



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

Date: June 23, 2022

To: Kimberly Hawkins, Case Manager/Executive Director

Provider: Excel Case Management, Inc.
Address: 430 E. Broadway
State/Zip: Farmington, New Mexico 87401

E-mail Address: khawkins@excelcasemanagement.com

Region: Northwest
Routine Survey: November 1 - 12, 2021
Verification Survey: May 27 – June 9, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Case Management

Survey Type: Verification

Team Leader: Wolf Krusemark, BFA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Team Members: Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Kimberly Hawkins;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on November 1 – 12, 2021*.

The Division of Health Improvement, Quality Management Bureau has determined your agency is now in:

Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags: This determination is based on noncompliance with one to five (1 – 5) Condition of Participation Level Tags (*refer to Attachment D for details*). The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 4C16 Req. for Reports & Distribution of ISP (Provider Agencies, Individual and / or Guardian) **(New / Repeat Finding)**

The following tags are identified as Standard Level:

- Tag # 4C12 Monitoring & Evaluation of Services **(Repeat Finding)**

DIVISION OF HEALTH IMPROVEMENT

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108
(505) 222-8623 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi/>



QMB Report of Findings – Excel Case Management, Inc. – Northwest – May 27 – June 9, 2022

Survey Report #: Q.22.4.DDW.D3826.1.VER.01.22.174

However, due to the new/repeat deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future. Please use the format provided at the end of this report;
3. Documentation verifying that newly cited deficiencies have been corrected.

Submission of your Plan of Correction:

Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator**
5301 Central Ave. NE Suite 400, New Mexico 87108
MonicaE.Valdez@state.nm.us

2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please call the Plan of Correction Coordinator Monica Valdez at 505-273-1930 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Wolf Krusemark, BFA

Wolf Krusemark, BFA
Team Lead/Healthcare Surveyor Supervisor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date: May 27, 2022

Contact: **Excel Case Management, Inc.**
Kimberly Hawkins, Case Manager/Executive Director

DOH/DHI/QMB
Wolf Krusemark, BFA, Healthcare Surveyor Supervisor

Exit Conference Date: June 9, 2022

Present: **Excel Case Management, Inc.**
Kimberly Hawkins, Case Manager/Executive Director

DOH/DHI/QMB
Wolf Krusemark, BFA, Healthcare Surveyor Supervisor
Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor

DDSD NW Regional Office
Michele Groblebe, Regional Director
Linda Murray, Case Manager Coordinator

Total Sample Size: 28

1 - *Jackson* Class Members
27 - *Non-Jackson* Class Members

Persons Served Records Reviewed 28

Total Number of *Secondary Freedom of Choices* Reviewed
During Routine Survey: Number: 132

Case Management Personnel Records Reviewed 9

Case Manager Personnel Interviewed during
Routine Survey 9 (*Note: Interviews conducted by video / phone due to
COVID- 19 Public Health Emergency*)

Administrative Interviews completed during
Routine Survey 1 (*Note: Interviews conducted by video / phone due to
COVID- 19 Public Health Emergency*)

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Individual Medical and Program Case Files, including, but not limited to:
 - Individual Service Plans
 - Progress on Identified Outcomes
 - Healthcare Plans
 - Medical Emergency Response Plans
 - Therapy Evaluations and Plans
 - Healthcare Documentation Regarding Appointments and Required Follow-Up
 - Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including subcontracted staff

- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division
NM Attorney General's Office

Attachment B

Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and other state and federal regulations. For the purpose of the case management survey the CMS waiver assurances have been grouped into five (5) Service Domains: Plan of Care (Development and Monitoring); Level of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Assurance system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless of if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

Service Domains and CoPs for Case Management are as follows:

Service Domain: Plan of Care ISP Development & Monitoring - *Service plans address all participants' assessed needs (including health and safety risk factors) and goals, either by waiver services or through other means. Service plans are updated or revised at least annually or when warranted by changes in the waiver participants' needs.*

Potential Condition of Participation Level Tags if compliance is below 85%:

- **1A08.3** – Administrative Case File - Individual Service Plan (ISP) / ISP Components
- **4C07** – Individual Service Planning (Visions, measurable outcome, action steps)
- **4C07.1** – Individual Service Planning – Paid Services
- **4C10** – Apprv. Budget Worksheet Waiver Review Form / MAD 046
- **4C12** – Monitoring & Evaluation of Services
- **4C16** – Requirements for Reports & Distribution of ISP (Provider Agencies, Individual and/or Guardian)

Service Domain: Level of Care - *Initial and annual Level of Care (LOC) evaluations are completed within timeframes specified by the State.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **4C04** – Assessment Activities

Service Domain: Qualified Providers - *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A22/4C02** – Case Manager: Individual Specific Competencies
- **1A22.1 / 4C02.1** – Case Manager Competencies: Knowledge of Service

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- **1A25.1** – Caregiver Criminal History Screening
- **1A26.1** – Consolidated On-line Registry Employee Abuse Registry

Service Domain: Health, Welfare and Safety - *The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A08.2** – Administrative Case File: Healthcare Requirements & Follow-up
- **1A15.2** – Administrative Case File: Healthcare Documentation (Therap and Required Plans)

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- **1A05** – General Requirements

Attachment C

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "Administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings (**Note: No extensions are granted for the IRF**).
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <https://nmhealth.org/about/dhi/cbp/irf/>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Valerie V. Valdez at valerie.valdez@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of *Compliance*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. This partial compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. There are three ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non-Compliance"						17 or more Total Tags with 75 to 100% of the Individuals in the sample cited in any CoP Level tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
"Compliance"	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

Agency: Excel Case Management, Inc. - Northwest Region
Program: Developmental Disabilities Waiver
Service: Case Management
Survey Type: Verification
Routine Survey: November 1 – 12, 2021
Verification Survey: May 27 – June 9, 2022

Standard of Care	Routine Survey Deficiencies November 1 – 12, 2021	Verification Survey New and Repeat Deficiencies May 27 – June 9, 2022
<p>Service Domain: Plan of Care - ISP Development & Monitoring – Service plans address all participants’ assessed needs (including health and safety risk factors) and goals, either by waiver services or through other means. Services plans are updated or revised at least annually or when warranted by changes in the waiver participants’ needs.</p>		
Tag # 4C12 Monitoring & Evaluation of Services	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p>Chapter 8 Case Management: 8.2.8 Maintaining a Complete Client Record: The CM is required to maintain documentation for each person supported according to the following requirements: 3. The case file must contain the documents identified in <u>Appendix A Client File Matrix</u>.</p> <p>8.2.7 Monitoring and Evaluating Service Delivery: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. Monitoring and evaluation activities include the following requirements: 1. The CM is required to meet face-to-face with adult DD Waiver participants at least 12 times annually (one time per month) to bill for a monthly unit. 2. JCMs require two face-to-face contacts per month to bill the monthly unit, one of which must occur at a location in which the person spends the</p>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not use a formal ongoing monitoring process that provides for the evaluation of quality, effectiveness, and appropriateness of services and supports provided to the individual for 29 of 30 individuals.</p> <p>Review of the Agency individual case files revealed no evidence of Case Manager Monthly Case Notes for the following:</p> <ul style="list-style-type: none"> • Individual #6 - None found for 10/2020 & 1/2021. • Individual #11 - None found for 4/2021. <p>Review of the Agency individual case files revealed no evidence indicating face-to-face visits were completed as required for the following individuals:</p> <ul style="list-style-type: none"> • Individual #8 – No Face-to-Face Visit Summary Forms found for 1/2021, 2/2021 and 3/2021. 	<p>New / Repeat Findings:</p> <p>Based on record review, the Agency did not use a formal ongoing monitoring process that provides for the evaluation of quality, effectiveness, and appropriateness of services and supports provided to the individual for 2 of 28 individuals.</p> <p>Review of the Agency individual case files revealed the required Therap Monthly Site Visit Forms were not entered / submitted in Therap as outlined in the Instructions and Guidelines for Case Management Monitoring Activities dated 12/1/2018 pg. 8 #4 “Save draft or Submit (electronic signature) before the end of the month the visit occurs” for the following:</p> <p>Individual #18 (Non-Jackson)</p> <ul style="list-style-type: none"> • Face to face visit conducted on 4/26/2022. Monthly Site Visit Form entered / submitted in Therap on 5/2/2022. <p>Individual #21 (Non-Jackson)</p> <ul style="list-style-type: none"> • Face to face visit conducted on 4/25/2022. Monthly Site Visit Form entered / submitted in Therap on 5/2/2022.

<p>majority of the day (i.e., place of employment, habilitation program), and the other contact must occur at the person’s residence.</p> <p>3. Parents of children on the DD Waiver must receive a minimum of four visits per year, as established in the ISP. The parent is responsible for monitoring and evaluating services provided in the months case management services are not received.</p> <p>4. No more than one IDT Meeting per quarter may count as a face-to-face contact for adults (including JCMs) living in the community.</p> <p>5. For non-JCMs, face-to-face visits must occur as follows:</p> <ol style="list-style-type: none"> At least one face-to-face visit per quarter shall occur at the person’s home for people who receive a Living Supports or CIHS. At least one face-to-face visit per quarter shall occur at the day program for people who receive CCS and or CIE in an agency operated facility. It is appropriate to conduct face-to-face visits with the person either during times when the person is receiving a service or during times when the person is not receiving a service. The CM considers preferences of the person when scheduling face-to face-visits in advance. Face-to-face visits may be unannounced depending on the purpose of the monitoring. <p>6. The CM must monitor at least quarterly:</p> <ol style="list-style-type: none"> that applicable MERPs and/or BCIPs are in place in the residence and at the day services location(s) for those who have chronic medical condition(s) with potential for life threatening complications, or for individuals with behavioral challenge(s) that pose a potential for harm to themselves or others; and that all applicable current HCPs (including applicable CARMP), PBSP or other 	<ul style="list-style-type: none"> Individual #11 – No Face-to-Face Visit Summary Forms found for 3/2021 and 4/2021. <p>Review of the Agency individual case files revealed the required Therap Monthly Site Visit Forms were not entered / submitted in Therap as outlined in the Instructions and Guidelines for Case Management Monitoring Activities dated 12/1/2018 pg. 8 #4 “Save draft or Submit (electronic signature) before the end of the month the visit occurs” for the following:</p> <p>Individual #1 (Non-Jackson)</p> <ul style="list-style-type: none"> Face to face visit conducted on 10/14/2020. Monthly Site Visit Form entered / submitted in Therap on 11/25/2020. Face to face visit conducted on 11/23/2020. Monthly Site Visit Form entered / submitted in Therap on 12/16/2020. Face to face visit conducted on 5/24/2021. Monthly Site Visit Form entered / submitted in Therap on 6/9/2021. Face to face visit conducted on 6/24/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021. Face to face visit conducted on 8/30/2021. Monthly Site Visit Form entered / submitted in Therap on 9/13/2021. Face to face visit conducted on 9/13/2021. Monthly Site Visit Form entered / submitted in Therap on 10/11/2021. <p>Individual #2 (Non-Jackson)</p> <ul style="list-style-type: none"> Face to face visit conducted on 10/1/2020. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during</i> 	
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<p>applicable behavioral plans (such as PPMP or RMP), and WDSIs are in place in the applicable service sites.</p> <p>7. When risk of significant harm is identified, the CM follows the standards outlined in Chapter 18: Incident Management System.</p> <p>8. The CM must report all suspected ANE as required by New Mexico Statutes and complete all follow up activities as detailed in Chapter 18: Incident Management System.</p> <p>9. If concerns regarding the health or safety of the person are documented during monitoring or assessment activities, the CM immediately notifies appropriate supervisory personnel within the DD Waiver Provider Agency and documents the concern. In situations where the concern is not urgent, the DD Waiver Provider Agency is allowed up to 15 business days to remediate or develop an acceptable plan of remediation.</p> <p>10. If the CMs reported concerns are not remedied by the Provider Agency within a reasonable, mutually agreed upon period of time, the CM shall use the RORA process detailed in Chapter 19: Provider Reporting Requirements.</p> <p>11. The CM conducts an online review in the Therap system to ensure that the e-CHAT and <i>Health Passport</i> are current: quarterly and after each hospitalization or major health event.</p> <p>14. The CM will ensure Living Supports, CIHS, CCS, and CIE are delivered in accordance with CMS Setting Requirements described in Chapter 2.1 CMS Final Rule: Home and Community-Based Services (HCBS) Settings Requirements. If additional support is needed, the CM notifies the DDSD Regional Office through the RORA process.</p>	<p><i>the survey. Provider please complete POC for ongoing QA/QI.)</i></p> <ul style="list-style-type: none"> • Face to face visit conducted on 11/24/2020. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 12/15/2020. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 1/5/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 2/3/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 3/18/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 4/28/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. <i>(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)</i> • Face to face visit conducted on 5/4/2021. Monthly Site Visit Form entered / submitted in Therap on 	
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11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*

- Face to face visit conducted on 6/24/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 7/28/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 8/10/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 9/28/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*

Individual #3 (Non-Jackson)

- Face to face visit conducted on 7/22/2021. Monthly Site Visit Form entered / submitted in Therap on 8/9/2021.
- Face to face visit conducted on 10/20/2021. Monthly Site Visit Form entered / submitted in Therap on 11/2/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*

Individual #4 (Non-Jackson)

- Face to face visit conducted on 5/12/2021. Monthly Site Visit Form entered / submitted in Therap on 6/4/2021.
 - Face to face visit conducted on 7/13/2021. Monthly Site Visit Form entered / submitted in Therap on 8/9/2021.
- Individual #5 (Non-Jackson)**
- Face to face visit conducted on 10/20/2020. Monthly Site Visit Form entered / submitted in Therap on 11/25/2020.
 - Face to face visit conducted on 11/23/2020. Monthly Site Visit Form entered / submitted in Therap on 12/16/2020.
 - Face to face visit conducted on 4/23/2021. Monthly Site Visit Form entered / submitted in Therap on 5/3/2021.
 - Face to face visit conducted on 5/26/2021. Monthly Site Visit Form entered / submitted in Therap on 6/1/2021.
 - Face to face visit conducted on 6/7/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021.
 - Face to face visit conducted on 7/20/2021. Monthly Site Visit Form entered / submitted in Therap on 8/3/2021.
 - Face to face visit conducted on 9/21/2021. Monthly Site Visit Form entered / submitted in Therap on 10/11/2021.
- Individual #6 (Non-Jackson)**
- Face to face visit conducted on 10/23/2020. Monthly Site Visit Form entered / submitted in Therap on 11/25/2020.

- Face to face visit conducted on 11/3/2020. Monthly Site Visit Form entered / submitted in Therap on 12/16/2020.
 - Face to face visit conducted on 5/4/2021. Monthly Site Visit Form entered / submitted in Therap on 6/3/2021.
 - Face to face visit conducted on 6/4/2021. Monthly Site Visit Form entered / submitted in Therap on 7/7/2021.
 - Face to face visit conducted on 8/18/2021. Monthly Site Visit Form entered / submitted in Therap on 9/15/2021.
 - Face to face visit conducted on 9/16/2021. Monthly Site Visit Form entered / submitted in Therap on 10/11/2021.
- Individual #7 (Non-Jackson)**
- Face to face visit conducted on 2/18/2021. Monthly Site Visit Form entered / submitted in Therap on 3/3/2021.
 - Face to face visit conducted on 5/12/2021. Monthly Site Visit Form entered / submitted in Therap on 6/10/2021.
- Individual #8 (Non-Jackson)**
- Face to face visit conducted on 11/9/2020. Monthly Site Visit Form entered / submitted in Therap on 4/23/2021.
 - Face to face visit conducted on 12/29/2020. Monthly Site Visit Form entered / submitted in Therap on 4/23/2021.
 - Face to face visit conducted on 4/27/2021. Monthly Site Visit Form entered / submitted in

Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*

- Face to face visit conducted on 5/28/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 6/30/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 7/9/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Face to face visit conducted on 8/19/2021. Monthly Site Visit Form entered / submitted in Therap on 11/4/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*

Individual #9 (Non-Jackson)

- Face to face visit conducted on 4/2/2021. Monthly Site Visit Form entered / submitted in Therap on 5/4/2021.
- Face to face visit conducted on 5/19/2021. Monthly Site Visit Form entered / submitted in Therap on 6/7/2021.
- Face to face visit conducted on 9/28/2021. Monthly Site Visit Form entered / submitted in Therap on 10/3/2021.

Individual #10 (Non-Jackson)

- Face to face visit conducted on 11/20/20. Monthly Site Visit Form entered / submitted in Therap on 12/4/2020.
- Face to face visit conducted on 4/20/2021. Monthly Site Visit Form entered / submitted in Therap on 5/4/2021.
- Face to face visit conducted on 5/10/2021. Monthly Site Visit Form entered / submitted in Therap on 6/4/2021.
- Face to face visit conducted on 7/1/2021. Monthly Site Visit Form entered / submitted in Therap on 8/3/2021.
- Face to face visit conducted on 8/10/2021. Monthly Site Visit Form entered / submitted in Therap on 9/16/2021.
- Face to face visit conducted on 9/22/2021. Monthly Site Visit Form entered / submitted in Therap on 10/14/2021.

Individual #11 (Non-Jackson)

- Face to face visit conducted on 7/22/2021. Monthly Site Visit Form entered / submitted in Therap on 9/3/2021.
- Face to face visit conducted on 8/17/2021. Monthly Site Visit Form entered / submitted in Therap on 9/5/2021.

Individual #12 (Non-Jackson)

- Face to face visit conducted on 4/7/2021. Monthly Site Visit Form entered / submitted in Therap on 5/17/2021.

- Face to face visit conducted on 7/13/2021. Monthly Site Visit Form entered / submitted in Therap on 8/3/2021.
- Individual #13** (Non-Jackson)
- Face to face visit conducted on 4/8/2021. Monthly Site Visit Form entered / submitted in Therap on 5/3/2021.
 - Face to face visit conducted on 5/28/2021. Monthly Site Visit Form entered / submitted in Therap on 6/8/2021.
 - Face to face visit conducted on 7/14/2021. Monthly Site Visit Form entered / submitted in Therap on 8/2/2021.
 - Face to face visit conducted on 8/3/2021. Monthly Site Visit Form entered / submitted in Therap on 9/14/2021.
- Individual #14** (Non-Jackson)
- Face to face visit conducted on 1/7/2021. Monthly Site Visit Form entered / submitted in Therap on 2/1/2021.
 - Face to face visit conducted on 9/17/2021. Monthly Site Visit Form entered / submitted in Therap on 10/5/2021.
- Individual #15** (Non-Jackson)
- Face to face visit conducted on 5/19/2021. Monthly Site Visit Form entered / submitted in Therap on 10/3/2021.
 - Face to face visit conducted on 6/29/2021. Monthly Site Visit Form entered / submitted in Therap on 10/3/2021.

- Face to face visit conducted on 9/22/2021. Monthly Site Visit Form entered / submitted in Therap on 10/3/2021.
- Individual #16** (Non-Jackson)
- Face to face visit conducted on 10/13/2020. Monthly Site Visit Form entered / submitted in Therap on 11/2/2020.
 - Face to face visit conducted on 12/2/2020. Monthly Site Visit Form entered / submitted in Therap on 1/4/2021.
 - Face to face visit conducted on 1/8/2021. Monthly Site Visit Form entered / submitted in Therap on 2/2/2021.
 - Face to face visit conducted on 2/5/2021. Monthly Site Visit Form entered / submitted in Therap on 3/3/2021.
 - Face to face visit conducted on 5/12/2021. Monthly Site Visit Form entered / submitted in Therap on 6/10/2021.
 - Face to face visit conducted on 9/9/2021. Monthly Site Visit Form entered / submitted in Therap on 10/1/2021.
- Individual #17** (Non-Jackson)
- Face to face visit conducted on 7/26/2021. Monthly Site Visit Form entered / submitted in Therap on 8/2/2021.
 - Face to face visit conducted on 8/23/2021. Monthly Site Visit Form entered / submitted in Therap on 9/8/2021.
 - Face to face visit conducted on 9/22/2021. Monthly Site Visit Form entered / submitted in Therap on 10/7/2021.

Individual #18 (Non-Jackson)

- Face to face visit conducted on 4/22/2021. Monthly Site Visit Form entered / submitted in Therap on 5/5/2021.
- Face to face visit conducted on 5/27/2021. Monthly Site Visit Form entered / submitted in Therap on 6/2/2021.
- Face to face visit conducted on 7/22/2021. Monthly Site Visit Form entered / submitted in Therap on 8/9/2021.
- Face to face visit conducted on 9/8/2021. Monthly Site Visit Form entered / submitted in Therap on 10/13/2021.

Individual #19 (Non-Jackson)

- Face to face visit conducted on 1/15/2021. Monthly Site Visit Form entered / submitted in Therap on 2/1/2021.
- Face to face visit conducted on 4/28/2021. Monthly Site Visit Form entered / submitted in Therap on 5/6/2021.
- Face to face visit conducted on 5/5/2021. Monthly Site Visit Form entered / submitted in Therap on 6/2/2021.
- Face to face visit conducted on 7/14/2021. Monthly Site Visit Form entered / submitted in Therap on 8/13/2021.

Individual #20 (Jackson)

- Face to face visit conducted on 6/1/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021.

- Face to face visit conducted on 6/22/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021.
- Individual #21** (Non-Jackson)
- Face to face visit conducted on 7/23/2021. Monthly Site Visit Form entered / submitted in Therap on 8/5/2021.
 - Face to face visit conducted on 8/17/2021. Monthly Site Visit Form entered / submitted in Therap on 9/2/2021.
- Individual #22** (Non-Jackson)
- Face to face visit conducted on 4/8/2021. Monthly Site Visit Form entered / submitted in Therap on 5/3/2021.
 - Face to face visit conducted on 5/19/2021. Monthly Site Visit Form entered / submitted in Therap on 6/2/2021.
 - Face to face visit conducted on 7/22/2021. Monthly Site Visit Form entered / submitted in Therap on 8/10/2021.
 - Face to face visit conducted on 10/8/2021. Monthly Site Visit Form entered / submitted in Therap on 11/8/2021. *(Note: Completed during the survey. Provider please complete POC for ongoing QA/QI.)*
- Individual #23** (Non-Jackson)
- Face to face visit conducted on 6/1/2021. Monthly Site Visit Form entered / submitted in Therap on 7/1/2021.
 - Face to face visit conducted on 7/14/2021. Monthly Site Visit Form entered / submitted in Therap on 8/2/2021.

- Face to face visit conducted on 8/4/2021. Monthly Site Visit Form entered / submitted in Therap on 9/8/2021.

Individual #25 (Non-Jackson)

- Face to face visit conducted on 10/15/2020. Monthly Site Visit Form entered / submitted in Therap on 11/3/2020.
- Face to face visit conducted on 1/20/2021. Monthly Site Visit Form entered / submitted in Therap on 2/1/2021.
- Face to face visit conducted on 2/10/2021. Monthly Site Visit Form entered / submitted in Therap on 3/2/2021.
- Face to face visit conducted on 5/10/2021. Monthly Site Visit Form entered / submitted in Therap on 6/1/2021.
- Face to face visit conducted on 6/23/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021.
- Face to face visit conducted on 9/10/2021. Monthly Site Visit Form entered / submitted in Therap on 10/2/2021.

Individual #26 (Non-Jackson)

- Face to face visit conducted on 10/7/2020. Monthly Site Visit Form entered / submitted in Therap on 11/10/2020.
- Face to face visit conducted on 7/21/2021. Monthly Site Visit Form entered / submitted in Therap on 8/4/2021.
- Face to face visit conducted on 9/15/2021. Monthly Site Visit Form entered / submitted in Therap on 10/1/2021.

Individual #27 (Non-Jackson)

- Face to face visit conducted on 6/9/2021. Monthly Site Visit Form entered / submitted in Therap on 7/1/2021.
- Face to face visit conducted on 8/4/2021. Monthly Site Visit Form entered / submitted in Therap on 9/10/2021.
- Face to face visit conducted on 9/8/2021. Monthly Site Visit Form entered / submitted in Therap on 10/2/2021.

Individual #28 (Non-Jackson)

- Face to face visit conducted on 7/29/2021. Monthly Site Visit Form entered / submitted in Therap on 8/5/2021.
- Face to face visit conducted on 9/21/2021. Monthly Site Visit Form entered / submitted in Therap on 10/1/2021.

Individual #29 (Non-Jackson)

- Face to face visit conducted on 1/8/2021. Monthly Site Visit Form entered / submitted in Therap on 2/1/2021.

Individual #30 (Non-Jackson)

- Face to face visit conducted on 1/20/2021. Monthly Site Visit Form entered / submitted in Therap on 2/1/2021.
- Face to face visit conducted on 2/15/2021. Monthly Site Visit Form entered / submitted in Therap on 3/2/2021.
- Face to face visit conducted on 5/26/2021. Monthly Site Visit Form entered / submitted in Therap on 6/2/2021.

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| | <ul style="list-style-type: none">• Face to face visit conducted on 6/29/2021. Monthly Site Visit Form entered / submitted in Therap on 7/6/2021.• Face to face visit conducted on 7/14/2021. Monthly Site Visit Form entered / submitted in Therap on 8/23/2021.• Face to face visit conducted on 9/1/2021. Monthly Site Visit Form entered / submitted in Therap on 10/4/2021. | |
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Tag # 4C16 Req. for Reports & Distribution of ISP (Provider Agencies, Individual and / or Guardian)	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>NMAC 7.26.5.17 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - DISSEMINATION OF THE ISP, DOCUMENTATION AND COMPLIANCE:</p> <p>A. The case manager shall provide copies of the completed ISP, with all relevant service provider strategies attached, within fourteen (14) days of ISP approval to:</p> <ol style="list-style-type: none"> (1) the individual; (2) the guardian (if applicable); (3) all relevant staff of the service provider agencies in which the ISP will be implemented, as well as other key support persons; (4) all other IDT members in attendance at the meeting to develop the ISP; (5) the individual's attorney, if applicable; (6) others the IDT identifies, if they are entitled to the information, or those the individual or guardian identifies; (7) for all developmental disabilities Medicaid waiver recipients, including <i>Jackson</i> class members, a copy of the completed ISP containing all the information specified in 7.26.5.14 NMAC, including strategies, shall be submitted to the local regional office of the DDS; (8) for <i>Jackson</i> class members only, a copy of the completed ISP, with all relevant service provider strategies attached, shall be sent to the <i>Jackson</i> lawsuit office of the DDS. <p>B. Current copies of the ISP shall be available at all times in the individual's records located at the case management agency. The case manager shall assure that all revisions or amendments to the ISP are distributed to all IDT members, not only those affected by the revisions.</p>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review the Agency did not follow and implement the Case Manager Requirement for Reports and Distribution of Documents as follows for 26 of 30 Individuals:</p> <p>The following was found indicating the agency failed to provide a copy of the ISP within 14 days of the ISP Approval to the Provider Agencies, Individual and / or Guardian:</p> <p>No Evidence found indicating ISP was distributed:</p> <ul style="list-style-type: none"> • Individual #1: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #2: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #3: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #4: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #5: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #6: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #7: ISP was not provided to Provider Agencies, Individual and / or Guardian. 	<p>Repeat Findings:</p> <p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review the Agency did not follow and implement the Case Manager Requirement for Reports and Distribution of Documents as follows for 5 of 28 Individuals:</p> <p>The following was found indicating the agency failed to provide a copy of the ISP within 14 days of the ISP Approval to the Provider Agencies, Individual and / or Guardian:</p> <p>No Evidence found indicating ISP was distributed:</p> <ul style="list-style-type: none"> • Individual #2: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #3: ISP was not provided to Individual and / or Guardian. • Individual #8: ISP was not provided to Individual and / or Guardian. • Individual #17: ISP was not provided to Individual and / or Guardian. • Individual #29: ISP was not provided to Individual and / or Guardian.

<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p>Chapter 6 Individual Service Plan (ISP) 6.7 Completion and Distribution of the ISP: The CM is required to assure all elements of the ISP and companion documents are completed and distributed to the IDT. However, DD Waiver Provider Agencies share responsibility to contribute to the completion of the ISP. The ISP must be completed and approved prior to the expiration date of the previous ISP term. Within 14 days of the approved ISP and when available, the CM distributes the ISP to the DDS Regional Office, the DD Waiver Provider Agencies with a SFOC, and to all IDT members requested by the person.</p>	<ul style="list-style-type: none"> • Individual #8: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #9: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #10: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #11: ISP was not provided to Individual and / or Guardian. • Individual #12: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #16: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #17: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #18: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #20: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #21: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #22: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #23: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #24: ISP was not provided to Provider Agencies, Individual and / or Guardian. • Individual #25: ISP was not provided to Provider Agencies, Individual and / or Guardian. 	
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- Individual #26: ISP was not provided to Provider Agencies, Individual and / or Guardian.
- Individual #27: ISP was not provided to Individual and / or Guardian.
- Individual #28: ISP was not provided to Provider Agencies, Individual and / or Guardian.
- Individual #29: ISP was not provided to Provider Agencies, Individual and / or Guardian.
- Individual #30: ISP was not provided to Provider Agencies, Individual and / or Guardian.

Standard of Care	Routine Survey Deficiencies November 1 – 12, 2021	Verification Survey New and Repeat Deficiencies May 27 – June 9, 2022
Service Domain: Plan of Care - ISP Development & Monitoring – Service plans address all participants’ assessed needs (including health and safety risk factors) and goals, either by waiver services or through other means. Services plans are updated or revised at least annually or when warranted by changes in the waiver participants’ needs.		
Tag # 1A08 Administrative Case File	Standard Level Deficiency	COMPLETE
Tag # 1A08.3 Administrative Case File – Individual Service Plan / ISP Components	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A08.4 Assistive Technology Inventory List	Standard Level Deficiency	COMPLETE
Tag # 4C02 Scope of Services - Primary Freedom of Choice	Standard Level Deficiency	COMPLETE
Tag # 4C07 Individual Service Planning (<i>Visions, measurable outcome, action steps</i>)	Condition of Participation Level Deficiency	COMPLETE
Tag # 4C08 ISP Development Process	Standard Level Deficiency	COMPLETE
Tag # 4C16.1 Req. for Reports & Distribution of ISP (Regional DDSD Office)	Standard Level Deficiency	COMPLETE
Service Domain: Level of Care – Initial and annual Level of Care (LOC) evaluations are completed within timeframes specified by the State.		
Tag # 4C04 Assessment Activities	Condition of Participation Level Deficiency	COMPLETE
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A22.1 / 4C02.1 Case Manager Competencies: Knowledge of Service	Standard Level Deficiency	COMPLETE
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses, and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A03 Continuous Quality Improvement System & Key Performance Indicators (KPIs)	Standard Level Deficiency	COMPLETE
Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	COMPLETE

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<p>Tag # 4C12 Monitoring & Evaluation of Services</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	
<p>Tag # 4C16 Req. for Reports & Distribution of ISP (Provider Agencies, Individual and / or Guardian)</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

Date: July 25, 2022

To: Kimberly Hawkins, Case Manager/Executive Director

Provider: Excel Case Management, Inc.
Address: 430 E. Broadway
State/Zip: Farmington, New Mexico 87401

E-mail Address: khawkins@excelcasemanagement.com

Region: Northwest
Routine Survey: November 1 - 12, 2021
Verification Survey: May 27 – June 9, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Case Management

Survey Type: Verification

Dear Ms. Hawkins,

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use of these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Monica Valdez, BS

Monica Valdez, BS
Healthcare Surveyor Advanced/Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.22.4.DDW.D3826.1.VER.09.22.206

