

# DDSD 1915(C) WAIVER PROGRAM ASSESSMENT REPORT – PHASE 1

DD Waiver, Mi Via Waiver



➤ Accenture | 22 June 2023  
Executive Summary and Full Report

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## Executive Summary

Recent and historic incidents of abuse, neglect, and exploitation of persons with intellectual and developmental disabilities (IDD) in the 1915(c) Developmental Disabilities Waiver and 1915(c) Mi Via Waiver programs, drove the need to identify the systemic failures and deficiencies that contributed to these events, and that may also have enabled such abuse, neglect, or exploitation to go undetected by DDSD and ultimately, DOH.

### Summary of Findings:

#### DDSD fails to provide adequate crisis management services

Problems identified:

- **Failure to consistently monitor safety reporting:** Multiple points of entry for reporting safety concerns without expected response times for consumers who need immediate intervention.
- **Unclear crisis response processes:** Lack of process documentation that identifies clear steps to respond to crisis situations and accountability for action to be taken by DDSD and vendor agency staff
- **No central data repository or technology:** Lack of technology that provides immediate consumer history and information to expedite crisis response
- **Unsupported compliance and quality monitoring:** Lack of automated data-based reporting that supports program compliance and improvement efforts for crisis response

#### DDSD is unable to evaluate consumer risk over time in effort to prevent crisis

Problems identified:

- **Absence of ongoing risk assessment process and tools:** No measurable and reportable tools that enable the organization to shift resources and actions in response to a consumer's changes
- **Inadequate home visits:** Consumer home visits were sometimes too short and insufficiently engaging to truly assess an individual's changing needs and risks. Interactions with consumers were sometimes more "check the box" and not substantiated by EVV report evaluation
- **Lack of whole person planning:** Assessment and service planning tools are not person-centered nor integrated with safety plans in a single tool available to the consumer's care team or DDSD staff
- **Misaligned workloads and responsibilities:** DDSD staffing resources have not been aligned to focus on consumers with highest risk for safety concerns nor trained to do so
- **Competing Priorities:** Conflict of interest for agencies to report risk or incidents for fear of losing clients

## Introduction

In April 2023, the State of New Mexico Department of Health (DOH) engaged Accenture to provide unbiased assessment of two home and community-based Medicaid waiver programs for which New Mexico Developmental Disabilities Supports Division (DDSD) has oversight and responsibility:

- The 1915(c) Developmental Disabilities Waiver
- The 1915(c) Mi Via Waiver

Recent and historic incidents of abuse, neglect, and exploitation of persons with intellectual and developmental disabilities (IDD) in the waiver programs, drove the need to identify the systemic failures and deficiencies that contributed to these events, and that may also have enabled such abuse, neglect, or exploitation to go undetected by the DDSD and ultimately, DOH.

## Approach

The incidents reported in both the DD (Developmental Disability) Waiver and Mi Via Waiver programs indicated the need for immediate remediations to the waiver programs that promote a culture of responsibility, accountability, and protection for program consumers. Several immediate efforts were conducted by DOH, DDSD and Department of Health Improvement (DHI) including one-time comprehensive home safety checks for all consumers. In addition to their own actions, they sought this external assessment of the DD and Mi Via Waiver programs.

As part of this engagement, limited information about the situations and circumstances of reported incidents provided framework for review of critical program standards, tools and training material. The framework also supported evaluation of these important program components within the context of consumer experience. Accenture also conducted interviews with Department personnel (DOH, DDSD, DHI) with the intent solely to assess the waiver program operations (and not to investigate any specific incidents). It is important to note that there was no single point of system failure identified. Given this awareness, Accenture used a holistic view of the collaborations between entities responsible for waiver consumers' safety and welfare, to develop key recommended remediations that aligned across the departments responsible for the health, safety, and well-being for people with IDD in New Mexico.

Accenture also used the following guiding principles to focus the interviews and document reviews on key program priority topics:

- Meaningful engagement with program consumers and families that drives optimized health, well-being, and safety outcomes
- Collaboration between DDSD and DHI in compliance and investigation



## DDSD Waiver Program Process Assessment – Phase 1

- Comprehensive service provider oversight and quality improvement
- Program operations that deliver safety and care without delays or incidents

Additionally, the approach concentrated on understanding how DOH could strengthen purpose-driven and person-centered operations.

This refers to an organization that is:

- **Building a high-performing organization & culture** through optimized leadership and team practices, behaviors, and mindsets that forward the mission of the DD and Mi Via waiver programs
- **Creating departmental visibility** through aligned processes, comprehensive reporting, technology, and structures the entire organization uses throughout their day-to-day responsibilities to protect and support consumers, while monitoring the performance of service providers to improve care and safety
- **Driving successful and sustained change efforts** through human-centered project management, change management, and coaching that builds an ongoing conversation to adopt the desired change

## Summary of Findings

Interviews and review of available program materials indicated many themes and actions to address opportunities for improvement across the waiver programs. We organized these insights and findings into three categories:

1. **People** – aspects that guide the optimization of resources (internal/vendor resources) to better serve program consumers
2. **Process & Program** – aspects related to the execution and effectiveness of the program’s processes and decision-making
3. **Technology** – technologies that offer a sole source of truth for data, shared and longitudinal case records, and automated reporting

The following summaries provide a high-level view of key findings and the key themes for each category.

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### PEOPLE: Findings & Deficiencies Overview

#### Key Findings:

- Interactions with consumers can be more “check the box” oriented versus ensuring quality of care and well-being
- Individuals have inconsistent understanding of accountabilities within programs
- Resource allocation per waiver program is possibly unbalanced

#### Key Themes:

1. Meaningful Interactions
  2. Alignment on Program Concepts and Culture
  3. Organization Structure & Resourcing
  4. Stakeholder Engagement
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## PROCESS & PROGRAM: Findings & Deficiencies Overview

### Key Findings:

- Process documentation is inconsistent, sometimes out-of-date, and functions maintain different and/or conflicting understandings of details
- No ongoing risk assessment process that enables the organization to shift resources in response to a consumer's case
- Unclear accountable and responsible parties for activities
- Training resources may be insufficient to address needs

### Key Themes:

1. Process Optimization: Risk-Based Approach
2. Role Clarity
3. Current Holistic / End-to-End Process Documentation & Guidance
4. Provider Monitoring
5. Knowledge & Education (Training)
6. Strategic Planning for Changing Demographics / Model Optimization

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## TECHNOLOGY: Findings & Deficiencies Overview

### Key Findings:

- No sole source of truth for case information across functions
- Lack of unified technology solution and automated reporting for waiver programs

### Key Themes:

1. Integrated Business Systems & Data – Program Focus
2. Integrated Case Management/Consultant Platform – Consumer Focus

The report sections that follow provide a definition for each theme, our initial findings, high-level recommendations, and their expected consumer impact.

## Findings & Deficiencies: People Themes

### 1. Meaningful Interactions

The vision to achieve high quality outcomes for waiver consumers in NM (New Mexico) is best supported by standard practices: service provider, case manager and consultant visits, and other interactions with a consumer are person-centered and outcome-driven, with a focus on the consumer’s safety, health, and well-being.

#### **Initial Findings:**

- There was evidence offered through interviews that indicated that assessment is at times more of a “check the box activity” than a meaningful interaction with the consumer.
  - a. Visit times documented at 10 minutes or less
  - b. Repeated CM (Case Management) narrative in consecutive monthly assessments
- Case management approach and tools are not person-centric but are focused on compliance requirements and a medically driven model of case management. While the documents track services (medical assessments, medications, rehabilitative care for example), the tools do not address the personal goals of the consumer nor track progress towards those goals. Tools lack user prompts to identify ANE and other risks or changes in condition and rely solely on narrative.

#### **High-Level Recommendations:**

- Consider expanding the current case management model to include a broader social aspect to complement the current medical model, responding holistically to client, and embracing the neurodiversity model of care.
  - According to the neurodiversity model of care, developmental disability is accepted as a valued part of human neurologic diversity. The social model focuses on improving participation in society with accommodations such as adaptive equipment or improvements to the social and physical environment. The goal of health care for consumers with developmental disabilities is to improve their well-being, function, and participation in family and community. *Am Fam Physician*. 2018;97(10):649-656

#### **Consumer Impact:**

- HIGH: Consumers and families are empowered to define personal goals based on a care management model that promotes the consumer’s strengths and abilities, integrates goals and progress toward goals into all conversations and service planning conversations and supports.
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## 2. Alignment on Program Concepts and Culture

The effectiveness of any program is dependent on clearly articulated and aligned core concepts that are the foundation for program execution. These concepts are represented in the organization, all day-to-day operations and decision-making, and reinforced by leaders.

### **Initial Findings:**

- Definitions of the key program concepts are individually interpreted leading to behaviors that are variable and can be inconsistent with consumer safety and program goals.
- There was a significant difference in interpretation of key foundational concepts noted in interviews conducted with DDSD and DHI staff. A notable example regarding the interpretation of freedom of choice became known during interviews. Freedom of choice was quoted as the guiding principle that caused uncertainty about whether consumer behaviors should be reported, even in instances where consumers' situations or behavior might be putting their safety, health, and well-being at stake. Freedom of choice was also sometimes used to refer to the consumer's right to engage in any activity "they wanted" because it was their right. Rarely was informed decision-making as a component of freedom of choice and duty of risk, mentioned.
- Interviewees also noted that Case Managers might be conflicted in reporting incidents because doing so might negatively impact agency revenue. This concept has not been validated and will require additional interviews in Phase 2.

### **High-Level Recommendations:**

- Create a unified DOH vision for operational guidance and to help drive culture change and alignment.
- The following concepts need program-level definitions that define expected behaviors of case managers, consultants, services providers and DDSD staff. Definitions must include enough details to determine that the consumer or representative can demonstrate informed decision making.
  - **Dignity of Risk** - The right of a person to make an informed choice to engage in experiences meaningful to him/her and which are necessary for personal growth and development
  - **Duty of Care** - The moral or legal obligation to ensure the safety or well-being of others
  - **Freedom of Choice** - In the context of DD/IDD programs, freedom of choice is commonly defined as the process that assures that each person and their family has the right to choose a service provider most qualified to meet their needs (Louisiana\*, Minnesota\*\* as examples). There is opportunity to expand this definition by incorporating safeguards like informed decision-making assessments and supported decision-making resources

\* <https://ldh.la.gov/page/1920#:~:text=Freedom%20of%20Choice%20is%20the%20process%20whereby%20CDD,service%20provider%20most%20qualified%20to%20meet%20their%20needs.>

\*\* <https://mn.gov/mnddc/extra/publications/Its-My-Choice.pdf>; pg. 58

- In conjunction with more detailed definitions of these concepts, we recommend that there must also be a process to assure that the consumer’s wishes are respected and implemented through **supported decision-making** versus substituted decision-making.
  - Both Georgia\* and California\*\* have implemented the supportive decision-making model which provides resources to aid in consumer decision-making but not act as decision makers (substitute decision-making) except in unique and defined instances. In California, Freedom is the ability of adults with developmental disabilities to exercise the same rights as all citizens; to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and, for families, to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals.
    - \* (Georgia Collaborative) <https://www.georgiacollaborative.com/wp-content/uploads/sites/15/2018.08.29-GA-Collab-ASO-What-is-Informed-choice>
    - \*\* (California State Council on Developmental Disabilities.) <https://scdd.ca.gov/>
  - To fill the role of supportive decision-maker, consumers may choose one or more trusted support persons to assist them. This is another opportunity to consider peer support, community support networks, and natural supports (family, friends) or representatives (using a representation agreement) to subsidize the work force and improve consumer safety through ongoing communication and visits with Consumers.
- While the concept of non-incident reporting by case managers and agencies has not been validated, there could be consideration of creating a case management entity within DOH versus current agency structure, to eliminate this potential conflict of interest.

**Consumer Impact:**

- HIGH: Shared understanding of foundational program concepts paired with a supportive decision-making model assures that decisions are consistently based on the preferences of the consumer, and that consumers can demonstrate self-advocacy, self-determination, and independence. As important, the model also provides legal recognition of support persons chosen by the consumer and promotes availability of supports for important legal decisions as well as support for everyday decisions.

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### 3. Organization Structure and Resourcing

The current pace of change in the world requires organizations to regularly assess that their organization design and resourcing model remains closely aligned to the demands and philosophy of their programs. For the NM self-directed waiver programs in particular, the conclusion of Jackson Settlement activities is a critical trigger for this examination.

**Initial Findings:**

- In DDSD, there is potential tension between technical assistance (helper) and vendor oversight (compliance reporting and audit activities, Regional Office Request for Assistance (RORA) management) within the **Social and Community Service Coordinator role**. These opposing approaches inherent in the service coordinator role were reported as possibly influencing coordinators to act more often in the helping role versus initiating corrective actions against the providers and holding them more accountable for activities such as real time reporting of incidents.
- Current DDSD work force was heavily weighted to Jackson population management. Now, DD waiver and Mi Via staff report increasing workloads and not enough staff to complete the work timely and effectively. Increasing workloads was defined as additional non-automated documentation, reporting and visits to confirm location and safety of consumers.
  - It was noted that the successful effort to visit 100% of members would not continue as an ongoing activity and would soon return to the requirements to visit 4 randomly chosen consumers per month per service coordinator.

**High-Level Recommendations:**

- Consider creation of new DDSD roles to separate the technical assistance support role from the provider oversight role.
- Evaluate the process for selection and volume of needed monthly home visits. While there was evidence of minimal selection criteria (recent discharge, ER (Emergency Rooms) Visit as examples), further investigation into the home visit data would be required to confirm that the criteria are being applied and that the criteria accurately identifies consumers most at risk.
- There is a need for headcount rebalancing and upskilling and cross training across DOH and provider program staff. There may also be an opportunity to recruit community workers, peer supports and advocates to supplement the workforce by performing home visits and supportive decision-making assistance.

**Consumer Impact:**

- MEDIUM: Rebalancing and supplementing the DDSD workforce has the potential to improve employee engagement and spark motivation to excel in a role most suited to the employee. Consumers then reap the rewards of engaged and invested partners who value meaningful interactions with providers and consumers.

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#### 4. Stakeholder Engagement

Best practices in program design, change management, and adoption all place high value on involving affected parties throughout the process of ideation, development, and

implementation. Building relationships with program stakeholders, internally and externally, is key to developing effective outcomes and building support.

***Initial Findings:***

- Interviewees shared that engaging external stakeholder is often done late in the process of designing and launching program changes, generally when the program is ready to launch vs earlier during program design when stakeholders' perspective could be more easily addressed.
  - In November of 2015, the Department of Health announced changes to the Developmental Disabilities Waiver (DDW) because of a court-approved settlement agreement in the Waldrop lawsuit against the State brought by Disability Rights New Mexico (DRNM) and the Arc of New Mexico. This suit came because of the implementation of the industry standard SIS-A tool which is a standardized assessment tool designed to measure the pattern and intensity of supports that a person aged 16 years and older with intellectual and developmental disabilities (IDD) requires to be successful in community settings.
  - Although the intended use of the SIS-A is to evaluate the intensity of needed supports, the suit initiated by external stakeholders claimed that “Defendants New Mexico Human Services Department and New Mexico Department of Health have recently overhauled the DD Waiver program, which now **includes the use of a benefits-calculation formula known as the Supports Intensity Scale, or “SIS.” Implementation of the SIS has resulted in a reduction in the level of benefits to some DD Waiver recipients.**” The State Supreme Court of New Mexico supported the plaintiffs in the case and the use of SIS-A was discontinued.
    - One interviewee reported that if the program had done better stakeholder engagement and education and had put measures in place for individual fair hearing rights, they might be using a best-in-class tool to determine the right level of supports for the consumers they serve.

***High-Level Recommendation:***

- Including stakeholders in initial stages of development improves risk management and fit-for-purpose design, strengthening the program's ability to deliver high quality care and safety that matches unique needs and experience of consumers. It is also a best practice from a change management practice standpoint, as stakeholders who have been included -- even if their ideas were not fully incorporated into the final design -- are more likely to adopt and support the solution.

***Consumer Impact:***

- MEDIUM: Reduces surprises when changes are enacted and higher adoption/satisfaction.
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## Findings & Deficiencies: Process & Program Themes

### 1. Process Optimization: Risk-based Approach

Using a risk-based approach is about doing the right work at the right time. It makes the most effective use of limited time and resources by adjusting processes and tools to focus the intensity and frequency of consumer interactions on those individuals with a higher risk profile. The process will support identification of areas where additional monitoring, implementing interventions or escalations will support optimized health and safety outcomes for the consumer.

#### ***Initial Findings:***

- The current program model does not use an assessment of consumer risk to identify those most at risk for harm or delayed care and adjust the intensity and frequency of intervention with high-risk consumers.
- Risk is not continually assessed in subsequent visits which would enable the organization to shift resources in response to a consumer's change in condition or circumstance.
  - For the Mi Via Waiver, there are no assessment processes in place to identify consumers and or guardians who are at risk because they may not have the decision-making capacity to manage the self-determination waiver activities.
  - There are no assessment triggers that prompt case managers, consultants, or service coordinators to identify when a guardian can no longer execute the duties of guardianship, or other situational changes occur that might increase the risk to consumers safety, health, and well-being.

#### ***High-Level Recommendations:***

- Various assessment tools are used in other state waiver programs to identify risk and then increase the frequency and intensity of services around high-risk consumers while also monitoring lower risk consumers at regular less frequent visits intervals. One specialty tool example is the Risk Assessment Tool for Adults with DD in Behavioral Crisis developed by Elspeth Bradley, Psychiatrist, Surrey Place Centre and Yona Lunsky, Psychologist, Centre for Addiction and Mental Health. The focus of the tool is to “take into account how the patient’s developmental disabilities affect both risk and protective factors.” The areas of risk assessment include:
  - Suicidality
  - Self-Harm
  - Self-Neglect
  - Victimization or Exploitation
  - Risk to Others
  - Risk to Environment

While used in a facility environment, the tool is adaptable to a home or community setting. It tracks changes over time and provides drill down questions to the assessor to help them better understand the risks and take next-best actions to mitigate the risk.

UMass Chan Medical School/Eunice Kennedy Shriver Center has also developed instructional programs and training that includes risk assessment as a key process component. Through interview, it was reported that DDSD has invested in the training but to this point in time has not implemented the materials as an instructional program in a comprehensive approach but has used information from those trainings to support ongoing program improvements.

- Consider leveraging current tools developed by UMass to optimize training, and additional tools and processes that support:
  - Decision Capacity Assessment for Self-Determination
  - Individual Consumer Risk Assessment
  - Processes/policies that trigger a re-assessment when significant changes occur in a consumer's circumstances that increase risk for safety. For example:
    - Succession planning for guardianship which includes criteria for ongoing participation in self-directed care waiver based on the capability for informed decision-making or the availability of supportive decision-making resources

**Consumer Impact:**

- HIGH - The addition of tools that continually monitor the consumer's risk and informed decision-making capacity or supportive decision-making resources will better support the consumer's ability to reach personal life goals and remain safely in the community.
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## 2. Role Clarity

Defining role clarity is a key enabler of a highly functional process; it provides detailed and easily understood direction regarding which role performs activities or makes decisions to progress the work. Components include identified decision makers, accountabilities, responsibilities, and criteria or required inputs.

**Initial Findings:**

- Individuals expressed that it was sometimes unclear who is responsible to act, and complete activities needed to close gaps in care or resolve other incidents that require intervention, escalation, and decision-making.
- When individuals were unsure of the responsibility to report or act, they would hand-off to other departments or team members to act, resulting in delay of care, reporting and resolution.
- No clear Accountable or Responsible party for addressing ANE incident findings, nor for ensuring conclusive actions are taken.

**High-Level Recommendations:**

Processes deliver the highest value when the roles and accountabilities/responsibilities are clear for all individuals working within that process. This reduces confusion and lowers the need for alignment meetings while performing the required work. Deliverable handoffs are cleaner and more efficient.

- Identify the accountabilities and criteria for key risk and safety behaviors across processes that support the waiver programs, e.g., define processes with collaborative elements and owners/decision-makers in DDSD and DHI.
- Assess resource capacity to support assignment of actions to specific roles.
- Update job descriptions/evaluation forms with enhanced role details and clear responsibilities and actions.
- Develop communications, change management and training across agencies outlining key accountabilities and owners per program.

**Consumer Impact:**

- **High Consumer Impact** - The addition of tools that continually monitor the consumer's risk and informed decision-making capacity will better support the consumer's ability to reach personal life goals and remain safely in the community.

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### 3. Cross-Departmental Process Documentation & Guidance

In any process, the greatest risk for delays and misunderstanding comes at points of transition or handoff, particularly between groups or functions. Creating a clear, end-to-end document that articulates these details will provide all waiver program partners (i.e., DDSD, DHI, and provider agencies) with an integrated, holistic program reference that articulates outcomes, clear roles & responsibilities, handoffs, deliverables, and metrics.

**Initial Findings:**

- Waiver standard documents do not have sufficient process detail necessary to help waiver staff achieve efficient and timely intervention and remediation. Departments vary in the level and extent of process documentation.
- Process activities are also not optimized between departments – from “end-to-end” – or tracked over time to validate whether all activities deliver value.
- Information on department websites can be out-of-date and/or inconsistent.  
*\*Our assessment referenced a sampling of documentation; more comprehensive assessment is required*

**High-Level Recommendations:**

- Create holistic process visuals and orient people to the overall process handoffs and key points of risk.

- Define program-level metrics that measure the performance of the entire process, agnostic of department boundaries.
- Identify and confirm a central repository for process documentation.
- Communicate changes in decision-making behavior / reinforcement tactics including:
  - Quality Management
  - Incident Management
  - Vendor Management
  - Performance Management across the continuum
- Include updated process training in core training and onboarding for new hires.

**Consumer Impact:**

- HIGH - Holistic process documentation will drive meaningful outcomes for the organization (such as clear communication, enhance handoffs of deliverables) and contribute to consistent safety outcomes for consumers.
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#### 4. Provider Monitoring

For a program that relies on an outsourced model for delivery of care, it is critical to have a well-designed vendor monitoring approach. For the New Mexico 1915(c) waiver programs, this means ensuring service providers are delivering quality services that provide optimized health and safety outcomes for program consumers.

**Initial Findings:**

- Provider monitoring is a mostly manual process with outputs documented in a variety of digital formats (Smartsheet, Excel) as well as paper forms that do not work well to provide insights or help surface trends over time.
- DHI investigation and survey cycles in conjunction with DDSD RORAs can be repetitive and lengthy, with time-to-action delayed, potentially putting consumers at risk before interventions occur.

**High-Level Recommendations:**

- At this time, there is low visibility across the various provider monitoring activities and a high-administrative burden that can obscure provider performance insights in the data. Design and document a Provider Monitoring process that identifies variations in process and non-compliance with program standards
- Comprehensive provider monitoring requires the collection of key performance indicator data that can be used to determine next best actions for provider management.
- Ensure data is available to DOH, DHI and DDSD staff that require this information
- Transfer all current data to appropriately vetted digital business systems.
- Develop additional program KPIs (Key Performance Indicators) targeted toward provider incident reporting.



**Consumer Impact:**

- HIGH - Eliminates subjectivity in evaluation of provider performance.
    - Data from KPIs can be used to identify gaps in care or actions that may result in delays in care or increased safety risks to the consumer.
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## 5. Knowledge & Education (Training)

The success of any program and its policies and processes is dependent on how well they are understood by employees and participants. The crucial step for introducing change and confirming that everyone understands how to do their work is providing consistent, current, and engaging program knowledge-building experiences, which in turn guide actions and decisions made within the process.

**Initial Findings:**

- Sometimes differing interpretations of standards during program operations result in misinformation given to providers related to addressing deficiencies.
- Other misaligned or inconsistent areas of understanding include:
  - Incident reporting & resolution
  - Quality activities

**High-Level Recommendations:**

Up-to-date policies and process documentation enable process performers to consistently deliver the desired outcomes of any process. When policies and process guidance fall out of date, contradict each other, or otherwise become inconsistent, the process outcomes follow suit, driving confusion and poor outcomes across an organization. The first step to executing these recommendations is to update and confirm documentation, then develop and deliver training.

- Using refreshed process documentation, develop or expand training related to:
  - Incident Management
  - Quality Management
  - Standards and policy guidance
  - Reporting – using data and insights to determine Next Best Actions
- Develop post-session knowledge checks to assess understanding and include in performance metrics.

**Consumer Impact:**

- MEDIUM - Implementation of training helps consumers and providers receive supports and information consistent with program standards, without deviation.
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## 6. Strategic Planning for Changing Demographics / Model Optimization

Organizations sometimes need to look ahead and plan proactively as the waiver populations they serve change. Engaging in the practice of strategic planning to regularly examine the goals, demographics, and trends over time, can keep program design and priorities aligned with consumer needs.

### **Initial Findings:**

- Interviewees said strategic planning has not been occurring annually as it had in the past, delaying needed program updates.
- Secondly it was mentioned that the programs have not been modernized to meet the needs of a growing younger consumer population and the influx of new waiver participants since the waitlist has been cleared.

### **High-Level Recommendations:**

- DD Waiver and Mi Via population is trending younger, and the overall expansion of New Mexico's population requires proactive planning and program design.
    - Children with DD have increased health care and service needs: US children with DD were found to be more likely to have limited abilities, such as limited movement or play abilities, and/or service needs, including special equipment and home health care, than children without a DD. Children with DD were 18 times as likely to utilize services such as special education or early intervention (EI). Children with DD were two to seven times more likely than those without a DD to utilize health-related services such as:
      - Prescription medication
      - Mental health professionals, medical specialists, or special therapists (occupational, physical)
- Cogswell ME, Coil E, Tian LH, et.al. Health Needs and Use of Services Among Children with Developmental Disabilities, United States, 2014–2018. MMWR Morb Mortal Wkly Rep 2022;71:453–458.
- Develop a forward-looking framework for the DD Waiver and Mi Via programs that identifies needed improvements, focused on four key goals: expanding access to personalized, age-appropriate services, ensuring equitable distribution of resources, improving quality, and enhancing the use of data and evidence to improve program outcomes.

### **Consumer Impact:**

- MEDIUM - Meets the needs across the lifespans of DD waiver consumers. Meets them “where they live” and offers protections that the waiver programs develop and adjust as the needs of the state population change.

## Findings & Deficiencies: Technology Themes

### 1. Integrated Business Systems & Data – Program Focus

All modern organizations are enabled by technology and digital data. There is a critical tipping point when the cost of continuing to do business manually becomes too great or the risk of poor outcomes outweighs the cost of investing in a well-designed, connected, fit-for-purpose technology platforms. Adequate business systems support transparency, automated reporting, data reliability, and insight generation.

#### **Initial Findings:**

- Currently, DOH does not have a unified business system for waiver programs and oversight. The home visitation effort in March and April 2023 uncovered the fact that the DOH did not have a list of all consumers with their current address. DDSD relies on stand-alone Smartsheet documents which are not typically connected or integrated with each other; interviewees noted that there were over 100 Smartsheet files state-wide. Some processes remain paper based. The on-going administrative burden of reporting from these disparate data sources is extremely high.

#### **High-Level Recommendations:**

Ideally, DOH would own a single platform that houses or connects waiver-related data sources to ensure all data is digitized, where key consumer information can be captured in a single record for providers and consumers – even if it is managed or updated in a separate case management system, survey, or incident tracking system. This technology solution would enable automated reporting and identification of directional trends and insights at program and provider levels. This is a longer-term project, but initial steps can be taken:

- Provide waiver staff access to Aspen system for first efforts to locate consumers by Medicaid enrollment information.
- Build on the recently validated data from the home visitation effort to create a tracking database and continue capturing updates to consumer location, guardians, etc.
- Constitute a cross-functional design team and RFP (Request for Proposal) to support the process of identifying program technology needs and begin to develop requirements for a platform.

#### **Consumer Impact:**

- MEDIUM – technology-enabled processes could both enable time-critical responses to consumer issues, as well as shift DOH staff time from repetitive, manual activities to more high-value work including provider oversight.

## 2. Integrated Case Management/Consultant Platform – Consumer Focus

Case management generates substantial amounts of data important to the multiple roles within care teams that serve the consumer's needs and goals. Ensuring that this information is digital, as well as available and reportable, is essential to the successful execution of ISPs/SSPs but also provides essential data for effective provider monitoring.

### **Initial Findings:**

- Therap is in use by DD Waiver teams, however the limited modules licensed by DOH are not sufficient for best practice case management practices and reporting.
- There are key gaps in essential consumer information and data that limit the ability to coordinate care and share information to the IDT such as lack of:
  - Longitudinal Case Documentation
  - Transparency to teams across the program
  - Automated reporting functionality

This overall lack of integrated data platforms and systems is creating a significant administrative burden for all members of program and care teams.

### **High-Level Recommendation:**

- The department must move to a technology platform that can address key gaps.
- Solution development should be prioritized by capability that best provides safety and care to consumers. Example:
  1. Implement waivers wide care management platform to capture longitudinal experience and progress toward life goals that can be shared across all departments.
  2. Automate reporting starting with key performance indicators and regulatory reporting.
  3. Provide waiver staff access to Aspen system for first efforts to locate consumers by Medicaid enrollment information.
  4. Create a tracking database to capture updates to consumer location, guardians etc.
  5. Implement care management platform across the programs to capture longitudinal experience and progress toward life goals that can be share across all departments.
  6. Automate reporting starting with key performance indicators and regulatory reporting.
  7. When implemented in stages by priority, critical capabilities can be implemented more quickly.

### **Consumer Impact:**

- HIGH - Information tracking and sharing at the consumer level will improve the consumer experience as well as catalyse collaboration across the IDT and waiver stakeholders.

## Immediate Remediations

As indicated in the key themes, there are several opportunities for immediate action that will make a difference for waiver participant safety. The following recommendations were identified as having a high-level of impact by increasing speed to response, clarifying responsibilities and criteria for action, and beginning to implement tools that will identify consumers with increased risk factors.

The estimated timeframe for a short-term effort is defined as 3 to 6 months in duration, inclusive of the effort to design and implement the change. While an individual action can be implemented within a short-term timeframe, pursuing several concurrently may result in slower progress, so prioritizing and planning will be required for ensuring timely completion. Planning to execute these recommendations should include a Department-wide assessment to confirm if or how to integrate any DOH-owned efforts.

### Recommended Action: Articulate key concepts and principles for self-directed programs

*Theme:* Align on Program Concepts and Culture

*Requirements:*

Articulating and agreeing on a unified vision and key concepts for the waiver programs requires engagement and input from all involved leader and stakeholders, with a change management strategy to promote adoption

*Expected Impact:* Aligned concepts and culture will:

- Provide the foundation for criteria, outcomes and requirements in process and roles
- Provide the point of reference for future waiver and standards updates

### Recommended Action: Create holistic process visual(s) to orient people to the overall process activities, handoffs, and key points of risk

*Theme:* Cross-Departmental Process Documentation & Guidance

*Requirements:* Developing process visuals requires engagement and input from all involved leader and stakeholders, with a change management strategy to promote adoption

*Expected Impact:* The process visual can serve as an alignment tool and process guide that will:

- Clarify process phases, roles & responsibilities, and expected outcomes for individual contributors.
- Provide a shared understanding of the process that will enable collaborative problem-solving.
- Drive optimized safety outcomes through mutual understanding of responsibilities related to ANE management.

### Recommended Action: Clarify the roles and responsibilities across the waiver program processes in the following areas:

- Identify the accountabilities for risk and safety activities across processes that support the waiver programs (e.g., define owners/decision-makers in DDSD and DHI for safety processes with collaborative elements).
- Assess resource capacity to support assignment of actions to specific roles.
- Update job descriptions/evaluation forms with enhanced role details and clear responsibilities and actions.
- Develop and deliver communications, change management and training outlining key accountabilities and owners per program.

*Theme:* Role Clarity

*Requirements:* Updating the roles and responsibilities should be informed by context from the holistic process visuals developed per the first short term recommendation. It will also be necessary to coordinate review and approval across all affected stakeholders.

*Expected Impact:* With roles and responsibilities clarified for the organization, operations are expected to speed up due to lack of deferred decision-making and desired outcomes for consumer safety and incident resolution will improve. Provider compliance with safety requirements will be monitored and encouraged through both proactive and reactive means.

### Recommended Action: Develop and operationalize additional risk-oriented tools and processes that support:

- Decision Capacity Assessment for Self-Direction
- Individual Consumer Risk Assessment

*Theme:* Process Optimization: Risk-Based Approach

*Requirements:* Tool identification, prioritization, and development requires cross-functional input and review by all affected stakeholders. Tool development will benefit from similar input and review before approval for use.

*Expected Impact:* With focused risk-assessment tools for specific situations that presently lack them, the case management teams will have proactive methods of managing risk before ANEs happen - enabling updates to care and appropriate shifts in resources or programs.

### Recommended Action: Assess current case management /consultant / service coordinator capacity in context of resource realignment

*Theme:* Organization Structure and Resourcing

*Requirements:* Capacity assessment will require data and input/interviews with those who are currently in the roles being addressed.

*Expected Impact:* A capacity assessment will serve decision-makers as they determine the strategy for resourcing/headcount, as well as to determine if any updates are required to provider agreements/requirements.

### Recommended Action: Grant ASPEN system access to an expanded list of appropriate DOH staff (within DDSD, DHI)

*Theme:* Integrated Business Systems & Data – Program Focus

*Requirements:* Engage department leads to complete lists of appropriate staff before granting access, while also considering all security requirements. Also, create an onboarding process to grant access to new employees when they join the department.

*Expected Impact:* ASPEN houses CMS-managed data, which can provide a starting point for consumer information as an interim solution until more waiver-specific technology solutions are available.

### Recommended Action: Build on the recently validated data from the home visitation effort to create a tracking database

*Theme:* Integrated Business Systems & Data – Program Focus

*Requirements:* Select an interim format for database (potentially Smartsheet). Also, create an interim maintenance process for DOH staff, providers, and consumers to provide new location information.

*Expected Impact:* Validated consumer information can be maintained and evolved, capitalizing on the home visitation effort.

## Longer-Term High-Level Remediations

Beyond key short-term recommendations, this assessment yielded multiple options for program improvements across all theme areas. This current list of opportunities is grouped by thematic area. The list provides the foundation for a prioritized roadmap, which would require collaboration with DOH staff to provide input on budget and resources, as well as additional assessment and validation to confirm the right selection and sequencing for optimal success.

### PEOPLE

#### ○ **Meaningful Interactions**

Expand initial and monthly assessment content:

- include more holistic items and narrative, e.g., consumer life goals and discussion.
- Introduce prompts with measurable responses, e.g., change since last visit / trends over time.
- Include integrated ANE checklist to also show trends, trigger action.

#### ○ **Alignment on Program Concepts and Culture**

- Design the strategy for provider monitoring so it is built on shared understanding of program concepts and that targets behaviors in conflict with these key tenets.
  - Consider performance incentives for accurate performance or penalties for failure to comply with well-defined program processes
  - Consider creating a case management entity within DOH versus current agency structure.

#### ○ **Organization Structure & Resourcing**

- Consider creation of another DDSD role to separate the technical assistance support role from the Provider Oversight role.
- There is a need for headcount rebalancing across the waiver program staff. There may also be an opportunity to recruit community workers and advocates to subsidize the workforce (community workers, guardians, advocates, peer supports).

#### ○ **Stakeholder Engagement**

- Engage early with providers, consumers, and family members and internal stakeholders to capture and include their needs and input during program design.

### PROCESS & PROGRAM

#### ○ **Process Optimization: Risk-Based Approach**

- Succession planning for guardianship
- Processes/policies that trigger a re-assessment when significant changes occur in a consumer's circumstances. For example:



- Unexpected changes in guardianship
  - New developments in consumer’s capacity to self-direct
- **Cross-Departmental Process Documentation & Guidance**
  - Define program-level metrics that measure the performance of the entire process, agnostic of department boundaries.
  - Communicate changes in decision-making behavior / reinforcement tactics including:
    - Quality Management
    - Incident Management
    - Vendor Management
    - Performance Management (Case Managers and Consultants)
  - Include updated process training in core training and onboarding for new hires.
  - Identify and confirm a central repository for process documentation.
- **Provider Monitoring**
  - Design and document a Provider Monitoring process with owners and escalation triggers.
  - Comprehensive provider monitoring requires the collection of key performance indicator data that can be used to determine next best actions for provider management.
  - Make data available to all waiver stakeholders.
  - Incentivize desired provider behaviors and outcomes based on reporting elements that can be tracked over time. Example: decreased transitions, increased consumer satisfaction.
  - Transfer all current data collection activities to appropriately vetted digital business systems.
- **Knowledge & Education (Training)**

Using refreshed process documentation, develop or expand training related to:

  - Incident Management
  - Quality Management
  - Standards and policy guidance
  - Reporting – using data and insights to determine Next Best Actions
  - Develop post-session knowledge checks to assess understanding and include in performance metrics.
- **Strategic Planning for Changing Demographics / Model Optimization**
  - Consider past strategic planning model as well as industry best practices to design and execute refreshed Strategic Planning process.
  - Within Strategic Planning process, consider the priority and urgency of waiver program model optimization.

## TECHNOLOGY

### ○ **Integrated Business Systems & Data – Program Focus**

Ideally, DOH would own a single platform that houses or connects waiver-related data sources to ensure all data is digitized, where key consumer information can be captured in a single record for providers and consumers – even if it is managed or updated in a separate case management system, survey, or incident tracking systems. This technology solution would enable automated reporting and identification of directional trends and insights at program and provider levels.

- Constitute a cross-functional design team and RFP to support identifying program technology needs and begin to develop requirements for a platform.

### ○ **Integrated Case Management/Consultant Platform – Consumer Focus**

The Department must move to a technology platform that can address these case management key gaps. Solution development is prioritized by capability that best provides safety and care to consumers. Examples:

- Implement care management platform across the programs to capture longitudinal experience and progress toward life goals that can be shared across all departments.
- Automate reporting starting with key performance indicators and regulatory reporting.

## Appendices

- I. Table of interviewees
- II. Inventory of Documents Reviewed

### I. Interviewees

Date	Name	Role	Department
April 24	Patrick Allen	Cabinet Secretary	Department of Health (DOH)
April 24	Scott Doan	Deputy Director	DOH DDSD
April 25	Katrina Hotrum-Lopez	Cabinet Secretary	Aging and Long-Term Services
April 25	Billy Jimenez	Deputy Director	DOH
April 26	Jennifer Rodriguez	Deputy Director	DOH - Mi Via
April 27	Shadee Lauer	Deputy Director	Department of Health Improvement (DHI)
April 27	Teri Cotter	Bureau Chief, Incident Management (IMB)	Department of Health Improvement (DHI)
April 27	Valerie Valdez	Bureau Chief, Quality Management (QMB)	Department of Health Improvement (DHI)
May 4	Chris Burmeister	Division Director	Department of Health Improvement (DHI)

### II. Inventory of Documents Reviewed

- a. Publicly available – accessed online
  - i. [DD Waiver standards](#), effective November 1, 2021
  - ii. [Mi Via Waiver standards](#), effective July 1, 2022; revised March 2023
  - iii. [New Mexico Department of Health Website](#)
  - iv. [DDSD Programs and Services Website](#)
  - v. [Developmental Disabilities Waiver Website](#)
  - vi. [Mi Via Self-Directed Waiver Website](#)
  - vii. [Division of Health Improvement Website](#)
  - viii. [DDSD Technical Assistance Website](#)
  - ix. HSD (Human Services Department) Website – Information for Recipients: [DD Waiver](#), [Mi Via Waiver](#)
  - x. [DDSD Web Learning Portal](#) /DHPD, University of New Mexico
  - xi. [New Mexico Waiver Training Hub](#) / DHPD, University of New Mexico
- b. Internal documents provided directly
  - i. DDSD
    - 1. ICF/MR Admission Criteria 2002-08-01

2. Client Individual Assessment Form
3. Case Manager and Mi Via Consultant Qualifications
4. DDSD DHI Compliance Flow Chart MM 042323
5. DDSD Memo Electronic RORA Submissions 12.1.2022
6. DDSD Org Chart
7. DDSD Regional Office Request for Assistance Policy
8. ICF/IID and Developmental Disabilities Home & Community Based Services Waiver – Long Term Care Medical Assessment Abstract
9. Regional Director and Generalists Job Duties April 2023\_DDSD
- ii. Mi Via Waiver Program
  1. Mi Via Monthly Update Form
  2. Mi Via Quarterly Update Form – Printable Version
  3. Mi Via Spending Report – Quick Reference Guide
  4. SDW-PEU-Guide-Consultant
  5. Vineland 3 Comprehensive Interview Form Sample
- iii. DHI
  1. QMB
    - a. 2021 – QMB Operations Manual – Final 3.2021
    - b. FY23 Q1 – QMB – DDSQI KPI (Key Performance Indicators) Update 11.2.2022
    - c. FY23 Q2 – DDSQI KPI Update 2.2.2023
    - d. QMB – Provider Process Presentation 2.2023
    - e. QMB Process Training 8.2022
    - f. Exhibit – E – METRO – DHI – DDSD Monthly Quality Meeting 3.2023
    - g. Exhibit E – SE – DHI-DDSD Monthly Quality Meeting 3.2023
    - h. Exhibit E – SW – DHI-DDSD Monthly Quality Meeting 4-2023
  2. IMB Org Chart
  3. DHI Presentation to DOH V\_4.2\_10.27.22