

# DDW Standards Edits Snapshot



This document is a snapshot of edits in each chapter of the DD Waiver Service Standards Edits.

Chapter	Chapter Name	Reason for Edit Short
1	<b>Introduction</b>	- Addition of new Section 1.5: Abuse Neglect and Exploitation Prevention
2	<b>1</b>	- Clarification and simplification of Allocation Letter and Reporting - Addition of contact information for submitting the CIU
3	<b>2</b>	- Clarification of Center for Medicaid and Medicare Services (CMS) Settings Requirements
4	<b>3</b>	- Simplification and Clarification of Decision Consultation Process (DCP) - Addition of section 3.3: Health and Wellness Checks - Clarification of prohibition of electronic surveillance - Clarification of Emergency Physical Restraint (EPR) and Human Rights Committee (HRC) Process - Clarification of duties for HRC Super Committee - Clarification of Human Rights Committee Training for Voting Members - Clarification on difference between surveillance and remote supports - Additions to section 3.4.6 HRC Prohibitions from Approval
5	<b>4</b>	- Emphasis on person centered choices, decisions and empowerment
6	<b>5</b>	- Clarification of Comprehensive Aspiration Risk Management Plan (CARMP) Process - Medication Emergency Response Plan (MERP) incorporated into Health Care Plan (HCP) - Clarification on exception requirements for psychotropic medication
7	<b>6</b>	- Addition of addressing reports of possible ANE - Clarification of ISP meeting regarding Decision Consultation Process (DCP) - Addition of new section 6.8: Documenting Abuse, Neglect, and Exploitation prevention strategies - Case Manager will perform 1 visit a month for Former JCM
8	<b>7</b>	- Person Centered Assessment (PCA) will be required for individuals ages 14 yrs. and older - Clarification on Adult Category of Services - Removal of Section 7.3.1 Jackson Class Members - Removal of Proposed Budget Levels - Emphasis of creating an environment where the person with IDD is safe and free of ANE
9	<b>8</b>	- Emphasis of Case Manager ensuring an individual is in a safe environment free from ANE - Emphasis on Case Manger identifying, notifying and reporting any cases of ANE - Clarification of education requirements for Case Managers - Simplification related to site visits and Former JCM - At least one face-to-face visit per quarter shall occur at the person's home - Clarification on RORA submitted by CM and when to contact Statewide CM Coordinator
10	<b>9</b>	- Simplification related to Former JCM - Removal of reference to Team Justification Form (TJF) - Clarification on withdrawal, discharge, suspension or transfer from DD Waiver: Ensure person is not a victim of ANE by working with RO and IMB/DHI, transfer is safe and a creation of a safe transition plan if necessary - New Requirement for transfer of documents: must have clearance from DHI of no active ANE investigations are in progress
11	<b>10</b>	- Addition of all waiver recipients subject to mandatory in-home visitation by State of NM to ensure health and safety of the individual and Service Providers compliance with facilitating home visits - Clarification of children under age 18 not eligible for living supports - Addition of requirement for when individual stops eating - Change in title section 10.3.4 to include Medical On-Call - Emphasis of safe environment free from ANE - Additions to Family Living Agency Requirements for Monitoring and Supervision. - Addition in IMLS Requirement regarding: Proper nutrition and hydration. - Additions to IMLS Provider Agency Monitoring and Supervision requirements - Clarification of Lease Agreement - Clarification of Internet as a utility - Removal of references to Team Justification Form (TJF) - Simplification related to Former JCM - Clarification of non-ambulatory stipend

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11	Community Inclusion	<ul style="list-style-type: none"> <li>- Emphasis of safe environment free from ANE</li> <li>- Clarification of In-Home Customized Community Services (CCS) and Customized Individual Employment (CIE) reporting</li> <li>- Clarification of brief or intermittent time at individual's home or agency operated building</li> <li>- Simplification and clarification related to Former JCM</li> <li>- Clarification of CCS services not to be used to support individuals attending medical appointments</li> <li>- Medical Emergency Response Plane (MERP) incorporated into Health Care Plan (HCP)</li> <li>- New CCS agency requirement regarding monthly visits</li> </ul>	
12	Professional and Clinical Services	<ul style="list-style-type: none"> <li>- Clarification of Telehealth for Therapy</li> <li>- Clarification of Assistive Technology (AT) inventory</li> <li>- Telehealth allowances for Occupational Therapy (OT), Physical Therapy (PT), Speech Language Pathology (SLP), Behavior Support Consultant (BSC) and Registered Dietician Services</li> <li>- Emphasis of safe environment free from ANE and following reporting protocol in Chapter 18.2 ANE Reporting and Evidence Preservation</li> <li>- Addition of final AT inventory being reviewed by cm and team for accuracy</li> <li>- Addition of reporting individuals that are not eating or receiving nutrition</li> </ul>	
13	Nursing Services	<ul style="list-style-type: none"> <li>- Clarification and simplification of Nursing chapter</li> <li>- Incorporation of Medical On-Call</li> <li>- Incorporation of MERP into HCP and removal of MERP section</li> <li>- Simplification of CARMP Process</li> <li>- Mortality Review Committee (MRC) recommendation to clarify "change of condition" and "significant change of condition"</li> <li>- Addition of Monitoring of Skin and Wound during nursing visit</li> <li>- Addition of requirement to implement orders by a licensed healthcare provide</li> <li>- Addition of requirement for nurse visits to report ANE</li> <li>- Emphasis of safe environment free from ANE</li> <li>- Clarification of when Decision Consultation Form shall be utilized</li> </ul>	
14	Other Services	<ul style="list-style-type: none"> <li>- Simplification for respite only budgets</li> <li>- Clarification of Crisis Supports and submission process for Crisis Supports</li> <li>- Addition of requirement under Independent Living Transition Service to ensure the transition is not placing the person in an unsafe environment</li> <li>- Use of Ride Share in Non-Medical Transportation</li> <li>- Clarification of Driver Qualifications</li> <li>- Emphasis of safe environment free from ANE and following reporting protocol in Chapter 18.2 ANE Reporting and Evidence Preservation</li> </ul>	
15	Provider Enrollment	<ul style="list-style-type: none"> <li>- Clarifications on Contract Mangement</li> <li>- Additional requirement for Provider Agency to provide information on any ongoing ANE investigation by DHI or any other agency when provider is withdrawing from DD Waiver or Expiration or Termination of Provider Agreement</li> </ul>	
16	Qualified Provider Agencies	<ul style="list-style-type: none"> <li>- Simplification related to Former JCM</li> <li>- Individual Review Committe (IQR) section removed</li> </ul>	
17	Training Requirements	<ul style="list-style-type: none"> <li>- New look for chapter with tables for easy reading</li> <li>- ACRE/CESP certification extension</li> <li>- Clarification and removal of redundancy in training requirements</li> <li>- Emphasis of safe environment free from ANE</li> </ul>	
18	Incident Management System	<ul style="list-style-type: none"> <li>- Clarification of MRC process</li> </ul>	
19	Provider Reporting Requirements	<ul style="list-style-type: none"> <li>- Simplification related to Employment First Reporting</li> <li>- Clarification, and simplification of GER information</li> <li>- Addition of GER reporting for person not eating or receiving nutritional support for more than 24 hours</li> <li>- Addition of RORA reporting requirement for persons not eating or provided nutrition for more than 48 hours</li> </ul>	
20	Provider Documentation and Client Records	<ul style="list-style-type: none"> <li>- Clarification, consolidation and removal of redundancy in provider documentation and client records chapter</li> <li>- Simplification related to record retention</li> <li>- MERP incorporated into HCP</li> <li>- Clarification of Health Tracking requirements</li> <li>- Requirement for children and adults to have Individual Data Form (IDF) information entered into Therap</li> </ul>	
21	Billing Requirements	<ul style="list-style-type: none"> <li>- Clarification on billing</li> </ul>	
22	Quality Improvement Strategy (QIS)	<ul style="list-style-type: none"> <li>- Simplification related to Former JCM</li> <li>- Simplification related to Key Performance Indicators (KPI) reporting</li> </ul>	
23	Appendix A	Client File Matrix	<ul style="list-style-type: none"> <li>- Simplification related to initial allocation records</li> </ul>
24	Appendix B	GER Requirements	<ul style="list-style-type: none"> <li>- Table reformatted for clarification and removal of redundant information</li> <li>- Clarification related to COVID-19</li> </ul>
25	Appendix C	CBS Consumer Rights and Freedoms	<ul style="list-style-type: none"> <li>- No Edits</li> </ul>
26	Index	Index	<ul style="list-style-type: none"> <li>- Removal of Index: not utilized, there is capability for electronic word searches</li> </ul>