

Public Respondent	Feedback	DDS Response
Survey Monkey	Some questions.. -Are semi-annual reports required for SL? -Is the monthly face-to-face consultation required for each shift? -Page 17, 7a-b seems contradictory - Page 19, first two sentences are confusing	Semi-annual reports are required for Supported Living. Additional clarification is needed to address this comment. Please refer to Scope of Living Supports in the Living Care Arrangement chapter and Provider Reporting Requirements chapter.
Survey Monkey	On page 9 in the Adult Nursing section there is a statement which reads, " The RN must provide face-to-face supervision required by the New Mexico Nurse Practice Act and these service standards for LPNs, CNAs and DSP who have been delegated nursing tasks." I don't think the Nurse Practice Act specifies supervision must be "face-to-face." It just says there has to be supervision. Recommend omitting the part about Nurse Practice Act in the sentence and just saying DDS requires face-to-face supervision.	Please refer to CSB
Survey Monkey	Page 13. A Home Studies form template would be helpful and ensure compliance with CMS settings requirements. Page 24. The new requirement for Service Coordinator to meet in the home for those receiving CIHS. There are many times we meet in the community. I disagree with the requirement to meet in the home. Maybe amend to read "monthly, with at least one visit occurring in the home quarterly." That gives some flexibility and choice. Only for CIHS. The requirement for FL would stay the same. Is it possible to amend the Diploma/GED requirement for DSP? It does not make sense to not be able to hire a fully qualified staff, who, for example, is 52 years old, because they do not have a diploma or equivalency.	Thank you for your comment. The Home Study template will be considered by DDS. The language will remain as written. Service coordinators will be required to meet monthly at the residence of the person they are supporting in CIHS. Requirements for diplomas/GEDs will remain. DSP must be eighteen (18) years or older; and have a high school diploma or GED. DSP hired prior to January 1, 2013 are exempt from this requirement. The exemption to the high school diploma or GED requirement for DSPs hired prior to January 1, 2013; remains applicable only if there is less than a twenty-four (24) month gap in employment at any time.

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Survey Monkey	Regarding Substitute Care section under Family Living Requirements- Edit to language: strike out "must provide" in the first sentence. We cannot force a family or employee to sub care for an individual. We can arrange for a sub care option but the family may not like or want that family to provide the sub care. The agency should only be required to arrange options for sub care but the language "must provide" makes it seem obligatory. Suggested addition: Bullet or letter point following paragraph-Sub care provided by an agency employee that must adhere to the Fair Labor Standards Act will receive prior authorization from their supervisor and/or director before providing sub care in excess of 40 hours in a work week.	Thank you for your comment. "Language was changed to must provide or arrange for..." Provider Agencies are expected to have their agency policies around the Fair Labor Standards Act.
Survey Monkey	The proposed 5 average hours per year of dietician services is grossly inadequate for persons who are both high aspiration risk and rely on others to follow a specific diet such as a high calorie low volume pureed diet. Simply participating in the CARMP would eat up 5 hours and leave no time for staff training and compliance review.	DDS will look at this as we go into rate study.
Survey Monkey	The proposed 5 average hours per year of dietician services is grossly inadequate for persons who are both high aspiration risk and rely on others to follow a specific diet such as a high calorie low volume pureed diet. Simply participating in the CARMP would eat up 5 hours and leave no time for staff training and compliance review.	DDS will look at this as we go into rate study.
Survey Monkey	I liked the chapter appeared to be very straight forward.	Thank you.
DRNM	<i>Supported Living Service Requirements, General Requirements 4c, pg. 5:</i> This section mandates that Waiver participants receiving Supported Living Services be placed in four categories: Basic Support, Moderate Support, Extensive Support, and Intensive Behavioral Support. Waiver participants who fall into the Extensive Support category are eligible to receive 14-28 hours a week of individualized staff attention. Individuals eligible for the next category are eligible to receive staffing that exceeds 28 hours a week, but that consumer must have needs related to a behavioral concern.	The Supported Living Category 4 was expanded to include extraordinary medical support.

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DRNM	DRNM is concerned about the limit on staffing hours placed upon Supported Living participants in the extensive support category. Generally, DRNM does not favor hard limits placed on the provision of DD Waiver services. The DD Waiver is a person centered program, and as such caps 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.	There is no limit on staffing hours placed upon SL participants. Provider Agencies are expected to provide the level of support a person needs.
DRNM	More specifically, DRNM can envision many instances where Waiver participants with no need for behavioral support need more access to Supported Living than 28 hours per week. As written, the proposed Standards will leave those individuals without adequate support and without adequate protection for their health and safety. Instead of limiting the participants in this category to 28 hours per week, the IDT and the individual should determine the amount and scope of services necessary. That determination should then be followed, assuming that the hours of support requested are clinically justified.	The Supported Living model is based on 24 hours a day, 365 days a year of support. The categories are based on the intensity of support needed by a dedicated staff.
DRNM	<i>Requirements for Each Resident, #1, pg. 10:</i> DRNM commends the Department for including the settings requirements related to the Human Rights Chapter of the proposed Service Standards and the CMS Final Rule in this section. DRNM will continue to fully support efforts by the Department and DDS to ensure proper implementation of both the CMS Final Rule and principles of Person Centered Planning throughout the DD Waiver system.	Thank you!

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DRNM	<p>. <i>Substitute Care, pg. 13</i>: This section implements a limit on the hours of substitute care available to DD Waiver participants; 750 hours during an ISP year for individuals not in the Jackson Class, 1,000 hours for Jackson Class members. Again, DRNM opposes strict limitations on the amount and scope of covered services available in a person centered service model. Blanket limitations on services available to individual waiver participants are completely incompatible with the concept of person centered budget planning. The person with a disability and his or her Inter-Disciplinary Team (“IDT”), consisting of that person’s support system and care providers, are the best evaluator of what services will allow the individual to live safely in the community. The IDT may determine that the individual’s needs exceed what is allowed under the current caps, and will often decide that less than the cap is needed. Either way, the people who know the individual with a disability best must be allowed to make that determination rather than being restricted by an arbitrary system-wide cap. Anything less is an unsatisfactory repudiation of the Know Your Rights Campaign and all other state sponsored efforts toward system-wide person centered planning. The limitations placed on substitute care hours should be removed from the proposed service standards and replaced with a person centered approach to service allocation.</p>	<p>The state agrees that participant choice and person centered planning are critical elements of a statewide waiver program. CMS outlines many requirements to the person centered planning process to which New Mexico complies or exceeds compliance. Placing limits on amounts frequency and duration of services is allowable by CMS. The State would like to clarify that Waiver services under the authority of the Section 1915© of the Social Security Act complement or supplement the services that are available through the Medicaid State Plan and other Federal State and Local programs. The substitute care limitations will remain.</p>
10/18/Forum	<p>P3 Doesn’t address Individual’s right to choose to stay home – in general, not seeing a lot of flexibility re: individual choosing own schedule What if the person just wants to stay home for the day?</p>	<p>The person has right to choose to stay home. This is a planning issue that would need to be addressed with the provider agency. Please refer to the PCP chapter.</p>

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10/18/Forum		<p>NM has chosen to specify limits within some core service definitions generally related to non-statutory services or to services whose billable unit requires a cap (e.g. a monthly unit cannot exceed 12 months). However, for adult nursing, therapies, behavior support consultation, preliminary risk screening and consultation, socialization and sexuality education and nursing, language will be modified to allow for the flexibility of approvals when clinical justification is provided for amounts of these services that exceed the typical level or range of use .</p>
10/18/Forum	P16 #4 old language e.g.. group home	N/A
10/18/Forum	<p>Independent Living for Individuals with high behavioral support needs:            Top of p5 #4 d.- How do we serve people with severe behavior challenges who may choose to live alone?            Why DDS RO approval needed? Isn't DDS already involved if level of support that high? Remove need for DDS RO approval            – concern about OR approval – written as if a requirement</p>	<p>The Supported Living model is built around shared staffing for 2-4 people in the home. DDS needs to approve all exceptions to standards.</p>
10/18/Forum	<p>TRANSITION OF JCMS into these new standards?            Group H exception process?            Son – Intensive Beh and Intensive Med – now without a rating?</p>	<p>Jackson Class Members are included in these revised standards, and will transition to the revised standards. The H Authorization process has been renamed the "Exception Authorization Process, formerly known as The H Authorization Process." Clinical Criteria will be used to determine the level of support needed to address intensive behavioral and medical needs.</p>

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10/18/Forum	Was intent for state not to pay willy-nilly for 1:1 services? Micro-managing providers – why is state involved in agency’s business decisions? Prior auth in own home CIHS + IBS still? – only available if SL	Additional clarification is needed to address this comment. The purpose of the standards is to detail provider responsibilities.
10/18/Forum	Address preference in SL model ... add to p5 – if chooses to live alone...list options....	The Supported Living model is built around shared staffing for 2-4 people in the home. DDS needs to approve all exceptions to standards.
10/18/Forum	P9 Adult Nursing Requirements #3a – not v practical for nurse to make on-site face-to-face assessment – add language re: accessing 911 etc., Replace must with may	Nurses are allowed to use professional judgement to determine the intensity of the assessments so nurse doesn’t have to go out and do face-to-face all the time. This allows practicality to be balanced w with safety.
10/18/Forum	P9 Adult Nursing Requirements #4 Don’t give impression there must be 2 on-call nurses...suggestion : Shared between more than one nurse” Conflict in nursing chapter	The Nursing Service chapter has been modified significantly to provide clarification around on-call nursing expectations. DDS removed any language suggesting an agency must hire two RNs.
10/18/Forum	P9 Adult Nursing Requirements #3b and #4 – MUST v challenging for smaller agencies – forcing them to hire another RN....	DDS removed any language suggesting an agency must hire two RNs.
10/18/Forum	SL cat 4 – daily rate ...IBS 15 min rate Transition to new standards – How is change going to occur?	Rollout instructions are coming. Comment here is not covered in standards.
10/18/Forum	P12 last sentence – does FL entail living in exact same dwelling?	Language will remain as written, from the last set of standards.
10/18/Forum	P14 #3 two unrelated people in same home...proof to auditors	N/A
10/18/Forum	P10 #13 strike it – reqs re: office in home #4 change provide to obtain	Requirements related to an office in the home will remain. Language has been updated.

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10/18/Forum	P13 “must provide” sub care – FL ...difficulty finding host family.... 40hrs wk limit otherwise, overtime ... ADD lang – change of agency – amt units – no recoup for agency they left – be clear it is a bundled service	The Family Living provider agency is responsible for finding someone to provide substitute care. Agencies are required to adhere to all federal rules. The standards will not add language about exceeding 40 hours. If people change FL agencies they are expected to discuss substitute care at the transition meeting
10/18/Forum	Missing SL p 7,8 re: semi ann report	N/A
10/18/Forum	P24 CIHS Monthly visits - #1 – is face to face with DSP and indiv supposed to be a time to review all these things? Seems like training session for staff...shouldn't conversation re: indivs general happiness be priority? Change to “may include”	Thank you for your comment. The language will remain as written.
10/18/Forum	P12 – current standards also allows community visits....	N/A
10/18/Forum	P13 re dietary reqs - unbundle nutrition services – takes a lot more than 5 hrs – other therapies can ask for more hrs	DDS will look at this as we go into rate study.
10/18/Forum	What if an individual refuses to follow the dieticians recommendations...human rights issue...DCF?	The person, or their guardian, if applicable, does have the right to refuse to follow recommendations. A Decision Consultation Form would be completed to document the decision.
10/18/Forum	P3 – all clinicians required?	Additional clarification is needed to address this comment.
10/18/Forum	Regional access to available therapists – if no OT on team, responsibility for oral care, positioning, etc., falls on nursing	N/A
10/18/Forum	P8#10 – do all hospitalizations require CARMP? – suggested addition: related to pneumonia?	All CARMP requirements are detailed in the Health chapter.
10/18/Forum	P3 suggestion – add lang: re TEAM COMPOSITION...”may be comprised of...as available”	The language around the team composition will remain as written. It is written like this in the approved waiver and NMAC.

Living care Arrangements  
Respondent/ Topic Area. DDS Response

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10/18/Forum	separate Immobilization – SHOULD require HRC approval - from MEDICAL RESTRAINTS, which can remain in health chapter Suggestion: move/add ref to HUMAN RIGHTS CHAPTER	Clarifications were provided in the Health chapter.