

Public Respondent	Feedback	DDSD Response
DRNM	<p>Item 13.k. related to Outreach Activities. Aren't outreach activities prohibited? Is a provider agency able to discuss their agency with someone who is looking for a provider agency? I thought this was strictly prohibited. If this is allowed, are there any guidelines?</p>	<p>Individuals are encouraged to interview providers when selecting a provider. Additional language will be incorporated to clarify non- solicitation.</p>
DRNM	<p>The Non-billable Services section lists: 13. Time associated with h) Review of Relevant Records as being non-billable. This should not apply to Adult Nursing Services.</p> <p>Also, nursing nonbillable items should be listed separately. Review of medical records is an integral part of completing the nursing assessments. The Provider is not always an accurate historian in terms of the health information that needs to be included in the assessments. The nurse extensively reviews the medical appointments and medical records of the clients to ensure that all information is captured. The records review is also essential to ensuring the health and safety of the individuals. Follow up appointments would often be overlooked without a nurse reviewing medical appointments. This is also something that DHI holds agencies responsible for - follow up appointments as recommended by a physician. All of this time spent reviewing records should be able to be billed!</p>	<p>DDSD will further review this in the upcoming Rate Study. Record review is currently included in the rate methodology for nursing services, therefore it is non-billable as a separate activity.</p>

Respondent/ Topic Area/ DDS Response

12/13/2017

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Survey Monkey	The standards requires the provider to check the Medicaid portal which is currently grossly inaccurate apparently due to the backlog of thousands of renewal applications and the fact that the DD Waiver renewal paperwork has the words SNAP in giant letters across the front to confuse the clients as two what benefits they are renewing. The form appears to demand information that does not apply to DD Waiver clients such as the income of all the members in a household which causes further delay and confusion.	These are inaccurate assumptions or the writer may not fully understand the use of the Medicaid portal and/or ISD requirements. DDS will share this comment with the Human Service Department regarding the use of the HSD 100 form.
Survey Monkey	Page 2, #2 currently reads that providers should work with case managers to meet submission deadlines. DRNM suggests changing "should" to "must". Providers not working with case managers in a prompt fashion to ensure timely budget submission has been a significant problem since the implementation of the OR process. The waiver standards should set the expectation that providers will do their part to make sure waiver budgets are timely and accurately submitted.	DDS will incorporate. Thank you
7/18/17 Forum	Where and how is consanguinity addressed?	Consanguinity is defined in the Definitions.
7/18/17 Forum	Clarify re: Billable/Non-Billable – Hospitalizations?	Hospitalizations are non-billable.
7/18/17 Forum	Are there any plans for real-time tracking system for providers to know status of approval?	Not at this time.
7/18/17 Forum	Retro-active start dates and letter of explanation....will this be included in standards?	
7/18/17 Forum	Reference NMAC re: documentation requirements, etc.	Additional clarification is needed to address this comment.