

Developmental Disabilities Supports Division  
GLOSSARY and ABBREVIATIONS  
Attorney Client Privileged Information

## A

**Adaptive functioning:** Refers to the manner in which people cope with the natural and social demands of their environment. Areas of adaptive functioning include: communication, self-care, social skills and leisure skills.

**Adaptive skills:** Adaptive skills include bathing, feeding, dressing and toileting; communicating, socializing, working, and using money; also known as Self-Help Skills.

**Activities of daily living (ADL's):** Those activities associated with a person's daily functioning, e.g. ambulation, transfer, continence, toileting, dressing, bathing, feeding and communication.

**Advisory Council on Quality Supports for Individuals with Developmental Disabilities and their Families (ACQ):** The ACQ is legislatively mandated to advise DDS on the provision of good quality services and supports that assist individuals with developmental disabilities of all ages and their families to be fully included in New Mexico communities.

**Allocation:** The process whereby a person who has mental retardation or a related condition completes the necessary steps to receive DD Waiver funding for services.

**Allocation letter:** The official letter generated by Intake and Eligibility Bureau after the registrant has returned a completed Primary Freedom of Choice form. This letter notifies ISD, NM Quality Review, and the case management agency to begin the work-up for allocation.

## B

**Buck back:** A form used by utilization review to deny approval of forms or payment of claims submitted by an authorized sender. This form is returned to the sender and requests additional information and/or clarification prior to payment authorization.

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C

**Caregiver:** The person who lives with the registrant for services and provides supervision and completes the activities the registrant cannot accomplish independently.

**Case management agency:** A contractor providing case management services under an authorized Medicaid Provider Participation Agreement with the NM Department of Health.

**Case management:** A process of planning, seeking and monitoring services from a variety of agencies and staff on behalf of a client.

**Case manager:** A person, usually a social worker or nurse, performing the case management functions and duties for a case management provider agency.

**Central Registry:** The Central Registry is a database that lists DD Waiver, ICF/MR, and SGF registrants. It is used to track registration and mental retardation/related condition match determinations and in allocation for eligible individuals. Allocations to services for DD Waiver registrants are made by registration date.

**Client information Update (CIU):** The form used by DOH, ISD and case managers to communicate changes in the status of registrants.

**Children's Medical Services (CMS):** A DOH Public Health Division program that assists families of children with chronic health problems.

**Cognitive skills:** Thinking, learning, reasoning and problem solving.

**Communication skills:** Understanding and using words and gestures.

**Crisis referral:** A request to expedite allocation to the DD Waiver for a registrant. The request must be based on the loss of a caregiver, abuse or neglect substantiated by Children Youth and Families Department (CYFD), or homelessness.

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C (continued)

**Child, Youth and Families Department (CYFD):** The Division of NM State Government, which among other responsibilities, investigates claims of abuse, neglect, and exploitation.

D

**Developmental Disability (DD):** the definition of a developmental disability is:

The individual must have a developmental disability and mental retardation or a specific related condition. Related conditions are limited to cerebral palsy, autism (including asperger syndrome), seizure disorder, chromosomal disorders (e.g., Downs), syndrome disorders, inborn errors of metabolism, and developmental disorders of brain formation.

Developmental disability is defined as a severe chronic disability, other than mental illness that: a) is attributable to a mental or physical impairment, including the result of trauma to the brain or a combination of mental and physical impairment; b) is manifested before the person reaches the age of twenty-two (22); c) is expected to continue indefinitely; d) results in a substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and e) reflects the person's need for a combination and sequence of special or interdisciplinary treatment, generic or other support and services that are of lifelong or extended duration and are individually planned and coordinated.

**Disability Determination Unit (DDS) (of SSI):** The DDS is fully funded by the Federal Government and is responsible for developing medical evidence and rendering the initial determination on whether a claimant is or is not disabled or blind under the law. Usually, the DDS tries to obtain evidence from the claimant's own medical sources first. If that evidence is unavailable or insufficient to make a determination, the DDS will arrange for a consultative examination (CE) in order to obtain the additional information needed. The claimant's treating

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source is the preferred source for the CE; however, the DDS may also obtain the CE from an independent source.

After completing its initial development, the DDS makes the disability determination. The determination is made by a two-person adjudicative team consisting of a medical or psychological consultant (who is a physician or psychologist) and a disability examiner. If the adjudicative team finds that additional evidence is still needed, the consultant or examiner may re-contact a medical source(s) and ask for supplemental information.

The DDS also makes a determination whether the claimant is a candidate for vocational rehabilitation (VR). If so, the DDS makes a referral to the State VR agency.

After the DDS makes the disability determination, it returns the case to the field office for appropriate action depending on whether the claim is allowed or denied. If the DDS finds the claimant disabled, Social Security Administration will complete any outstanding non-disability development, compute the benefit amount, and begin paying benefits. If the claimant is found not disabled, the file is retained in the field office in case the claimant decides to appeal the determination.

If the claimant files an appeal of an initial unfavorable determination, the appeal is usually handled much the same as the initial claim, except that the disability determination is made by a different adjudicative team in the DDS than the one that handled the original case.

**Developmental Disabilities (DD) Medicaid Waiver Program (DDW):** A Medicaid Home and Community-Based services waiver for individuals with Developmental Disabilities that was made possible by Title XIX Home and Community-Based Services Act of 1981. This act made an exception to or 'waived' traditional Medicaid requirements by making Medicaid funds available for home community-based services as an alternative to institutional care. This program helps children and adults with developmental disabilities. To qualify for services, the individual must:

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**D** (continued)

- have mental retardation or a specific related condition, and
- have a developmental disability that began prior to age 22; and
- need a combination of special interdisciplinary services that are lifelong or of extended duration and are individually planned;
- meet financial and medical criteria for care in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Developmental Disabilities Supports Division (DDSD)**: Administers developmental disabilities services within the Department of Health. See: [www.nmhealth.org/ddsd](http://www.nmhealth.org/ddsd)

The Mission of DDSD is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

**Developmental Delay**: A discrepancy of 25% or more between chronological age and developmental age, after correction for prematurity, in one or more of the following areas of development: cognitive skills, communication skills, physical/motor, social or emotional, adaptive or self-help skills.

**Department of Health (DOH)**: The mission of the New Mexico Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

**Dual Diagnosis**: The term used by LTSD to describe a person diagnosed as having both mental retardation and mental illness.

**E**

**Elderly caregiver**: A person age of 65 or over who lives in the same home as the registrant and provides the majority of ongoing care for the registrant. This is a priority allocation group.

**Intake and Eligibility Bureau**: The bureau responsible for managing the Central Registry and assisting eligibility workers in determining match for DD Waiver, SGF, and ICF/MR services. Intake and Eligibility Bureau is also responsible for administering the federally mandated PASRR program.

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E (continued)

**Established condition:** A diagnosed physical, mental, or neurobiological condition, which has a high probability of resulting in developmental disability.

F

**Financial eligibility criteria:** A registrant must meet financial eligibility to receive DD Waiver funding. ISD determines financial eligibility after a *Primary Freedom of Choice* and *Allocation Letter* have been completed during the allocation process.

**Freedom of Choice (FOC):** There are two levels of freedom of choice. Primary freedom of choice means that an individual applying for waiver services is assured the opportunity to choose his/her own case manager. Secondary freedom of choice refers to the individual's right to choose authorized service providers as long as the particular service has been approved in the Individual Service Plan. The decision to change providers can be made by the person or guardian.

G

**Guardian:** A person appointed by the court to represent the best interest of another. When an individual turns age 18, his parents are no longer his guardians unless they have gone through the court process to obtain guardianship.

H

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** Health Insurance Portability & Accountability Act of 1996 better known as "HIPAA" stands for Health Insurance Portability and Accountability Act. The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Federal Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data. Please see the DOH HIPAA Notice of Privacy Practices.

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**Human Services Department (HSD):** As administrator of Medicaid, the Division's mission is to ensure access to medically necessary services for Medicaid eligible individuals. There are currently 34 eligibility categories within Medicaid. They include: individuals receiving Supplemental Security Income (SSI); families in the Temporary Assistance to Needy Families (TANF) program; poverty level women and children, and persons residing in long term care facilities. In comparison to most private insurance plans the Medicaid program has an extensive benefit package. Medicaid covers traditional acute care services as well as psycho-social and long term care benefits. Over 15,500 providers participate in the Medicaid program in New Mexico. Between July, 1997 and May, 1998, most New Mexico Medicaid clients joined a Managed Care Organizations (MCOs) as a Salud! Managed care program member.

I

**Intermediate Care Facility for the Mentally Retarded (ICF/MR):** An institution (or distinct part of an institution) for persons with mental retardation that is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or person with related conditions; and provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

**Income Support Division (ISD):** As a division of the Human Services Department, it is the Income Support Division's primary responsibility to evaluate the registrant's financial eligibility for Medicaid services and to approve or deny individuals and their families for Medicaid benefits. The Medicaid Programs for which the ISD office determines eligibility are: TANF (Temporary Assistance to Needy Families) or NM Works, Food Stamp Program, LIHEP (The Low Income Home Energy Program), Food Assistance Program, School Lunch Program and Medicaid (including the Waivers).

**Individual Service Plan (ISP):** An Individual Service Plan is a comprehensive plan that identifies the individual's visions and resulting goals and those supports needed to reach the goals.

J

**Job Coach:** Individual who provides one-to-one support to a person with a disability to assist that person to learn and maintain a job.

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## K

**No entries for this letter.**

## L

**Letter of Interest (LOI):** The cover letter generated by the Intake and Eligibility Bureau when an individual has been identified as the next to be offered allocation to the DD Waiver. The letter instructs the individual to choose a case management agency and return the *Primary Freedom of Choice*. It also offers the choice of refusing the allocation for now while keeping the registration open for future allocation.

This letter is often confused with the *Allocation Letter*, but it serves a different purpose and is mailed to different parties.

**Level of Care (LOC):** A registrant must meet LOC criteria in order to be medically eligible to receive DD Waiver funding. The LOC is a description of the minimum amount of medical, psycho-behavioral and/or functional disability that a person must have to qualify for services. The registrant's physician must sign the completed LOC.

**LTSD - Developmental Disabilities Supports Division – DDS (Formerly known as the Long Term Services Division - LTSD):** In Fiscal Year 2005 Long Term Services Division reorganizes and changes name to Developmental Disabilities Supports Division. See: [www.nmhealth.org/ddsd](http://www.nmhealth.org/ddsd)

## M

**MAD 325:** Waiver Services Registration form. The registration form is used to apply for ICF/MR services and the following Waivers:

- Medically Fragile Home & Community-Based Waiver,
- Developmental Disabilities Home & Community-Based Waiver,
- Mi Via Self-Directed Waiver and
- Disabled and Elderly Waiver Home & Community-Based Waiver.

**Match:** The condition of meeting the criteria defined by federal or state regulations for a specific type of services.

**Medical Assistance Division (MAD):** a division within Human Services Department.

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**M** (continued)

**Medical Assistance Worker (MAW):** The MAW letter confirms financial and Medical eligibility for a registrant being processed for allocation to the DD Waiver. Services may not begin before financial and medical eligibilities have been established.

**Match for Services (MFS):** The document mailed by the eligibility worker to a registrant for DD Waiver, SGF, or ICF/MR services. Completion of this document is part of the registration process.

**Medicaid:** A joint state and federal program, which pays for health care services on behalf of individuals who meet specific criteria. Click this link to apply:  
[http://www.state.nm.us/hsd/mad/pdf\\_files/eligibility/HowApply.pdf](http://www.state.nm.us/hsd/mad/pdf_files/eligibility/HowApply.pdf)

**Medicaid Utilization Review:** A review process performed by an authorized agent of the Human Services Department that assesses a Medicaid Waiver individual's budget, Level of Care (LOC) and Individualized Service Plan (ISP).

**Medicare:** A federal health insurance program that provides benefits to those ages 65 and older, to those who have received Social Security disability benefits for 24 consecutive months, and to those who have end-stage renal disease. The Social Security Administration Office (SSA) determines eligibility for Medicare.

**Medically Fragile (MF):** A chronic physical condition that results in a prolonged dependency on medical care that requires daily skilled nursing intervention. A medically fragile condition is characterized by: a life threatening condition requiring frequent medical supervision and/or consultation of a physician. Individuals require administration of specialized treatments, and individuals are dependent on medical technology such as ventilators, dialysis machines, enteral or parenteral nutrition support and continuous oxygen.

**Medically Fragile Waiver Program (MFW):** This waiver provides in-home services (for adults and children with DD and a medically fragile condition) that support and assist the individual to live at home instead of in an institution.

**Motor Skills:** Skills necessary to move one's own body.

**Mental Retardation (MR):** A disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. The disability originates before age 18.

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**Mi Via Self-Directed Waiver:** Mi Via, which means "my path", "my way", or "my road" in Spanish, is the state's new Medicaid Self-Directed Waiver program. The goal of Mi Via is to provide a community-based alternative that 1) facilitates greater participant choice and control over the types of services and supports that are purchased within an agreed upon budgetary amount; and 2) enables the state to serve the most people possible within available resources.

N

**No entries for this letter.**

O

**No entries for this letter.**

P

**Pre-admission Screening and Resident Review (PASRR):** The federally mandated program responsible for reviewing all requests for admission to nursing facilities for persons with a history of mental retardation, DD and/or severe mental illness. The federal program requires that a Registered Nurse and a psychologist be part of the PASRR staff.

**Personal Care:** Care such as bathing, toileting, grooming and mobility assistance that allows an individual with a disability to remain in his/her own home.

**Primary Freedom of Choice (FOC):** The document used to select an individual's case management agency for the DD Waiver. This document must be completed before an allocation letter can be issued and before the allocation work-up can be initiated.

**Provider:** A private agency or person that has an agreement with Developmental Disabilities Supports Division or is certified by the Department of Health to provide supports and services to individuals with developmental disabilities.

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Q

**No entries for this letter.**

R

**Registration procedure:** The process whereby an individual applies for tax funded services such as DD Waiver, ICF/MR, or SGF. Registration for all services must be initiated at the local Income Support Division office. Developmental disabilities (DD) programs then have additional steps before the registration process is complete.

**Related condition** A severe, chronic disability that meets all of the following conditions:

- (a) It is attributable to
  - (1) cerebral palsy or seizure disorder or
  - (2) any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded and requires treatment or services similar to those required for these persons,
- (b) it is manifested before the person reaches the age of 22,
- (c) it is likely to continue indefinitely
- (d) results in substantial functional limitations in three or more of the following areas of major life activities:
  - (1) self care;
  - (2) understanding and use of language;
  - (3) learning;
  - (4) mobility;
  - (5) self direction;
  - (6) capacity for independent living.

**Release of Information form:** The document a registrant for services uses to request supporting documentation so match for mental retardation/related condition can be determined.

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R (continued)

**Request for Regional Office Intervention form**: DDSD provides a process of asking for assistance from DDSD regional office staff when issues cannot be resolved otherwise.

S

**Self-Advocacy**: Self-advocacy occurs when the person with a disability asserts his/her own interests individually or as part of a self-advocacy group.

**Self Help Skills**: synonymous with ADLs

**Service Provider**: An agency or person who contracts with the Department of Health to provide a specific service (i.e. day habilitation, respite, occupational therapy, residential services, behavior therapy) to people who have access to State General Fund or DD Waiver funding.

**SGF**: State General Funded services are services that are paid for by the state's resources.

**Significant Change in Health Status**: Means the individual has experienced one or more of the following: a decline in physical, cognitive or functional ability; a new diagnosis or event that requires a change in medication or treatment or requires creation or revision to a health care or crisis prevention plan; a change in medication or the medication route that would permanently alter the level of assistance with medication delivery.

**Social Security Administration**: Federal agency responsible for determining whether an individual has a disability and qualifies for Supplemental Security Income (SSI).

**SSI**: Supplemental Security Income

T

**No entries for this letter.**

U

**No entries for this letter.**

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V

**No entries for this letter.**

W

**Waiver:** Waivers make Medicaid funds available for home and community-based services (HCBS) as an alternative to institutional care, for persons up to the number approved by the federal government and funded by the State Legislature, on two conditions:

- (1) the cost of supporting an individual in the home or community is less than the cost of institutional care; and,
- (2) the state has systems in place to assure the health and safety of the individual.

X

**No entries for this letter.**

Y

**No entries for this letter.**

Z

**No entries for this letter.**

## Abbreviations for Documentation

Abbreviations make documenting quicker, and thus make it easier. Care must be taken, however, to only use standard abbreviations. It is not acceptable for people to make up their own abbreviations. Below are some abbreviations that you can use when writing on a registrant's *Contact Log*.

**a.m.** - morning

**CM** – case manager

**CR** – Central Registry

**D&EW** – Disabled and Elderly Waiver

**DDW** – Developmental Disabilities Waiver

**EI** – Early Intervention

**FIT** – Family, Infant, Toddler Program

**FOC** – *Freedom of Choice* form, which is used for choosing a provider agency for a specific type of service. Also see PFOC.

**F/U** – follow up

**hx** - history

**ICF/MR** – Intermediate Care Facility for the Mentally Retarded

**ISD** – Income Support Division, where financial eligibility for the DDW is determined during allocation and annually thereafter

**LE** – late entry

**LOC** – *Level of Care* form, which documents medical eligibility for the DD Waiver. The LOC is completed during allocation to the waiver and annually thereafter.

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**LOI** – *Letter of Interest*, which is the cover letter used when allocation to the DD Waiver is offered.

**MAD** – Medical Assistance Division

**MAW** – Medical Assistance Worker

**MERO or METRO** – Metro Regional Office, which is housed in Albuquerque

**MFS** – Match for Services form

**NERO** – Northeast Regional Office, which is housed in Taos

**NWRO** – Northwest Regional Office, which is housed in Gallup

**PFOC** – *Primary Freedom of Choice* is the form for choosing a case management agency to assist in the allocation work up. Allocation cannot proceed until this form has been completed and returned to Intake and Eligibility Bureau.

**p.m.** – afternoon or evening

**ψ** - psychological

**P/U** – pick up

**RO** – Regional Office. See also METRO, NERO, NWRO, SERO and SWRO.

**SERO** – Southeast Regional Office, which is housed in Roswell

**SGF** – State General Funds

**SWRO** – Southwest Regional Office, which is housed in Las Cruces

**TC** – telephone call

**W/U** – work up

**In addition to the above abbreviations, the following standardized medical abbreviations can make your charting quicker to do.**

**≈** - about or approximately

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**BID** – twice a day

**Δ** - change. A solid triangle like this means change. (The verb form, not coins.)  
By putting just the dots at each corner of such a triangle (three dots only which would be at each angle) you can write therefore or thus.

↓ - decrease, go down, lessen, get smaller

> - greater than

≥ - greater than or equal to

**hr** – hour

**HS** – bed time; hour of sleep

↑ - increase, go up, elevated, get greater or bigger

< - less than

≤ - less than or equal to

**NPO** – nothing by mouth

**po** – by mouth

**prn** – as needed or as necessary

**Q** – every

**QID** – four times a day

**QD** – every day

**x/some unit of time.** (example: 2x/day would be twice a day. 3x/week would be 3 times per week).

**TID** – three times a day