NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Investing for tomorrow, delivering today.

DD Waiver Service Standards 2021 Workshop

DD Waiver Service Standards Effective Date: November 1, 2021

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

House Keeping/Ground Rules

House Keeping:

- Mute will be on during presentation.
- No Chat
- Breaks/Intermission: Questions/Answers time after break.
- Question/Answer after the presentation.
- Copy of Power Point will be provided
- This workshop will be recorded and available after presentation

Ground Rules:

- Respect Time
- Look to the Future
- Problems are Opportunities
- Please Be Nice

Objectives

- Review each standards chapter and highlight updates and changes
- Highlight changes made and transition periods based on input on posted draft of standards
- Emphasize changes that relate to Clinical Criteria updates
- Clarification in areas that have had common confusion or challenges
- Provide DDSD resources and contacts for more information and technical assistance

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

INTRODUCTION

- Clarification on how updates will be provided
- Advocates updated their statement

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Chapter 1: Initial Allocation and Ongoing Eligibility

Updates:

- Definition of Intellectual/Developmental Disability (IDD) to match update made in Waiver Amendment October 2020.

Review:

- Allocation Reporting Forms (ARF)

TRANSITION PERIOD

ARF transition to THERAP case notes to be determined later. At this time, please utilize current process for submitting ARF.

- Child pend status

Chapter 1: Initial Allocation and Ongoing Eligibility

Updated Definition:

- No change to Intellectual Disability (ID)
- Related Condition
  - Severe chronic disability, other than mental illness, closely related to ID, that is lifelong and indefinite;
  - Manifest prior to age 22;
  - IQ or adaptive behavior similar to a person with ID; and
  - 3 substantial functional limitations

Chapter 1: Initial Allocation and Ongoing Eligibility

Allocation Reporting Form (ARF):

- Continued use of Therap/SCOMM to provide the documents to Intake & Eligibility
- Due by the 15th of each month, or earlier if documentation is available, until the individual is in service
- Contract management for untimely and missing ARFs

Chapter 1: Initial Allocation and Ongoing Eligibility

Child Pend:

- Only for children under age 9
- We have some information, but not enough
- Information is in the Central Registry, but ***not*** on the Wait List
- We will request information around the child's 9th birthday to make a determination

Chapter 2:
Human Rights

- **Team Justification Process (TJP):** Rolling the Team Justification Form (TJF) and Decision Consultation Form (DCF) form into one form.
- **New Form Name:** Decision Consultation and Team Justification Form (DC/TJF)

TRANISTION PERIOD

DC/TJF form will be a part of the ISP development for all ISP's beginning 2 months from date of issue of DC/TJF form. DC/TJF form will need to replace current documents during the development of an individual's ISP or any new decision.

Chapter 3: Safeguards

3.1: Decision Consultation Process (DCP) & Team Justification Processes (TJP):

Once these processes are completed, often never revisited!

- New: CM will discuss with individual and/or guardian at Pre-ISP meeting, ***AND*** discuss number of DC/JTF forms in place at ***ANNUAL IDT***; does the person and/or guardian wish to continue, edit, or change?
- New: Combined form (DC/TJF) with instructions for both processes; CM/team will complete DC or TJ portion of document.

Chapter 3: Safeguards

Human Rights Committees (Agency):

3.3 Changes to standards for HRCs run by agencies or across agencies.

- Change: HRC membership now ***required*** to have:
  - Health care services professional
  - Community-at-large member clarified—not associated with DDW services, past or present

TRANSITION PERIOD

HRC Membership must include a community member by 5-1-22.

- Change: 3.3.3 HRC review schedule—NO HRC review required for PRN Psychotropic Medication use prescribed by Hospice/utilized when individual is in Hospice care.

Chapter 3: Safeguards

New HRC Super Committee (HRCSC):

- New: *3.3.5 Statewide* Oversight Committee:
  - Reviews proposed rights restrictions based on a documented health and safety concern
  - By referral from Provider Agency HRC's or a person's IDT
  - Fill out a RORA, attach an HRC referral form and send to the regional office RORA contact

Chapter 3: Safeguards

Emergency Physical Restraint:

Clarifications:

- 3.4 Emergency Physical Restraint (EPR) was not defined in standard
  - *Added definition of EPR in text, and*
  - *3.4.2 clarified that prone and supine restraints are PROHIBITED*

Chapter 4: Person-Centered Planning

- 4.1.1: Person Centered Thinking description updated

- 4.2: Informed Choice added information on Advanced Directives
  - DD Waiver Provider Agencies on the IDT are required to: be aware of and support new or existing Advanced Directives including Do Not Resuscitate; Do Not Intubate or other Directives or orders.

Chapter 5: Health

Healthcare Coordination:

- Provider agencies have a responsibility to communicate with guardians about sharing all medical/behavioral information needed with the IDT
- 5.1.10 - Ensure that the DCP (Ch 3.1.1) is followed as needed.
- Update to provide information on benefits of promoting Healthy Relationships and Sexuality as well as IDT and CM's roles and responsibilities

Chapter 5: Health

Section 5.5 ARM:

- New: 5.5.1.c – CARMP development: Note CARMP Draft in Therap (Ch. 20.5.6) & sharing with the person/guardian
- New: 5.5.1.4 – When a CARMP is in place & there is a change in risk level or condition, the IDT continues with the current CARMP until updates are made
- New: 5.5.2 – Edits to flow were completed

Chapter 5: Health

Section 5.5 ARM:

- 5.5.4 Table A - Newly Identified- Initial CARMP Development

  New : Time Changes

  - #5 - CARMP development IDT meeting:
    - Any time after the Collaborative Assessment was completed.
  - #6 - CARMP must be developed within 60 days following ARST
    - 5 and 6 may be combined by the IDT, if desired. CARMP is developed using Therap.
  - #7- Review CARMP with individual and Guardian
    - As soon as CARMP is completed by all authors, but no later than 67 days following ARST results
    - The CM reviews for complete sections and shares with the individual and guardian. CM dates the final CARMP and “submits” in Therap.

Chapter 5: Health

Section 5.5 ARM:

5.5.4 Table B – Ongoing ARM Process:

- New: Edits focus on the individual, guardian and use of the DCP and new DCP/TJF forms
- Team edits CARMP per the DCP in Therap
- The CM finalizes the CARMP by adding the date to CARMP, uploading and “submitting” in Therap

Chapter 5: Health

Section 5.5: ARM

- New: 5.5.5.The CM follows the CARMP Draft process. See Chapter 20.5.6 CARMP Draft in Questionnaire in Therap
- 5.5.6.1 Roles and Responsibilities for CARMP development including the CM coordinates the CARMP Development in Therap

Chapter 5: Health

Section 5.5 ARM:

- **5.5.7.2 All IDT Members**

b. Implement and maintain the CARMP as a stand-alone document … in the home and other service settings New

c. Duplicative instructional documents will be removed from all sites and support documentation at the time of CARMP initiation New

f. Communicate concerns related to CARMP implementation to agency representatives and DDSD as needed New

- **5.5.7.6** Additional Case Management Responsibilities

The nurses, therapists, RDs, BSCs and CMs follow the CARMP Draft process, see Ch. 5.5.8 CARMP Draft in Questionnaire Forms in Therap New

Chapter 5: Health

Section 5.5: ARM

5.5.7.2 - All IDT Members

b. Implement and maintain the CARMP as a stand-alone document that is used to guide, direct and teach… aspiration risk management strategies in the home and other service settings New

c. Duplicative instructional documents will be removed from all sites and support documentation at the time of CARMP initiation. …..since they are all replaced by the CARMP New

f. Communicate concerns related to CARMP implementation to agency and representatives and DDSD as needed New

Chapter 5: Health

Section 5.5: ARM

5.5.7.3 Additional Nursing Responsibilities

10. Nursing assessment should be completed in person when possible although telehealth/telephonic methods may be used when needed based on prudent nursing practice. During a public health emergency or natural disaster, the nurse may need to rely on telehealth or remote services only New

Chapter 5: Health

Section: 5.5 ARM

5.5.7.4 Additional RD responsibilities:

1. During the Collaborative Aspiration Risk Assessment the RD focuses on….nutritional intake. The ..recommendations … are distributed to the IDT and added to the CARMP and trained New

2. The RD provides and documents observation and monitoring of nutritional status and CARMP implementation at least quarterly New

Chapter 5: Health

Section: 5.5.7.5 Additional Primary Provider Agency Responsibilities:

2. The Primary Provider Agency is required to arrange for and support the utilization of RD and nursing time for all people at risk for aspiration that need ARM supports. This requirement includes notifying the RD and nurse, in a timely manner, about ALL IDT meetings, Collaborative Aspiration Risk Assessment, and CARMP development, review and revision. New

3. The Primary Provider Agency must follow the CARMP Draft in Therap: Process and Requirements. New

Chapter 6: Individual Service Plan (ISP)

6.3 Role of Assessments: IDT role to recognize coordination of benefits with MCO Care Coordinator

6.4 Preparation for ISP Meetings: Requirements during Pre-ISP Meeting.

6.5.1 Annual ISP Meetings: Meetings should not occur more than 90 calendar days before the ISP expiration

TRANSITION PERIOD

Starting with ISP beginning 6-1-22, ISP annual meetings cannot occur more than 90 calendar days before ISP Expiration.

Chapter 6: Individual Service Plan (ISP)

NEW: **6.7 Planning for Technology Use:**

1. Identifying technology solutions and supporting use of technology
2. CM facilitates discussion of technology solutions during planning
3. CM assists the individual and guardian to review Secondary Freedom of Choice (SFOC) for AT and RPST
4. Choosing AT or RPST provider and planning the budget request for technology

TRANSITION PERIOD

DDSD will issue an ISP Addendum for Technology/Telehealth to be part of ISP development for all ISPs beginning 4 months from date of issue of the Technology/Telehealth Addendum.


BREAK

Chapter 7: Available Services and Individual Budget Development

- Updated to capture transition of Child ARA budgets to budget work sheets and OR submission process
- Children's Budgets have a minimum requirement of four (4) units of case management and up to twelve (12) units based on person centered approach.

Added to Clinical Criteria

TRANSITION PERIOD
Child Budgets transition by ISP term for ISPs on or after 1/15/22,

Chapter 7: Available Services and Individual Budget Development

Section: 7.4 Budget Submission Process:

New: Submissions must be at least 45 full calendar days in advance of an ISP expiration or 30 calendar days in advance of a service revision. For 30 and 45-day timelines, the measure is made by date of the month (e.g., June 30 is 30 days prior to July 30)

Section 7.4: Retroactive Reviews:

New and Reminder: Retroactive review will only be considered if request is made to the Regional Office CM Coordinator and requests made no later than 90 calendar days from the planned start date of the service

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Chapter 8: Case Management

- **8.2.1: Promoting Self Advocacy and Advocating on Behalf of the Person in Service:**

New #2: Address needs for Guardianship when indicated

New #3: Obtain assistance from the Regional Office Nurse, Bureau of Behavioral Services or Clinical Services Bureau for access to technical assistance and consultation when needed

New #16: Support the person's, health care decision maker's or guardian's decisions related to Do Not Resuscitate, Do Not Intubate or other advanced directives

Chapter 8: Case Management

CM requirements and qualification updates:

Section: 8.3.1 Agency Requirements:

Case Manager qualification changed

TRANSITION PERIOD

New case managers must meet requirements; existing case managers approved through Regional Office exceptions no longer require Regional Office approval.

Section: 17.2 Training Requirements for CMs and Case Management Supervisors: Requirement to complete 14 hours of training annually

Chapter 8: Case Management

8.3.2 Programmatic Requirements:

New Case Management Agencies shall maintain at least one office

8.3.4 Caseload Levels:

New #2. CM Caseload is not to exceed more than 50 individuals across DDW, Supports Waiver, and Mi Via

Chapter 9: Transitions

Section: 9.1 Change in Case Management Agency:

8c. revises and submits any budgets starting within 30 (calendar) days of the transition. (Not new, but moved to this section)

Section 9.3 Out of Home Placement (OOHP): Addition of definition of OOHP

Section 9.4 Discharge From Services

#3: If the discharge request is approved, the Provider agency must send a written 30 (calendar) day notice of discharge to the individual and guardian stating the reason for the discharge New

#4: A transition meeting must be scheduled by the CM and completed as described in 9.10 Transition Meeting New

Chapter 9: Transitions

9.10 Transition Meeting: Added Information needed in ITP

#8. diagnosis, medical issues New

#17. decision consultation or team justification documentations (DC/TJ) New

#18. dates of the LOC and the ISP term to include documentation regarding the discussion of the medical and financial eligibility expiration dates (Category of Eligibility) New

Chapter 9: Transitions

9.6: Suspension of Services:

- Temporary interruption of authorized waiver services time frame changed from 60 consecutive days to consecutive 90 days
- Provider Agencies must notify DDSD Regional Office, the individual's guardian and case manager if a person is at risk of being suspended from services
- Requirements were added that need to be met to ensure that a suspension of services is appropriate

Chapter 10: Living Care Arrangements (LCA)

Section 10.3.2.7 #19 : Ensuring provider agency speaks with guardian to ensure any medical, behavioral or psychiatric information is provided as part of an individual's routine medical or psychiatric care

Nursing and Nutritional supports updated for residential services. DDSD enhanced the language regarding Nutritional Counseling to encompass determining the level of nutritional supports under LCA's

Subcontractor Application and Home Study requirements and process updated

TRANSITION PERIOD

Home Study Implementation-All new subcontractors or renewing subcontractors must complete all required elements of the Home Study beginning 12-1-2021.

Chapter 10: Living Care Arrangements (LCA)

Section 10.3.2: Agencies must have a plan **to support the technology** needs of an individual

General requirements for Supported Living were updated to include use of remote personal support technology (RPST)

Chapter 10: Living Care Arrangements (LCA)

- **CIHS:**
  - ✓CIHS agency requirements to use state mandated EVV System

TRANSITION PERIOD
HSD and DDSD will provide further guidance on phase II implementation of EVV and billing process.

  - ✓CIHS clarification of services:
    - Budgets averaging more than 11 hours per day of paid support are required for Regional Office approval

TRANSITION PERIOD
Regional Office approval for CIHS of more than 11 hours per day must be submitted for ISP start dates on or after 1-15- 2022.

Added to Clinical Criteria.

  - ✓Reminder: CIHS may not replace or substitute for CCS or CIE.

Chapter 10: Living Care Arrangements (LCA)

10.3.7 Requirements for Each Residence Updated:

Water Temperature: Anyone with a history of being unsafe in or around water while bathing, grooming, etc. or with a history of at least one scalding incident will have a regulated temperature control valve or device installed in the home.

Addition of supporting environmental modifications, remote personal support technology (RPST), and assistive technology devices

Has Personal Protective Equipment available, when needed

Chapter 11: Community Inclusion

- General Scope and Intent of services updated
- Removal of Individual Intensive Behavior Supports Customized Communication (CCS-IIBS)

TRANSITION PERIOD

Transition for CCS-IIBS: Prior approvals remain in effect until end of ISP term. No new requests allowable for any submissions made on or after 12/1/21.

- Unbundling of Job Coaching and Job Development-Rare Approval
- Addition of Remote Based Supports
- FMAE

Criteria Added to Clinical

Chapter 12: Professional and Clinical Services

Behavioral Support Consultation:

Changes:

- Clarification to 7.3.2.2.5 Clinical Documentation Changed to read “Behavior reports including PBSA presented at the annual IDT, and PBSP, BCIP, PPMP, and RMP currently in place”
- New: 12.2.3 Service Requirements Addition of provision for use of telehealth within limits
  - Initial & annual PBSAs must include face-to-face evaluation unless during state and/or national (declared) pandemic
- Reminder: Children have always been able to access BSC for home, community support because it is a unique service
  - May also access behavioral health services through MCO, school program

Added to Clinical Criteria

Chapter 12: Professional and Clinical Services

Preliminary Risk Screening & Consultation (PRSC):

Three changes proposed, two completed:

- Require ANE and Indications of Illness and Injury training within 30 (calendar) days and prior to working alone with person
- Changing the name of Risk ***Evaluator*** to Risk ***Screener*** did not occur; PRS screenings will still be conducted by a ***Risk Evaluator***
- Reminder: Children have always been able to access PRSC for home, community support because it is a unique service

Added to Clinical Criteria

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Chapter 12: Professional and Clinical Services

Section 12.4 Therapy Services:

New: Includes Physical Therapy Assistants (PTA) and Certified Occupational Therapy Assistants (COTA)

Clarification: Services may not be provided concurrently with inpatient Medicaid Services (e.g., hospitalization, ***long term care or rehabilitation***)

12.4.3 Delivery of Therapy Services/Service Setting

New: Visits may not occur exclusively in only one setting using one modality

New: A specific modality may be used to deliver therapy services (e.g., pool, horses, dogs, ***gymnasium***). However, that one modality or site may not be exclusive to other sites and delivery of services in all life settings including customized community supports, as appropriate ***and agreed upon by the individual, guardian, therapist and respective provider***

Chapter 12: Professional and Clinical Services

12.4.3 Delivery of Therapy Services/Service Setting

New: Training - any person working directly with the individual across settings to support follow through with recommended activities and strategies

New: Therapy service locations: in person (face to face), via telehealth (remote) or a combination - including training, monitoring, and intervention *remote-only services are not allowed, except during a PHE

New/Clarification: Therapy may be delivered during community-based services and training and integration of any WDSIs may occur in the community setting

Clarification: Therapists may take the individual to a different location based on team discussion – IDT communication about scheduling and location is key!

New: Employment site visits should not occur unless they have been approved by the individual, guardian, and employer

Chapter 12: Professional and Clinical Services

12.4.7.2 IDT Participation:

New: Attendance allowed in person or via telehealth

12.4.7.5 Collaboration and Consultation:

Clarification: Collaborating with agencies, ***when requested***, to schedule appropriate training and support WDSI implementation

12.4.7.6 Skilled Treatment/Individual Therapy:

New: Skilled treatment is to be used ***on a limited basis*** to treat a specific clinical diagnosis and/or condition

New: When additional follow-up support by the family or DSP is needed, the therapist will create a WDSI, provide training, and indicate settings for implementation.

Chapter 12: Professional and Clinical Services

12.4.7.10 Transitioning Therapy Services:
New: CM and therapist should discuss budget revision dates ***prior to submission to allow for collaboration***

12.4.7.11 Discontinuation of Therapy Services:
Clarification: As part of the team discussion, ***the therapist should provide factual information about why discontinuation of therapy is appropriate at this time and what structures are or can be put in place to support the individual***

12.4.7.12.2 Initial Therapy Evaluation and Assessments:
New/Clarification: Reports must be distributed to the ***complete*** IDT within 44 (calendar) days from budget approval

Chapter 12: Professional and Clinical Services

12.4.7.12.3 Annual Therapy Re-Evaluation Report

Clarification: Status of, and recommendations regarding, continuation, modification, or discontinuation of current therapy goal(s) and objective(s) ***in comparison to established baselines***. Re-eval ***includes*** status of WDSIs, DSP training, RPST, and AT

New: Report does not contain new/proposed therapy goals or objectives

12.4.7.12.5 Therapy Documentation Form (TDF)

Clarification: If the TDF must be revised, the ***revision must be submitted and processed by the case manager*** through the established budget revision process

Chapter 12: Professional and Clinical Services

12.4.7.12.6 Written Direct Support Instructions (WDSI)

Clarification: Multiple areas of instruction should not be combined into one global WDSI

New: ***redistribute ongoing WDSIs annually*** and ***at least 2-weeks prior to the ISP effective date***

New: Annual retraining of ongoing WDSIs should be ***completed within 30 (calendar) days following the ISP effective date***

New/Clarification: If revised during the ISP year, must ***re-distribute and re-train DSP/IDT***

TRANSITION PERIOD

30-day requirement for annual WDSI training is effective for ISP start dates on or after Jan 15, 2022

12.4.7.12.7 Discontinuation of Therapy Services Report

Clarification: due to IDT members within 14 (calendar) days following the end of services

12.4.7.13 Therapy Agency Requirements

New: Agencies may be selected for an in person or ***remote*** CSB - Therapy Quality Review. The Provider Agency will receive a written report. The Agency Director will sign acknowledging receipt of the report

Chapter 12: Professional and Clinical Services

<u>See These Sections for Additional Therapy Specific Changes/Clarifications</u>

12.4.3 Delivery of Therapy Services/Service Setting - assistant supervision

12.4.4 Physical Therapy

12.4.5 Occupational Therapy

12.4.6 Speech Language Pathology - intern supervision and documentation requirements

12.4.7.5 Collaboration and Consultation – DDSD Clinical Services Bureau support

12.4.7.6 Skilled Treatment/Individual Therapy – therapy outcomes

12.4.7.9 Fading of Therapy Services – Additional fading considerations

12.4.7.12.2 Initial Therapy Evaluation and Assessments – content to be included

12.4.7.12.3 Annual Therapy Re-Evaluation Report – distribution timeline

12.4.7.12.4 External Consultation Reports – report retention in agency files

12.4.7.12.7 Discontinuation of Therapy Services Report – distribution timeline


BREAK

Chapter 13: Nursing

Delivering high quality nursing services in a manner that honors personal health choices during and at the end of life

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Chapter 13: Nursing

13.1 Introduction: Provides overview of the nursing role supporting the individual, their family, IDT and interface with the health care system

13.2 General Nursing: Addresses *all required nursing tasks, whether delivered through bundled* (SL,IMLS, CCS-G) or budgeted funding process (ANS) New

13.3 Adult Nursing Services: Reviews core elements of ANS supports and ANS agency requirements

Chapter 13: Nursing

Licensing, Supervision, and Delivery of Nursing Services:

13.2.1.1: The Nurse Licensure Compact and a simple definition were inserted New

13.2.1.2: Certified Medication Aides (CMA) added to the compliance language for Nurse Practice Act New

13.2.1.2.c: DD Waiver Provider agencies who have CMA's must be in good standing with Board of Nursing (BON) New

Chapter 13: Nursing

Licensing, Supervision, and Delivery of Nursing Services:

13.2.1.4. : The nurse may provide support or direct oversight of nursing students in accordance with their agency policy and the contract agreement with the school of nursing New

Chapter 13: Nursing

13.2.1.3 Licensing, Supervision, and Delivery of Nursing Services:

If the minimum routine required face to face visits have been met, nursing services, including DSP training and monitoring of the individual and implementation of all plans, may be delivered in person (face-to-face), via telehealth/remote methods or through a combination of methods, based on the task to be completed, the condition of the individual and the nurse's assessment of the situation New

Chapter 13: Nursing

13.2.2 Collaboration and the Hierarchy of Responsibility for Nursing

13.2.2.6.b.ii.3 All Nurses:

1. Will collaborate in updating the CARMP as needed New

2. Update the HCPs and MERPs, as needed, in their setting and provide training to all DSP

3. Collaborate with the BSC and/or BBS in updating the PRN Psychotropic Medication Plans (PPMPs) New

Chapter 13: Nursing

13.2.2 Collaboration and the Hierarchy of Responsibility for Nursing

13.2.2.8.g. During Hospice services, the DDW Agency Nurse must be contacted by all DSP not related by affinity or consanguinity for permission to assist with PRN pain, anti-anxiety medications and all other PRN medications

ii. The DDW Agency Nurse should alert the BSC on the IDT (if present) when these medications are initially ordered by the Hospice physician New

iii. A PPMP and HRC approval are not required for pain or anxiety medications ordered by Hospice during end-of-life care. New

Chapter 13: Nursing

13.2.3.3 Verbal Medical Provider Order requirements: New

Verbal or telephone orders may be taken, but the nurse must clearly document the circumstances and the interaction or phone call with the ordering practitioner, indicating the date and time of the call and the exact order:

a. Nurses may not take any verbal orders for new prescribed medications including over the counter medications.

b. Nurses may not take any verbal orders for ongoing changes in dose, time or frequency for current, prescribed medications.

Chapter 13: Nursing

13.2.3.3 Verbal medical Provider order requirements

New

c. Nurses may take verbal orders regarding the delivery of existing, ordered, prescribed medications.

d. The nurse must follow the Provider Agency Pharmacy Manual regarding the timeframe and process for getting the verbal order for medications authorized and signed by the ordering practitioner

a. If this timeframe is not addressed in the Provider Agency's Pharmacy Manual, then all verbal orders (medication and non-medication) must be signed and dated by the ordering practitioner and returned to the Provider Agency within 10 (business) days of the date of the verbal order

CHAPTER 13: Nursing

13.2.4 Nursing Monitoring and Oversight Requirements:

- Using new term *Routine Required* visits to clearly separate these visits from those that may need to be made for urgent or as needed basis New

- **13.2.4.c:** If the person qualifies/needs a monthly visit for more than one reason, the nurse is not required to do more than one visit New

Chapter 13: Nursing

13.2.4.5- a- e Focus of Routine Required Nursing Visits:

a. All routine required Nursing visits should be face to face to allow for monitoring of the person, the DSP, records etc. and to provide training and support to the person, family, or DSP as needed

b. Training, oversight, and monitoring of DSP should be completed face to face and in accordance with healthcare provider orders, the HCPs/CARMP/MERPs and prudent nursing practice

c. Monitoring of delegated nursing tasks should be face-to-face to assure correct understanding and implementation of the delegated tasks. Refer to *Chapter13.2.1: Licensing, Supervision, and Delivery of Nursing Services*

d. Routine Nursing visits may be provided via telehealth (remote) instead of face-to-face during Public Health or other local emergencies per DDSD, Health Department, or other local orders. New

e. In addition to the routine face to face visits, the nurse may provide additional visits using in person or telehealth/remote visits when deemed necessary to interact with the person, family, or staff based on prudent nursing practice New

Chapter 13: Nursing

Collaboration and the Hierarchy of Responsibility for Nursing Tasks

13.2.2.1 The term Primary Provider Nurse and acronym (PPN) is formalized New

13.2.2.3 Only the PPN is required to complete an assessment which includes the ARST, MAAT, and eCHAT. However, they must *take the lead to collaborate* with nurses in other settings. The PPN is also responsible for *sharing the outcomes of those assessments* with the other nurses New

13.2.2.4 Each nurse providing services must create and train their own Health Care Plans (HCP's) and Medical Emergency Response Plans (MERP's) pertinent to their location of service *and participate in CARMP developme**nt*** New

Chapter 13: Nursing

13.2.5.1 Change of Condition

If the nurse identifies or is notified of any change of condition, the nurse may, based on prudent nursing practice, do the following:

a. complete a face-to-face assessment as soon as possible within 60 minutes

b. use telehealth/remote services to visualize the individual and interact with DSPs, and/or New

c. refer the person for immediate emergency care (Call 911) based on reported condition and prudent nursing practice, or New

d. advise immediate follow up with urgent care, PCP or another medical provider if safe and clinically appropriate, and New

Chapter 13: Nursing

On Call Nursing:

13.2.6.4: The on-call nurse is not obligated to make an onsite visit if, based on prudent nursing practice, they determine the person's condition may be unstable and it *is safer and preferable to seek immediate access to emergency services (ER) via 911 if…* New

The nurse may refer to an urgent care if the person's condition warrants New

Chapter 13: Nursing

Documentation Requirements for all DD Waiver Nurses:

13.2.7.1: Interactions with healthcare providers must be documented as soon as possible and no later than one calendar day after the contact, in a signed, legible progress note indicating time, date, reason for the contact, call or visit, the outcome, and any planned next steps New

Chapter 13: Nursing

13.2.8 Electronic Nursing Assessment & Planning Process:

Introductory paragraph recommends the ARST to be completed before the MAAT New

13.2.8.3.2 The nurse must see the person face-to-face to complete the nursing assessment. Use of remote technology may occur during a public health emergency New

Chapter 13: Nursing

Hierarchy of Nursing Tasks:

Identifies which Provider Agency nurse has primary responsibility for completion of the nursing assessment process, subsequent planning, training. The hierarchy for Nursing Assessment and Planning responsibilities is:

1. Living Supports: Supported Living, IMLS or Family Living via ANS
2. Customized Community Supports- Group; and
3. Adult Nursing Services (ANS):

    a. for persons in community supports with health-related needs/AWMD

    b. if no residential services are budgeted but assessment is desired and health needs may exist

Chapter 13: Nursing

13.2.9: Planning, Training & Implementation of Health Care Plans/MERPs:

The location of documentation and collaboration with BSC or BBS regarding creation of a PRN Psychotropic Medication Plan (PPMP) New

The need to use only the CARMP and not have any additional Aspiration care plans New

Extensive guidance is also provided for linking, updating and attaching the MERPs in the eCHAT summary report and in the “Individual Health Care Plan” module in Therap New

Chapter 13: Nursing

13.2.9 Planning, Training & Implementation of Health Care Plans/Medical Emergency Response Plans:

Edits related to implementation of the current, updated Approved Emergency Medications List New

This allows limited exceptions to contacting the agency nurse before delivery of a PRN but is limited to only include the specific medications listed on the current “Approved Emergency Medications” as posted on the DOH-DDSD - Clinical Service Website

Nurses training of natural supports may need to be added for the HCP and MERP if natural **supports are identified to respond for Remote Personal Response Technology** New

Chapter 13: Nursing

13.3 Adult Nursing Services:

Focuses on:

- Assessment and Consultation
- Ongoing Adult Nursing
  - Nursing Semi-Annual reports may not be billed separately New

Requirements of ANS Provider Agencies

NOTE: CSB will provide added sessions for Nurses & Therapists


BREAK

Chapter 14: Other Services

Assistive Technology:

14.1.1.1 Scope:

New: AT provider agency acts as a ***purchasing agent for the technology*** or acts as the ***direct vendor of any AT identified*** in the ISP

Revised: Purchasing Agent/Admin fee 15%

14.1.2 Service Limitations:

Clarification: AT funding may be provided for those devices that are routinely denied by existing insurance or other sources

New: It is the responsibility of the person completing the AT Fund application to also provide proof of denial or attempts to explore funding from other sources that may be available through insurance, the MCO, vocational rehabilitation and/or IDEA if available.

Revised: Total cost max of $500 inclusive of 15% purchasing agent fee

Added to Clinical Criteria

Revised: Allowance for battery purchase $50/ISP year (within the $500)

Chapter 14: Other Services

Assistive Technology:

14.1.2 Service Limitations:

New: If the AT equipment being requested provides sensory input the item needs to be related to a therapy plan/TDF/ISP vision/outcome

New: Clinically appropriate sensory stimulation items requested to increase functional abilities, or decrease behavioral events, may be justified through the AT Fund Application when the items meet all other requirements

New: Funds may be used to purchase software applications or adaptive devices related to functional needs and goals

New: Allows purchase of devices (iPads/tablets, smartphones, and other similar devices) to be used to access remote telehealth services and social/community access

- May also include mounts, holders, protective cases, screen protectors, etc.
- Warranty purchases allowed initially or later

Chapter 14: Other Services

Assistive Technology:

14.1.2 Service Limitations:

New: Allows purchase of adaptive clothing, footwear, and accessories (if not covered under Medicaid)

Clarification: Taxes may be included in the AT Fund Request

14.1.3 Service Requirements:

New: Funds may only be released to the IDT member designated on the application and cannot be made out to the individual

Remote Personal Support Technology (RPST):

Added to Clinical Criteria

14.2.1 Scope:

New: RPST Provider Agency acts as a ***purchasing agent for the technology*** or acts as the ***direct vendor of any RPST identified*** in ISP

Chapter 14: Other Service

Remote Personal Support Technology (RPST):

14.2.1 Scope:

New: RPST Providers must interact with individual/family and IDT members:

- About existing or planned smart home technology
- About trainings or needed changes to the RSPST system or response plans
- About any contract or lease agreement changes including leased equipment return due to a move, decline in condition, or death

New: RPST Provider must not ‘up sell’ systems that exceed the person’s current needs unless clearly medically anticipated by IDT based upon the person’s diagnoses and their knowledge of the individual

RPST services include:

Clarification: Not intended to provide for paid, in-person on-site response

Clarification: Warranty, ***shipping and handling fees***

Clarification: Daily monitoring ***and reporting***

Chapter 14: Other Services

Remote Personal Support Technology:

14.2.2 Service Requirements:

New: RPST Provider Agencies must maintain records including a detailed log of interactions and outcomes and types of contact with the person/team

New: Upon approval the RPST Provider will:

- Order, deliver, install, and test all requested items in a timely manner
- Work with the individual/guardian and IDT to create the RPST Response Plan detailing role of natural and/or other paid supports for on-site response
- Assure that all agency DSP and natural supports indicated as on-site responders have accurate contact information and an identified back up
- Provide or assure initial and ongoing training and supports
- Attend annual and other IDT meeting related to RSPT issues or response

Chapter 14: Other Services

Remote Personal Support Technology:

14.2.2 Service Requirements:

New: Documentation must be routinely reviewed to monitor and address any changes in the individual's circumstances, needs or response plans. An RPST provider may request an IDT meeting at any time to address concerns with the system or plans

New: Devices/services purchased are for the sole use of the individual

- Exceptions: general environmental controls or safety items such as household thermostats and alarm systems

14.2.3 Agency Requirements:

Clarification: Upon request, RPST Provider Agency must submit a copy of the RPST monitoring and response log to the CM 14 (calendar) days prior to annual ISP meeting

Added to Clinical Criteria

Chapter 14: Other Services

Environmental Modifications:

Clarification: Purchase of grab bars is covered under Medicaid State Plan per Federal Requirements

Installation may be included as part of the Environmental Modifications service

Added to
Clinical Criteria

Chapter 14: Other Services

Socialization & Sexuality Education:

Changes include:

14.8.1: Scope emphasizes distinction between three primary instructional areas:

- socialization, sexuality, and sexual health education

14.8.2.1: Teacher quals deletes exception for other interested persons (e.g., parents, guardians, DSP) to become teachers

Added a 'grandfather' clause for teachers in good standing that don't currently meet educational requirements

Chapter 14: Other Services

Socialization & Sexuality Education:

Additional Changes:

- **14.9 Agency requirements**:
  - **Hybrid or virtual class locations may be offered as an alternative upon approval or instruction from DDSD**
  - May **provide billable services a maximum of three units** per ISP year, and
  - Classes may be expanded to run during Summer (July to August); maximum number of series per ISP year is three for the individual
- **Submit series-end summary progress note for each student**

Added to Clinical Criteria

Chapter 14: Other Services

Supplemental Dental: Inserted back into DD Waiver Service Standards

Respite: Agency requirements to use state mandated EVV System

For Children:

- ✓ Should not replace or duplicate service hours provided under EPSDT or IDEA
- ✓ Not provided in school or school related setting.
- ✓ Not provided to children within a group setting

Non-Medical Transportation:

- ✓ Allowed to utilize Ride Share (Ex: Uber or Lyft)
- ✓ Maximum Cap for mileage reimbursement $810
- ✓ $460 for transportation pass per year with 10% administrative fee
- ✓ 14.6.2.1: Driver Responsibilities: Driver must log unanticipated stops or delays during transportation. This does not apply to when an individual utilizes ride shares or public transportation passes

Added to Clinical Criteria

Chapter 15: Provider Enrollment

Application Process:

- 90 days for new providers
- 60 days for renewing providers
- Application now reviewed by DDSD Committee and/or Subject Matter Experts (SME)
- Agencies must have an understanding of DD Waiver Service Standards and have their own internal policies and operations in place when submitting application
- New and renewing Provider Agencies may incur a $500 fee , if the DDSD Committee and/or SME must ask for a 4th Request for Information (RFI-4) or more

Chapter 16: Qualified Provider Agencies

16.8: Contract Management: Update on who can provide Technical Assistance New

16.8.1: Update on who may provide technical assistance or directly impose administrative actions, Civil Monetary Penalties (CMP)s, and sanctions New

16.9: QMB: Updates on Quality Management Bureau Surveys New

16.9: QMB: Updates on sampling New

Chapter 17: Training Requirements

Training Updates:

- Access to new online training courses

- Required training for Nutritionists

TRANSITION PERIOD

Existing RD/LD's must complete ARM training by 11/1/22. RD/LDs hired after 11/1/21 will have 180 days to complete ARM Training.

- Additional training requirements for CIE agencies and staff

Chapter 17: Training Requirements

- CM are now required to complete 14 hours of annual training

TRANSITION PERIOD

All CM's with a year of service by 01/01/21, must be in full compliance with 14 hours of annual training by 12/31/22.

- New training requirements, course name changes and timeframes for all job classifications
  http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/index.html

TRANSITION PERIOD

All Providers must be in compliance with the new DD Waiver Service Standards Trainings by 12/1/21.

Chapter 17: Training Requirements DSP/DSS Training Requirements:

	Introductory First 30 Days						**Orientation** 90 days					Total Core Hours	If Needed	Hrs
Before COVID	ANE Annually	Foundation for Health and Wellness	Indications of Illness and Injury (Fundamentals)	Pre-Service	N/A	N/A	ISP/PCP (1-Day)	Advocacy 101	PCCM	PBSS	TSS	62 Hrs	AWMD	12 hrs
Current	ANE Annually	Keys to Health	Indications of Illness and Injury (Fundamentals)	Removed	Intro. to Person Centered Planning	Intro. to Waivers	ISP/PCP (1-Day)	Advocacy in Action	Communication Supports Training (CST)	Positive Supports Training (PST)	Removed	50 Hrs	AWMD	12 hrs
With new Standards	ANE Annually	Keys to Health	Removed	Removed	Intro. to Person Centered Planning	Intro. to Waivers	ISP/PCP (1-Day) 60 days	Advocacy in Action	Communication Supports Training (CST)	Positive Supports Training (PST)	Removed	23-30 ftf Hrs	AWMD	12 hrs

<u>Not listed, but still required</u>: IST, First Aid/CPR, OSHA, HIPAA, Standard Precautions, Safety training, OT, SLP, PT and BSC plans, Crisis Prevention/ Intervention (if needed), AWMD (if needed), and Employment (if needed), and Supporting Sexuality for Persons with IDD (if needed)

Other courses available: Personal Care

Chapter 18: Incident Management System

18.3: Immediate Action and Safety Plans (IASP)

- ✓ Send the IASP to the Case Manager (Reminder)

Chapter 19: Provider Reporting Requirements

RORA:

19.6: RORA form and instructions on how to complete and submit the form can be accessed on the DDSD website: Regional Offices (nmhealth.org)

19.6 # 3: RORA's for Specialty Services Requests (SSR) can be filed by anyone

19.6 #4: CMs are required to file RORAs' for SSR after monitoring activities do not result in access to Specialty Services

Chapter 19: Provider Reporting Requirements

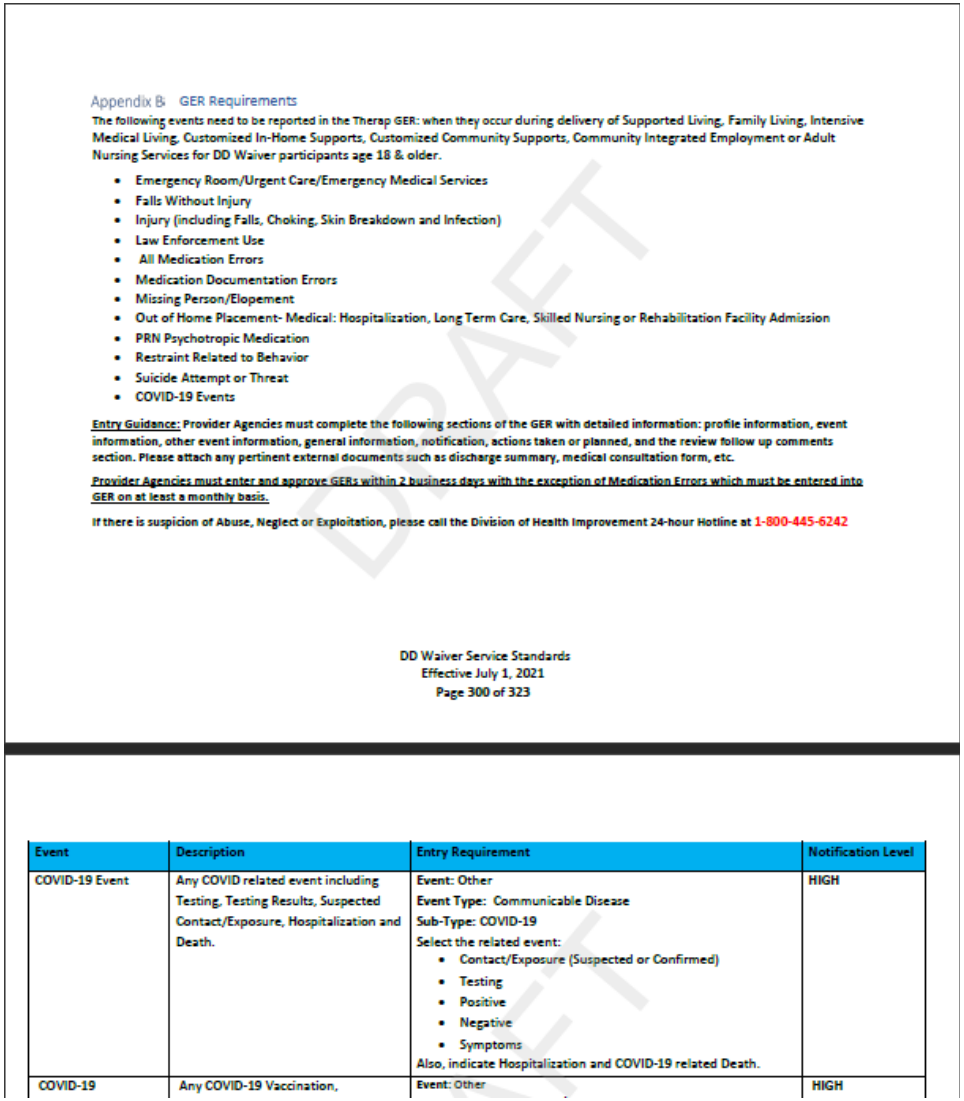
GER Additions to standards in Chapter 19:

- 19.2. GER
- 6.b. Each agency must have a system in place that assures all GERs are approved per Appendix B GER Requirements and as identified by DDSD
- Ensure that the person(s) with the most direct knowledge is involved in entering information into the GER
- Agencies must report all DHI Reportable Events via their hotline and written submission guidelines; these includes Abuse, Neglect, Exploitation, Suspicious Injury, Environmental Hazard, and Death

Chapter 19: Provider Reporting Requirements

GER Additions to standards in Chapter 19:

- 19.2.1 Events Required to be Reported in GER
- All Events listed in Appendix B GER Requirements are now listed within the chapter now



Appendix B GER Requirements

The following events need to be reported in the Therap GER: when they occur during delivery of Supported Living, Family Living, Intensive Medical Living, Customized In-Home Supports, Customized Community Supports, Community Integrated Employment or Adult Nursing Services for DD Waiver participants age 18 & older.

- Emergency Room/Urgent Care/Emergency Medical Services
- Falls Without Injury
- Injury (including Falls, Choking, Skin Breakdown and Infection)
- Law Enforcement Use
- All Medication Errors
- Medication Documentation Errors
- Missing Person/Elopement
- Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission
- PRN Psychotropic Medication
- Restraint Related to Behavior
- Suicide Attempt or Threat
- COVID-19 Events

Entry Guidance: Provider Agencies must complete the following sections of the GER with detailed information: profile information, event information, other event information, general information, notification, actions taken or planned, and the review follow up comments section. Please attach any pertinent external documents such as discharge summary, medical consultation form, etc.

Provider Agencies must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis.

If there is suspicion of Abuse, Neglect or Exploitation, please call the Division of Health Improvement 24-hour Hotline at 1-800-445-6242

DD Waiver Service Standards
Effective July 1, 2021
Page 300 of 323

Event	Description	Entry Requirement	Notification Level
COVID-19 Event	Any COVID related event including Testing, Testing Results, Suspected Contact/Exposure, Hospitalization and Death.	Event: Other Event Type: Communicable Disease Sub-Type: COVID-19 Select the related event: • Contact/Exposure (Suspected or Confirmed) • Testing • Positive • Negative • Symptoms Also, indicate Hospitalization and COVID-19 related Death.	HIGH
COVID-19	Any COVID-19 Vaccination,	Event: Other	HIGH

Chapter 20: Provider Documentation and Client Record

Therap Access Updates

- Direct Support Professional (DSP)
  - Must have an active Therap user account through the Provider
  - Must be able to enter information required of them live (online)

Therap Module Updates

- Records Distribution
- SComm
- IDF
- Health Tracking
- CARMP Draft
- MAR

Chapter 20: Provider Documentation and Client Records: 20.3: Record Access for Direct Support Professional (DSP)

DSP must have access to records, plans, and forms needed to adequately provide and document the type of service and specific scope of service being provided at the time.

1. Access to required modules in Therap re cords must be available – via Therap. This means online!
2. DSP must have access to Therap and records in Therap of the individuals they support while at service support sites for LCA and agency facilities. This means online!

What does this mean?

- User Accounts for each DSP
- DSP Documentation entry in Therap
  - MAR Module will be the initial required live and online entry with 1 year grace period from the effective date of the new standards
- Communication via SComm for DSP
- How do we do this?
  - NM Therap Page
  - NM Therap Conference
  - Meetings/Trainings
  - Posted Written Guidance

20.4 Timely Distribution and Sharing of Records

&

20.5.1 Secure Communication (SComm)

SComm

Use of SComm is required for all DD Waiver Providers

Guardians are offered access

Distribution

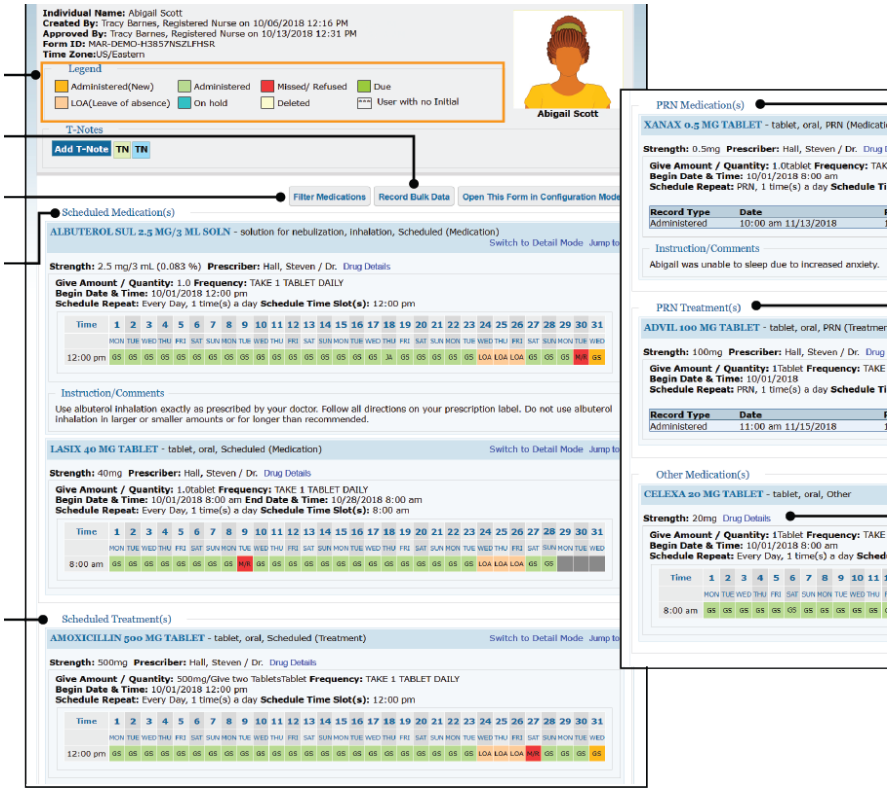
All IDT Authors are required to send assessments, reports, ISPs, budgets, and plans to all IDT members.

SComm distribution allows a HIPAA safe way to distribute these records

They must be distributed in a timely manner to their due dates.

Chapter 20: Provider Documentation and Client Record
20.5 Creating and Maintaining Records in Therap

The MAR in Therap will be required to be used for all Medication Entry and Passes online at time of the medication delivery



Important Notice

TRANSITION PERIOD

Provider agencies must have current E-MAR online in Therap by 11-1-22.

Chapter 20: Provider Documentation and Client Records
20.5.2 Individual Demographics Forms (IDF)

Required Entry

- Annual Review and Update
- Individual Demographics From must be kept up to date fully
- Individual Details Page
  - ID Number
  - Medical Information
- Contacts List
  - IDT Members (Shared or Individual)
  - Guardian (Individual)
- Insurance Information
  - Scanned Cards Attached
- Program Enrollment
- Diagnoses and Allergy Lists

Recommendations

Storage in this module under these subpages is free and leaves space in document storage for items that may not fit elsewhere

- Scanning and attaching court guardianship assignment paperwork
- Scanning and attaching signed consents, authorizations, and acknowledgements in consents
- Scanning assessments from the past can be attached for free in this module
  - Neuropsych evals
  - Learning Assessments
  - Etc.

Chapter 20: Provider Documentation and Client Records
20.5.3 Health Tracking

Appointments ☐

Health Passport, Physician Consultation Forms, any lab results, and any other paperwork from an appointment must be scanned and attached & Results must be entered in 'Appointments' in the Health Tracking Module, within 7 calendar days

NEW Therap Entry Requirements

Height/Weight entered annually and as required by a care plan within 24hrs of measurement

Continued Therap Entry Reqs…

Medications History for new meds, updates, and discontinued medications must be entered within 24hrs

☐ Blood Glucose, Vital Signs, etc. When parts of plan must be entered within 24hrs

Skin/Wound care by agency nursing weekly

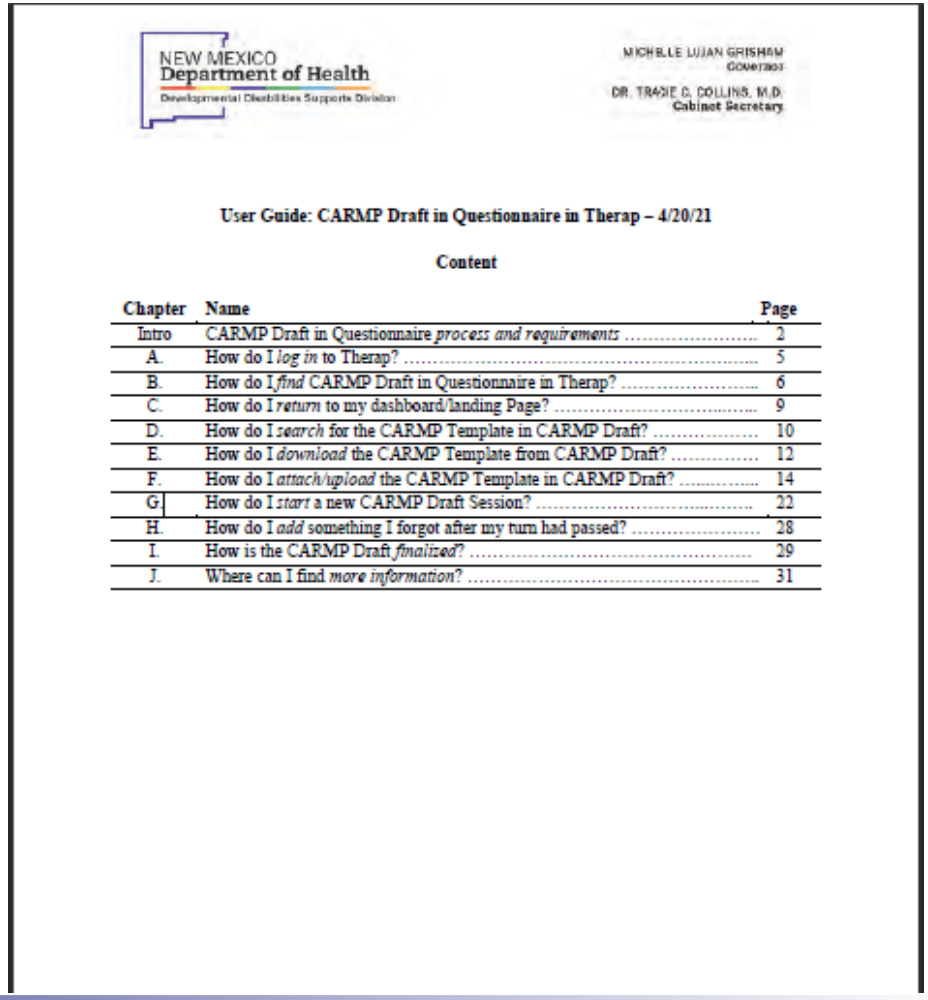
Immunizations entered within 7 calendar days of the immunization event

Chapter 20: Provider Documentation and Client Records
20.5.6: CARMP Draft in Therap

This requires the development and review (annually or as need arises) of the Comprehensive Aspiration Risk Management Plan (CARMP) in a HIPAA safe workspace by multiple authors using Therap's Questionnaire Module

The full guide, recorded webinar, and instructions are available on the NM Therap Page

Please contact Dr. Jacoba (Kotie) Viljoen Ph.D., MSN-Ed, RN, CCRN-K, CDDN for questions or support



NEW MEXICO Department of Health
Developmental Disabilities Supports Division

MICHELLE LUJAN GRISHAM
Governor

DR. TRACIE C. COLLINS, M.D.
Cabinet Secretary

User Guide: CARMP Draft in Questionnaire in Therap – 4/20/21

Content

Chapter 21: Billing Requirements

- Electronic Visit Verification requirements added. Providers of CIHS and Respite are required to utilize EVV

TRANSITION PERIOD

HSD and DDSD will provide further guidance during Phase II implementation of EVV.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Chapter 22: Quality Improvement Strategy

- Providers will be required to utilize a DOH Developed Annual Report template when submitting the annual report

TRANSITION PERIOD
QA/QI Report Template to be used by next reporting deadline (2/15/22).

- EVV data should be considered as a data source when Phase 2 Implementation begins

TRANSITION PERIOD
Use of EVV Data will follow implementation of Phase II for EVV.

Appendix A : Matrix

Matrix Updates:

Choice:

New: Yes Match & Supporting Docs

Level of Care:

New: For Children: a norm-referenced assessment

Rights and setting requirement:

New: Home Study “Annually or if there is a change in the family household”

Planning and ISP:

New: Remote Personal Support Technology

Budget:

New: BWS-Sent 2 business days before submission

Therapy:

New: Therapy Documentation Form (TDF) which includes the Therapy Intervention Plan (TIP) and Semi-Annual Report

Appendix B: GER Requirements

- The Rubric includes COVID related events now
- Definitions for COVID have been added
- The word ‘Moderate’ for notification level has been replaced with ‘Medium’ to reflect ‘Notification Level’ selection in Therap

Please ensure each GER is accurately entered according to the rubric before approving any GERs that the rubric applies to

Appendix B: GER Requirements: Therap and the Rubric

Basic Information: Information highlighted in teal in the rubric below is entered in this section of GER Entry, which is also the first section

Event Information: Information highlighted in purple in the rubric below is entered in this section of GER Entry, which is the second section

⚠ PLEASE LIMIT approval of GERs entered incorrectly, Refrain from approving 'other, other' events. Update the event type choices and notifications to meet instructions in rubric for the specific event type before approving the GER

Event	Description	Entry Requirement	Notification Level
ER/Urgent Care/EMS	Any use of ER/Urgent Care or "walk in" clinic	**Event:** Other **Event Type:** Hospital **Sub-Type:** ER w/o Admission In the event summary, indicate if the actual location is urgent care rather than emergency room or services took place without transport to emergency room. Please specify hospital or urgent care name if applicable.	HIGH
Fall Without Injury	Individual unintentionally comes to rest on the ground (floor, sidewalk or pavement) without injury	**Event:** Other **Event Type:** Fall Without Injury	MEDIUM
Injury	Falls	Fall with injury:	MEDIUM

Appendix C: Consumer Rights

- No significant changes

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Questions or Comments

- Please send your written questions and comments to Marie Velasco, DD Waiver Program Manager at marie.velasco@state.nm.us
- Questions or Comments specific to certain chapters will be forwarded to SME for response.