

Other Services
Respondent/Topic Area/ DDS Response

Public Respondent	Feedback	DDS Response
Survey Monkey	Page 27. #1. I thought this had been clarified by a Director's Release. The Draft states that Respite services are available to any individual of any age living with an UNPAID primary caregiver, including CIHS living with family UNPAID. I have at least one Individual who lives with their family, mom is the primary/only CIHS staff and this person does also get Respite. Respite is still a very necessary service for these families. The obligations of the DSP to their person does not end after they clock out. They also provide 24/7 services, but are hourly employees.	The standard reads: 1. Respite services are available to any individual of any age living with an unpaid primary caregiver including Customized In-Home Supports living with Family unpaid.
Survey Monkey	Personnel Support Technology (PST) Chapter: Under Scope. Is there any reimbursement for the PST provider to develop the plan and do basic research for appropriate PST devices? This should be reimbursed in some way. Service Requirements when there is a remote monitoring component. IE: GPS monitoring may not affect the roommate. 7. e and f are confusing! Do you need to monitor the device status quarterly or monthly? 7.h. Will there be any conflict of interest or issues if the PST provider is also an agency that responds to PST alerts. The PST provider will reimburse there own agency for billable services like monitoring or responding to alerts? Hopefully this will not cause a problem. Exclusions and Restrictions - #1 What is the idea behind this? Could the individual replace part of the system if no more funding is available? Could you add "unless given permission by the RO" or something similar?	The expanded scope (e.g. requirement for a PST Plan and plan monitoring) has been deleted and use of CIHS aide rate of reimbursement has been deleted based on the current approved waiver and rate methodology for this service. Further revisions to the scope of service and rate structure will be considered in the rate study project.
Survey Monkey	The chapter was straight forward.	Thank You
Survey Monkey	Clear and Concise	Thank You

Public Respondent	Feedback	DDSD Response
Survey Monkey	The CIHS section was described differently as it is actually used today. The standards state that CIHS is not a 24/7 service, but there have been instances where CIHS is being used as a 24/7 service. There seems to be a lot of wiggle room with CIHS.	N/A
DRNM	<i>Crisis supports in the individual's residence, IDT coordination, pgs. 7-8:</i> There appears to be an error on pg. 8, as the paragraph currently reads: ..."ISP modification reviewed and approved by the <i>members of the Individual</i> , guardian and the IDT...." This section should be edited for clarity, with the result focusing on the central role of input from the individual in that process.	This is a typo. Sentence should read "In accordance with DOH regulations, any permanent change in residence due to a crisis will occur because of an ISP modification reviewed and approved by the Individual, guardian and the IDT and will be based upon the long-term interests of the individual." This has been corrected.
DRNM	<i>Limitations on DD Waiver Services-</i> The main objection that DRNM has to this section of the proposed Service Standards continues to be the inflexible limitations on covered DD Waiver services. These include limits to available assistive technology services (pg. 4), Crisis Supports (pg. 6), Environmental Modifications (pg. 9), Independent Living Transition Services, (pg. 14), Non-Medical Transportation (pg. 16), Personal Support Technology Services (pg. 19), and Respite (pg. 27).	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). Dollar amounts and frequency remain as part of the service scope. For example, the Waiver program provides for Assistive Technology when justified but not in amounts that exceed \$250. There are other resources that may be available to individual. The State would like to clarify that Waiver services under the authority of the Section 1915(c) 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.

Public Respondent	Feedback	DDS Response
DRNM	<p>DRNM asserts the following in the strongest possible terms: 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.</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. 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). Dollar amounts and frequency remain as part of the service scope. For example, the Waiver program provides for Assistive Technology when justified but not in amounts that exceed \$250. There are other resources that may be available to individual. The State would like to clarify that Waiver services under the authority of the Section 1915(c) 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.</p>

Other Services
Respondent/Topic Area/ DDSD Response

Public Respondent	Feedback	DDSD Response
DRNM	<p>DRNM acknowledges that the state has a fiscal responsibility to ensure that money is spent in a way that follows Medicaid rules and protects that program. However, system wide caps are not necessary to uphold that responsibility. The OR process already serves as a bulwark against excessive and unjustified budgets. The IDT develops the service plan, applying full choice and person centered planning to the budget creation process. Then, every one of those budgets is reviewed by a state contractor to make sure that each requested service is clinically justified. This check, already built into the DD Waiver ISP process, renders system wide caps of any service wholly unnecessary.</p>	See comments above
DRNM	<p>DRNM urges the state to remove all caps on services from the Service Standards and the DD Waiver program. They are obstacles to the person centered planning required by CMS and endorsed by the state. Furthermore, even if they were not, service caps have been rendered superfluous by the DD Waiver budget process currently in place. And significantly, these arbitrary caps violate Title II of the Americans with Disabilities Act (42 U.S.C.A. § 12132) and related case law such as <i>Olmstead v. Zimring</i> (527 U.S. 581 (1999)).</p>	See comments above
ADDCP	<p>Overall Comment: Many of the services listed in this chapter allow for an administrative fee to be charged. The concern is that the percentage for this fee changes from service to service. Sometimes it is 10 percent, sometimes 15. We would suggest that this administrative fee be standardized at 15 percent throughout the chapter.</p>	DDSD included the administrative fees, as written in the approved Waiver. These amounts will be looked at in the upcoming Rate Study.

Other Services
Respondent/Topic Area/ DDSD Response

Public Respondent	Feedback	DDSD Response
ADDCCP	Page 15: Independent Living Transition: Provider Agency Records: Since this appears to be outside the matrix in the Record Retention Chapter, we suggest that timelines be provided for how long these records must be maintained. We would suggest that the state use a retention requirement that follows standard business practices (e.g. IRS guidelines).	This was removed from the chapter as it is covered in the Provider Documentation and Client Records Chapter and record retention timelines are being reviewed.
ADDCCP	Page 16: Non-Medical Transportation: Scope: Number 2: Although other areas of this service allow for an administrative fee to be applied, mileage reimbursement does not comment on this. We would suggest that an administrative fee be applied to this area as well and that it be listed as “up to 15 percent”.	DDSD chose not to include an administrative fees for Non-Medical Transportation, when we renewed the DD Waiver.
ADDCCP	Page 16: Non-Medical Transportation: Scope: Number 3: We suggest changing administrative fee to “up to fifteen percent (15%)”.	DDSD chose not to include an administrative fees for Non-Medical Transportation, when we renewed the DD Waiver.
ADDCCP	Page 17: Non-Medical Transportation: General Requirements: Number 4: Line states that provider of service must submit quarterly reports to the Case Manager. We would suggest that this be changed to match other service provisions throughout the waiver that require semiannual reports, or if this is changed in other sections to an annual report, that it be made to match that as well.	Corrections were made.

Other Services
Respondent/Topic Area/ DDS Response

Public Respondent	Feedback	DDS Response
ADDCP	Page 18: Non-Medical Transportation: Vehicle Requirements: Number 3: We would suggest that this be changed to “The provider will ensure that the driver transporting individuals receive training on reporting incidents.” Having a copy of written procedures in the vehicle does not improve the quality of the service to the individual nor does it impact their quality of life. It is simply another piece of paper that will get lost or misplaced.	DDS made changes under Driver Qualifications.
ADDCP	Page 19: Personal Support Technology: Scope: Number 10: The wording on this number states that the reimbursement for installation, purchase, rental, etc. is one dollar. We assume that this was meant to state that the reimbursement for PST was a dollar for dollar unit.	Corrections were made.
ADDCP	Page 20: Personal Support Technology: Scope: Number 11: Reimbursement for staff to respond is a 15 minute unit. Does this include travel time from wherever staff is responding?	The expanded scope (e.g. requirement for a PST Plan and plan monitoring) has been deleted and use of CIHS aide rate of reimbursement has been deleted based on the current approved waiver and rate methodology for this service. Further revisions to the scope of service and rate structure will be considered in the rate study project
ADDCP	Page 22: Personal Support Technology: Exclusions and Restrictions: Number 1: This line specifically states that “Non-Waiver funds shall not be permitted to upgrade and existing PST system that was purchased with waiver funds.” We would simply ask for the rationale for this. If an individual is able and wants to upgrade their system with their own monies, or monies offered to them, why shouldn’t they be able to do so? We suggest that this restriction be deleted.	The language has been deleted.

Other Services
Respondent/Topic Area/ DDS Response

Public Respondent	Feedback	DDSD Response
ADDCP	Page 27: Respite: Service Requirements: Number 3.a: We suggest that quarterly progress reports be changed to semiannual or other requirement that is listed in other chapters of the Standards for other services. If the semi annual is changed for other services, then this should also be changed to match.	Corrections were made.
ADDCP	Page 27: Respite: Agency Requirements: Respite providers are not normally involved in the individual's use of SSI payments. We suggest that the line that starts "All Respite Provider Agencies shall maintain and enforce..." be deleted.	Corrections were made.
ADDCP	Page 27: Respite: Staff Requirements: We question the lack of a requirement for High School Diploma or GED here. It is required in all other services.	Corrections were made.
ADDCP	Page 27: Respite: Staffing Restrictions: Number 3: We would like to see some explanation on why there is a limit to use of respite services to no more than 50% of the total waiver package for an individual. We see no reason for this restriction.	The limitation for respite (50%) of total budget has been removed.
10/18 Forum	Assistive Tech-might the \$250 be increased someday?	N/A
10/18 Forum	Crisis Supports-It's working well! More training opportunities would be great – in order to build capacity re: experienced staff	Thank you
10/18 Forum	Environmental Modification P13 #14 more detail re: dispute – ensure contractors are licensed...permits, inspections, etc.	Additional clarification is needed to address this comment.
10/18 Forum	Independent Living Transition Some have accessed and used this very successfully! Scope and access too limited: SL/FL > CIHS only Along with CIHS? Both living care arrangements?	Additional clarification is needed to address this comment.

Other Services
Respondent/Topic Area/ DDSD Response

Public Respondent	Feedback	DDSD Response
10/18 Forum	Non Medical Transport Some providers have had unusual requests recently...e.g.. chosen for mileage reimbursement for family they provide no other service to	Additional clarification is needed to address this comment.
10/18 Forum	Personal Support Technology THANK YOU! Great that it doesn't have to be tied to an outcome Request that monitoring be semi-annual rather than required quarterly P22 #1 strike this	Corrections were made.
10/18 Forum	Respite P27 #3 b. – semi-annual instead of quarterly P26 2 rates? Different modifier? Ind/group – 5 max? P27 – carried over from previous standards...why is respite provider dealing with SSI? #3 50%	Additional clarification is needed to address this comment.
10/18 Forum	Socialization and Sexuality Ed. Has been helpful Can DSPs take certification with them?	yes