

Public Respondent	Feedback	DDSD Rspnse
Survey Monkey	Over all this section was clear and easy to follow. We liked the processes that have been put in place throughout this section.	Thank you
Survey Monkey	orderly, includes JCM information, specifically IQR	Thank you
Survey Monkey	no concerns regarding Qualified Providers	Thank you
ADDCP	Table of Contents indicates an Appendix will be a part of the chapter or standards. We would request that if these documents are currently available that an indication to where they can be found be included.	DDSD will post entire draft before final issue in December 2017
ADDCP	Page 2: Caregivers Criminal History Screening Program: We would ask for clarification on the area of Provider Applicability as to who exactly is required to go through the Screening Process. Although the list is fairly concise, the term “unsupervised physical and financial access” can be interpreted in several ways. An agency that contracts with a lawn maintenance company cannot ensure that all employees of the contracted company would never have physical access to an individual. More details on specifics would help clarify the intent of this section.	All DD Waiver service providers, with the exception of therapists because they are screened through licensing, are required to go through the Caregivers Criminal History Screening Program.
ADDCP	Page 2: Accreditation: We would ask that if this is a CMS or NMAC requirement that it be listed as such. If it is not a requirement of either of these, then we would question why passing a QMB survey would not qualify for this accreditation requirement.	Accreditation is both a requirement found in NMAC 7.26.6 and in Appendix C: Participant Services of our approved CMS Waiver.
ADDCP	Page 3: Regional Office Contract Management: We would like to express our concerns about Regional Directors being able to impose sanctions, including monetary, on providers without a more detailed description of that process. We would also like to see information on the appeal process in the agency does not agree with the Regional Director. We would also like to see clarity in what the sanction levels (Low, Medium or High) mean or is this a subjective evaluation by the Regional Director. We would also like to see any supporting processes that the Regional Office Director is required to follow prior to imposing sanctions.	Thank you for the feedback. The June 2015 Regional Office Contract Management Policy details the authority of the RO Directors to impose sanctions including civil monetary penalties. The policy also describes the appeal process if an agency does not agree with the imposed sanction. Furthermore, the policy describes actions the Regional Office Director may take prior to imposing a sanction. Finally, prior to any imposition of a sanction the Regional Director works in collaboration with the respective Bureau Chief (Regional Office Bureau Chief, Bureau of Behavior Supports Chief, Clinical Services Bureau Chief).

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ADDPCP	Page 4: Exception to the Standards: Because we have moved on from the SIS categories, using H Authorization Form does not make sense anymore. We would suggest that the state rename this process and the form so that it is current.	Thank you for your response. Since the elimination of the use of the SIS, H requests should be rare but that does not mean the process should be eliminated altogether. DDSD does need to maintain a process to allow for exceptions since each individual situation cannot be predicted. This process has been renamed to the "Exception Authorization Process, Formerly known as the H Authorization Process."
ADDPCP	Page 5: Quality Management Bureau Surveys: 2 paragraph where it is listing all of the CMS waiver assurances, etc., etc.; it then states "and other rules and regulations" We question how a new provider would ever know what these rules and regulations would be without reference to them by name or appropriate link to that information. We also wonder if this "a catch all" so that DDSD, HSD and DOH can impose new requirements on providers without notice.	Historically, all authorities have been listed in the beginning of the standards. This list will continue to be included in the standards.
ADDPCP	Page 5: Quality Management Bureau Surveys: Number 6: We would recommend that this line be changed to "Routine surveys are conducted every 3 years except as determined by compliance determinations."	Language has been updated to be more clear about frequency.
ADDPCP	Page 6: Internal Review Committee: a reference to where documentation of this process, including appeals of decisions, would be appropriate to be listed here.	DDSD internal processes are not included in the service standards. Please contact your local regional office with any questions.
ADDPCP	Page 6: Individual Quality Review of Jackson Class Members: It is interesting to note in "Types of Findings and Recommendations" there is never any discussion of what a provider agency has done well or accomplished. All of the results discussed in this section are negative and punitive. Our only comment is that the review seems only to be constructed to finding issues and never compliance with the standards.	DDSD would like to recognize good work and provide this feedback to reviewers.
ADDPCP	Page 7: Provider Responsibilities: Number 4: mentions the "Decision Consultation" process and not the "Decision Justification" process. Was this an oversight?	This was not an oversight. Language will remain as written.

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ADDCP	Page 7: Provider Responsibilities: Number 6: what exactly constitutes “evidence” that is submitted to resolve findings? Also, is there an appeal process that the IDT can undertake if evidence submitted is deemed insufficient?	Evidence can be any documentation of the team's attempt at resolution of the findings. Please work with your local regional office for technical assistance on any individual specific issues.
9/20/17 Forum	CMS requires we have a system to verify, prior to service, monitor, etc.	Thank you for comments and discussion
9/20/17 Forum	(Training – separate chapter)	Thank you for comments and discussion
9/20/17 Forum	Compliance – (next steps)	Thank you for comments and discussion
9/20/17 Forum	Exception Process (Flexible) Quality of life	Thank you for comments and discussion
9/20/17 Forum	General (QMB)	Thank you for comments and discussion
9/20/17 Forum	IQR – (formerly CPR)	Thank you for comments and discussion
9/20/17 Forum	P3 Regional Office can impose sanctions w/o criteria (too vague) – request for guidelines or criteria to follow	Thank you for the feedback. The June 2015 Regional Office Contract Management Policy details the authority of the RO Directors to impose sanctions including civil monetary penalties. The policy also describes the appeal process if an agency does not agree with the imposed sanction. Furthermore, the policy describes actions the Regional Office Director may take prior to imposing a sanction. Finally, prior to any imposition of a sanction the Regional Director works in collaboration with the respective Bureau Chief (Regional Office Bureau Chief, Bureau of Behavior Supports Chief, Clinical Services Bureau Chief).

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9/20/17 Forum	Out of compliance with standards - this can be implemented	Thank you for comments and discussion
9/20/17 Forum	ADD MORE to chapter on Process (integrate policy in new chapter w/balance)	The purpose of the standards is to detail provider requirements, DDSD internal process is not included.
9/20/17 Forum	Consistency across the state – varies from region to region	Thank you for comments and discussion
9/20/17 Forum	E.g.. LOC expectation – one enforces contract, other gives TA	Need more clarification to address this comment.
9/20/17 Forum	Need for consistency or stronger language	Technical assistance is available through the Regional Offices. DDSD reviewed all standards to increase clarity about minimum requirements.
9/20/17 Forum	P3 re: CM “License” – not all CMs have independent licensure...this is not required?	Requirements are detailed in Chapter Case Management. Various qualifications are acceptable.
9/20/17 Forum	P4 #1 – reference to H code (needs clarification) – process for H code is for an exception to standards (rare basis) NMAC	Thank you for your response. Since the elimination of the use of the SIS, H requests should be rare but that does not mean the process should be eliminated altogether. DDSD does need to maintain a process to allow for exceptions since each individual situation cannot be predicted. This process has been renamed to the "Exception Authorization Process, Formerly known as the H Authorization Process."
9/20/17 Forum	P1 request for clarification on how often criminal screening takes place. DHI reports a system is in place that randomly checks providers in system	Please contact DHI.
9/20/17 Forum	Are DOH or State employees required to have background checks?	Requirements depend on positions and role in state employment. Standards are reserved for Provider requirements.
9/20/17 Forum	( Licensed) Providers are required to have background checks through their licensure board.	Thank you for discussion

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9/20/17 Forum	Definitions appear to be punitive – not supportive	TA is always available from Regional Office prior to any imposition of a sanction
9/20/17 Forum	Too much room for interpretation (ongoing fear and anxiety) – needs to be clear and consistent	Thank you for comment. DDSD will post entire draft in December and provide statewide training January through February prior to effective date of March 1, 2017 of standards.
9/20/17 Forum	Several ways to provide feedback to alleviate fear, nervousness and anxiety	Thank you. DDSD will continue to work to improve forums and mechanisms to provide feedback