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Welcome!

- Centers for Medicare and Medicaid Services Final Rule
- Review of the highlights for revisions and changes to the:
 - *2016 Mi Via Service Standards;*
 - *2016 Mi Via Service Descriptions (Appendix A)*
 - *2016 Mi Via Service and Support Plan (SSP)*



**CENTERS FOR MEDICARE &
MEDICAID SERVICES (CMS)
FINAL RULE**



Federal Home Community Based Setting Requirements

- What is CMS?
- What are the CMS Rules?
- How does this apply to the Mi Via Waiver?

Centers for Medicare and Medicaid Services

- Centers for Medicaid and Medicare Services (CMS) sets the rules of how the state of New Mexico implements its Home and Community Based Services (HCBS)

*Developmental Disabilities Waiver (DDW)

* Mi Via Waiver

*Medically Fragile Waiver (MFW)

- CMS approves the states to maintain their waiver programs

CMS Final Rules

- January 16, 2014, CMS published a Final Rule addressing several sections of the Social Security Act and making changes to the 19159(c) Home and community Based Services (HCBS) programs
- Applies to the Developmental Disabilities Waiver (DD), Medically Fragile Waiver (MF) and Mi Via Waiver operated through the Developmental Disabilities Supports Division

What is the CMS Final Rule?

- Defines and describes HCBS setting requirements
- Defines Person Centered Planning requirements for persons in HCBS settings

What is the CMS Final Rule?

- Designed to improve available HCBS Programs by:
 - *ensuring the quality of HCBS Programs*
 - *providing protections to participants, supporting Human Rights*
 - *enabling participants opportunity to receive services in the most integrated setting appropriate*
 - *Maximize opportunities for participants to have full access to the benefits of community living*

CMS Final Ruling

- Settings selected by the individual from among setting options
- Settings ensures rights of privacy, dignity and respect, and freedom from coercion and restraint
- Requires settings to be integrated and support full access to the greater community
- Autonomy and independence in making life choices is promoted, including daily activities, physical environment and with whom participant interacts
- Participants have a choice in selecting services and who provides them

CMS Final Ruling

- Provides opportunity to seek employment in competitive integrated settings, engage in community life, control personal resources
- Planning driven by the participant
- Providers chosen by the participant
- Regulations and standards reflect cultural consideration and use of plain language
- Protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the Mi Via services



QUESTIONS/COMMENTS?

NEW MI VIA SERVICE STANDARDS AND SERVICE DESCRIPTION

**2016 Mi Via Service Standards; Service Description (Appendix
A); and Service and Support Plan (SSP) (Appendix B)**

2016 New Information-Standards (section 1)

- **Participant Responsibilities (E):** Clarified participant/EOR responsibility to maintain employee and service records for at least six (6) years from date of service and ongoing). This in compliance with the New Mexico Administrative Code (NMAC). Additional information regarding out of state residence for EORs. This is compliance with the New Mexico Administrative Code (NMAC)
- **Conflict of Interest (F)-** new information, will review later in the presentation under Appendix A
- **Solicitation (G):** Employees/Vendors/Providers are prohibited from soliciting participants under any circumstances such as offering a participant or his/her authorized representative's gratuities to alter selection of agencies, service agreements, medication, supplies, goods or services.
- **Managed Care Organization (MCO) Coordination (H)-** new information included to address MCO requirements for Mi Via participants, authorizations, expectations regarding the SSP.

2016 New Information-Standards (section 2)

- General Authority and Requirements:

- *Prohibition of the use of restraints, restrictive interventions and/or seclusion in the implementation of Mi Via Waiver services. Examples of what could be included added into the statement as well as a statement of rights for Mi Via Participants to be free from these types of things. Definitions are clarified in section 3 of the Standards.*

2016 New Definitions-Standards (section 3)

- **Authorized Representative (Formerly known as “Legal Representative”)-** The individual who is designated to formally represent and act on the participant’s behalf, (ie. guardian, conservator, Power of Attorney)
- **Chemical Restraint-** The administration of medication to intentionally and exclusively preclude behavior without identifying an underlying anxiety, fear or severe emotional distress or other symptoms to be eased, managed, and/or treated by a licensed medical professional.
- **Mechanical Restraint-** The use of a physical device to restrict movement for the exclusive purpose of precluding a challenging behavior.
- **Personal Representative (PR) (formerly known as Authorized Agent) -** identified by the participant, this person may have access to information for the purpose of offering support and assisting the participant in understanding Mi Via waiver services. This person cannot direct waiver services or make decision on behalf of the participant.

2016 New Definitions-Standards (section 3 cont'd)

- **Physical Restraint-** The use of physical interventions to restrict movement for the exclusive purpose of precluding a challenging behavior
- **Restrictive Interventions:** Use of interventions that restrict movement, access to others, locations, activities, rights or employ aversive methods to preclude a challenging behavior
- **Seclusion/Isolation-** the use of coercion or physical force to confine a participant alone in a room or limited space that prevents interaction with others. This definition does not include or eliminate a participant's preference to spend time alone
- **Shared Household:** Clarifies all participants are assessed individually with the Third Party Assessor determining common need for those residing in the same residence

2016 New Information-Standards (sections 5 and 6)

- **Determining Level of Care (5.A):** In Home Assessments can occur in the participant's living environment or a location agreed upon by a participant and the TPA and approved by the State, or in an inpatient setting
- **Planning and Budgeting for Services and Goods (6):** Service Name Changes: Homemaker/Direct Support, Home Health Aide, In-Home Living Supports ("Customized" removed)

2016 New Information-Standards (section 7)

- **Non-Covered Services (Y):** Cell phone services, including cell phone service that includes data, is limited to the cost of one hundred dollars per month
- **Non-Covered Services (Z):** Dental Services are not covered. This is in the current Mi Via Regulation and was simply added to the Standards to be consistent with the Regulation

2016 New Information-Standards (section 10)

- Implementation of the Service and Support Plan and Budget (10.(A) Credentialing Requirements:
 - *Participants utilizing vendors only do not need an Employer of Record (EOR), however;*
 - *If there is an authorized representative over financial matters, the participant cannot sign the Payment Request Form;*
 - *If an individual is a paid provider of Mi Via services, they cannot sign the Payment Request Form; therefore,*
 - *An EOR may be required*
 - *Out of State EOR (clarified in the March 1, 2016 Regulations)*

2016 New Information-Standards (section 10)

- Implementation of the Service and Support Plan and Budget (10.B) Return to Participant Process:
 - *Clarified to be in alignment with current processes.*
 - One phone call made by XEROX to participant/EOR, if unsuccessful an email is sent to participant/EOR and Consultant

2016 New Information-Standards (section 13)

- Termination from the Mi Via Program (13. B):
 - *B. 3: A participant may be terminated misuses funds following repeated and focused technical assistance and support. The technical assistance and support is now defined as a minimum of three (3) separate occasions of education and/or technical assistance*
 - *Consultants will be notified of the technical assistance*
 - *B.5: If the participant continues to utilize an employee and/or vendor who has consistently been substantiated against for abuse, neglect, exploitation while providing Mi Via services*



QUESTIONS/COMMENTS?



SERVICE DESCRIPTIONS

Appendix A



2016 New Information-Service Descriptions Qualifications

- **Individual Employee qualification:** Employees will require a background check prior to initial hire *and every three years after initial hire*
- **REMINDER:** All vendors are still required to assure their staff complete training on critical incident, abuse, neglect and exploitation training per the Provider Qualifications listed for each service.
- **Legally Responsible Individuals (LRI) who provide services:** After the initial approval, ongoing approval is not required unless a participant requires changes or additional services that an LRI would need to provide. A request for LRI approval (initial or any changes) must be provided on the appropriate request form with only one service requested per form.

Ongoing Consultant Services

■ Section II Scope of Services:

- *Clarifies consultant review of the Mi Via Waiver Service Standards with the participant and provision of a copy of the Standards or assist with access online*
- *Clarifies that covered and non-covered services must be discussed with the participant*
- *Clarifies Quality Assurance activities that Consultants assist with related to the SSP, Budget Utilization and assessing quality of services and supports*

■ Section III Contact Requirements:

- *Outlines components of Monthly and Quarterly Reviews required by CMS and based on the January 2016 format*

Ongoing Consultant Services

- **Section IV Critical Incident Management Responsibilities and Reporting Requirements:**
 - *Brought into compliance with current reporting requirements: Abuse, Neglect, Exploitation, Environmental Hazards posing a threat, suspicious injury, death must be reported to Division of Health Improvement (DHI) for participants 18 and over. For those participants under age 18, these things must be reported to Child Protective Services and/or DHI*

Ongoing Consultant Services

- **Section IV Critical Incident Management Responsibilities and Reporting Requirements (Cont'd):**
 - *Critical incidents shall be called into the DOH/DHI hotline and the Consultant shall also collaboratively work with the DOH/DHI Intake to create and help implement an immediate Action and Safety Plan for the consumer as appropriate. A copy of the Division's ANE or report of death from must e submitted to DOH/DHI within 24 hours of the verbal report*

Ongoing Consultant Services

■ Section V Administrative Requirements:

- *(D. 4.): Clarifies the consultant provider assurances that consultants and other staff will respond to participant and /or participant representative communication within three (3) working days except in emergency situations where a response is needed within twenty four (24) hours during the work week. (Part of the Consultant Application)*
- *(G): Additional record requirements: monthly/quarterly forms and Primary Freedom of Choice Form (PFOC) and/or Waiver Change Form (WCF) and /or Consultant Agency Change Form (CAC) as applicable*

■ Section VI. Qualifications:

- *Consultants must be at least 21 years old. Support guide must be at least 18 years old*

Ongoing Consultant Services

■ Section VII. Conflict of Interest for Consultants

* Consultant Agency may not provide any direct support services through any other type of 1915(c) Home and Community Based Waiver Program or through any affiliated agency.

* The consultant agency may not employ, as a consultant, any immediate family member or guardian of a participant in the Mi Via program that is served by the consultant agency; and

* The consultant agency may not provide guardianship to services to a participant receiving consultant services from that same agency.

* The consultant may not serve as the EOR, personal representative or authorized representative for an eligible participant for whom he or she is the consultant; and

* The consultant may not be paid for any other services utilized by the participant for whom he or she is the consultant whether as an employee of the participant, vendor, or an employee or sub-contractor of an agency; and

* Than consultant may not provide any other paid Mi Via services to a participant unless the participant is receiving consultant services from another consultant agency.



QUESTIONS/COMMENTS?

CHANGES COMMUNITY MEMBERSHIP SUPPORTS

- Community Direct Support Services (CDSS)
- Customized Community Group Supports (CCGS)
- Employment Supports (ES)
 - * Job Developer
 - * Job Coach

Community Direct Support Services (CDSS)

- CDSS does not include formal educational(including home schooling and tutoring related activities) or vocational services related to traditional academic subjects or vocational training,
- CDSS is to be provided outside of an individual's residence

Customized Community Group Support

- Formerly known as Customized Community Support
- Expected to be provided in integrated community settings such as community based habilitation programs and/or community centers.
- Supports and provides opportunity for participants to access and engage with their preferred community resources and activities that includes others in their community
- Services are *available* at least 4 or more hours per day one (1) or more days per week as specified in the participant's SSP

Employment Supports (ES)

- The objective of Mi Via Employment Supports is to provide supports that result in community employment in jobs which increase economic independence, self-reliance, social connections and the ability to grow within a career
- ES are geared to place and support individuals with disabilities in competitive, integrated employment situations with non-disabled co-workers within the general workforce;
- ES are to be individualized to meet the needs of the participant and not the needs of a group

Employment Supports (Cont'd)

- Job developer qualifications- (individual/ provider agency) be at least 21 years of age
- Job coach qualification- Individual have a high school diploma or GED
- Waiver funding is not available for the provision of vocational services (e.g. sheltered work performed in a facility) where the individuals are supervised in producing goods or performing services under contract to third parties (Centers for Medicare and Medicaid Service Technical Guidance January 2015.)
- Scope of Service has been reduced/modified for ease of participant oversight

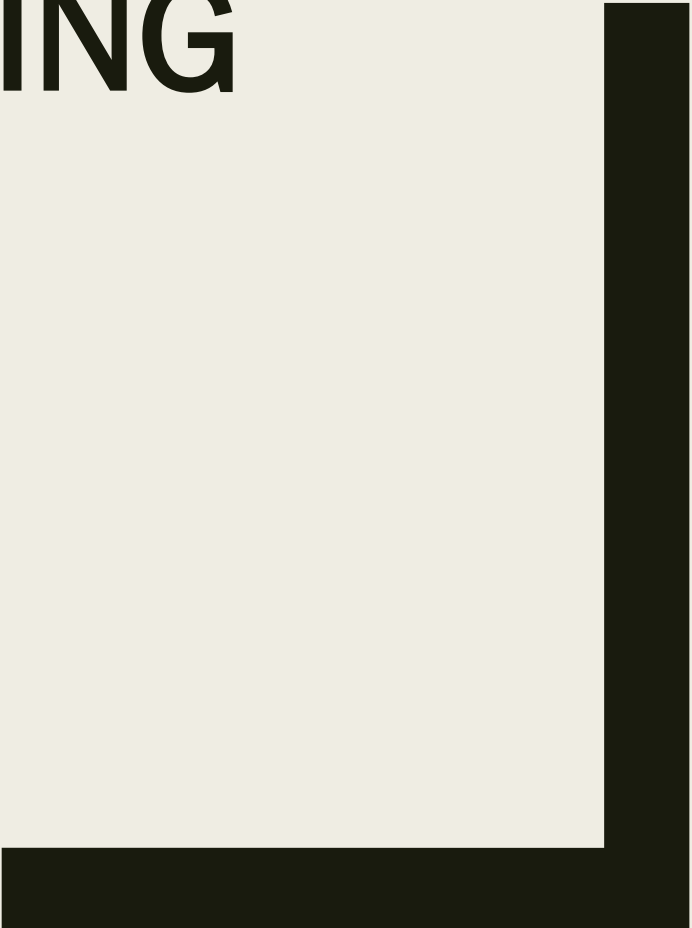


QUESTIONS/COMMENTS?



CHANGES IN LIVING SUPPORTS

Home Health Aide
Homemaker/Direct Support
In-Home Living Supports



Home Health Aide

- Clarifies services are provided to participants 21 years and older
- Waiver participants in all living arrangements are assessed individually and service plan development is individualized
- For Participants residing in the same environment, the TPA will assess the service plans of participants residing in the same residence to determine whether or not there are services common to more than one participant residing in the household
- Services are not to be provided in an a home or apartment owned/leased by a provider agency

Homemaker/Direct support

- Waiver participants in all living arrangements are assessed individually and service plan development is individualized
- For Participants residing in the same environment, the TPA will assess the service plans of participants residing in the same residence to determine whether or not there are services common to more than one participant residing in the household.
- Services are not to be provided in a home/apartment owned/leased by a provider agency,
- Scope of Services: Activities of daily living such as grooming, bathing, dressing, oral care, eating, transferring, mobility, and toileting clarified

In-Home Living Supports

- Formerly known as Customized In-Home Living Supports
- Waiver participants in all living arrangements are assessed individually and service plan development is individualized
- For Participants residing in the same environment, the TPA will assess the service plans of participants residing in the same residence to determine whether or not there are services common to more than one participant residing in the household
- This service is not to be provided in homes or apartments owned/leased by provider agencies
- Service Coordination and nursing services as well as substitute care are not included in this services. These services are not approved Mi Via services

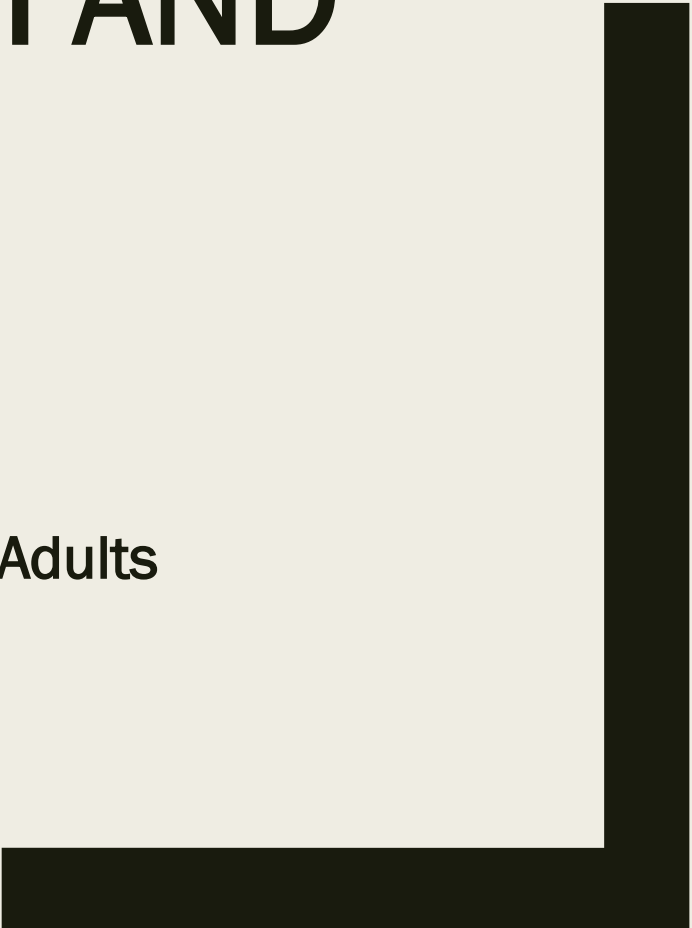


QUESTIONS/COMMENTS?



CHANGES IN HEALTH AND WELLNESS SUPPORTS

Behavior Support Consultation
Extended State Plan Skilled Therapy for Adults
Nutritional Counseling
Specialized Therapy



Behavior Support Consultant

- Prohibits the use of restraints, restrictive interventions, seclusion and coercion and clarifies services are to be provided in the least restrictive manner.

- New qualifications : Licensure Requirements have changed
 - *Licensed Psychiatrist*
 - *Licensed Clinical Psychologist*
 - *Licensed Independent Social Worker*
 - *Licensed Professional Clinical Counselors*
 - *Licensed Nurse Specialist or Certified Nurse Practitioner certified in psychiatric nursing*
 - *Licensed Practicing Art Therapist*
 - *Licensed Marriage and Family Therapist*
 - *Licensed Master Social Worker (require direct clinical supervision)*
 - *Licensed Psychologist Associate (PA-master's or Ph.D Level) (also requires direct clinical supervision)*

Specialized Therapies

- Hippotherapy must be performed by a physical therapist, occupational therapist, or a speech therapist licensed by the New Mexico Regulation and Licensing Department

Extended State Plan Skilled Therapies for Adults

- Clarifies services are for adults 21 years and older
- **Licensures:** Requirements have changed
 - *Physical Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department*
 - *Occupational Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department*
 - *Speech and Language Pathologists must be licensed as per the New Mexico Regulation and Licensing Department. Speech Clinical Fellows must possess a Clinical Fellow License from the New Mexico Regulation and Licensing Department*



QUESTIONS/COMMENTS?



CHANGES IN OTHER SUPPORTS

Environmental Modifications

Personal Plan Facilitation

Respite

Related Goods

Transportation



Environmental Modification Services

- \$5,000 every five (5) years including those previously accessed through any other Medical Assistance Division (MAD) program. Environmental modifications will not be paid for under related goods

Nutritional Counseling

- **Qualification:** Licensed per the New Mexico Regulation and Licensing Department and current registration as a dietician by the Commission on Dietetic Registration of the American Dietetic Association

Personal Plan Facilitator

- Clarifies that Facilitators are to be trained and mentored in the planning tool(s) used as appropriate

Respite

- **Clarification Added:** If there is a paid primary caregiver residing with the participant providing living supports and/or community membership supports, respite services cannot be utilized

Transportation

- Transportation services for minors are not a covered service as these are services that a LRI would ordinarily provide for household members of the same age who do not have a disability or chronic illness

Vendors:

- **Vendors are required to:** *Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;*
- **Clinical Vendors:** *Documentation requirements are consistent with the clinical work they do under their licensure*



QUESTIONS/COMMENTS?

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Mi Via Service and Support Plan (SSP)

1. Living Supports

- Removed Assisted Living/Name Change: In Home Living Support
- Revised Tables
- Added Questions

1. Living Supports: Activity/Services

- **Activity/Services:** Total Hours revised to indicate monthly to be consistent with FOCoS

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Month)</u>
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1. Living Supports- Available Living Support Services

Based on your physical or cognitive needs and qualifying condition, please identify the services needed to address your Living Supports.

Available Living Support Services

(Totals should be from Mi Via column ONLY from above)

Living Support Service	Hours/Days per Month
Homemaker/Direct Support	Hours per Month:
Home Health Aide	Hours per Month:
In-Home Living Supports	Days per Month:
Total Hours per Month	
Total Days per Month	

1. Living Supports-Details of Living Supports

Living Support	Projected Amount, Frequency and Duration	Expected Outcome	What is the DD or MF Qualifying Condition that results in the need for this service?	How does this support meet your clinical, medical, functional or habilitative needs related to your qualifying condition?

1. Living Supports-Additional Questions

- **Q5. Do any of your Mi Via paid Living Support providers live in the same home with you?**

Yes No

- **Q6 . Are any of your paid Mi Via Living Support providers your spouse (a Legally Responsible Individual (LRI))?**

Yes No

1. Living Supports-Additional Questions

■ **Q7 . Has your LRI been approved by DOH to be a paid Mi Via Living Support provider for you?**

Yes No Currently Requesting N/A

■ **If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):**

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. Community Membership Supports

- Name Change: Customized Community Group Support
- Revised Tables
- Added Questions

2. Community Membership Supports- Additional Questions

- What would make your employment better?
- Do you feel included in your work environment?
 - *Yes or No question with explanation as necessary*
- Are there other employment opportunities (ie. Another job or career) you would like to pursue?
 - *Yes or No question with an explanation as necessary*

2. Community Membership Supports- Activity/Services

- **Activity/Services:** Total Hours revised to indicate monthly to be consistent with FOCoS

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Month)</u>
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2. Community Membership Supports- Available Community Membership Services

Based on your physical or cognitive needs and qualifying condition, please identify the services needed to address your Community Membership Supports.

Available Community Membership Services
(Totals should be from Mi Via column ONLY from above)

Community Membership Service	Hours per Month
Community Direct Support	
Employment Supports	
Customized Community Group Supports	
Total Hours per Month	

2. Community Membership Supports-Details of Community Membership Supports

Community Membership Support	Projected Amount, Frequency and Duration	Expected Outcome	What is the DD or MF Qualifying Condition that results in the need for this service?	How does this support meet your clinical, medical, functional or habilitative needs related to your qualifying condition?

2. Community Membership Support- Additional Questions

■ **Q16. Do any of your paid Mi Via Community Membership Support providers live in the same home with you?**

Yes No

■ **Q17. Are any of your paid Mi Via Community Membership Support providers a Legally Responsible Individual (LRI) for you such as your parent or guardian (for minors) or spouse?**

Yes No

2. Community Membership Supports- Additional Questions

■ **Q18. Has your LRI been approved by DOH to be a paid Mi Via Community Membership Support provider for you?**

Yes No Currently Requesting N/A

■ **If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):**

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Health and Wellness

- Revised Tables
- Added Questions

3. Health and Wellness

- **Activity/Services:** Total Hours revised to indicate monthly to be consistent with FOCoS

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Month)</u>
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3. Health and Wellness Supports-Details of Health and Wellness Supports

Health and Wellness Support	Projected Amount, Frequency and Duration	Expected Outcome	What is the DD or MF Qualifying Condition that results in the need for this service?	How does this support meet your clinical, medical, functional or habilitative needs related to your qualifying condition?

3. Additional Questions for Health and Wellness Supports

■ **Q31. Are any of your paid Mi Via Health and Wellness Support providers a Legally Responsible Individual (LRI) for you such as your parent or guardian (for minors) or spouse?**

Yes No

3. Additional information for Health and Wellness Supports

■ **Q32. Has your LRI been approved by DOH to be a paid Mi Via Health and Wellness Support provider for you?**

Yes No Currently Requesting N/A

■ **If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):**

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4. Other Supports

- Respite (To give the unpaid, primary care giver time away from his/her duties)
- If requesting Respite, please provide the name of the unpaid primary caregiver utilizing the Respite and their relationship to you:

- **Section a.** Based on your physical or cognitive needs and qualifying condition, please identify the transportation, emergency response and respite needed to address your Other Supports.
- Activity/Services table remains the same

4. Other Supports-Detail of Other Supports

Other Support	Projected Amount, Frequency and Duration	Expected Outcome	What is the DD or MF Qualifying Condition that results in the need for this support	How does this support meet your clinical, medical, functional or habilitative needs related to your qualifying condition?
Transportation				
Emergency Response				
Respite				

4. Other Supports-Additional Questions

■ **Q34 . Are any of your paid Mi Via Transportation providers your spouse (a Legally Responsible Individual (LRI)?**

Yes No

■ **Q35. Has your LRI been approved by DOH to be a paid Mi Via Transportation provider for you?**

Yes No Currently Requesting N/A

■ **If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):**

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4. Other Supports - Additional Questions

■ **Q36. Are any of your paid Mi Via Respite providers a Legally Responsible Individual (LRI) for you such as your parent or guardian (for minors) or your spouse?**

Yes No

■ **Q37. Has your LRI been approved by DOH to be a paid Mi Via Respite provider for you?**

Yes No Currently Requesting N/A

■ **If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):**

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4. Other Supports - Additional Questions

■ **Q36. Are any of your paid Mi Via Respite providers a Legally Responsible Individual (LRI) for you such as your parent or guardian (for minors) or your spouse?**

Yes No

■ **Q37. Has your LRI been approved by DOH to be a paid Mi Via Respite provider for you?**

Yes No Currently Requesting N/A

If yes, or currently requesting please provide the LRI's planned work schedule (*mandatory*):

Work Schedule for (name of LRI):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4. Other Supports

- **Section b.** Based on your physical or cognitive needs and qualifying condition, please identify the Related goods needed to address your Other Supports.

- Related goods must the following requirements:
 - *Must be responsive to your qualifying condition; and*
 - *Meet your clinical, functional, medical, or habilitative needs; and*
 - *Supports you to remain in the community and reduce the risk for institutionalization;*
and
 - *Promote your personal safety and health; and*
 - *Afford you greater independence; and*
 - *Decrease your need for other Medicaid services; and*
 - *Accommodate you to manage your household; or*
 - *Facilitate your activities of daily living.*

4. Other Supports

Related Goods	Projected Amount, Frequency & Duration	Expected Outcome	What is the DD or MF Qualifying Condition that results in the need for this support.	Describe how this good meets the above listed requirements?

4. Specific questions for Other Supports

- How will I measure if each of the *Other Support* services identified above are working well for me and meet my identified needs?

5. Environmental Modifications

- *If you have had environmental modifications in the last five (5) years but need additional environmental modifications done, please contact your consultant to see if funds are still available. Each participant may be eligible to receive up to \$5,000 every five (5) years for environmental modifications*

6. Emergency/Back-Up Plan

- **Relatives:** *(Mandatory: You must list parent(s) (required for minors), spouse (required if applicable) or at least one relative, or mark “n/a”.)*
- **Other people you rely on:** *(Mandatory: You must list legal guardian or Power of Attorney (if applicable))*
- One Consultant Acknowledgement on hardcopy version. Two Acknowledgements remain on FOCoS

7. Consultant/Support Guide Services

- Statement added to inform participants that the answers to the questions in this section may help them understand how much assistance they may need from the Consultant/Support Guide or others
- Participants have the opportunity to explain the type of support required by Consultant as well as explain expectation of Support Guide services in addition to Consultant Services

8. Person's participating the development of the SSP

- 8. Person's participating in the development of the SSP (*Mandatory – you must list at least one consultant*)

Developed By:	Title/Relationship to Participant (required)/Participant (required)	Date(s) of Entry

Emergency Back-Up Plan Acknowledgement Form

- Revisions reflect those updated in 2015:
 - *Participant' Name*
 - *Printed Name of Person Completing Form*
 - *Revised to outline current Reporting Requirements*
 - *Person Completing Form/Signature*
 - *Date*

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APPENDICES C-G

Appendices C, D, E, F, G

- Appendix C Range of Rates has been updated to reflect service name changes as well as the new Department of Labor website
- Appendix D Vendor Credentialing will be posted by April 1, 2016 to reflect the credentialing updates for services
- Appendix E Employee Credentialing Grid: Has not changed
- Appendix F Toolkit for Vendors: Has not Changed
- Appendix G Toolkit for Employees: Has not changed

Mi Via Service Standards: Appendices

- The complete 2016 Mi Via Service Standards, Descriptions, Rates and Provider Credentialing and Toolkits can be viewed and/or downloaded online at www.mivianm.org
- Reminder Consultants should provide a copy of the new Mi Via Waiver Service Standards with associated Appendices upon request or assist the participant to access online

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MOVING FORWARD WITH IMPLEMENTATION

Moving Forward

- Service Standards and Descriptions became effective March 1, 2016
- Rollout of the LRI
- Rollout of the EMOD verification process

Moving Forward

- Monitoring expectations for the CMS Final Rule the Approved Mi Via Waiver
 - *Monthly/Quarterly Update Forms*
 - Standards list the requirements per the Approved Waiver
 - Questions for these Forms have been developed to monitor participant feedback on the CMS Rules
 - Bi-Annual Reporting Pilot



QUESTIONS/COMMENTS?



To request a WCF or CACF

Please contact the DOH/DDSD Regional Mi Via Regional Liaisons:

- ❖ NE Region—Anysia Fernandez (575) 758-5934

- ❖ NW Region—Dennis O’Keefe (505)-863-9937

- ❖ SE Region—Eugene Vigil (575) 624-6100

- ❖ SW Region—Dave Brunson (575) 528-5180

- ❖ Metro Region— Rose Mary Williams (505) 841-5500



- If you have further questions please contact the

DOH/DDSD Mi Via Unit

5301 Central NE Suite 203

Albuquerque, New Mexico 87108

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