



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: December 4, 2023

To: Alicia Sisneros, Owner / Consultant

Provider: Active Advocates of New Mexico, LLC
Address: 9301 Indian School Rd Suite #220-D
State/Zip: Albuquerque, New Mexico 87112

E-mail Address: alicias@activeadvocatesnm.com

Region: Statewide
Survey Date: October 30 – November 9, 2023
Program Surveyed: Mi Via Waiver

Service Surveyed: Mi Via Consultant Services

Survey Type: Initial

Team Leader: Kayla R. Benally, BSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Verna Newman-Sikes, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Nicole Devoti, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Jamie Pond, BS, QMB Staff Manager, Division of Health Improvement/Quality Management Bureau

Dear Ms. Alicia Sisneros;

The Division of Health Improvement/Quality Management Bureau Mi Via Survey Unit has completed a compliance survey of your agency. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of participants receiving services through the Mi Via Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Participants served at risk of harm.

The attached QMB Report of Findings indicates deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as deficiencies:

- Tag # 1A22 Consultant Competencies: Knowledge of Service

Plan of Correction:

The attached Report of Findings identifies the deficiencies found during your agency's on-site compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 45 business days (10

**NMDOH - DIVISION OF HEALTH IMPROVEMENT
QUALITY MANAGEMENT BUREAU**

5300 Homestead Road NE, Suite 300-3223, Albuquerque, New Mexico • 87110
(505) 470-4797 (or) (505) 231-7436 • FAX: (505) 222-8661 • nmhealth.org/about/dhi

QMB Report of Findings – Active Advocates of New Mexico, LLC – Statewide – October 30 - November 9, 2023

Survey Report #: Q.24.2.MV.20155239.1/2/3/4/5.INT.01.23.338

business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction) from the receipt of this letter.

You were provided information during the exit meeting portion of your on-site survey. Please refer to this information (Attachment A) for specific instruction on completing your Plan of Correction. At a minimum your Plan of Correction should address the following for each Tag cited:

Corrective Action for Current Citation:

- How is the deficiency going to be corrected? (i.e., obtained documents, retrain staff, individuals and/or staff no longer in service, void/adjusts completed, etc.) This can be specific to each deficiency cited or if possible, an overall correction, all documents will be requested and filed as appropriate.

On-going Quality Assurance/Quality Improvement Processes:

- What is going to be done on an ongoing basis? (i.e., file reviews, etc.)
- How many individuals is this going to effect? (i.e., percentage of individuals reviewed, number of files reviewed, etc.)
- How often will this be completed? (i.e., weekly, monthly, quarterly, etc.)
- Who is responsible? (responsible position within your agency)
- What steps will be taken if issues are found? (i.e., retraining, requesting documents, filing RORA, etc.)
- How is this integrated in your agency's QIS, QI Committee reviews and annual report?

Submission of your Plan of Correction:

Please submit your agency's Plan of Correction in the available space on the two right-hand columns of the Report of Findings. (See *attachment "A" for additional guidance in completing the Plan of Correction*).

Within 10 business days of receipt of this letter your agency Plan of Correction must be submitted to the parties below:

1. **Quality Management Bureau, Monica Valdez, Plan of Correction Coordinator at MonicaEValdez@doh.nm.gov**
2. **Developmental Disabilities Supports Division, Attention: Mi Via Unit Program Manager**

Upon notification from QMB that your *Plan of Correction has been approved*, you must implement all remedies and corrective actions to come into compliance. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as your POC approval and all remedies must be completed within 45 business days of the receipt of this letter.

Failure to submit your POC within the allotted 10 business days or complete and implement your Plan of Correction within the total 45 business days allowed may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Billing Deficiencies:

If you have deficiencies noted in this report of findings under the *Service Domain: Medicaid Billing/Reimbursement*, you must complete a "Void/Adjust" claim or remit the identified overpayment via a check within 30 calendar days of the date of this letter to HSD/OIG/PIU, *though this is not the preferred method of payment*. If you choose to pay via check, please include a copy of this letter with the payment. Make the check payable to the New Mexico Human Services Department and mail to:

Attention: *Lisa Medina-Lujan*
HSD/OIG/Program Integrity Unit
PO Box 2348
1474 Rodeo Road
Santa Fe, New Mexico 87505

If you have questions and would like to speak with someone at HSD/OIG/PIU, please contact:

Lisa Medina-Lujan (lisa.medina-lujan@hsd.nm.gov)

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Please be advised that there is a one-week lag period for applying payments received by check to Void/Adjust claims. During this lag period, your other claim payments may be applied to the amount you owe even though you have sent a refund, reducing your payment amount. For this reason, we recommend that you allow the system to recover the overpayment instead of sending in a check.

Request for Informal Reconsideration of Findings (IRF):

If you disagree with a finding of deficient practice, you have 10 business days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

ATTN: QMB Bureau Chief
Request for Informal Reconsideration of Findings
5300 Homestead NE Suite #300-331
Albuquerque, NM 87110
Attention: IRF request/QMB

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 total business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction). Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please contact the Plan of Correction Coordinator, Monica Valdez at 505-273-1930 or email at: MonicaE.Valdez@doh.nm.gov 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,

Kayla R. Benally, BSW

Kayla R. Benally, BSW
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date: October 30, 2023

Contact: **Active Advocates of New Mexico, LLC**
Alicia Sisneros, Owner / Consultant

DOH/DHI/QMB
Kayla R. Benally, BSW, Team Lead/Healthcare Surveyor

Entrance Conference Date: October 30, 2023

Present: **Active Advocates of New Mexico, LLC**
Alicia Sisneros, Owner / Consultant
Jessica Sisneros, Consultant
Jennifer Padilla, Consultant

DOH/DHI/QMB
Kayla R. Benally, BSW, Team Lead/Healthcare Surveyor
Verna Newman-Sikes, AA, Healthcare Surveyor
Nicole Devoti, BA, Healthcare Surveyor
Jamie Pond, BS, QMB Staff Manager
Valerie V. Valdez, MS, QMB Bureau Chief

Exit Conference Date: November 9, 2023

Present: **Active Advocates of New Mexico, LLC**
Alicia Sisneros, Owner / Consultant

DOH/DHI/QMB
Kayla R. Benally, BSW, Team Lead/Healthcare Surveyor
Verna Newman-Sikes, AA, Healthcare Surveyor
Nicole Devoti, BA, Healthcare Surveyor
Wolf Krusemark, BFA, Healthcare Surveyor Supervisor

DDSD – Mi Via Unit
Elaine Hill, Mi Via Program Manager

Total Sample Size 13
0 - *Former Jackson Class Members*
13 - *Non-Jackson Class Members*

Participant Records Reviewed 13

Participants Interviewed 7

Consultant Staff Records Reviewed 5

Consultant Staff Interviewed 3

Administrative Interviewed 1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records
- Accreditation Records

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- Oversight of Individual Funds
- Participant Program Case Files
- Personnel Files
- 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

Attachment A

Provider Instructions for Completing the QMB Plan of Correction (POC) Process

Introduction:

After a QMB Compliance Survey, your QMB Report of Findings will be sent to you via e-mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued deficiencies and non-compliance.

Agencies must submit their Plan of Correction within ten (10) business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 business days may be referred to the DDSD Regional Office for purposes of contract management or the Internal Review Committee [IRC] for possible actions or sanctions).

Agencies must fully implement their approved Plan of Correction within 45 business days (10 business days to submit your POC for approval and 35 days to implement your approved Plan of Correction) from the date they receive the QMB Report of Findings. Providers who fail to complete a POC within the 45-business days allowed will be referred to the IRC for possible actions or sanctions.

If you have questions about the Plan of Correction process, call the Plan of Correction Coordinator at 505-273-1930 or email at MonicaE.Valdez@doh.nm.gov. Requests for technical assistance must be requested through your Regional DDSD Office.

The POC process cannot resolve disputes regarding findings. If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) business days of receiving your report. Please note that you must still submit a POC for findings that are in question (see Attachment C).

Instructions for Completing Agency POC:

Required Content

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice cited to prevent recurrence and information that ensures the regulation cited comes into and remains in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance (QA) Plan.

If a deficiency has already been corrected since the on-site survey, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

The following details should be considered when developing your Plan of Correction:

The Plan of Correction must address each deficiency cited in the Report of Findings unless otherwise noted with a "No Plan of Correction Required statement." The Plan of Correction must address the five (5) areas listed below:

1. How the specific and realistic corrective action will be accomplished for individuals found to have been affected by the deficient practice.
2. How the agency will identify other individuals who have the potential to be affected by the same deficient practice, and how the agency will act to protect those individuals in similar situations.
3. What Quality Assurance measures will be put into place and what systemic changes made to ensure the deficient practice will not recur.
4. Indicate how the agency plans to monitor its performance to make certain solutions are sustained. The agency must develop a QA plan for ensuring correction is achieved and sustained. This QA plan must be implemented, and the corrective action is evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and

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5. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State.

The following details should be considered when developing your Plan of Correction:

- Details about how and when Individual Served, agency personnel and administrative and service delivery site files are audited by agency personnel to ensure they contain required documents;
- Information about how medication administration records are reviewed to verify they contain all required information before they are distributed to service sites, as they are being used, and after they are completed;
- Your processes for ensuring that all required agency personnel are trained on required DDSD required trainings;
- How accuracy in billing/reimbursement documentation is assured;
- How health, safety is assured;
- For Case Management providers, how Individual Service Plans are reviewed to verify they meet requirements, how the timeliness of level of care (LOC) packet submissions and consumer visits are tracked;
- Your process for gathering, analyzing, and responding to quality data indicators; and,
- Details about Quality Targets in various areas, current status, analyses about why targets were not met, and remedies implemented.

Note: Instruction or in-service of staff alone may not be a sufficient plan of correction. This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not recur.

Completion Dates

- The plan of correction must include a **completion date** (entered in the far right-hand column) for each finding. Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 total business days.
- Direct care issues should be corrected immediately and monitored appropriately.
- Some deficiencies may require a staged plan to accomplish total correction.
- Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

Initial Submission of the Plan of Correction Requirements

1. The Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
2. For questions about the POC process, call the POC Coordinator, Monica Valdez at 505-273-1930 or email at MonicaE.Valdez@doh.nm.gov for assistance.
3. For Technical Assistance (TA) in developing or implementing your POC, contact your Regional DDSD Office.
4. Submit your POC to Monica Valdez, POC Coordinator in any of the following ways:
 - a. Electronically at MonicaE.Valdez@doh.nm.gov (**preferred method**)
 - b. Fax to 505-222-8661, or
 - c. Mail to POC Coordinator, 5300 Homestead NE Suite #300 Albuquerque, NM 87110
5. Do not submit supporting documentation (evidence of compliance) to QMB until after your POC has been approved by the QMB.
6. QMB will notify you when your POC has been “approved” or “denied.”
 - a. During this time, whether your POC is “approved,” or “denied,” you will have a maximum of 45-business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
 - b. If your POC is denied, it must be revised and resubmitted as soon as possible, as the 45-business day limit is in effect.
 - c. If your POC is denied a second time your agency may be referred to the Internal Review Committee.
 - d. You will receive written confirmation when your POC has been approved by QMB and a final deadline for completion of your POC.
 - e. Please note that all POC correspondence will be sent electronically unless otherwise requested.
7. Failure to submit your POC within 10 business days without prior approval of an extension by QMB will result in a referral to the Internal Review Committee and the possible implementation of monetary penalties and/or sanctions.

POC Document Submission Requirements

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Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

1. Your internal documents are due within a maximum of 45-business days of receipt of your Report of Findings.
2. It is preferred that you submit your documents via USPS or other carrier (scanned and saved to CD/DVD disc, flash drive, etc.). If documents containing HIPAA Protected Health Information (PHI) documents must be submitted through S-Comm (Therap), Fax or Postal System, do not send PHI directly to NMDOH email accounts. If the documents do not contain protected Health information (PHI) then you may submit your documents electronically scanned and attached to e-mails.
3. All submitted documents must be annotated; please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
4. Do not submit original documents; Please provide copies or scanned electronic files for evidence. Originals must be maintained in the agency file(s) per DDSD Standards.
5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
6. When billing deficiencies are cited, you must provide documentation to justify billing and/or void and adjust forms submitted to Xerox State Healthcare, LLC for the deficiencies cited in the Report of Findings.

Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator, prior to the completion date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

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 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@doh.nm.gov 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.

Agency: Active Advocates of New Mexico, LLC - Statewide
Program: Mi Via
Service: Mi Via Consultant Services
Survey Type: Initial
Survey Date: October 31 – November 9, 2023

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI, Responsible Party	Completions Date
Agency Personnel Requirements:			
Tag MV1A22 Consultant Competencies: Knowledge of Service			
<p>Mi Via Self-Directed Waiver Program Service Standards effective July 1, 2022</p> <p>4. MI VIA CONTRACTORS AND SUPPORTS</p> <p>C. Consultant Agencies and Consultants</p> <p>Consultant Agency (CA) services are direct services intended to educate, guide and assist the participant to make informed planning decisions about services and supports, to develop a SSP/budget that is based on the participant's assessed needs and to assist the participant with quality assurance and monitoring related to the SSP and AAB. Consultants are responsible for knowing the participants they serve and having an awareness of each of their participants' unique dreams, strengths, goals, health and safety needs and individualized support needs. Consultant services provide a level of support to a participant that is unique to their individual needs to maximize their ability to self-direct in the Mi Via Program. Participants may choose to work with any Mi Via approved CA in their region.</p> <p>On-going Consultant Functions</p> <p>After eligibility has been verified, consultants assist the participant with virtually every aspect of the Mi Via program. The extent of assistance is based upon individual participant</p>	<p>Based on interview, the Agency did not ensure the consultant had the knowledge of the requirements for the entire system to effectively provide and monitor services as indicated in standards for 2 of 3 Consultants.</p> <p>When Consultants were asked, what steps do you take when the Vendor does not resolve the issue or does not provide you with the needed documents (i.e., appointment results, etc.), the following was reported:</p> <ul style="list-style-type: none"> • #501 stated, "If having issues getting docs, I will reach out to participant's family, also contact my boss if other issues arise. She will guide me to who I need to follow-up with." Per the Mi Via Standards, "DDSD has statewide Regional Offices to provide information and technical assistance to anyone at any time. Specifically, each Regional Office is staffed with generalists and program area experts (e.g., Mi Via Liaisons, Community Inclusion Coordinators, Nurses, Behavior Specialists, Trainers, and Crisis Specialists) to assist with any specific Mi Via Waiver questions and to provide technical assistance." 	<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>needs, and may include (but is not limited to) help and guidance related to:</p> <ul style="list-style-type: none"> ➤ Understanding participant and EOR roles and responsibilities; ➤ Identifying resources outside the Mi Via program, including natural and informal supports, that may assist in meeting the participant's needs; ➤ Understanding the array of Mi Via covered supports, services, and goods including non-covered services and limitations; ➤ Developing a thoughtful and comprehensive SSP/budget that includes services and supports, covered by the Mi Via program, to address the needs of the participant; ➤ Developing, documenting and submitting an appropriate SSP/budget request to implement the SSP/budget; ➤ Employer-related activities such as identifying an EOR, finding and hiring employees and contractors, and completing all documentation required by the FMA; ➤ Identifying and resolving issues related to the implementation of the SSP/budget; ➤ Assist the participant with quality assurance activities to ensure implementation and monitoring of the participant's SSP/budget, and utilization of the authorized budget; and ➤ Recognizing and reporting critical incidents, including abuse, neglect, exploitation, suspicious injury, environmental hazards, and the death of a participant. 	<ul style="list-style-type: none"> • #503 stated, "I document the issues on my spreadsheets and the tracker that we have...I would take to my supervisor." Per the Mi Via Standards, "DDSD has statewide Regional Offices to provide information and technical assistance to anyone at any time. Specifically, each Regional Office is staffed with generalists and program area experts (e.g., Mi Via Liaisons, Community Inclusion Coordinators, Nurses, Behavior Specialists, Trainers, and Crisis Specialists) to assist with any specific Mi Via Waiver questions and to provide technical assistance." 		
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI, Responsible Party	Completion Date
Medicaid Billing/Reimbursement:			
Tag # MV1A12 All Services Reimbursement	No Deficient Practices Found		
<p>Mi Via Self-Directed Waiver Program Service Standards effective July 2022 Appendix A: Service Descriptions in Detail CONSULTANT SERVICES PRE-ELIGIBILITY/ENROLLMENT SERVICES IV. Reimbursement A. Consultant pre-eligibility/enrollment services shall be reimbursed based upon a per-member/per-month unit:</p> <ol style="list-style-type: none"> 1. A maximum of one (1) unit per month can be billed per each participant receiving consultant services in the pre-eligibility phase for a period not to exceed three (3) months; 2. Provider records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant pre-eligibility/enrollment services provided and be in compliance with the Medicaid documentation policy NMAC 8.302.1; and 3. Consultant providers shall submit all consultant pre-eligibility/enrollment services billing through the Human Services Department (HSD) or as determined by the State. <p>ONGOING CONSULTANT SERVICES XI. Reimbursement A. Consultant services shall be reimbursed based upon a per-member/per-month unit.</p> <ol style="list-style-type: none"> 1. There is a maximum of twelve (12) billing units per participant per SSP year. 2. A maximum of one unit per month can be billed per each participant receiving consultant services. 	<p>Based on record review, the Agency maintained all the records necessary to fully disclose the nature, quality, amount, and medical necessity of services furnished to an eligible recipient who is currently receiving Mi Via Consultant Services for 13 of 13 participants.</p> <p><i>Contact notes and billing records supported billing activities for the months of July, August, and September 2023.</i></p>		

<p>B. Consultant records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant services provided. Months for which no documentation is found to support the billing submitted shall be subject to non-payment or recoupment by the state.</p> <p>C. The consultant provider/agency shall provide the level of support required by the participant and a minimum of twelve (12) monthly face to face visits per SSP year. One of the monthly visits must include the development of the annual SSP and assistance with the LOC assessment.</p>			
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MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: December 14, 2023

To: Alicia Sisneros, Owner / Consultant

Provider: Active Advocates of New Mexico, LLC
Address: 9301 Indian School Rd Suite #220-D
State/Zip: Albuquerque, New Mexico 87112

E-mail Address: alicias@activeadvocatesnm.com

Region: Statewide
Survey Date: October 30 – November 9, 2023
Program Surveyed: Mi Via Waiver

Service Surveyed: Mi Via Consultant Services

Survey Type: Initial

Dear Ms. Sisneros,

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.

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.24.2.MV.20155239.1/2/3/4/5.INT.09.23.348