develop community integrated employment at minimum wage or higher for individuals with intellectual/developmental disabilities. Please provide an example based on the agency's experience and success or what policies and procedures the agency will develop in this area.

   b. Assist individuals to start his/her own business when specified in the ISP. Please provide an example based on the agency's experience and success or policies and procedures the agency will develop to address.

   c. Decrease dependence on and reduce the number of paid supports needed as the individual access' natural supports (fading plan). Please provide an example based on the agency's experience and success or policies and procedures the agency will develop to address.

3.   Describe the supported employment strategies and practices the agency uses to find jobs for people with developmental disabilities.

   a. Develop partnerships with funders such as Vocational Rehabilitation and Developmental Disabilities that foster understanding of the needs of each partner and results in identifying and eliminating barriers to good jobs at good wages for people with disabilities.

   b. Assesses target employers for tasks that need doing and may be joined together/carved out to create a position for a job seeker, as applicable.

   c. The applicant agency should demonstrate a knowledge of market needs and available jobs within its community (local) by showing an awareness of local businesses and industries. The agency should demonstrate a knowledge of the most prevalent jobs locally, jobs that have high turnover or go unfilled and expectations/trends of jobs categories that may be lost and job categories that are expanding or are in development. Demonstrating a relationship with the state workforce board and/or agencies that track available jobs and publish workforce trends would help satisfy this element. Market or workforce studies the applicant agency has done that describe market needs including jobs available help satisfy this requirement.

F. Crisis Supports

1. Submit a policy or procedure of proposed staffing patterns, illustrating how the agency will ensure that sufficient crisis response staff will be available to respond to Crisis Supports events on twenty-four (24) hour, seven (7) day a week basis addressing On-call Coverage per standard 14.3.4.1
2. Provide policy or procedure for position(s) within the agency that will be responsible for coordination to include 1:1 or higher crisis response staff to consumer ratios and oversight of Crisis Supports services and how these services fit into current agency operations/policies.
3. Provide policy or procedure for IDT coordination including weekly updates or site visits and bimonthly IDT coordination.

G. Customized Community Supports

1. Describe how the agency has achieved or will achieve the following:

Conduct community-based assessments, discovery activities or person-centered assessments as required in the DD Waiver Standards. Assessments must be used to guide planning and overcoming barriers to accessing the community. If a person has no volunteer or employment history, then the person and guardian should consider trying new discovery experiences in the community to determine interests, abilities, skills, and needs. It is the responsibility of the provider to offer these experiences. These new experiences must be clearly documented in the ISP Work, Education and/or Volunteer History section, as well as any reason(s) not to pursue new experiences.)

Language to watch for:
- *Informed choice about employment.*
- *Commitment to discovery techniques & skills assessing individual's interests, abilities, and skills.*
- *Assists in providing relevant information and experiences to make choices.*
- *Discussion of activities that were explored to make a decision.*
- *Assessments are conducted in a timely manner as referenced in the DD Waiver Service Standards.*
- *Overall documentation and language refer to the following:*
- *Agency provides adequate methods for conducting community-based assessments, discovery activities or person-centered assessment including, if the person has no volunteer or employment history.*
- *Access to new discovery experiences in the community to determine interests, abilities, skills, and needs offered by the provider.*
- *Addresses overcoming barriers to community access.*
- *Includes the individual or guardian, along with family, as applicable when developing the assessment.*
- *Individual chooses where they receive services, and services are based on their preference and choice related to their Desired Outcomes in the ISP.*

2. How does the agency provide individualized support to individuals receiving services to engage in community-based volunteer activities that support skill building, community connections, a sense of giving back to the community and the potential for employment opportunities?

3. Please describe an example based on the agency's experience and success or what policies and procedures the agency will develop to address building volunteer and/or work experiences.
    Language to watch for:
    - *Strive to guide individual towards opportunity for skill building and growth.*
    - *Assist individual who wants to work, or volunteer make connections.*
    - *Work closely with individual and IDT members, follow plan. Cross train.*
    - *Offer choice, promote independence, strength vision and goals.*

4. Please provide an example of the agency's PCA and describe the assessment process to ensure individual and family member/Guardian participation.

H. Customized In-Home Supports

1. Describe how the agency will provide support to individuals, to design and manage their services in their own home or their family home. Please be sure to include the following:
    a. Culturally sensitive to the individual's background
    b. Opportunity for skill building and growth.
    c. Promote choice making, independence, and honor individualized preferences.
    d. Support dignity of risk

e. Promotes integrated setting and integrated activities in the community.

I. Environmental Modification

1. Describe how the agency does or will assure that all environmental modifications follow the recommendations of the therapist and/or qualified individual's assessment that address the individual's disability and enable the individual to function with greater health, safety, and independence in the home. How will the agency handle families who request modifications beyond the allowed DD Waiver budget?
Demonstrate a thorough understanding of the importance of basing the modification on the assessed needs of the individual served.

2. What type of written warranty do you give? Please be specific to the different types of modifications you provide. Provide assurance that you will give, at a minimum, a standard 1-year written warranty of the work completed, including both materials and labor, to the person, guardian, homeowner or other family members, and CM.

3. Describe your procedure for assuring consultation is provided to family members, waiver providers and contractors concerning environmental modification projects to the individual's residence. To assure satisfaction with the modification completed, how will you go about getting input and agreement from the individual, family, therapists, and contractors concerning the environmental modifications to the individual's residence?
Describe a process for effective communication for those involved in and affected by the modification.

J. Independent Living Transition Service

There are no supplemental questions for this service. Please see Policy Grid.

K. Living Supports (Family, Intensive Medical Living and Supported)

Whichever Living Care Arrangement (LCA) an individual chooses, the person's home should be a space of comfort, safety and belonging. If you are applying to be a provider of any type of LCA, please answer the following questions:

1. Describe how the agency will provide support to individuals receiving services to engage in Meaningful Day activities identified in their ISP.
    a. Describe how the agency will promote and support individuals to participate in integrated activities in the community.

2. Describe how the agency will support individuals to make choices, establish relationships, uphold the individual's interests and provide opportunities to pursue age-appropriate hobbies.

3. Describe how the agency will encourage, promote, and support individuals to gain meaningful employment.
Language to watch for:
- *Informed choice about employment.*
- *Commitment to discovery techniques & skills/ assessing individual's interests, abilities, and skills.*
- *Assists in providing relevant information and experiences to make choices.*
- *Discussion of activities that were explored to make a decision.*

L. Non-Medical Transportation

1. Describe the agency's process for monitoring its vehicles for potential safety hazards while in use and routine repair checks as needed.
Include verifying current state automobile insurance requirements, how special lifts and other equipment are

kept in safe working order, how locking mechanisms on wheelchairs are used to immobilize wheelchairs during travel, and accessibility.

2. Provide the agency's policy and procedure for staff having to deal with breakdowns or accidents on the road and what to do in case of an emergency.
Include procedures for reporting incidents including keeping procedure in vehicle, how driver will keep all users of the vehicle safe when encountering a breakdown or accident, reporting breakdowns or accidents, and follow up on vehicle safety and driver competence after breaking down or accident.

M. Nutritional Counseling
There are no supplemental questions for this service. Please see Policy Grid.

N. Preliminary Risk Screening and Consultation
1. Provide documentation that the agency's identified Risk Evaluator (RE) has met all BBS qualifications and prerequisites for provisional BBS approval. (**If Renewing**: Provide documentation related to requirements for full and ongoing BBS approval.)

2. Please provide responses directly from the RE applicant for provisional approval for the following items:
   a. Describe your capacity to commit the time necessary to complete all ongoing training and supervision requirements, to participate in a competency review with BBS for full approval for this service.
   b. Please describe the agency's professional goals and how they relate to the level of training and supervision necessary to obtain BBS approval for this service.
   c. Please describe the RE's experience working with IDT members who are dealing with difficult, emotionally charged issues and their experience with making clinical recommendations in this context.
Language to watch for:
Response should include how they will ensure subcontractors or staff are competent to carry out all tasks including assessment, development of risk management strategies and recommending supervision reduction, and ongoing participation in outside PRSC clinical supervision and training. Response should include a description of how required participation in supervision and training in professional practice will occur.

O. Remote Personal Support Technology
1. Explain how the agency will work with the individual and their interdisciplinary team (IDT) to complete assessment and planning related to their PST needs.
Include a description of how the agency will facilitate creation of a customized team response plan to PST alerts when such a plan is needed.

2. Explain how the agency will provide training and education to the individual receiving PST devices and services and any of the individual's guardian/family/staff who will also require the training.
Include how the agency will provide education about monitoring and monitoring parameter safeguards that will ensure the individual and any roommate's privacy rights will be protected.

3. Describe how the agency will facilitate basic PST installation and maintenance needs or facilitate vendor services in these areas.
Include how agency will research and collaborate with potential vendors.

4. Describe the agency's experience and ability to ensure that an individual's lost, damaged, warranty replacement or returned item/s are addressed.
   a. Provide an explanation of how the above would be documented.

b. Provide sample scenarios on how the agency has dealt with these issues in the past and how the circumstance ended.

c. If you have never provided this service before or have no current data, please describe how you would implement and address this question going forward.

P. Respite
There are no supplemental questions for this service.

Q. Socialization and Sexuality Education
1. Please describe the agency's philosophy around provision of socialization and sexuality education to individuals with intellectual/developmental disabilities.
Response should detail how the person's sexual rights will be respected, both in the classroom and in consultation with the person's IDT, particularly regarding advocacy for the person to be able to pursue relationships of their own choosing.

2. Please describe why the agency would like to provide this service and what benefits and impact you believe it will have on individuals served under the DDW.

3. Identify at least one (1) BBS certified lead teacher and describe their experience and strengths in providing this service.

4. Please describe the process the agency will use to identify/train student teachers when needed by the agency; and

5. Please describe the process the agency will use to identify, train, and hire self-advocate peer mentors.

R. Supplemental Dental
There are no supplemental questions for this service.

S. Therapies (Occupational, Physical and Speech)
1. Describe the agency's understanding of the key concepts of the Collaborative-Consultative (C-C) therapy service model and describe how the agency uses this Model in the implementation of therapy services for individuals with I/DD.
    a. Indicate the importance of person-centered assessment and planning, as well as the use of the Participatory Approach philosophy in relation to implementation of the C-C therapy model.
    b. Include collaboration, WDSI/CARMP development, DSP training, and monitoring as key elements of implementation of the C-C therapy model.
    c. Demonstrate that the agency supports staff and contractor's attendance at all required training for DD Wavier therapists by demonstration of internal monitoring of training compliance.

2. Describe the agency's understanding of the need to address "fading therapy services" when developing therapy plans.
    a. Plan for orienting agency therapists to the need for fading.
    b. Description of how fading is incorporated into therapy planning and that fading is monitored by the agency.
    c. Plan for follow-up/education with agency therapists who do not incorporate fading into their therapy plans.

T. Developmental Disabilities Waiver Agency Authoritative Documents Per Service Type

Developmental Disabilities Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency's documents that address the following and include document titles and use the grid below to provide page numbers where each numbered area is addressed.

The authoritative documents will need to adequately address all requirements listed below and the agency should demonstrate that the authoritative documents are reviewed and or updated at least every three (3) years.

Policy/Procedure/Agency Document — Provide the Agency Document which applies the indicated topical area. The corresponding Authoritative document is included for your reference.	Applicable Service(s) — X marks the applicable service																			Agency's Document Title	Page #
	Adult Nursing	Assistive Technology Purchasing	Behavioral Support Consultation	Case Management	Community Integrated Employment	Customized Community Supports	Customized In-Home Supports	Crisis Supports	Environmental Modification	Living Supports	Non-Medical Transportation	Nutritional Counseling	Remote Personal Support Technology	Preliminary Risk Screening	Socialization and Sexuality Education	Supplemental Dental	Therapies	Respite	Independent Living Transition		
Abuse, Neglect and Exploitation (ANE): *NMAC 7.1.14, DDW Chapter 18*, NM Department of Health Improvement Incident Management Guide	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x		
Access to non-disability specific community inclusion: *DDW Chapter 11*	x		x	x	x	x	x			x						x					
Agency Files and accessibility: *DDW Appendix A*	x		x	x	x	x	x	x		x		x			x		x	x			
Annual Nursing Assessments: *DDW Chapter 10, 11 & 13*	x					x				x											
Annual Positive Behavior Support Assessment and Plan: *DDW Chapters 12 and 8*			x	x																	
Aspiration Risk Management: *DDW Chapter 5*	x		x	x		x				x							x				
Assistive Technology Monitoring: *DDW Chapters 8, 10, 11 and 12*			x	x	x	x	x		x	x											
Caregiver Criminal History Screening Program and Employee Abuse Registry: *DDW Chapter 16*	x		x	x	x	x	x	x		x	x						x	x			
Case Management including Face-to-Face visits, ISP, and monitoring of services: *DDW Chapter 6 & 8*				x																	

Service/Topic																				
Change of Condition: *DDW Chapters 4, 5, 10, 12 and 13*	x		x	x	x	x	x	x		x		x					x			
Complaint/Grievance Procedures: *NMAC 7.26.4, and DDW Chapter 8*	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Compliance with Assistive Technology Standards: *DDW Chapters 14 and 21*		x											x					x		
Consultant Pharmacist's Drug Regimen: *DDW Chapter 16*	x					x				x										
Coordination with Other Supports: *DDW Chapters 5, 6, 8, 9, 10, 11, 12, 13, 14 and 20*	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x		
Coverage and Back Up: *DDW Chapters 5, 8, 10, 11 and 13* ***Please include succession of care plan in the event of illness or death of the direct care family provider.***	x		x	x	x	x	x	x		x	x	x					x			
Crisis Supports Training: *DDW Chapter 14*								x												
DSP Training: *DDW Chapter 17*				x	x	x	x			x								x		
Employment First: *DDW Chapter 4, 6, 8, 10, 11*				x	x	x	x			x										
Emergency Evacuation, Placement and Relocation of Individuals: *DDW Chapters 10 and 17*				x	x	x	x			x										
End of Life: *DDW Chapters 4, 8, 12, 13 and Appendix A*	x		x	x		x				x							x			
Family Living Self-Assessment and Family Living Home Study Assessment: *DDW Chapter 10* ***Please provide a copy of your Home Study and Self-Assessment***										x										
Freedom of Choice and Non-Solicitation: *DDW Chapters 4 and 9*	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x		
Healthcare Coordination: *DDW Chapter 5*	x					x		x		x										
Human Rights: *DDW Chapters 2 and 3*				x	x	x	x	x	x		x							x		

Topic / DDW Reference																	
Individual Service Plan Implementation: *DDW Chapter 6, 8, 11, and 12*				x	x	x	x	x			x						
Informed Choice: *DDW Chapters 4, 6, 8, 9, and 11*				x	x	x	x	x			x						
Information Sharing: *DDW Chapters 6, 7, 20 and 21*	x		x	x	x	x	x	x			x	x	x		x	x	
Medication & Med Documentation: *DDW Chapters 13 and 20*	x							x			x						
Monitoring of and Monthly Face-to-Face Visits: *DDW Chapter 10* **Please provide a copy of the Agency's Face to Face Visit Tool.**				x				x			x						
Monitoring of ISP Implementation: *DDW Chapters 3, 6, 8, 10, 11, 12 and 19*				x	x	x	x	x			x						
New Mexico Nurse Practice Act: *DDW Chapters 10, 11 and 13* *New Mexico Nursing Act link:* https://www.ncsbn.org/New_Mexico_Nursing_Practice_Act.pdf	x							x			x						
Non-Medical Transportation and Monitoring of Vehicles: *DDW Chapter 14*												x					
Nurse Interdisciplinary Team (IDT) Communication: *DDW Chapter 13*	x							x			x						
Nursing Face-to Face Visits: *DDW Chapter 10.3, 10.4.2, 10.4.2.1, and 13.2.13*	x							x			x						
Nutritional Counseling Availability, Compliance, and Change of Condition: *DDW Chapters 5, 10, 12 and 13*				x							x		x				
On Call Nursing: *DDW Chapters 10, 11 and 13*	x							x		x	x						
Orientation to DD Waiver Services Standards and Training: *DDW Chapters 16 and 17*	x	x	x	x	x	x	x	x			x	x	x	x	x	x	
Person-Centeredness: *DDW Chapters 4, 6, 8, and 10*	x	x	x	x	x	x	x	x			x	x	x	x	x	x	
Protection of Individual's Finances: *DDW Chapters 3 and 10*						x	x	x			x						

Requirement																					
Protocol of Crisis Prevention and Intervention: *DDW Chapters 3 and 17*						x		x		x											
Quality Assurance/Quality Improvement Plan and Key Performance Indicators: *DDW Chapter 22*	x		x	x	x	x	x	x		x		x					x				
Self-Advocacy, Promotion of: *DDW Chapters 8, 10, 11 and 12*			x	x	x	x	x	x		x							x				
Service Provision: *DDW Chapters 1, 6, 7, 8, and 21*	x	x	x	x	x	x	x	x	x	x	x	x	X	x	x	x	x	x	x		
Staff/Subcontractor Supervision and Oversight: *DDW Chapters 10, 11, 12, 13 and 14*	x		x		x	x		x	x	x		x					x				
Subcontractors (**applies only if uses subcontractors**): *DDW Chapters 8, 10, 12, 13 and 16*	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Timely Completion of Crisis Documentation: DDW *Chapter 14*																					
Timely Completion of Nursing Documentation: *DDW Chapter 13*	x					x				x											
Timely Completion of Therapy Documentation: *DDW Chapter 12*																		x			
Transitions: *DDW Chapter 9*	x		x	x	x	x	x	x		x	x	x					x				
Transportation: *DDW Chapters 10, 11, 14 and 17*					x	x	x	x		x	x										

IV. OVERVIEW OF REVIEW PROCESS

A. Application Review Process

1. Each section will be scored and must achieve a passing score. A passing score is 86% of all possible points available for the area being scored.
2. Scoring is by committee/or subject matter expert:
3. Committee membership may include Bureau of Behavioral Supports (BBS), Clinical Services Bureau (CSB), Generalists, Community Inclusion (CI), Case Management (CM), Regional Nurse, Regional Office (RO) Director, Subject Matter Expert (SME), and Committee Chair (Provider Enrollment Manager). The Committee Chair will not score/vote on application reviews.
4. Each committee member will review the portion of the application that pertains to their area of expertise. For example, Community Inclusion Coordinators will review CIE and CCS; Statewide Case Management Lead will review Case Management etc.
5. The Committee Chair will assign applications to the RO Director or SME Lead, as determined by the application type.
6. Discretion will be allowed for the Committee Chair to confer with RO Directors and/or SME Leads to determine the assigned Lead for multiregional applications, so that one expert will review one section of the application eliminating duplicative scoring.
7. The Lead for each review will be a RO Director or SME Lead (Behavioral Support Consultation (BSC) and Therapies, assigned by the Committee Chair and will be responsible to have the final review on the application prior to sending to PEU.
8. The Lead is responsible for pulling together the local committee comprised of appropriate committee members, including any additional staff needed for a particular review.
9. Committee Chair is responsible for coordination, collection duties, and establishing timelines and due dates (reviewers have ten (10) business days to review the application from the date received from the Committee Chair, unless an exception is granted by the Committee Chair.
10. The Lead is responsible to send a completely vetted application with one (1), finalized scoring sheet from the local Committee to the Committee Chair by the established deadline.
11. Provider Application must score at least an 86% to receive a Provider Agreement and provide DD services. Applications may be approved/denied as a whole or by service type.
12. If less than 75% is received in the "Standard Program Description" area a full application denial will be issued.
13. Individual service type in conjunction with applicable authoritative documents may also be approved/denied; however, denial by service type does not constitute a full denial. Anything scored less than 86% will be returned to the applicant through the following Remediation Process.

B. Remediation Process for Existing Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider. The provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient:

2. A second, written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair. If the RFI is not returned or remains insufficient:

3. A third RFI will be issued by the Committee Chair in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through the transition process mentioned below. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

4. An application fee of five-hundred dollars will be charged to the Provider for the additional review by the Committee Chair. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient:

5. A Denial will be issued by DDSD. The denial will be issued by the Committee Chair for one-year from the date the last person is transitioned out of the provider agency.

6. If a denial is issued, the transition process will begin immediately.

C. Remediation Process for New Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

2. A second written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair.

3. If the RFI is not returned or remains insufficient a third RFI will be issued by the Committee Chair to the provider including the original referral for TA. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

4. An application fee of five-hundred dollars will be charged by the Committee Chair

to the Provider for the additional review. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

5. A Denial will be issued by DDSD. The Denial will be issued by the Committee Chair for one-year from the date of denial.

D. *Term of Agreement*

1. For providers of services which require accreditation:
   a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDSD.
   b. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDSD personnel.
   c. The Provider Agreement will never exceed the accreditation term.

2. For providers of services which do not require accreditation:
   a. New providers will receive a one (1) year provisional term.
   b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDSD personnel.

3. **For renewing providers,** the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous twenty-four (24) months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:
   a. Individual Quality Review (IQR) findings.
   b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).
   c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.
   d. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.
   e. Directed Plans of Corrective Active (DCA) related to Internal Review Committee.

V. DDSD CONTACT INFORMATION

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APPENDIX 1

MEDICAID REGULATIONS
Go to the NM Human Services Department website at:
https://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division-1.aspx
1. Medicaid Eligibility Home and Community Based Waiver Services
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

Chapter 314 Home and Community-Based Services, Waivers and Providers
Program Rules | New Mexico Human Services Department (state.nm.us)
Developmental Disabilities Waiver

DD WAIVER SERVICE STANDARDS
Go to the NM Department of Health website at:
Programs and Services (nmhealth.org)

BILLING RATES DD WAIVER
Go to the NM Human Services Department website at:
Fee Schedules | New Mexico Human Services Department (state.nm.us)

DDSD SAMPLE PROVIDER AGREEMENT
Go to the NM Department of Health website at:
DD & Medically Fragile Waiver Provider Enrollment (nmhealth.org)

DDSD ACCREDITATION INFORMATION
Go to the DD Waiver Service Standards website at:
https://www.nmhealth.org/publication/view/policy/7012/
Chapter 15, 16.2 Accreditation

INCIDENT MANAGEMENT SYSTEM GUIDE
Go to the NM Department of Health website at:
https://nmhealth.org/about/dhi/

TRANSITION OF DD WAIVER INDIVIDUALS
Go to the DD Waiver Service Standards website at:
https://www.nmhealth.org/publication/view/policy/7012/
Chapter 9 - Transitions

TRAINING REQUIREMENTS

Go to the NM Department of Health website at:

Training (nmhealth.org)

THE MEANINGFUL DAY IDEA BOOK

The definition of a Meaningful Day
Go to the NM Department of Health website at:
https://nmhealth.org/publication/view/general/4079/

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ANE	Abuse Neglect and Exploitation
ARA	Annual Resource Allotment
ARM	Aspiration Risk Management
AWMD	Assistance with Medication Delivery
AT	Assistive Technology
BBS	Bureau of Behavioral Supports
BCIP	Behavior Crisis Intervention Plan
BSC	Behavior Support Consultation
BWS	Budget Worksheet
CARMP	Comprehensive Aspiration Risk Management Plan
CCS	Customized Community Supports
CIA	Client Individual Assessment
CIE	Community Integrated Employment
CIHS	Customized In-Home Supports
CIU	Client Information Update
CMA	Certified Medication Aide
CMS	Centers for Medicare and Medicaid Services
COE	Category of Eligibility
COP	Condition of Participation
CPA	Corrective and Preventive Action Plan
CPB	Community Programs Bureau
CPR	Cardiopulmonary Resuscitation.
CRU	Central Registry Unit
DDSD	Developmental Disabilities Supports Division
DDSQI	Developmental Disabilities System Quality Improvement
DCP	Decision Consultation Process
DHI	Division of Health Improvement
DME	Durable Medical Equipment
DOH	Department of Health
DSP	Direct Support Professional
DVR	Division of Vocational Rehabilitation
e-CHAT	Electronic Comprehensive Health Assessment Tool:
EMSP	Environmental Modification Service Provider
EPR	Emergency Physical Restraint
EPSDT	Early Periodic Screening Diagnosis and Treatment
FRC	Friends and Relationships Course
GER	General Events Reporting
GERD	Gastro Esophageal Reflux Disease

H&P	Health and Physical
HCBS	Home and Community Based Services
HCP	Health Care Plan
HIPAA	Health Insurance Portability and Accountability Act
HRC	Human Rights Committee
HSD	Human Services Department
IASP	Individual Action and Safety Plan
I/DD	Intellectual and/or Developmental Disabilities
ICF/IID	Intermediate Care Facility for Individuals with ID
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEB	Intake and Eligibility Bureau
IMB	Incident Management Bureau
IMLS	Intensive Medical Living Services
IQR	Individual Quality Review
IRC	Internal Review Committee
ISD	Income Support Division
ISP	Individual Service Plan
IST	Individual Specific Training
ITP	Individual Transition Plan
JCM	Jackson Class Member
KPI	Key Performance Indicator
LCA	Living Care Arrangement
LOC	Level of Care
LPN	Licensed Practical Nurse
MAAT	Medication Administration Assessment Tool
MAR	Medication Administration Record
MCO	Managed Care Organization
MERP	Medical Emergency Response Plan
NMAC	New Mexico Administrative Code
OOHP	Out of Home Placement
OR	Outside Review(er)
OT	Occupational Therapy/Therapist
PBS	Positive Behavior Support
PBSA	Positive Behavior Supports Assessment
PBSP	Positive Behavior Supports Plan
PCA	Person Centered Assessment
PCP	Person-centered planning
PEU	Provider Enrollment Unit
PFOC	Primary Freedom of Choice
POC	Plan of Correction
PPMP	PRN Psychotropic Medication Plans

PRN	Pro Re Nada- as-needed
PRSC	Preliminary Risk Screening and Consultation
PT/ PTA	Physical Therapy/Therapy(ist)/ PT Assistant
QA	Quality Assurance
QI	Quality Improvement
QIS	Quality Improvement Strategy
QMB	Quality Management Bureau
RFI	Request for Information
RMP	Risk Management Plan
RN	Registered Nurse
RORA	Regional Office Request for Assistance
SE	Supported Employment
SFOC	Secondary Freedom of Choice
SLP	Speech-Language Pathologist
SSE	Socialization and Sexuality Education
SARL	Statewide Aspiration Risk List
TPA	Third Party Assessor
TSS	Teaching and Support Strategies
WCF	Waiver Change Form
WDSI	Written Direct Support Instructions
WIOA	Workforce Innovation and Opportunity ACT