Public Respondent	Feedback	DDSD Response
8/16/17 Forum	Obligation to have working relationship with MCO Care coordinator – reality, hard to get MCO Care Coordinator more than minimally involved	Thank you- DDSD will provide this feedback to HSD.
8/16/17 Forum	Some feel MCO Care Coordinator completely irrelevant	Thank you- DDSD will provide this feedback to HSD.
8/16/17 Forum	Issue is that it is a REQUIREMENT that we MUST involve the MCO	Thank you- DDSD will provide this feedback to HSD.
8/16/17 Forum	Who holds MCO accountable? Repercussions for providers if MCo unresponsive, won't cooperate/comply?	Thank you- DDSD will provide this feedback to HSD.
8/16/17 Forum	Use of RORI – Specialty Services Section – for issues and problems with MCOs	Refer to Letter from Medical Director
8/16/17 Forum	QMB and DDSD will dialogue	N/A
8/16/17 Forum	Take #4 out	Refer to Letter from Medical Director
8/16/17 Forum	Remove all mentions of MCO except #11 on p4	Refer to Letter from Medical Director
8/16/17 Forum	New: HCC for JCMs must be RN	Refer to Letter from Medical Director
8/16/17 Forum	Mandate…but no extra funding	Refer to Letter from Medical Director
8/16/17 Forum	– why just JCMs? Inequality….	Refer to Letter from Medical Director
8/16/17 Forum	P6,7 #1-15 – list of goals (JCMs) – consider moving to front as a general list for all	Thank you.
8/16/17 Forum	Delegation vs. Designation	Delegation refers to the specific action an RN takes by training a nursing function to a non nurse. The decision to delegate is entirely up to the nurse.

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	P6 2nd paragraph	N/A
8/16/17 Forum	Nursing tasks/non-nursing tasks…	Nursing tasks are those which a licensed nurse is trained to do.
8/16/17 Forum	Be clear re rules about LPNs e.g.. documentation	Thank you DDSD will clarify.
8/16/17 Forum	Responsibilities of Agency nurse…e.g.…ER visit? – DSP accompanies…no medical knowledge! But…DSP is one with immediate access to current situation…able to articulate "something's not right" …and along with info in Health Passport…this allows attending physician to treat.	Older DDSD Therap Policy and Procedure from 2010 and new Standards require the use of the health passport which should contain current medical information. Nurses may not always be available to go to the ER (many do) but could be reached by phone if there are issues the DSP cannot relay. The ER staff is usually going to address the critical medical issues and will rely on the Passport for background information about diagnoses and medications. This document is critical since not all electronic health records used by various health systems are linked.
8/16/17 Forum	Licensed healthcare professional must follow up – Agency nurse – HCC role	Refer to Letter from Medical Director
8/16/17 Forum	For non-JCMs – arbitrary process for designating the HCC….is person qualified? Capable?	Refer to Letter from Medical Director
8/16/17 Forum	Be clear re: applicability, e.g.. if only in employment services…	Refer to Letter from Medical Director
8/16/17 Forum	If IDT not in agreement re who to designate…all reqs should be reviewed to ensure candidate meets them	Refer to Letter from Medical Director
8/16/17 Forum	Who? In what situation?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	Can individual manage without a HCC? Not v. person-centered if no option NOT to have HCC	Refer to Letter from Medical Director
8/16/17 Forum	Edit to #1? Section 1 – broaden individual choice around having a HCC…more rated, to take into account the many variables	Refer to Letter from Medical Director
8/16/17 Forum	FLP/guardian – HCC may not be needed….but for Supp Liv? HCC needed	Refer to Letter from Medical Director
8/16/17 Forum	Reconsider decreasing frequency of nursing visits	Refer to Letter from Medical Director
8/16/17 Forum	Individual choice re: ability of HCC to fulfill obligations of the role	Refer to Letter from Medical Director
8/16/17 Forum	Concern about standards referencing specific tools in use now…but that may change	Refer to Letter from Medical Director
8/16/17 Forum	P2 #1- proposed edit: HCC communicates with…..instead of "is responsible for"	Refer to Letter from Medical Director
8/16/17 Forum	P3 #6 – HCC access to THERAP – HCC is responsible for updating health info and so needs access to THERAP – BUT…what if HCC is not part of agency?	Agency can give Therap access to guardians. Ideally HCC is member of the IDT and guardians are IDT members.
8/16/17 Forum	HCC needs to be member of IDT	See above.
8/16/17 Forum	P3 #4 -Decisions re: execution of lab slips, physician's orders….individual has right to say no….document on Decision Justify. Form	The Decision Consultation Form is used since it is a medical issue. The from is used to document the team discussion which includes the individual.
8/16/17 Forum	Do CMs still have access to Therap?	Yes, Case Managers have access to Therap.
8/16/17 Forum	Who is responsible for ensuring assessments are completed and provided? HCC ultimately..	This is the responsibility of the various agencies.

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	…but Health Care Coordination is a general SHARED responsibility of the IDT	It is a shared oversight to speak up if anything is noted or needed.
8/16/17 Forum	7.3 – CM update SARL	Noted.
8/16/17 Forum	Issues re: multiple versions of CARMP, much frustration and time wasted annual review of CARMP	Noted.
8/16/17 Forum	CM responsible for obtaining updated version from SLP, and distributing….	Noted.
8/16/17 Forum	Explicit Time Limit…Structure…CM Accountability needed!	Noted.
8/16/17 Forum	2015 ARM Policy does exist…though doesn't always work – find on website: www.actnewmexico.org	Noted.
8/16/17 Forum	Therapists do not have full access to THERAP…they DO have SCOMM…but many don't use it	Noted.
8/16/17 Forum	Mandate Therapist use of SCOMM? …great place re: CARMP….	Thank you. Many have access and do use it.
8/16/17 Forum	Therapists should contact Felicia Vidro – Therapy Services Unit Coordinator & Assistive Tech Coordinator at 505-841-5878 felicia.vidro@state.nm.us; Hernando Martinez at 505-222-8648 Hernando.Martinez@state.nm.us or Kathy Baker at 505-841-5524 Kathy.Baker@state.nm.us	N/A
8/16/17 Forum	P4 #8, #11 – edits needed	Thank you.
8/16/17 Forum	Add language requiring HCC to notify guardian regarding any significant changes	Refer to Letter from Medical Director
8/16/17 Forum	P5 – add definition of Out of Home Placement	Refer to Letter from Medical Director
8/16/17 Forum	Concern re increasing amount of documents that must be with the individual	Thank you.

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	HIPPAA Compliant…access to needed info…travel folder…health passport plus PC sheet for meds, etc.	Refer to Letter from Medical Director
8/16/17 Forum	Revise Health Tracker > tracking….working on this access issue	Refer to Letter from Medical Director
8/16/17 Forum	End of Life: add importance of including individual and guardian wishes	Thank you this is their personal decision.
8/16/17 Forum	Define role/responsibility of HOSPICE	Thank you.
8/16/17 Forum	Foot note that Specific tools, CHAT, Therap may change	Agree that tools may change.
8/16/17 Forum	Consider Informed Choice issues with regard to Healthcare Coordinator Requirements	Refer to Letter from Medical Director
8/16/17 Forum	How will the HCC actions and responsibilities be verified--- who holds HCC accountable and how?	Refer to Letter from Medical Director
8/16/17 Forum	Coordinating appointments has been a problem	N/A
8/16/17 Forum	HCC responsibilities are intense	N/A
8/16/17 Forum	Some are different HCC responsibilities; duplicate CM responsibilities some are different- need clarity	Refer to Letter from Medical Director
8/16/17 Forum	Link Decision Consultation Process to IC more strongly	Refer to Letter from Medical Director
8/16/17 Forum	Clarify HC Decision Maker and Guardian	Noted.
8/16/17 Forum	Current process and roles and responsibilities to organize CARMP do not work!	N/A
8/16/17 Forum	2/3 of JCMs do not have an RN HCC	N/A

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	Nurses are concerned about delegation and AWMD and the potential licensing issues --Do not make nurses responsible for medication errors by DSP – issue at the licensure level	Nurses are not responsible for AWMD trained staff. They do have role in working with the agency to review MARs and identify issues that are noted.
8/16/17 Forum	p. 4 # 7 say SARL form	Refer to Letter from Medical Director
8/16/17 Forum	p. 5 #9 Be sure this is Consistent with Client File Matrix	Thank you.
8/16/17 Forum	#9 does not make sense	Refer to Letter from Medical Director
8/16/17 Forum	p.6 End of Life Planning – Important to indicate the DDW Providers follow lead of hospice provider	Refer to Letter from Medical Director
8/16/17 Forum	Change “goals of HCC to “requirements”	Refer to Letter from Medical Director
8/16/17 Forum	p.7 Setting up nurses to fail on numbers 5-7 ; # 6 what if person refuses ; delete 11-13	Refer to Letter from Medical Director
8/16/17 Forum	#13 sounds like clinical assessment – Recommend “recognize change of condition” LPN- Are the responsibilities of an LPN lost for the individual if the RN does not designate an LPN ? Include responsibility to communicate with guardian. Chapter is silent in many places on this (e.g. p8 #220 and 21 , below #4	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
8/16/17 Forum	P.9 HCC Responsibilities of the DDW Case managers for JCMS #4 Can CM do this? #6 How will they know #8 include guardian #10 is this reasonable #11 how can you guarantee this?	Refer to Letter from Medical Director
8/16/17 Forum	p. 10 HCC responsibilities at the DSP level #4 Can they do this? #6 How do they know ? #8 is this realistic?	Refer to Letter from Medical Director
8/16/17 Forum	p. 10 HCC responsibilities at the DSP level for JCMs #2,3,4,6,7 is this realistic?	Refer to Letter from Medical Director
survey monkey	Again, I like that it's separate and comprehensive.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
survey monkey	DDW Provider should be defined. Healthcare Coordination page 2 - Including the MCO Care Coordinator is confusing. Many individuals do not use their MCO Care Coordinator. The inclusion of it implies that everyone is required to have one. General Activities of the designated Health Care Coordinator 1. Stating that the HCC is responsible for working with the MCO Coordinator implies that this is required. 2. Is it really the HCC's job to ensure that the Healthcare Plans and MERPs are created and trained? 3. The Health Passport and Physician Consultation Form have not previously been required to accompany individuals to appointments. Is this a new requirement? 4. The HCC, even if they are an FLP, are required to contact the CM to arrange for implementation of Decision Consultation Forms? Many of them don't even know what those are let alone know to ask for them. 5. Again, the HCC, even if they are the FLP, are responsible for monitoring that the health plans are implemented? I believe that they can monitor themselves, but other people? 6. FLP's as HCCs are not responsible to monitor Therap. General HCC responsibilities of the Interdisciplinary Team, page 3 3. It only falls to the nurse to create, train, implement and monitor plans related to physical health. It makes it sound like the entire IDT is responsible. It might be better to split this section up into the individual disciplines, i.e. Nurse, Case Manager, therapists, etc. 7. Type - 2 \ The CABMP must be reviewed by all authors and revised	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
survey monkey	Concern- providers understand the desire to involve the MCOs, but feel that in reality, the MCOs are non-responsive and don't really fit into our system. DDSD is working to reach out and work with HSD and the MCOs. There are concerns related to requiring providers to include the MCOs in our standards as they are not responsive to us. in SL- there is a concern related to staffing for medical appointments- the staff who transport to the appointments don't always know the specifics of the medical situation- direct support staff do not always have medical training, but should be responsible to call the nurse. The communication to the doctor is essential related to this, but this does not always work well with direct staff as the responsible party for appointments. There is also a concern related to staff communicating the recommendations back to the nursing staff and team after the appointments. Family rep feels that nurses should always be the HCC, for everyone. Others want the guardian or FLP to be HCC. There seems to be some arbitrariness related to the process to designate a HCC. Should there be considerations outlined related to who should be chosen for the role? It seem vague related to what the RN is responsible for- there is not a lot of conversation related to the individual and what they want for themselves related to this? This is not a very person-centered chapter. Discussion on decision consultation process. Is there something related to what services this is applicable to? What about someone who only received	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
survey monkey	Most of my HCC (FL and CIHS) are the guardian or family member of the person served. They would need access to Therap to update. They might not have a computer or be comfortable working with such a program. Will the requirements now be the same for Supported Living and CIHS? Will CIHS have to have the same doctor visit documentation as Family Living? Supported Living has many more requirements than the intermittent, lower-needs services provided by CIHS (natural family providing this service). I can understand for Family Living, but for CIHS I believe if this is the case it will put an undue burden on these families. There was much discussion at the Feedback Forum regarding the coordination with MCOs. I think consultation when appropriate is good, but not coordination (except in necessary circumstances). This is from an FLP and CIHS perspective. The nurses have far more informed input into this area than I. I do understand that our nurses are very concerned about provisions that would put their licensure on the line. The clearer the Standards, the less likely this is to happen. Or they can make informed choices on whether to keep providing services. This chapter is one of the most challenging. There are so many provisions and to me it is overwhelming. My FLPs will read this and be overwhelmed as well. If this is mostly geared to Supported Living, please separate out requirements for FL and CIHS.	They can be given access to Therap by the agency.

Public Respondent	Feedback	DDSD Response
survey monkey	The section "HCC Responsibilities of the LPN (when designated/assigned by the RN) for JCMs" is unclear. Are these mandatory duties that have to be done by a nurse, and the nurse doing them could be an RN or LPN? Or are these optional duties that could be done by an RN or LPN if the RN feels like they need to be done? From the trainings, I think I picked up that the latter interpretation is the correct one. If I'm correct, then I would suggest the heading be changed to read something like, "Optional HCC Activities for JCMs that can be done by an RN or an LPN designated by the RN."	Refer to Letter from Medical Director
survey monkey	There are not enough RN's for JCM to have an RN for HCH. Neither RN's or LPN's are responsible for direct care staff giving medication. That is AWMD. If this stays in place it will be taken to the Board of Nursing.	Refer to Letter from Medical Director
survey monkey	It seems very heavy-handed and prescripted in light of the CMS Final Rule and the focus on a person's choice. Does an individual or guardian have the choice of having a HealthCare Coor. and all the obligations that are attached to this? I am extremely concerned about taking away a Jackson Class members' right to choose their HealthCare Coor by mandating this person be an RN. I believe this is a violation of their rights to choice.	Refer to Letter from Medical Director
survey monkey	How do we do agencies provide what is in the standards when the state is short of nurses, and all the requirements that they are responsible for. As an agency we have only 22 members and of those we had over 1000 appointments for those clients. We support Jackson class members and of those many of those appointments are for those clients.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
survey monkey	A health care coordinator must have ready assess to the individual and their medical records a MCO care coordinator cannot fill this role. Some are hundreds of miles from the patient.	Refer to Letter from Medical Director
survey monkey	The health care coordinator should never be the MCO care coordinator. They have huge caseloads and high turnover. Just getting them to attend that annual meeting has been difficult much less getting them to actually do anything. They do not understand the waiver models of service and do not have the contact information for the team much less any history with client.	Refer to Letter from Medical Director
8/16/17 Forum Poster note	gives wrong impression--don't have to follow this process	Refer to Letter from Medical Director
8/16/17 Forum Poster note	Probate Code- anyone can write to judge	Refer to Letter from Medical Director
8/16/17 Forum Poster note	more language needed re: forced physical guidance	Refer to Letter from Medical Director
ADDCP	Some general comments first:	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	The use of the acronym HCC to mean either Health Care Coordinator or Health Care Coordination is confusing and can cause misinterpretations of the requirements. We would suggest using a different acronym (such as CC for Care Coordination) or falling back on not using the acronym at all for one or the other of these two terms.	Refer to Letter from Medical Director
ADDCP	Again, the lack of any numbering or structure in the chapter itself becomes confusing. It is hard to distinguish where one section ends and another begins.	Refer to Letter from Medical Director
ADDCP	ADDCP and its members also are concerned about the continued statements that Managed Care Organizations could and will act as the Health Care Coordinator for any DD Waiver participant. We would suggest removal of any language that suggests that this might happen. We would also question that if this is left in, who would ensure that an MCO Health Care Coordinator was following through, attending meetings and providing the required paperwork? Neither Case Managers or service provider agencies have the authority or manpower to do this.	Refer to Letter from Medical Director
ADDCP	ADDCP strongly opposes the requirement that only registered nurses can serve as the Health Care Coordinator for Jackson Class clients. We believe that in this environment of huge nursing shortages nationwide, and even more so in New Mexico, that limiting Health Care Coordination to only RNs is detrimental to the provision of services, not cost effective and in some cases may violate an individual's choice as spelled out under the CMS: Final Rule.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 2 – First Paragraph – line 3 – we encourage that the term "as appropriate" be added to the line "collaborating with the MCO Care Coordinator".	Refer to Letter from Medical Director
ADDCP	Page 2 – Third Section – Designation of a Health Care Coordinator (HCC): number 2 – we would question why an individual who is their own guardian (or the guardian of an individual) who has a moderate or high eCHAT acuity level cannot be their own Health Care Coordinator. We do not believe that this follows CMS guidelines, do not believe that it is person centered and do not believe that it follows person first ideals. We would also refer DDSD back to the Human Rights and Settings Requirements, page 6, number 18 which states that an individual has "The right to consent to or refuse medical treatment". We would postulate that designating a Health Care Coordinator is covered by this right and by NMSA 1978, 43-1-15.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 2 – Designation of a Health Care Coordinator (HCC): number 3 – ADDCP strongly opposes the requirement that only a registered nurse is qualified to act as a Health Care Coordinator. This opposition is based on many concerns the first and foremost being the shortage of registered nurses in New Mexico and nationwide. Providers are finding it increasing harder to find qualified RNs and even when they do, they are not able to compete financially with hospitals, care centers, nursing services and other entities (including the state) to bring RNs into the field. The current rates paid by DDSD do not allow for providers to hire RNs at the competitive rates of pay for nursing services. We also question why an individual who is a Jackson Class member should never be allowed to be their own Health Care Coordinator? This standard implies that these individuals do not have the same rights and freedoms as any other individual in services or any other person in the community. This standard also appears to be moving Jackson Class members back into medical model of service as if they by class membership are more medically fragile than the general population. We would also note that even if it could be proven that they are actually more medically fragile, that would never be reason enough to limit their rights or freedoms.	Refer to Letter from Medical Director
ADDCP	Page 2 – Designation of a Health Care Coordinator: number 4 – we suggest that this line be deleted. We have concerns about enforceability of the standards for someone who is not in the system. The burden of ensuring that the work/requirements of these standards would fall back on team members and could possibly impact the timing of ISPs and budget approvals.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 2 – General Activities of the designated Health Care Coordinator (HCC) – number 1: We would suggest that this be changed to "The HCC is responsible for planning for ….". Removal of the requirement of working with the MCO Care Coordinator will reduce the burden on already over worked staff.	Refer to Letter from Medical Director
ADDCP	General comment: The term "timely" is used often in this section. While we appreciate the need to be able to allow leeway for completion of tasks, we are concerned on how these terms would be interpreted by others, including auditors or investigators. We also have some slight concern about the term periodically being used as this can mean many things.	Refer to Letter from Medical Director
ADDCP	Page 3 – General Activities – number 3 – While we support the idea that knowledgeable staff accompany an individual to appointments, DDSD must recognize that this sometimes impossible to achieve. Having this included as a requirement is an overreach. We would also question the premise that the Health Care Coordinator, who may be a guardian or the individual, now appears to have the authority to dictate to a service provider which staff works which day.	Thank you there is not intention to dictate staff schedules. Physicians familiar with the DDSD system communicate that it is helpful if the DSP accompanying the individuals know the person and the reason for the appointment. Use of the Heath Passport/Physician consultation form is a critical means of communication with Health Providers.
ADDCP	Page 3 – General Activities – number 3 – While we support the idea that knowledgeable staff accompany an individual to appointments, DDSD must recognize that this sometimes impossible to achieve. Having this included as a requirement is an overreach. We would also question the premise that the Health Care Coordinator, who may be a guardian or the individual, now appears to have the authority to dictate to a service provider which staff works which day.	Thank you, see above.

Public Respondent	Feedback	DDSD Response
ADDCP	Page 3 – General Activities – number 6 – again the use of an acronym (IDF) without explanation reduces the clarity of the document. We reiterate our concern that this standard appears to indicate that an individual or guardian who is the HCC should have access to Therap.	Refer to Letter from Medical Director
ADDCP	Page 3 – General Activities – number 7 – We suggest removing the section "watch for and" and changing "reported to" to "reported by the individual or IDT members".	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – this is the first time that HCC is now used to refer to Health Care Coordination. Otherwise it would read that the entire team is the Health Care Coordinator.	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 1 – we would question the requirement that all IDT members will be able to monitor subtle signs of change in condition. Some members may not be qualified to actually assess that there are subtle signs of change. Again, we appear to be moving to a medical model of service.	Thank you. If an individual has a history of displaying unusual or subtle signs of illness (leaning sideways when constipated) it is the intent to share that information so all can look out for it so it can be addressed promptly.
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 3 – we would assert that not all team members can create or train on plans related to physical or behavioral health.	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 4 – please define or reference where "discipline specific" standards are located.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 5 – we again question the use of vague terms of “systematic” and “timely”. We also question the use of the wording “that assures the individual receives needed health services” when previous chapters have indicated that the individual has the right to refuse. Each of these sections should acknowledge that the individual always has the right to refuse medical treatment based on personal choice or beliefs.	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 6 – Currently the standards indicate that this be accomplished in 3 to 5 business days. Was the intent here to allow for leeway in that time frame? We would request an explanation of why the change.	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 7 (page 4) – First we would ask that all acronyms be defined on their first use in a chapter. A reader should not be required to flip through pages or chapters to make sense of what they are reading. We would also suggest changing 2) to read “the CARMP must be reviewed by all authors and revised if necessary ….” We are not convinced that a hospitalization or significant change of condition would require a revision of the CARMP. We also question the implication that this is a responsibility of the HCC and not the Case Manager who is in charge of the official record.	Refer to Letter from Medical Director
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 8 – We recommend deleting everything in this sentence after ‘”to make health care decisions”. We believe that the remainder of the sentence is simply redundant and not necessary.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 3 – General HCC responsibilities of the IDT –Number 9 – Decision Consultation Process - while we support the idea of the Decision Consultation Process, no process can authorize nurses or providers to "edit or change" a physician's order. The process can simply acknowledge the individual (or Health Care Decision Maker) has chosen not to follow the orders. Providers (and nurses) would still be required to document the orders and use the Decision Consultation form as justification for not implementing the order. We strongly encourage changes to the language in this section.	Thank you . As part of this process the ordering practitioner would be contacted and that the person is not going to comply with or accept the order. The order would be discontinued per the Dr and noted.
ADDCP	Page 3 – General HCC responsibilities of the IDT – Number 11 – We suggest changing "as the primary resource" to "as needed". Again, providers, the team and the Health Care Coordinator will be the primary resource in facilitating access to health related services outside of the system.	Refer to Letter from Medical Director
ADDCP	Page 5 – General HCC Responsibilities For DDW Providers: Number 2 – We suggest simply striking the word promptly. We do not feel that the use of the word adds anything to the standards.	Refer to Letter from Medical Director
ADDCP	Page 5 – General HCC Responsibilities For DDW Providers: Page 5 – Out of Home Placement – because of the change in font size and font type, it is hard to distinguish if this section relates to the section above or is an entirely new, stand alone section.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 5 – General HCC Responsibilities For DDW Providers: Page 6 – End of Life Planning – we suggest removing this section completely as it appears to simply be a restatement of number 10 on page 4.	Refer to Letter from Medical Director
ADDCP	Page 6 – HCC Requirements for Jackson Class Members – General comments – we will again voice our strong opposition to this section requiring that RNs and RNs only be designated as Health Care Coordinators for Jackson Class members. We have already lined out issues we have with this requirement and will not repeat them here. Also, please ensure that the use of the words “designate” or “delegate” are used appropriately in this section. The two words have unique meaning especially in relation to nursing and medical services.	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 2 – although this requirement allows the RN to “designate” non –nursing tasks to either licensed or non-licensed personnel, we see this as a attempt to limit the scope of practice of a Licensed Practical Nurse without any rationale for doing so. If an LPN is approved by the New Mexico Board of Nursing to practice in the state, why would DDSD wish to limit their ability to provide quality services within their scope of practice? We believe that DDSD should coordinate with the New Mexico Board of Nursing prior to making these types of decisions and we do not believe that has occurred.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Page 6 – Goals of Health Care Coordination for JCM: we question the intent of this section. It appears to set JCMs above other DDW participants where quality of service is concerned. Why are some individuals entitled to care above and beyond what the rest of the population has access to? If the intent is to create a separate waiver service for JCMs, then we would suggest that DDSD actually do so versus the attempt to create a higher level of service through addendums to the standards. We would also question whether there have been any time studies completed on what these additional responsibilities will entail and how that will impact the rate models that the state developed through the Burns & Associates rate survey. We do not believe that all of these additional requirements were included in that survey and so current rates paid for services would not cover the additional costs to providers.	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 1 – we would question how "empower individuals and teams" would ever be measured.	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 2 – we would question how a Health Care Coordinator can ensure that team members have a "meaningful understanding" of comprehensive information. We would question why this is not the role of the Health Care Provider who is more qualified to provide this information.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 5 (page 7) – How does a Health Care Coordinator improve continuity of care across all settings? Isn't the responsibility that they will provide appropriate information to all providers across all settings? Isn't it then the responsibility of the other team members for providing continuity of care?	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 7 – please define and explain what is meant by "data sharing"?	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Numbers 10, 13 and 15 all appear to say the same thing. Please remove any redundancy with these three.	Refer to Letter from Medical Director
ADDCP	Page 6 – Designation of Health Care Coordinator for JCMs Number 14 – what curriculum is this referring too? Several other lines refer to education of the individual, guardian, DSPs, etc. Is this something beyond what is referenced in numbers 9 and 12 (which by the way are exactly the same).	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 2 – This requirement appears to be redundant and a restatement of number 2 on page 6, Designation of HCC for JCMs. Either remove or identify differences in meaning. Also, we would like to see a definition of what "nursing planning activities" are or what was intended by this wording. Again, the use of the word "designate" is problematic. This section is very specific that non-nursing tasks may be delegated to DSPs but does not make that distinction with LPNs. There appears to be contradictions with number 2 on page 6.	Refer to Letter from Medical Director
ADDCP	page 7 –Responsibilities of the RN Healthcare Coordinator for JCMs – Number 3 – when referencing requirements from another source, please provide information on finding those requirements (i.e. a link, an addendum or appendix).	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs –Number 4 – we would question how meeting with the DSP provides monitoring of the individual's health. This sentence does not appear to address some intent. Please clarify the statement.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs –Number 8 – we believe that provider compliance with use of Therap per DDW standards is the sole purview of the provider agency. An RN might report to someone that there appears to be issues with the use of Therap, but they cannot ensure compliance. We do not believe that this burden should be place on the nursing staff.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 10 – While we acknowledge that RNs should write HCP and provide training to staff, the amount of follow up time to ensure that the plans are being "competently and correctly implement(ed)" is time consuming and is not currently covered by the rates provided for service.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – General Comment – numbers 11, 12 and 13 each use the vague terms "periodically" and "regularly". It is hard to determine what would constitute meeting these goals unless this is something the nursing staff has authority to set. If that is what is intended, then please state so.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 11 – although we realize it is important for DSPs to understand an individual's HCP, what does this requirement accept as "assesses understanding"? We would also question whether nursing staff have the time to assess the implementation of the HCP periodically without an increase in provider rates to pay for that.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 14 (page 8) – we question the term "full resolution". How would this be determined, who would determine full resolution? We also question increasing nursing assessments and oversight for issues that may never achieve full resolution. For example, an individual has an acute incident and is determined to have a heart condition, will there ever be full resolution of the issue. If not, does that mean that nursing assessments and oversight need to be increased over the life of the individual? Again, we reiterate that provider rates were not developed with this in mind.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Numbers 16 and 17 – please note that individuals always have the option to refuse treatment.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Numbers 18 and 19 – use of the terms "regularly" and "promptly" are vague and subjective. In regards to "will promptly assess the individual", does that imply that nursing services need to be available 24 hours a day to complete these assessments at any time of the day or night, including weekends? Does promptly imply immediately?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 21 – members report that many times there is not time available to complete all the requirements in this standard. Many times hospitals will call late morning that discharge will take place that day by 5 p.m. and that this happens often on Fridays. Although we agree with the intent of this section, we do not believe that it is always achievable and that standards should be written to reflect the reality of the world and allow leeway for the unexpected. If a Jackson class member is discharged after an overnight stay at the hospital on the weekend, will there even be Regional Office staff available for discharge planning? If there is a Regional office on call system, we are unaware of it.	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Page 8 – HCC responsibilities of the LPN – again is the use of the word designate appropriate here?	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Page 8 – HCC responsibilities of the LPN	Refer to Letter from Medical Director
ADDCP	Page 7 – Responsibilities of the RN Healthcare Coordinator for JCMs – Number 9 – Board of Pharmacy requirements do not require nursing staff to "assess and monitor the accuracy of medication assistance". Why the requirement here, above and beyond what the Board of Pharmacy recommends. Nursing staff are not involved in teaching assisting with medication. Also, what is the percentage of missed meds versus number of doses for all JCMs. We could possibly understand the requirement if missed medications were a huge issue in the state.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 9 – HCC responsibilities of the DDW Case Manager Number 1 – again we would suggest adding the term “as needed” or “as appropriate” in this section. Making collaboration with MCO organizations or MCO Care Coordinator a requirement simply means that this must now be tracked, documented and done every time there are needed services or supplies that may not require assistance from the MCO.	Refer to Letter from Medical Director
ADDCP	Page 9 – HCC responsibilities of the DDW Case Manager Number 4 – we do not believe that it is the responsibility of the Case Manager to assess the knowledge of DSPs or their ability to competently provide care especially as regards to medical issues. On what grounds would a Case Manager be able to make those assessments? What is their medical training? Are they even competent to provide the medical care required? We would suggest that they be required to contact the provider if they have concerns about the care of the individual.	Refer to Letter from Medical Director
ADDCP	Page 10 – HCC related responsibilities that may be assigned to DSPs –Number 2 – isn’t this a repeat of numbers 6 & 7 in the section directly above (HCC Responsibilities that may be Designated)	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 10 – HCC related responsibilities that may be assigned to DSPs –General comment: it is not prudent to believe that DSPs would be able to note and understand all the "subtle signs of change" that may indicate that there is a medical issue emerging. The wording here should reflect that DSPs document and report changes in behavior or routine. To expect them to "assess" these changes places too much of a burden on them that they are not qualified to achieve. The same is true of the comment that DSPs will ensure that all recommended assistive devices are in "functional condition". It is enough for them to note that equipment/devices either work or they don't and to report issues as needed.	Refer to Letter from Medical Director
ADDCP	Page 11 – HCC responsibilities at the Provider level for communicating… - Number 1a – The line that begins "The provider must document" appears to require that a signature on a form is needed. Was this the intent or would an entry into the Event Detail section suffice? Also, in this section, the last line appears to indicate that "the DDW agency staff who approves the GER" needs to make a separate entry into the Event Detail section assuring that the information above was actually entered. We would question how they would know information needed to be entered if it was not already in the system.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 11 – HCC responsibilities at the Provider level for communicating… - Number 1b – Is the "receipt verifying that provider communicated" a document that DDSD has developed or is this something that each provider creates? Providers also express concern that each time they provide adaptive equipment or devices to out of home providers (including hospitals) that many times the devices are not returned. This causes a financial burden on the agency to continually replace equipment that was lost while the individual was out of the home.	Refer to Letter from Medical Director
ADDCP	Page 11 – HCC responsibilities at the Provider level for communicating… - Number 1b – Is the "receipt verifying that provider communicated" a document that DDSD has developed or is this something that each provider creates? Providers also express concern that each time they provide adaptive equipment or devices to out of home providers (including hospitals) that many times the devices are not returned. This causes a financial burden on the agency to continually replace equipment that was lost while the individual was out of the home.	Refer to Letter from Medical Director
ADDCP	Page 12 – Delivery of Pertinent Health Information – Providers question what they are required to do if the healthcare professional refuses to utilize or accept the documents, refuses to sign the Consultation Form, etc. Provider staff cannot require these actions of the healthcare professional. No provider argues against making these documents available to the healthcare professional but "what ifs" should be covered since we are dealing with providers outside of the waiver system.	Refer to Letter from Medical Director