

Public Respondent	Feedback	DDS Response
DRNM	<p>Page 2. Interdisciplinary Team: #2 in required participants should read: "Court appointed guardian or parents of a minor if applicable." The top of the list of persons who the individual may want to invite must read: "Others the individual may want to invite include, but are not limited to:" It must be as clear as possible, here and throughout the standards, that the individual drives the process and may invite whoever they wish to participate. Role of Assessments: DRNM agrees in principle with this paragraph; evaluations can be a useful planning tool for the IDT and the individual. However, a line should be added stating that evaluations are not a substitute for input from the individual concerning his or her strengths, weaknesses, and wishes. The input of the individual must always be of paramount importance, and the DD Waiver Service Standards must reflect that.</p>	Thank you DDS added the suggested language.
DRNM	<p>Page 4. Preparation for ISP Meetings: #4 reads "Every effort should be made to ensure the individual has input in decision-making and does not fear repercussions." The idea is correct, but the language is simply not strong enough for a person centered waiver model. The line should read: "The case manager and IDT will ensure that the individual has input in decision-making and does not fear repercussions."</p>	Thank you DDS added: 4. The Case Manager and IDT shall ensure that the person has input in decision-making and every effort shall be made to ensure the person does not fear repercussions.
DRNM	<p>Page 6. TSS and WDSIs: The deadline for the case manager to receive documents concerning clinical justification for services still needs to be added to the standards.</p>	Thank you - The requirements for Outside Review process are detailed in <i>Chapter Available Services and Individual Budget Development</i> .
DRNM	<p>Page 7. ISP Implementation and Monitoring: There is a typo in the second sentence of this section; I believe "ad" should be "and". This section states that service providers must act in accordance with the ISP, and provides a list of the ways compliance will be monitored. #2 mentions surveys, which I assume are the participant surveys discussed in the New Mexico transition plan required by the CMS Final Rule. As DRNM stated in comments responding to that plan, more detail needs to be provided concerning surveys (how often will they be given, what circumstances could trigger a survey etc.) These details should be included in the service standards.</p>	This chapter does not reference surveys related to setting validation detailed in the Statewide Transition Plan. DDS has provided more detail about QMB surveys in the Chapter: Qualified Providers.
8/16/17 Forum	Make ISP a document that DSPs can easily understand and use effectively	Thank you. DDS is embarking on ISP redesign and will continue to gather stakeholder input during this project.
8/16/17 Forum	P.5 – too wieldy, intent not clear...CMS reqs – back to basics!	DDS has deleted the list of CMS requirements from this chapter. These can be referenced in the CMS Technical Guide.
8/16/17 Forum	P.5 #11 - Start w/ individual	Thank you. DDS incorporated.

**Individual Service Plan  
Respondent/ Topic Area/ DDS Response**

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12/13/2017**

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8/16/17 Forum	P.6 – tie service to outcome	Thank you. DDS added clarifying language. All DD Waiver services must be tied to an outcome and vision.
8/16/17 Forum	P.7 #3 – include site and home visits	Thank you. DDS incorporated.
8/16/17 Forum	Re: connection of service to outcomes...add: outcome not required in a life area in which individual is independent or using natural supports....however, perhaps an outcome is needed to maintain this independence, etc.?	DDS added clarifying language to this section. However, note DD waiver services must be tied to an outcome and vision.
8/16/17 Forum	Does respite need to be connected to an outcome?	All DD Waiver services must be tied to an outcome and vision.
8/16/17 Forum	Use the term READINESS TRAP (#5)	DDS added clarifying language.
8/16/17 Forum	Re: Modifications and Revisions – unreasonable to expect CM to convene entire IDT so quickly....but in NMAC, so hard to change this...	This is the current requirement and it is in NMAC.
survey monkey	Again, very helpful to have things written down in clear language. This guidance is welcome. I like that Case Manager requirements are under this chapter rather than under Case Manager chapter. This makes it more person-centered.	Thank you
survey monkey	Description in the Desired Outcomes section is good	Thank you
survey monkey	Page 5- can we make #11 the first requirement- it is the most person centered Pg 7 What are regional office monitoring activities Discussion on outcomes, action plans and paid service providers. Discussion on “readiness traps” and language Discussion related to “identifying significant harm” and convening team within 1 business day. – there are concerns with this.	DDS has added clarifying language in this and other chapters.

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survey monkey	<p>PCAs should not be required two weeks prior to the annual meeting. The input and discussion at the annual ISP is where updates are given, accomplishments are proudly shared as well as some struggles. Even if you talk to the person ahead of time, often they like to wait until the entire Team is assembled to share. The PCA should be due two weeks AFTER the ISP and this is what my CMs request. Another factor is that we don't know the Outcomes until the ISP meeting and these Outcomes are included in the PCA. Even if a SC requests input from therapists prior to the ISP, it is not often given and we rely on the ISP to get those updates. For the PCA to be complete, the discussion and decisions that occur at the annual meeting need to be included. On the matrix on page 3, please specify that the semi annual nursing reports are true semi annual reports. They are driven by the ISP date, not the ISP meeting date. This is so very confusing as other semi annual reports are due two weeks prior to the ISP meeting date. If this is not the case, please make that clear as well. I was told in an email exchange... that nursing reports are set by the ISP date, not by the ISP meeting date. I cannot emphasize enough how confusing this is to new staff and new nurses as well as existing staff who have trained incorrectly on this. This should also go in the nursing section. Page 8. Does Respite require its own outcome if the person has another paid service? If they only have Respite on the budget, do they need an outcome? My understanding is that it does not, but this needs to be made clear. As in almost every chapter, the role and responsibility and contribution of Service Coordinators is rarely mentioned. There are mostly mentions of CMs and then DSPs. Unless DDS considers a SC a DSP.</p>	<p>Semi annual reporting requirements are detailed in the Provider Reporting Requirements chapter. The PCA is not a semi-annual report. Please refer to the Community Inclusion chapter for PCA requirements.</p>
survey monkey	<p>The service plan must include services to enable the individual to exercise their 1st amendment rights including religion free speech and to assemble and advocate on their behalf</p>	<p>Clarification in Human Rights Chapter. All services and service providers are required to assist people to know, understand and exercise all of their rights.</p>
post it note	<p>If support plan refers to the ISP, when it is not referring to a therapy support plan, should language be consistent?</p>	<p>Thank you . Support Plan does not refer to the ISP. DDS will reference accurately.</p>
ADDCP	<p>Page 1 – Second paragraph – number 1 - The last portion of this sentence (“and are provided adequate notice”) appears to have been an added comment. The phrasing does not read correctly and we question what is meant by adequate? Is that a day, an hour, two weeks? We don't know. We also question what happens if a planned ISP does not happen for some reason, does this process need to be repeated?</p>	<p>Thank you we will clarify. Depending on the situation, different timelines exist which are based on NMAC 7.26.5 and spelled out later in the chapter.</p>
ADDCP	<p>Page 1 – Second paragraph – number 2 – doesn't the use of assessed needs, versus vision/desired outcomes, to identify services and supports violate person centered planning?</p>	<p>PCP most certainly can include, as one element, the use of individually assessed need.</p>
ADDCP	<p>Page 2 – number 3 – again the use of outdated terminology is disturbing. Shouldn't this reference “identified outcomes” versus goals</p>	<p>This was the parallel more generic CMS language - it has been deleted.</p>

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ADDCP	Page 2 – number 5 – Although we think we know what was intended, please explain how an ISP can spell out the timing for changing circumstances?	Revisions section adds more detail about this.
ADDCP	Page 2 – number 6 – We believe that the Case Manager should be identified as the responsible party to complete this task.	Thank you.
ADDCP	Page 2 – First paragraph – we would request that the term “as appropriate” be added to “the following participants are required”. This would allow for an individual or guardian to request that someone whose services are not being continued does not attend a meeting to develop a plan they will not be involved in.	Thank you , "As applicable" has been added to various lines.
ADDCP	Page 2 – List of required participants – DDS requirements do not allow for multiple billings for ISP development, but this list includes at least two people from each provider agency. Either the rules for billing should change, or required participation on the IDT should be changed.	The current rate of reimbursement for service providers required to attend the IDT includes assumptions about IDT meeting attendance. This will be reviewed again in the upcoming Rate Study.
ADDCP	Page 2 – Second paragraph – Role of Assessments – we would ask that the first line be changed to read “Assessments help to identify a person’s strengths, interests and possible desired outcomes”. Since in truly person centered planning, the individual should state what they want for outcomes, no assessment should identify outcomes. The term “are a useful tool” also seems unnecessary.	Thank you. DDS has modified the language.
ADDCP	Page 3 – Summary of Assessments – Managed Care Organization – most providers report that this is a function within their responsibilities and that the MCOs never do these. We would question who would be responsible for enforcing the MCOs to complete and submit these documents IDT Members – draft individual specific training requirements – members report that this never occur and that this is never discussed at the IDT meeting. We would ask who checks to ensure that this occurs? Since guardians and others are also IDT members, are they being asked to submit these training requirements? And more importantly, can they submit IST requirements for providers? Therapists – the semi-annual progress report is not necessarily an assessment. Why is it included in this list?	DDS agrees that it does not have jurisdiction over MCO care coordinators but there are minimal requirements for case managers to collaborate with MCO care coordinators. Requesting assessments from parties external to the DD Waiver would follow the same type of protocol as for example requesting a psychological assessment. MCOs are not asked to write IST requirements, nor are guardians. The IST requirements are a team effort and should be discussed at the ISP meeting and documented in the ISP by the case manager.
ADDCP	Page 4 – First paragraph – first line states that Case Manager is required to meet with individual and guardian prior to the ISP ...discuss the budget...”. First we question if this meeting is required to be documented and when documentation would be provided to the remainder of the IDT. Without documentation of the meeting, how else would it be proven that it occurred especially if there is no guardian?	This is a case management responsibility that can be documented in CM contact notes.
ADDCP	Page 4 – First paragraph – Number 3 – we believe this sentence is redundant and not needed in this section of the standards.	Thank you. DDS will retain the language for emphasis.

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ADDCP	Page 4 – Second paragraph – First sentence requires that Case Managers notify all IDT members at least 21 days in advance. First we question how this would be proven. A copy of the letter or email in the Case Manager’s file would do little to prove that it was actually sent. Second, if the original meeting has to be cancelled due to unforeseen circumstances, does this line apply to creating a second meeting and how would that impact the timelines for approval of the ISP and budget?	Thank you. Case managers have been used to demonstrating this for some time and is often demonstrated through emails, which is acceptable. Timelines for approval of the ISP and budget do not change, even if a meeting has to be rescheduled. Extenuating circumstances may occur and the CM should do their best in getting advance notice of a rescheduled meeting out to all team members. The 21 day in advance notice most likely can not apply to a rescheduled meeting.
ADDCP	Page 4 – Second paragraph – number 1 – we would recommend that this sentence simply state that the “Case Manager convenes a meeting of IDT Members. The remainder of this sentence adds nothing of value.	DDS will retain the language.
ADDCP	Page 4 – Second paragraph – number 2 – we would question how any one could prove that “all IDT members participated”. If the signature sheet is all the proof that is needed, this does not prove that members participated. There is no requirement that someone speaks at the meeting.	IDT meeting notes can provide documentation for compliance. Quality of participation would require different indicators that DDS has not issued at this time.
ADDCP	Page 5 – First paragraph – We ask that if a reference is made to another document (CMS Final Rule) that either the referenced material is made available as an appendix or at minimum, a link to the referenced material be made.	Thank you. DDS will reference whenever possible. A list of authorities will also be included as a reference.
ADDCP	Page 5 – Second paragraph – line 2 discusses ISP templates to be used and thoroughly completed. We believe that the modifier should be removed. It is unnecessary and appears to be demeaning.	Thank you. DDS does encounter incomplete ISP's. The modifier will be retained.
ADDCP	Page 5 – Second paragraph – last sentence references that Companion documents may also be issued and required. Any new documents or forms would constitute a change to the standards and members cannot simply approve of additional work without knowing what that work may entail.	DDS is embarking on an ISP redesign project and will keep stakeholders informed.
ADDCP	Page 5 – Third paragraph – when providers are prohibited from making recommendation for service types prior to the development of the Vision Statements and Desired Outcomes, on page 4, it specifically states that the Case Manager in collaboration with the individual/guardian will do so. Isn't that a contradiction?	The intent is to prevent provider self-referral without an understanding of the Vision or Desired Outcomes. Case management is a required service which inherently mitigates the conflict of interest issue. DDS will clarify.
ADDCP	Page 5 – Fourth paragraph – states that the long term vision is limited to 1 to 3 years. This is a significant change to the current 1 to 5 year time period. We question the need for the change?	The timeframe is not new. Refer to current DDS core training curriculum.

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ADDCP	Page 6 – Second paragraph – Action Plan – we recommend that the second sentence be modified and ended at “within one year”. Listing plans for future years is unnecessary as they may change completely. We also question the encouragement that “multiple providers can and should be contributing action steps toward each outcome”. Also, is it Action Plan or Action Step?	The term currently in use is Action Plan. DDSD will assure consistency. Collaboration is part of ISP development and implementation. DDSD will retain the language.
ADDCP	Page 6 – Third paragraph – states that the “ISP must be completed and approved prior to the expiration date of the previous ISP term”. We all know that this sometimes does not happen due to numerous issues including the Outside Review process. What happens when this requirement is not met?	The expectations are made clear in multiple chapters. Please contact DDSD on individual issues.
ADDCP	Page 6 – Fourth paragraph – since Therapist write WDSIs, how do provider know that these are required unless this is part of the ISP documentation?	This would be identified during the ISP meeting.
ADDCP	Page 6 – Fourth paragraph – last line states that documentation should be made available to the Case Manager no later than XXX days. Please signify actual numbers.	Professional and Clinical Services Chapter: Development of Written Direct Support Instructions (WDSIs): 1. Therapists are required to create a minimum of one (1) WDSI within the first six (6) months following the effective date of the therapy intervention budget for ongoing service, if there is no other WDSI in place for that therapy discipline.
ADDCP	Page 6 – Fifth page – We suggest that the wording on the first sentence be changed to “The CM is required to review IST requirements with each provider	DDSD provided additional language.
ADDCP	Page 7 – first sentence – If a consensus can not be reached, the highest level of training will be selected – please define consensus – if one provider or IDT member chooses to not be “conflict free”, then they punish providers simply to be obstinate.	DDSD has added language from the Case Management Resource Manual about consensus.
ADDCP	Page 7 – First paragraph – Last section on providers cooperating with monitoring activities. We recommend that this sentence be changed to “respond to issues”, eliminating the remainder of the sentence and also eliminating the remainder of the sentence after “quality improvement”. We don’t believe that the additional comments about individual or agency level add anything to the meaning intended	DDSD disagrees. The clarification is important and will remain.
ADDCP	Page 7 – Second paragraph – number 1 – please change to read “If multiple general events are noted for the individual in Therap”	Thank you DDSD made the edit.
ADDCP	Page 8 – number 9 – we recommend deleting this sentence as it appears to already be covered by number 12.	Thank you. The two items are different and supported by NMAC 7.26.5. The two sentences will remain.

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ADDCP	Page 8 – number 11 - discusses “reasonable request” to convene an IDT. Who determines what is ‘reasonable’? What are the actions taken by the CM if they deem the request is not reasonable.	Thank you. Technical assistance may be provided in individual circumstances.
ADDCP	Page 8 – number 12 – we suggest changing the first sentence by removing the portion of the sentence that reads “,or any other reason deemed appropriate,”. We would again question what reasons besides those listed above that would rise to the level of “deemed appropriate”. We would also question who makes the decision of what is “deemed appropriate”? Is this a team decision or the decision of the individual, guardian or case manager?	Thank you. DDS will retain the language to allow teams flexibility to meet in the best interest of the individual.