
Date: February 26, 2018

DDSD-DDW Numbered Memo 2018-04
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To: All DD Waiver Providers and Interested Parties

From: Christina Hill, DDSD DD Waiver Program Manager

Subject: DD Waiver Service Standards Reissue 2/26/18 with Effective Date 3/1/18

DDSD has edited the DD Waiver Service Standards since the issue date of 1/2/18. Revisions are related to:

1. New content related to Supported Living Categories 1-4 and Customized Community Supports-Group- Jackson Only;
2. Corrections related to Settings Requirements for Non-Residential Settings, On-Call Nursing, Training, and the Client File Matrix;
3. Extensive edits in Chapter 5.5 Aspiration Risk Management and Chapter 13 Nursing Services for easier readability;
4. Other clarifications based on questions and comments received by DDSD; and
5. Grammatical and typographical corrections.

The attached grid provides a summary detail of the substantive edits for your reference. The DD Waiver Service Standards issued on 2/26/2018 are posted on the DOH website at:

<https://nmhealth.org/about/ddsd/pgsv/ddw/sas/> .

These standards are effective 3/1/2018 with the exception of specific standards that require a transition period. Standards that require a transition period are specified in DDSD-DDW Numbered Memo 2018-05 found on the DOH-DD Waiver homepage:

(<https://nmhealth.org/about/ddsd/pgsv/ddw/>).

Please contact your DDSD Regional Office with any questions or concerns.

Chapter and Section

Revisions - Replacement or new language is in red and italics

1.2 Central Registry (Waiting List)

Central Registry (waiting list)

3.4 Emergency Physical Restraint (EPR)

3. EPR can be used when in a BCIP and use is approved by an HRC and on the rare occasion when a person presents extreme, unique, unprecedented, and unpredicted behavior that requires an immediate physical intervention which included EPR.

1. Participate in an emergency IDT meeting following any use of EPR, whether contained in a BCIP or use is unprecedented :

- examine the factors contributing to the crisis;
- assess whether the contributing factors persist;
- explore alternative interventions that may have been used;
- attempt to predict if the presenting behavior is likely to recur; and
- recommend the use of a BCIP or amended or additional prevention and early intervention strategies in a current BCIP

Deleted original # 4 as a duplication

4.7.1 Service Provision

6. a. complete and submit the Self-Imposed Moratorium form to the PEU SFOC Exception Request Form to the applicable DDSD Regional Office

4.7.1 Service Provision

6. b- c (combined) include information that demonstrates the agency does not have the capability to ensure the health and safety of that individual or others prior to the end of the self-imposed moratorium expiration date. ~~within no more than a six-month period. If an exception is granted, complete and the self-imposed moratorium within no more than a six-month period.~~

4.7.1 Service Provision

7. b. have developed the capacity to support the individual(s) for which they originally received the exception by the moratorium expiration date end of the six-month period; c. a. take the appropriate steps to ensure they are fully capable of serving all individuals on the DD Waiver by the moratorium expiration date end of the six-month period; and d. place themselves on a self-imposed moratorium until compliance can be demonstrated to DDSD if unable to comply after and unable to develop the capacity to support all individuals on the DD Waiver, including the individuals for which they originally received the exception after the six-month period.

5.8 Aspiration Risk Management

extensive edits to improve readability and flow

7.3.3 Adult Budget Submission Process

6. Submissions must be at least 60 full days in advance of an ISP expiration or 30 days in advance of a service revision. For 30 and 60-day timelines, the measure is by date of the month, starting the first full calendar day after submission.

4. All language under #4 is replaced by : Specific staffing ratios (e.g., 1:1 or 2:1) are not strictly required on a daily or hourly basis but should be based on the approved Supported Living Category, as follows:

- Supported Living Category 1 (Basic Support) routinely accommodates up to 7 hours a week of focused DSP attention and rare nursing services based on the person's needs and ISP. Focused DSP attention may be more or less than 7 hours on a given week, based on the person's needs and ISP.
- Supported Living Category 2 (Moderate Support) routinely accommodates between 7-14 hours a week of focused DSP attention and up to 5 hours monthly. Focused DSP attention may be more or less than 14 hours on a given week, based on the person's needs and ISP.
- Supported Living Category 3 (Extensive Support) routinely accommodates between 14-28 hours a week of focused DSP attention and frequent (up to 10 hours a month) nursing services. Focused DSP attention may be more or less than 28 hours on a given week, based on the person's needs and ISP.
- Supported Living Category 4 (Extraordinary Medical/ Behavioral Support) routinely accommodates the need for more than 28 hours a week of focused DSP attention. Focused DSP attention may be more or less than 28 hours on a given week, based on the person's needs and ISP.

10.3.9.2 General Requirements

Chapter and Section

Revisions Replacement or new language is in red and italics

10.3.3 Additional Requirements for Supported Living-Category 4 Extraordinary Behavior Support and 10.3.9.4 Additional Requirements for Supported Living-Category 4 Extraordinary Medical Support

10.4.3.1 Monitoring and Supervision

1. Provide and document monthly face-to-face consultation in the Family Living home conducted by agency supervisors or internal service coordinators with the DSP and the person receiving services to include:
All individuals have the right to choose where they receive services. ~~The following may not be provided in an agency-operated building and must be provided in the community:~~

- 1- Individual CCS (CCS-I)
- 2- Small Group CCS
- 3- Community Inclusion Aider
- 4- Job Maintenance
- 5- Self Employment
- 6- Intensive Community Integrated Employment (ICIE) and
- 7- Community Integrated Employment Group models

11.5 Settings Requirements for Non-Residential Settings

11.6.5 Customized Community Supports- Group (CCS-Group)
Within the CCS Group model, there are ~~two~~ **three** categories of service: CCS Group Category 1 and CCS- Group Category 2 Extensive Support ~~and CCS- Group- Jackson only~~.

11.6.5 Customized Community Supports- Group (CCS-Group)

3. c. ~~CCS-Group Jackson Only is not to exceed one-to-four (1:4).~~
i. ~~JCMs may receive the CCS-Group Jackson Only service in order to maintain the same level of Adult Habilitation Medical/Behavioral~~

12.2.5.1 Documentation (BSC)

13. Nursing Services
Extensive edits for readability

13.2.13 Monitoring, Oversight and On-Call Nursing

2. For JCMs, nurses are required to, at minimum, visit according to the JCM acuity requirements. ~~These are based on a combination of the person's e-CHAT Acuity level and the Aspiration Risk level.~~ 2. ~~a-c replaced with a table.~~

13.2.13 Monitoring, Oversight and On-Call Nursing

3. All monitoring visits should be based on prudent nursing practice and clinical issues that require a face to face nursing visit to monitor the status of the person ~~and discuss issues with DSP.~~

13.2.13 Monitoring, Oversight and On-Call Nursing

5. a. An on-call nurse is required to be available to DSP. They must be able to respond within 15 minutes by phone and within ~~60-90~~ minutes...

13.3.2 Scope of Ongoing Adult Nursing Services (OANS)

Several elements of Ongoing Adult Nursing services are required if the person is a JCM ; the person resides with non-related or host Family Living (FL) providers or receives health related supports ~~from DSP~~ that require training and oversight by nursing in Customized Community Supports- individual or small group; Community Integrated Employment or Customized In-Home supports. The following services are included

13.3.2.1 Healthcare Planning and Coordination

Provision of Healthcare Planning and Coordination is required in Family Living with non-related or host families ~~and if the person is a JCM residing with either a related or non-related Family Living provider.~~

13.3.2.3 Medication Oversight

1. Medication Oversight by a DD Waiver nurse is required in Family Living for ~~when a person lives with surrogate/host families; all JCMs and whenever non-related DSP provide supports.~~

13.3.2.6 Coordination of Complex Conditions

In addition to Healthcare Planning and Coordination described above, the nurse will provide ongoing support and resources to the individual who has complex medical conditions to support the person and their guardian. ~~Family Living provider. This service is required in Family Living for surrogate/host families and all JCMs. It is optional for all others.~~

17.1 Training Requirements for Direct Support Personnel (DSP) and Direct Support Supervisors (DSS)

6. ~~The requirement for Family Living providers to take any training prior to working alone with a person receiving services is waived if the person receiving services is already living in the household when services are to begin. The requirement to take the training within 30 days will remain.~~

17.1 Training Requirements for Direct Support Personnel (DSP) and Direct Support Supervisors (DSS)

4 I. Introduction to Supporting Sexuality for Persons with IDD as designated in the ISP or by the IDT ~~within 90 days of hire.~~

Chapter and Section

Revisions -Replacement or new language is in red and italics

17.1.2	Training Requirements for Service Coordinators (SC)	4. e. DDSD ANE On-line Refresher training renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i> m. ii. DDSD standards policy regarding behavior supports, <i>healthy relationships and sexuality, and use of psychotropic medications</i> Service Providers; and
17.1.2	Training Requirements for Service Coordinators (SC)	2. f. DDSD ANE On-line Refresher training renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i>
17.2	Training Requirements for CMs and Case Management Supervisors	4. DDSD ANE On-line Refresher training renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i>
17.3	Training Requirements for Substitute Care and Respite	7. completion of the DDSD - approved curriculum on Indications of Illness and Injury <i>within 90 days of hire</i> and prior to working alone with a person in services
17.4	Nurses	
17.5	Behavior Support Consultants (BSCs)	1. c. DDSD ANE On-line Refresher training renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i> <i>multiple other edits for clarification and readability with adjusted timelines</i>
17.6	Therapists (OT, PT, & SLP)	1. c. DDSD ANE On-line Refresher training renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i> 2. completion of the DDSD - approved curriculum on Indications of Illness and Injury <i>within 90 days of hire</i> and prior to working alone with a person in services.
17.9	Reporting and Documentation Requirements	9. Agencies shall maintain accurate and completed training records and maintain documented proof that former and current staff have completed required trainings. Documented proof shall consist of the following, <i>when applicable</i> : ...
18.1	Training on Abuse, Neglect and Exploitation (ANE) Recognition and Reporting	DDSD ANE On-line Refresher training shall be renewed annually, and not to exceed 12-month intervals; <i>within one year of successful completion of the DDSD ANE classroom training;</i>
19.5	Semi-Annual Reporting	4. The second semi-annual report is integrated into the annual report or <i>professional assessment/annual re-evaluation</i> when applicable and is due 14 calendar days prior to the annual ISP meeting.
20.2	Client Records Requirements	5. Provider Agencies are not responsible for maintaining daily or other contact notes documenting the nature and frequency of service delivery by other service Provider Agencies. <i>Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided which they provide to the person.</i>
20.2	Client Records Requirements	Original #7 and 8 were deleted due to duplication in Chapter 21
20.2	Client Records Requirements	6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, on-site and in the home, or for records to be made available while providing services in the community the delivery site, or with DSP while providing services in the community.
20.5.1	Individual Data From (IDF)	The Individual Data Form provides an overview of demographic information as well as other key personal, programmatic, <i>insurance</i> and health related information... This form is initiated by the CM. It must be opened and continuously updated by agencies providing <i>Living Supports, CCS- Group, ANS, CHS and case management when applicable to the person.</i> both Living Supports and Community Inclusion Agencies to have in order for accurate data available and loaded into auto-populate other documents like the Health Passport and Physician Consultation Form.
20.5.2	Health Tracker	The Health Tracker is a feature of Therap that contains multiple required elements designed to support the Healthcare Coordinator, DSP, supervisors, nurses, and CMs. and all members of the IDT in tracking, communicating and acting upon changes in health status. <i>Information from Health Tracker may be shared with other members of the IDT as needed.</i>
20.5.2	Health Tracker	1. Lab Test – This section ...Laboratory results may be attached to an appointment.
21.8	Non-Billable Services, Activities, Circumstances	15. Time Associated with... i. Semi-annual reports, unless it is the annual re-evaluation or professional assessment as outlined in the standards related to the specified service;
Appendix A	Client File Matrix	<i>Extensive edits for clarity in the grid and footnotes. Clarified that DSP are not required to carry extensive documentation into the community.</i>