

Public Respondent	Feedback	DDSD Response
Survey Monkey	Overall the chapter was clear to understand.	Thank you
Survey Monkey	It is quite thorough.	Thank you
Survey Monkey	Again, the structure and the detail are good	Thank you
Survey Monkey	Training of IDT members by Therapist: ADD additional sentence to the end paragraph 3 as follows: Require therapist and BSC to use a standardized Individual Specific Training Designation Record Form which includes statement of verification by the therapist that the designated trainer has been observed by the therapist/BSC and found to have demonstrated the skill level required to be competent to train others. Add an additional paragraph (paragraph 7) All DSP will be trained on use of identified devices across all environments as appropriate to skill level within time frames designated by the therapist in the IST requirements of the ISP. Therapists shall identify what devices are to be trained and in what environment. In the Monitoring Services section: Add additional paragraph between draft paragraphs 1 and 2 which reads as follows: Therapists are required to monitor the implementation of their therapy plans and intervene if plans are not being implemented by providing additional training, requesting supervision of plan implementation by provider supervisors who are designated trainers, or regional office support including submission of a RORA by the therapist as is necessary to receive assistance in assuring implementation. For paragraph 4 of this section, ADD additional sentence at end as follows: RORAs will be submitted by the therapist when technology is not available and used consistent with recommendations.	Added the following language: 7.a. Training by BSC may be recorded and given by a trainer designated jointly by the agency and the BSC. If the BSC designates a trainer, they will fill out a standardized Individual Specific Training Designation Record Form that includes a statement verifying that the designated trainer has been observed by the BSC, and found to have demonstrated the skill level required to be competent to train others. Specific requirements related to training designation are included in Appendix XX. The second part of this item is really for therapy only.
Survey Monkey	Who is in charge of initiating and updating the AT Inventory? This needs to be clearly stated.	Refer to CSB
Survey Monkey	# 7A. (page 6) Therapists can designate agencies to train on therapy plans (Is this best practice?) - WDSI's needs to be done within 6 months. Requested on the TSS. - Agencies cannot be responsible to ensure that therapists are conducting their therapy appointments. - The section stated that therapists cannot leave a client until they find a replacement for the client. (This is currently not happening). Nutritional section o Are agency's required to request semi annual nutritional evaluations?	Refer to CSB
Survey Monkey	Jackson Plaintiffs' representatives think there are improvements in expectations for case managers regarding monitoring of health documents.	Thank you
Survey Monkey	20 hours of assessment for initial allocations!	N/A
Survey Monkey	On page 9, #4 at the bottom it states that CM's are responsible for distributing copies of the ISP including related minutes, TASS, etc. As a service coordinator, I author and distribute the TASS to my families and staff. But, according to this, it is the CM's responsibility. Also, what is meant by individual specific training Addendum A? Should there be a comma there? If it means just ISTs, we as the Provider Agency schedule those trainings. What ISTs are required to be distributed by the CM? I'm not a CM so I don't know a lot about their overall responsibilities.	Case Managers are responsible for distributing the entire ISP, including all attachments. Correction was made by adding a comma after IST and before Addendum A. The IST that is part of the ISP document is what CMs are responsible for distributing.
DRNM	<i>General Scope and Intent of Professional Services, pg. 1</i> -In the first paragraph in this section, the last word of the fourth sentence should be "and" instead of "an".	Correction was made.

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DRNM	<p><i>BSC Service Requirements, Service Limitations pg. 7</i>-DRNM opposes the limit of five hours per year for BSC services provided in school settings. While it is true that other services available at school might overlap with BSC functions, there are also times when a student might benefit significantly from more intensive BSC services in an academic setting than the waiver currently provides. The DD Waiver is a person centered program, and as such limits on services should be extremely rare. Instead, the IDT should be free to determine the amount of services necessary for the waiver participant without being unduly constrained by a hard cap, as long as those services are clinically justified.</p>	<p>Behavioral services within the school are the domain of IDEA and must be provided by the school. If the child requires more intensive behavioral support within the school setting, a request should be made by the parent or guardian to the school district to be provided by the school district, NOT via DD Waiver funds. The 5 hours per year is for person-centered planning and cross-over training with the school team. The ability to be paid for such activities will remain at 5 hours per budget year.</p>
DRNM	<p><i>Fading of Therapy Services, pg. 21</i> -This section of the proposed standards mandates that therapists routinely consider whether services should be faded. There are a number of factors listed to consider when thinking about fading a therapy service, including stability of life circumstances, whether services are focused on monitoring, and assessments of progress. One factor that is excluded but must be added to the final standards is the opinion of the participant concerning the continued efficacy of therapy. In order to adhere to a participant centered collaborative approach to service delivery, therapists must be explicitly required to consult with the participant and ask for his or her input before considering fading a currently rendered service.</p>	<p>Refer to CSB</p>
DRNM	<p>This same issue arises on pg. 24 of the proposed standards, where it says that before an ongoing therapy service can discontinued, the full IDT must discuss the matter. This is a sound principle, and it is true that every IDT meeting should be person centered with a focus on the preferences, input, and needs of the individual participant. But this section should also contain an express requirement that, beyond full IDT input, the team will consider the wishes of the participant before any therapy service is discontinued.</p>	<p>Refer to CSB</p>
DRNM	<p><i>Assurances, pg. 27</i> -The last line on the page should read "master list".</p>	<p>Correction has been made.</p>
9/20/17 Forum	<p>BEHAVIORAL SUPPORT CONSULTATION</p>	<p>N/A</p>
9/20/17 Forum	<p>Philosophy of Positive Behavioral Support, Quality of Life</p>	<p>N/A</p>
9/20/17 Forum	<p>Service Requirements – not new – BSC provides the IDT and individual DSPs with training</p>	<p>N/A</p>
9/20/17 Forum	<p>Designated Trainer (this capacity exists)</p>	<p>N/A</p>
9/20/17 Forum	<p>May be recorded....discussions...retain Fidelity and integrity of the training</p>	<p>N/A</p>
9/20/17 Forum	<p>Main changes to this chapter – page 9 – Professional Development:</p>	<p>N/A</p>
9/20/17 Forum	<p>2 years of core trainings</p>	<p>N/A</p>
9/20/17 Forum	<p>3yrs and on....(and in 1st year) – mandatory attendance at Quarterly Meetings</p>	<p>N/A</p>
9/20/17 Forum	<p>New Training: Indications of Illness... Also- Aspiration Risk Management. Both now required in 1st year</p>	<p>N/A</p>

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9/20/17 Forum	P6 #10 – Are BSCs required to attend HRC?	BSCs are required to attend HRC meetings in the following situations: (see Service Requirements, #10). Attend a Human Rights Committee (HRC) meeting, either in person or by conference call, to answer questions that the HRC may have: a. at the initial presentation of any plan (PBSP, BCIP, PPMP or RMP) containing interventions requiring review; b. at the annual review of any plan(s), if the restriction(s) is (are) still applicable; and c. when any substantial changes are made to the restriction(s) that a plan contains. They should be invited to all HRC meetings.
9/20/17 Forum	BSC absences...coverage?	Please see Agency Requirements "1. BSC Provider Agencies are required to have a policy regarding BSC meeting attendance, site visits, and telephone coverage during regular business hours. BSCs are required to provide information to case managers and other pertinent team members regarding arrangements for vacations and/or extended absences, when the BSC is not able to respond within twenty-four (24) hours during regular business hours."
9/20/17 Forum	P7 – service limitations: #1 bill Medicaid group therap if BSC also provides individual services thru DDW?	Please see section on <i>Service Limitations</i>
9/20/17 Forum	Ok...but team should be aware	"1. BSC services do not include individual or group therapy, or any other mental health or behavioral health services that would typically be provided through the behavioral health system." This is true through DD Waiver only. If the BSC provides individual or group therapy through regular Medicaid, they may provide it to a person that they serve on the DD Waiver, as long as the team has discussed the referral for individual or group therapy to be provided by the person doing the BSC.

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9/20/17 Forum	Release of info from Medicaid side to DDW side? – if ok with individual and guardian, indicated clinical benefit	DD Waiver participants seeing any therapist or
9/20/17 Forum	Re: Mi Via/Med Frag waiver – different rules re: LMHCs – not allowed per NMAC, but DDW allows....currently being clarified	Looked at NMAC 8.314.3 for Med Frag, which was posted for comment in September, 2017. It includes LMHC. Current NMAC 8.314.5 for DDW lists LMHC and we plan to keep that qualification (with supervision, of course). Are we planning to open up 8.314.5? Qualifications for BSCs are fine, but Socialization & Sexuality Education need considerable changes.
9/20/17 Forum	THERAPY SERVICES	N/A
9/20/17 Forum	Less stuff to OR – Expedite	Thank you for your comment.
9/20/17 Forum	No OR clinical review required to get initial CARMP hrs. on budget	Thank you for your suggestion related to the Outside Review process.
9/20/17 Forum	Designated Training-IST - instead – copy of designated training form at agency	More clarification is needed to address this comment.
9/20/17 Forum	QA/QI plan only 1 year review	More clarification is needed to address this comment.
9/20/17 Forum	DDW services can now be provided WITH hospice	N/A
9/20/17 Forum	Effective Individual Specific Training course and Indications of Illness course – now required within 1 st year	N/A
9/20/17 Forum	PA packet – 2 required docs: TSPAR and Therapy Documentation Form	More clarification is needed to address this comment.
9/20/17 Forum	Therapy Services MUST support ISP Visions and Outcomes	N/A
9/20/17 Forum	Help IDT develop...and update...AT inventory	More clarification is needed to address this comment.
9/20/17 Forum	Who supervises and assures completion of AT inventory?	Refer to CSB
9/20/17 Forum	p23 #1 -clarification re: settings – 1 primary...split between CCS and residential?	More clarification is needed to address this comment.
9/20/17 Forum	P21 #1 re: required minimum of 1 WDSI within 6 months....provider agency could get dinged if this not in place.....who responsible for monitoring this? Not looked at in QMB survey – but is an IQR element.	Refer to CSB
9/20/17 Forum	Clinical Services Bureau QA/QI plan – this was monitored	N/A
9/20/17 Forum	Each Therapy Agency needs to have a QA/QI plan.	N/A
9/20/17 Forum	CARMP: if no therapist – no units, etc., ongoing CARMP budget delayed...how do provider agencies handle training new staff? Up to therapist to designate training...delegate parts of CARMP, possibly to another clinician on the team – or, use Therapy Needs Identification Form and a DDS therapist will come train....	Refer to CSB

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9/20/17 Forum	Therapy Gap Process – should this be addressed in standards? – How to access services when billing is delayed?! HOWEVER...caution against creating processes and putting into standards in response to temporary problems...e.g. w/OR.	Refer to CSB
9/20/17 Forum	NURTITIONAL COUNSELING	N/A
9/20/17 Forum	Add on if not in Residential/Living services (already bundled into FL/SL/IMLS)	N/A
9/20/17 Forum	Roles: Registered/Licensed Dietician/Nutritionist is required to attend IDT meetings if nutritional services are being addressed.....why have most of us never seen a nutritionist at a meeting?	Noted
9/20/17 Forum	Confusion re: who this service is for...e.g.. tube feeding; weight gain/loss issues; complex medical/nutritional issues/needs	Please refer to Nutritional Counseling section of the Professional and Clinical Services chapter.
9/20/17 Forum	Similar scope reflected in Living Supports Chapter? YES	N/A
9/20/17 Forum	RN can NOT do Nutritional Eval/Assessment!	N/A
9/20/17 Forum	Quarterly Reports/Visits? ...if person has tube-feeding/CARMP...if bundled, \$ runs out quickly...	N/A
9/20/17 Forum	Annual/Semi Annual Reports...by phone? Does nutritionist need to see person face to face to write report?	Refer to CSB
9/20/17 Forum	P31 #6 -c: services outlined in this chapter CANNOT BE PROVIDED/BILLED at same time as Resid/Liv. Supports....REWORD this	Thank you for your suggestion.