Public Respondent	Feedback	DDSD Response
Individual Respondent	Thank you for your response. I feel like the site visit tool would be the appropriate place for this. I know it's been revised a few times already, but I have always felt like the section where it asks about ISP implementation is a little vague. The first 12 questions on the site visit tool are regarding health and safety, which are very important, but then only 14 & 15 really pertain to the ISP and services. 13 touches on specialty services, which would include therapy. It doesn't feel very person centered, or give a real good idea of isp implementation which I know is something we're working on as a system all together. I know the form is electronic, so you can elaborate as much as needed. However, it doesn't really guide you to do so. If there was services listed on the form, either all of them and check the ones that are on the budget, or just the ones that are on the budget are listed, then each could be addressed in whichever setting the person in seen. I think a better documentation would be ensuring someone is being seen at a variety of settings throughout the quarter. The form as it stands, if a new blank one is used every month, is not conducive to follow up....	Thank DDSD will consider when reviewing the site visit tool.
Individual Respondent	After thinking about last weeks forum, I'm still a little concerned with "checking the portal before a site visit" being listed in the standards. I think it could over time be interpreted by someone other than those who wrote it as a rule instead of a suggestion. I don't want an auditor or regional office to ask me to prove to them how I'm ensuring that cm's check the portal before every visit. I could see that happening down the line with anything that gets put into writing in the standards. I don't know how many times I've heard that the something is clearly written in the standards so we are required to do it. It is one more thing to track and document.	The language will remain as written.
CMAAC	Thank you for removing the word “ensure” from the standards in many places.	Your welcome
CMAAC	We continue to ask that LOC windows can be extended from 45 days to 60 days. We also suggest going back to 3 year LOC reviews.	The 30-45 day timeframe will remain as, is in our approved waiver. CMS requires annual LOC approval.

Public Respondent	Feedback	DDSD Response
CMAAC	We feel that any monitoring of utilization of services in the web portal monthly is inappropriate. This is done on HV forms monthly- it is unreasonable to be expected to modify or adjust budgets for utilization multiple times in a year when the system requires 30 day notice for revisions. We feel that often people will ask for a service then will refuse to attend, or services will be added to a budget, and things will get going very slowly based on individual need. We would like this removed form the standards. We would like the couple of cut off sentences to be completed and available for review before we give agreement.	Monitoring is an essential element of case management and it is in our approved CMS waiver. DDSD will retain this requirement.
CMAAC	We would like to remove “guidelines” from the standards – this should be a separate packet. Standards are the rules we follow- guidelines are often suggestions for “best practice.” How are we supposed to know what is a guideline and what is a requirement? Either the standards are rules or they are not.	Thank you . DDSD will remove.
CMAAC	We feel that any timeline that holds CMs to any expectation that a team be convened in 24 or 48 hours is impossible. This would be easier if this were to read “notification” in 24 hours. We will not be able to accomplish anything in 24 hours and often don’t have all of the information that is needed to adequately follow up and plan. Electronic meetings should be outlined as an acceptable method for communication.	Thank you . The timeline is the current requirement and will remain. It is supported in NMAC 7.26.5.
CMAAC	In regards to 30/caseload requirement- agencies feel strongly that this should read “average” over the agency. To not have some clear limits creates issues where cms could “agency shop” if a director will limit case load size based on job performance. There are many cms who can work a larger caseload and this should be managed within the agency. If DOH would like to cap cm caseloads at 30, then we ask there be an exception process for those cms able to handle a larger caseload.	"Average over the agency" was retained.
Survey Monkey	Jackson Plaintiffs' representatives think there are improvements in expectations for case managers regarding monitoring of health documents.	Thank you.

Public Respondent	Feedback	DDSD Response
Survey Monkey	20 hours of assessment for initial allocations!	Thank you.
Survey Monkey	Overall this section was clear and easy to understand. We did have a few questions on clarification that we included in the question below.	Thank you.
Survey Monkey	The easy reading flow and format	Thank you.
Survey Monkey	the chapter is orderly and full of information, including JCM, IQR and policies and procedures. I appreciate the reference to other chapters such as: in accordance with Chapter XX . This assists the reader to find compatible information easily.	Thank you.
Survey Monkey	In the Scope section - all provisions need to be in the present tense. In the Service section - paragraph 3 is a partial sentence and is not at complete thought. In addition paragraph 4 should add that the case manager will also submit a RORA if supports are not being provided as planned. Paragraph 11 should say "assuring" instead of "assure". Section Facilitating the LOC - in paragraph 5, Add that the case manager also leads the IDT discussion to determine appropriate actions and "monitors to see if the actions are completed." In the Linking section, in paragraph 2, please add that the Case manager must communicate with the team, especially with the individual, the guardian if any, the health care coordinator and family members. In paragraph 4 regarding discharge planning, add that the case manager will work with the MCO care coordinator, with institutional staff and provider agency staff to establish and implement care plans and ISPS while in a facility, and also to establish and implement a sound discharge plan. In the Person Centered Planning section, in the initial description it should explain that the case manager will update the ISP when there are changes in the individuals needs, preferences or status. In the Monitoring and Evaluating section: In paragraph 8 a. ADD that the case manager will determine if the MERPs and BCIPs are in place, and ADD next "and accessible and staff present at the site know how to access the plans in the residence, have been trained and are implementing the plans." For paragraph 8 b. : same addition to case manager determining if appropriate and current health plans, behavior plans and therapy plans are in the residence, are accessible and that staff have been trained and are implementing the plans. ADD a paragraph C that reads: Failure to have current plans	Thank you. Comments exceed allowable characters -refer to DDSD for more detail.Grammatical edits have been made. The language regarding RORA is in the Provider Reporting Requirements chapter, and will remain as written. The Decision Consultation procedure is outlined in the Safeguards chapter. Linking suggested language was added around communication. Discharge planning will remain as written. ISP revisions are discussed in

Public Respondent	Feedback	DDSD Response
Survey Monkey	We would like to see more details on the implementation ISP. What does the ISP include for example? There seems be a lot of room for interpretation throughout this section. Can we add that Case managers are required to schedule and facilitate the IDT? Is #3 in the "Promoting Self Advocacy" section a typo we are a bit confused as to what is trying to be communicated on #3. #5 – Can we insert the distribution of meeting minutes to the IDT members? Waiver Transfers- how does the team get notified of a transfer? Who is responsible for this?	There is clarification in the ISP chapter. 6. Facilitating IDT meetings in a manner that ensures conflict free service and support coordination as described in chapter XX Person Centered Planning. #3 of Promoting Self Advocacy has been clarified. More detail is given in the Person Centered Planning Chapter. We will define waiver transitions in another section.
Survey Monkey	Case Managers will provide copies of the ISP to the respective DDSD Regional Offices within 14 days of the ISP approval from the TPA. Could signature sheet and a copy of all specialty assessments; Teasc, Safe Clinic, etc. be included in the documents sent to the RO? IQR pointed out the specialty clinic recommendations are not be followed when in fact the RO didn't know such an assessment had been completed. Thank you.	The expectation is that the entire ISP packet be sent to the Regional Office.
Survey Monkey	page 3, line 4 - this sentence seems incomplete page 3 #3 - "will also" what? page 3 #11 - delete the two commas after "Assure" page 5 - paragraph starting with "Facilitating Level of Care", line 4 of that paragraph: "to-obtaining" need to delete the dash	Thank you these changes have been made.

Public Respondent	Feedback	DDSD Response
Survey Monkey	I like 20 hours of assessment for initial allocations!	Thank you.
Survey Monkey	*There are several spots where sentences are not complete and they end with and... this is very concerning. *There are several things that are implied as guidelines - if they are guidelines, and not requirements they need to be removed & put somewhere else - standards are what have to be done, not guidelines or suggestions for how to do things. *Under Promoting Self-Advocacy - #7 - case managers cannot ensure conflict free service and support coordination - there are always team conflicts - CMs can help resolve them but cannot ensure they will not occur. *Need clarification on initial allocation first meeting being done within 5 days - does this mean scheduling or actual meeting? *Under Linking - #2 - says JCM's team - is this just JCM's or all clients *Under Monitoring and Evaluating - #8 - monitoring responsibilities that are at least quarterly - site visit form needs to be revised to reflect this then *Under Monitoring & Evaluation - #10 - are CMs expected to track the 15 timeline - shouldn't that be a provider's responsibility? *Under Monitoring & Evaluation - #12 - what is the Quarterly ISP QA Review?? *Under Monitoring & Evaluation - #14 - not effective as the portal is not always accurate - doing this monthly would be way too time consuming - CMs have these conversations when CMs are checking in on what they are doing, who they are seeing, how sessions are going, etc. - CMs are not going to see real-time information in the portal due to different billing dates for providers, only being updated once a week, etc. - this is why we cannot use the portal when doing close-out/open-up budgets! *Under Monitoring & Evaluation - #15 b - how are CMs supposed to ensure the existence of a current enforceable lease - this should be the provider's responsibility as CMs don't typically ever see	Thank you. Comments exceed allowable characters -refer to DDSD for more detail. Grammatical errors were corrected. Language has been changed under Promoting Self-Advocacy. Timeline for initial allocation meeting has been removed. The Linking section was updated to remove the JCM reference. It is the responsibility of all providers, including case managers to track compliance with settings requirements. Quarterly ISP QA Review is an

Public Respondent	Feedback	DDSD Response
DRNM	*. General Definition and Intent of Services, pg. 1* : The last line on the page states that case management emphasizes the use of natural and generic supports in addition to paid supports. DRNM continues to be troubled by what we believe is a Waiver wide over-emphasis on services provided by a participant's natural supports to the exclusion of other necessary services. Our agency acknowledges that there are times when it is better for the participant for natural supports to be utilized instead of paid services, and also that the state has a fiduciary responsibility to ensure that Medicaid money is properly spent. However, what we often see in practice is that case managers and evaluators assume that a Waiver participant has natural supports available and refuses to approve or support critical paid services. Often, the family member or friend being relied on to provide natural supports is either unable or unwilling to serve to the degree necessary to adequately protect the health and safety of the participant because of challenges in their own lives. These gaps in service occur partly because the search for natural supports is stressed in a manner that tends to crowd out the search for other meaningful supports.	Thank you. In our CMS Waiver we do account for the PFOC and SFOC which allows an individual to choose a service based upon their wants and needs. DDSD also uses Person Centered Planning and allows for an individual to identify their natural supports in the development of the ISP. All supports are to be considered in person-centered planning.
DRNM	DRNM suggests that in this section and throughout the revisions to the DD Waiver Service Standards, the importance of natural supports should not be unduly emphasized or promoted. Natural supports should simply be listed as an option that will be considered during ISP development, alongside paid and other supports.	All supports are to be considered in person-centered planning.

Public Respondent	Feedback	DDSD Response
DRNM	*Promoting Self-Advocacy and Advocating on Behalf of the Individual, pg. 2* : This section states that a primary role of the Case Manager is to facilitate self advocacy and advocate on behalf of the DD Waiver participant. That statement is followed by a list of ways that the case manager will carry that role out. DRNM fully agrees, and applauds DDSD for continuing to formally acknowledge that said advocacy is a primary function of the Case Manager. However, the list current starts with the phrase "This includes"; DRNM suggests that the start of the list read "This includes, *but is not limited* to". There are many ways that a Case Manager can advocate on behalf of a client during the ISP process and day to day living, and the Case Manager should not feel in any way constrained by the list in the service standards while doing so.	Thank you. DDSD added the language, "This includes, but is not limited to".
DRNM	*Promoting Self-Advocacy and Advocating on Behalf of the Individual, pg. 3*- The list outlining Case Manager advocacy on behalf of his or her client is a positive development, as strong advocacy on behalf of people receiving Medicaid services is clearly an essential function of that job. However, DRNM notes that the list does not contain any requirement or mention that a Case Manager should talk with the participant about their wishes and preferences as a foundational step toward providing advocacy on his or her behalf.	Thank you. The language has been added.
DRNM	DDSD has clearly and correctly emphasized the need for person centered planning both in these revised standards and in the community. Adding a specific requirement for input from the participant to this section is consistent with DDSD's stated goal of implementing person centered planning throughout the DD Waiver system. DRNM asserts that this page must contain a directive to Case Managers that when they are advocating for a participant, the participant is in charge of the process and must be consulted continually concerning his or her needs and wishes.	The language has been added.

Public Respondent	Feedback	DDSD Response
DRNM	Also, #3 on the list outlining Case Manager advocacy appears to contain a typo (ending with a period instead of a colon). It also appears that "The Case Manager and IDT will also" does not need its own number-as currently laid out, this section may be confusing to readers.	Thank you, these have been corrected.
DRNM	*Facilitating Level of Care Determinations and Other Assessment Activities, pg. 6-* Part C encourages case managers to contact DDSD when they encounter difficulties with the timely submission of an LOC packet. One of the main complaints about the DD Waiver program that DRNM hears from Case Managers in the community is that they have trouble reaching DDSD for help when problems arise during the submission of LOC packets, budgets, or when there are other obstacles during the ISP process. DRNM encourages the Department to increase dialogue and contact with Case Managers to ensure that difficulties encountered while navigating the DD Waiver system are promptly and completely addressed. This will ensure better and faster service for DD Waiver participants, as well as providing support for Case Managers carrying out functions vital to the smooth operation of the service delivery system.	Thank you. DDSD will continue to increase dialogue and contact with case managers.
DRNM	*Monitoring and Evaluating Service Delivery, pg. 9-* #15 states that the Case Manager will ensure that DD Waiver funded supports will be delivered in accordance with CMS Settings Requirements. However, the list below that statement only includes planned activities outside the residence and the existence of a legally enforceable lease. As you know, there are many more settings requirements beyond the two mentioned in this section. The paragraph says "including but not limited to" and refers to the Setting Requirements being available in another chapter of the proposed standards. However, DRNM suggests also listing the full setting requirements here as a way to emphasize the importance of the CMS Final Rule to both case managers and the public.	The Settings Requirements are outlined in the Human Rights chapter.

Public Respondent	Feedback	DDSD Response
CMAAC	"Under the caseload levels section it says "The Case Management Provider Agency shall ensure that supervisors or persons with subcontractor oversight responsibilities, who also have a caseload, shall have a reduced caseload to provide adequate supervision and oversight of case management staff and/or subcontractors" I believe many of us have caseloads that are the same size as our case managers, and we can handle our supervision responsibilities just fine without needing to have reduced caseloads. If we are able to work both our caseloads and supervisor roles, our caseload size shouldn't matter. And what exactly do they consider a reduced caseload? I read it as basically we have to have smaller caseloads than all the CMs in our agencies. Plus, I'm pretty sure if we feel we can't handle both we would address it ourselves, but I don't think we should be mandated to do so."	The reduced caseload size for supervisors was removed.
9/20/17 Forum	Promoting self-advocacy and advocating on behalf of individual. Linking to generic community resources, etc.…new emphasis…	Clarification is needed to respond to this comment.
9/20/17 Forum	p3 #4 – need explanation that RORI is now RORA	The RORA is covered in the Provider Reporting Requirements chapter.
9/20/17 Forum	p4 #13-c. Review what exactly? Does this refer to Statement of Rights?	Clarification is needed to respond to this comment.
9/20/17 Forum	Re: Initial Allocation timelines: 5 days….clarify this timeline further…	This was removed.
9/20/17 Forum	p6 #3 Linking to generic resources – needs more emphasis…weak area for CMs…	Thank you, more clarification has been added.
9/20/17 Forum	p6 #4 – still relevant? Not same requirement to do readmit, but still discharge planning component	Clarification is needed to respond to this comment.

Public Respondent	Feedback	DDSD Response
9/20/17 Forum	Re: Person Centered Planning and the ISP - how to make sure CMs do proper VISION development, generate outcomes, first!?	Thank you. The Person Centered Planning chapter addresses this along with DDSD trainings.
9/20/17 Forum	Re: Monitoring and Evaluating Service Delivery:	Clarification is needed to respond to this comment.
9/20/17 Forum	If CMS requirements are not being met – but not at level of ANE…e.g.. Community inclusion – and not resolved at IDT meeting? Next Step…RORA?	Thank you. The RORA process is available to provide information and technical assistance to anyone at any time.
9/20/17 Forum	CM has authority to lead IDT re: individual's informed choice…STRATEGIZE! Be responsive to CMS and use Person-Centered Planning!	Thank you.
9/20/17 Forum	If paid supports are inadequate…bring in DDSD…	Yes, use of the RORA process.
9/20/17 Forum	# Visits – base on level of need?	Minimum requirements are established but visits are also based on need
9/20/17 Forum	p9 #12 – re: case manager responsibility to review in THERAP…isn't responsibility larger?	Yes there is a cross reference to Provider Reporting Requirements.
9/20/17 Forum	p9 #13 – vague…need to state frequency re: use of data sources	Yes there is a cross reference to Provider Reporting Requirements.

Public Respondent	Feedback	DDSD Response
9/20/17 Forum	P9 #14 – unrealistic expectation – checking web portal may not give good info…problem with "policing" service provisions by providers. Also, site visit may not be appropriate forum for discussion re: monitoring of services.	Monitoring is an essential element of case management. DDSD will retain this requirement. It is in our approved CMS waiver
9/20/17 Forum	Not about accuracy of data …but rather a way to monitor, trigger red flags situation and prompt CM to ask questions re service provision issues…	Thank you for your comment.
9/20/17 Forum	P9 #15 – 30 hrs. per week outside of home – refine language? Purpose: Ensure someone is not isolated in the home…make sure opportunities are being offered. Yes, they have choice not to go out…but assumption is that they will be out for approx. that amount of time. Important to document in ISP re: person's choice not to go out…	30 hour requirement has been removed and yes the expectation is the purpose you have identified.
9/20/17 Forum	What if person's medical needs require return home? Can CCS staff provide care at home – or would residential staff need to?	Clarification was added to allow DSPs to take people home during CCS for lunch, a break, change of clothes or to do ADLs up to, but not to exceed 2 hours.
9/20/17 Forum	CMS won't allow us to bill for community services in residential setting….provision in CCS for 1 hour to return home…use person-centered-planning!	Clarification was added to allow DSPs to take people home during CCS for lunch, a break, change of clothes or to do ADLs up to, but not to exceed 2 hours.

Public Respondent	Feedback	DDSD Response
9/20/17 Forum	Re: Maintaining a Complete Client Record - are all documents listed here required to be distributed?...e.g.. TSS, IDT meeting minutes?	Clarification was provided in the Provider Reporting Requirements.
9/20/17 Forum	Guideline of 30 caseloads – concern re: leaving it up to CM agency director to decide cap on caseloads….	The reduced caseload size for supervisors was removed.