
Date: December 28, 2018

DDSD-DDW Numbered Memo 2018-19

To: Developmental Disabilities (DD) Waiver Providers and interested parties

From: Christina Hill, DD Waiver Manager

Cc: Jim Copeland, Director; Jennifer Rodriguez, Community Programs Bureau; Scott Doan Regional Office Bureau; Cheryl Frazine, Bureau of Behavioral Supports; Elizabeth Finley, Clinical Services Bureau; Casey Stone Romero, Community Inclusion

Subject: Edits to DD Waiver Service Standards /Page Replacements

The Developmental Disabilities Supports Division has made revisions to the DD Waiver Service Standards. There are no overall changes to the page numbers, so you may simply print page replacements from revised DD Waiver Services Standards posted on the DOH – DDSD Website <https://nmhealth.org/about/ddsd/pgsv/ddw/sas/> .

For your convenience, a summary of edits is reflected in the accompanying chart.

Chapter	Pg.	Changes in red	Reason for Change	Grace Period
3.3 Human Rights Committee	23	1. HRC membership must include: <ol style="list-style-type: none"> at least one member with a diagnosis of I/DD; a parent or guardian of a person with I/DD; or and a member from the community at large that is not associated with DD Waiver services. 	Correcting error at issue to align with prior policy.	None
6.7 Completion and Distribution of the ISP	67	The CM is required to assure all elements of the ISP and companion documents are completed and distributed to the IDT prior to the expiration of the ISP term. However, DD Waiver Provider Agencies share responsibility to contribute to the completion of the ISP. The ISP must be completed and approved prior to the expiration date of the previous ISP term. Within 14 days of the approved ISP and when available, the CM distributes the complete ISP including the TSS to the DDSD Regional Office, the DD Waiver Provider Agencies with a SFOC, and to all IDT members requested by the person. When TSS are not completed upon approval of the ISP, they must be distributed when available, no later than 14 days prior to the beginning of the ISP term or ISP revision date.	Clarifying that complete ISP includes TSS as well as timelines for distribution.	None
10.3.6 Requirements for Each Residence	97	5. has water temperature that does not exceed a safe temperature (120 ¹¹⁰ F).	Response to feedback and alignment with Anti-Scalding Plumbing codes.	None
11.4 Person Centered Assessments (PCA) and Career Development Plans	117	2. The agency must have documented evidence that the should involve the person or guardian, along with family as applicable were involved in when developing the person-centered assessment.	Clarification on who must participate in the PCA.	None

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11.7.2.5 CIE-Group-Intensive	129	Strikethrough of section CIE-Group-Intensive.	11.7.2.5 CIE-Group-Intensive is the same language as 11.7.2.4 CIE Group Category 2-Extensive Support. 11.7.2.8 Intensive CIE covers Intensive CIE services.	None
12.2.5.1 Documentation	137	BSCs must provide PBSAs to core IDT members at least two weeks prior to the scheduled annual IDT meeting. PBSPs and other plans (BCIP, PPMP) will be provided within 30 calendar days of the start of annual ISP term.	Clarification to align with other report submission requirements.	None
16.3 Direct Support Personnel Educational and Experience Requirements	209	1. DSP must be 18 years or older; and have a high school diploma or GED. DSP hired prior to January 1, 2013; DSP in family living, related by affinity or consanguinity; and DSP in Respite are exempt from this requirement.	Correcting unintended omission at prior issue.	None
20.5.2 Health Tracker	240-241	Timelines for data entry added to: <ul style="list-style-type: none"> • Appointments, • Lab work, • Blood Glucose, Height/Weight, Infection, Intake/Elimination, Menses, Respiratory treatment, Skin/Wound, and Vital Signs, and • Immunizations. 	Addition of timelines since timely data entry is critical to multidisciplinary access to healthcare information as well as effective monitoring and healthcare coordination.	Until 6/30/19

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20.5.3 Health Passport and Physician Consultation Form	242	<p>All Primary and Secondary Provider Agencies must use the <i>Health Passport</i> and <i>Physician Consultation</i> form when generated from an e-CHAT in the Therap system.</p> <p>5. For JCMs, Provider Agencies must document that the <i>Health Passport</i> and <i>Physician Consultation</i> form and Advanced Healthcare Directives were delivered to the treating healthcare professional by one of the following means:</p> <p>a. document delivery using the <i>Appointments Results</i> section in <i>Therap Health Tracking Appointments</i>; or and</p> <p>b. scan the signed <i>Physician Consultation Form</i> into Therap after the person returns from the healthcare visit.</p>	Clarification that a Health Passport is not required for those individuals in CIHS who do not have Adult Nursing service on their budget because there would be no way for them to generate the Health Passport without a complete e-CHAT.	None
21.9.2 Requirements for Monthly Units	249	<p>2. At least one hour of Face-to-face billable services shall be provided during a calendar month where any portion of a monthly unit is billed.</p>	Response to feedback from case managers and alignment with national practices. Correcting unintended omission at prior issue.	None
Appendix A Client File Matrix	253-263	<p>Added sub columns to Administrative File.</p> <p>Added Requirements for Individual Quality Review: Findings and Recommendations.</p>	Clarification to prevent unintended duplication. Assist with prevention of repeat findings.	None
Table 2: Suggested Dollar Amounts	283-284	Dollar amounts adjusted.	Dollar amounts aligned with rate increase in effect 1-1-2019.	None