

| Public Respondent | Feedback | DDSD Response |
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| 8/16/17 Forum | Not strong enough | Thank you DDSD is committed to strengthening PCP and will review. |
| 8/16/17 Forum | Historically we haven't had much success putting person-centered philosophies into practice – need to acknowledge we haven't made this work | Thank you more technical assistance is needed. |
| 8/16/17 Forum | Show Providers : THIS is HOW TO “DO” a STRONG Person-CTRD Process | Thank you more technical assistance is needed. |
| 8/16/17 Forum | More Operationalization of Concept | Thank you more technical assistance is needed. |
| 8/16/17 Forum | P.2 Providers required to be part of IDT | IDT roles and responsibilities are clarified in ISP chapter. |
| 8/16/17 Forum | Mtg facilitated by CM.....DIRECTED by the individual | Thank you . DDSD will clarify. |
| 8/16/17 Forum | Need to demonstrate that a discussion is happening in which choices of non-waiver and non-disability specific options are being offered | Thank you. DDSD is looking to ISP redesign to assist with this documentation. There are currently various other mechanisms to document discussions including CM Contact notes and IDT meeting minutes. |
| 8/16/17 Forum | How to do pre-planning? | Pre-planning can occur in a variety of ways. Case management pre-ISP meeting requirements are listed in the Case Management chapter. |
| 8/16/17 Forum | Will the person-centered planning process mean a whole separate IDT meeting? | PCP is an ongoing process that informs IDT meetings and ISP development. It may involve multiple meetings and/or conversations, driven by the person. |
| 8/16/17 Forum | P.5 #4 problems with approval process | DDSD and HSD continue to work with contractors to improve the approval process. The standards detail provider responsibilities in the process in the Available Services and Individual Budget Development chapter. |

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| 8/16/17 Forum | P.4 clarify ""DDSD may grant exception" | If a provider cannot ensure the health and safety of an individual who has chosen them through the SFOC process, with DDSD permission the Provider may be able to deny providing services. DDSD will add language to the standards. |
| 8/16/17 Forum | Advocacy at the ISP mtg | Thank you for this suggestion. DDSD strengthened language about PCP requirements and putting the individual first. |
| 8/16/17 Forum | Add a SELF-ADVOCACY Vision Section to ISP! | Thank you. DDSD is embarking on an ISP redesign and this comment will be considered during that process. |
| 8/16/17 Forum | ISP as compliance doc or checklist – unacceptable – address culture of this | Thank you. DDSD is embarking on an ISP redesign and this comment will be considered during that process. |
| 8/16/17 Forum | Level of detail...burdensome? | Thank you. DDSD is embarking on an ISP redesign and this comment will be considered during that process. |
| 8/16/17 Forum | Balance btwn compliance and flexibility, ability to be creative | Thank you. DDSD is embarking on an ISP redesign and this comment will be considered during that process. |
| 8/16/17 Forum | The OR dictating via RFI what needs to be written in PCA/ISP takes away from person-centered planning and undermines team process – remove OR & use TPA-Qualis? | The OR only issues RFI's if something is missing from the ISP/PCA that is needed in order to justify the service. |
| survey monkey | Again, bringing the focus to the Individual and ensuring that everything is about them. Emphasizing giving them information so they can make their own choices to the greatest extent possible. Realizing that the planning is only the beginning of supporting people in their day-to-day lives. That budgets need to be developed based on need, not want. And that sometimes, priorities need to be identified in order to determine the difference between the two. | Thank you. DDSD agrees. |

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| survey monkey | We need to continue to bring it back to the person receiving services and what they want in their life. | Thank you. DDSD agrees. |
| survey monkey | <p>there has not been much actual shift to person centered planning over programmatic planning. The contents of the chapter don't really outline how to make this change in practice. How can we make the language stringer? There is a hindrance related to how to use a tool to help with thinking- there is not strong direction in the standards about how to make the shift- when agencies are told that this needs to be done, but are told they can be done in whatever way they want- so tools and planning are vastly varied. Should there be a standardized tool? Page 2- there is a disconnect related to the IDT members roles in the Person Centered planning chapter, and the ISP chapter. Teams feel that the ISP is a "compliance document" and is used as such. Related to service provision per foc- agencies can sometimes not provide services within 60 calendar days- can we add- "when prior auth" is obtained? Providers don't want to be held accountable for standards that can not be followed through on if there is a extenuating circumstance. Self advocate- there are often struggles with teams and providers related to what they want related to the budget as opposed to what the person wants. Providers often try to influence decisions – there can be guidelines and policies, but until there is a change in the culture of the guidelines plans can not be person centered as agencies are too focused on following compliance expectations. Should we put a "self advocacy" section in the ISP? Maybe- but he whole document should in cooperate a persons choices and point of view</p> | <p>Thank you. DDSD is embarking on an ISP redesign and this comment will be considered during that process. DDSD agrees that PCP needs to be strengthened and is working to incorporate as much as possible in these standards. Ongoing stakeholder involvement and input is needed for next steps as well.</p> |
| survey monkey | <p>Page 4 states all paid support staff must be trained on how to give people choices... Is such a training being developed? Is it up to each Agency and if so, how will you control for quality and content of what is being trained?</p> | <p>Please refer to Training chapter related to required trainings. DDW funded providers are also responsible for oversight of their employees/subcontractors which may take many forms, including internal training, depending on the agency's business model.</p> |

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| survey monkey | Still too much paperwork in the ISP. Recommend separating the meeting on what the person wants and the budget portion into 2 separate meetings | IDTs may schedule their planning meetings in whatever way works best for the person; this may result in multiple meetings. |
| survey monkey | Would like to have clear guidelines for each team members as it gets confusing on whom is responsible and teams usually just assign duties rather than working with team in this process. | DDSD will review and make clarifications where possible. Because planning is person-centered, DDSD is making an effort to allow for flexibility, as well. If IDTs that are not functioning optimally they may request TA from the Regional Office. |
| survey monkey | Page 2 Under Person-Centered Planning: 4. Ensuring that meetings occur at times/locations convenient to the individual. Add: Preferably chosen by the individual. 6. Use of plain language. Add: and in a format that the individual prefers such as English, Spanish or American Sign Language. 8. Choices are offered regarding services and supports that the individual receives and from whom. Add: without fear of retaliation or undue influence by a provider. 13. Identification of risk factors and plans to minimize them. Add: based on informed choice. Page 6 Review of SFOC The SFOC must be signed at the time of the initial service selection and reviewed annually by the case manager and the individual and/or guardian. Typo: manager to manager | DDSD added the clarification suggested. |
| 8/16/17 Forum Poster note | P3 #17 needs edit and #14 not clear | DDSD added clarification. |
| 8/16/17 Forum Poster note | Utilities in my own name? Group Home- question re: negotiation of preferences | Utilities in shared living arrangements can still be negotiated. |
| ADDCP | Page 1 – Second Paragraph – reference is made to “a set of values, tools and skills”. Please provide information on being referenced here. Is there a list that DDSD is referring too or are there appendixes that will become part of the standards? | PCP is a concept described briefly in the Standards. Training may be initiated by provider agencies and DDSD will continue to offer training and TA to the field. There is no list that DDSD is referring to here. |

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| ADDCP | Page 2 – First paragraph – it states that specific discovery tools are not being prescribed but then goes on to list what is acceptable. We have recently heard that one member’s discovery tool was denied by Clinical Criteria at the Outside Review process. Number 9 in this section also states that “Use of other person-centered thinking tools available.” Does DDSD have specifics in mind or is this a broad based statement. Line 1 also states that “Specific assessments as required per service type.” Again, is there a list or will providers only know that their assessment is not acceptable when returned by CORE. | The responsibility of the CORE is to review for clinical justification and the IDT can submit what they have in clinical documentation to support the requests. This review process is described in the Available Services and Individual Budget Development chapter. The "use of person-centered tools" is a broad statement. |
| ADDCP | Page 2 – Third paragraph – in speaking about the core members of the IDT, it should specifically mention that a representative of any paid support service being provided is included. | The IDT is defined in NMAC 7.26.5. IDT make up and roles and responsibilities are further clarified in the ISP chapter. |
| ADDCP | Page 2 – Third paragraph – number 4 – How does DDSD propose to enforce that meeting times/locations are convenient to the individual? If this is a required element, then there should be a way to ensure that it is happening. What also happens if what is convenient to the guardian does not match what is convenient to the individual? Whose priorities take precedence? | DOH engages in various individual and systemic monitoring activities as well as TA to teams by request which are described in other chapters of these standards. The individual preferences should always be considered. As is the case with individuals without disabilities, negotiations and compromise may be needed to schedule a successful meeting. |
| ADDCP | Page 3 – number 9 – we suggest that this sentence be deleted. If it is not deleted, then the methods need to be specified. | DDSD does have prescribed methods to update the ISP which is detailed in the ISP chapter. Having a method to update the ISP is required by CMS. |
| ADDCP | General Comment: we would ask that verbiage used be consistent. Is it outcomes or goals? This occurs at least twice in first half of Page 3. | DDSD will review for consistency. |
| ADDCP | Page 3 – Third paragraph – line 2 – “a decision based on a solid understanding” – while we understand the intent of this line, we would question what determines ‘solid’? How will this be proven? Is this a requirement for someone in the general public? If it is not, then this requirement creates a barrier that individuals without a diagnosis of I/DD do not have to contend with. | Five activities included in Informed Choice are listed in the standards. |

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| ADDCP | Page 4 – First paragraph – last two lines states “All paid supports must be trained on how to give people choices and advocate for....”. If this is a specific training then it should be clearly identified. | Informed Choice is included in various training and TA activities provided by DDSD. Please refer to the Training chapter. |
| ADDCP | Page 4 – First paragraph – number 4 – we question why it is the provider that is responsible for demonstrating that the approved budget is not replacing other natural or non-disability specific resources. A provider of service should be able to expect that they would not be requested to be on the budget prior to this decision already being made. We also question how this could be demonstrated? Is this another document that will need to be completed or another form to be submitted? | DDSD is working on demonstration of choice through an ISP redesign project. Choice among non-disability specific settings is a CMS Settings requirement. DDSD added clarifying language. Providers who continue services for many years should continue to be assuring that their service is not replacing other natural or non-disability specific services available to the person. |
| ADDCP | Page 4 – Second paragraph – we believe the requirement to include discussion of “all paid and unpaid resources” is too broad a term and can never be truly implemented. Who would be responsible for investigating all resources available and how would that be documented? Should a provider in a larger metro area provide a copy of the local phone book as a source of “all” resources available? | DDSD is working on demonstration of choice through an ISP redesign project. Case managers are responsible for knowing about and linking individuals to community resources. DDSD struck the word "all". |
| ADDCP | Page 4 – Fourth paragraph – number 1 – states that DDSD may grant an exception to this policy. We would ask for clarification of the process for requesting an exception or at minimum a link to the required process/forms? | DDSD has added clarification of the process based on existing SFOC policy DDSD/DDW 16.3.1. |
| ADDCP | Page 4 – Fourth paragraph – number 2 – If an agency can deny services based on health and safety concerns (number 1), how are they to determine that unless an application for services is created and screened? Since they cannot require this of the individual and guardian, can they require this of the Case Manager? | DDSD has added clarification of the process based on existing SFOC policy DDSD/DDW 16.3.1. |

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| ADDCP | <p>Page 4 – Fourth paragraph – number 3 – although DDSD maintains a waiting list that now numbers in the thousands, providers are specifically denied the opportunity to maintain a waiting list for services. If an individual is requesting Supported Living services but an agency has no openings at that time, they are not allowed to notify the individual at a later time when an opening is available. If it is the individual’s choice of where to live, and it is an available paid support, we would ask why shouldn’t the agency be able to maintain the individuals name on a list? We also believe that this ‘no waiting list’ requirement violates person centered planning. Waiting is a natural and normal human endeavor. We all add our names to waiting list for services including residences, doctor’s appointments, etc., etc., etc.</p> | <p>If a Provider does not have room for additional people, then they should place themselves on a moratorium.</p> |
| ADDCP | <p>Page 5 – number 4 – we would ask that a caveat be added that providers will begin services within 60 calendar days of receiving a signed SFOC, an approved budget and all required training. Without these safeguards, providers are required to begin services when they will not be paid.</p> | <p>DDSD will add "and approved budget " and expects training to occur within those 60 days. Providers should work with the case manager to follow special instructions for imminent reviews in extenuating circumstances.</p> |
| ADDCP | <p>Page 5 – Second paragraph – Conflict Free Services – number one – this sentence allows planning that focuses on the convenience of non-paid supports, i.e. family members, guardians, etc. Does not this violate person-centered planning. If the intent of this sentence is to help ensure that planning occurs around the individuals wants and needs, then why not state that versus assuming that only paid providers would be source of conflict?</p> | <p>The Standards are written to detail requirements of DD Waiver funded providers.</p> |
| ADDCP | <p>Pages 6 & 7 – Sample Addition to ISP - Is this the document that will be required in the ISP? If not, why was it included here? Second, who completes this document? Third, who is responsible for completing the “Actions” section? A fuller explanation of this document was required. It should also be noted what happens if NO is checked on any of the questions. What if the guardian refuses exploration?</p> | <p>The document provided was a sample to elicit feedback . At this time new forms and documents are not ready for issue.</p> |

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| DRNM | <p>Page 3. #10 under the key concepts of person centered planning states that what is important to the person is <i>considered</i> to ensure delivery of services in a manner reflecting personal preferences and ensuring health. DRNM believes that “considered” should be deleted and replaced with something like: “What is important to the individual is the <i>key factor</i> to ensure delivery of services.....” In a system that is driven by the individual (as noted throughout the proposed standards and at the top of this same list), considered is simply not strong enough. It must be clear that the concerns and wishes of the individual will be the most significant part of the discussion, and will be the main component of any service delivery decision.</p> | <p>Thank you DDSD will incorporate.</p> |