

PROVIDER APPLICATION



**NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION**

COMMUNITY PROGRAMS BUREAU

**DEVELOPMENTAL DISABILITIES WAIVER
MEDICALLY FRAGILE WAIVER**

**P. O. Box 26110
Santa Fe, NM 87502-6110**

or

**810 San Mateo Road, Suite 101
Santa Fe, NM 87507**

Effective
08/30/2010
Revised 11/2011

**Cabinet Secretary
Dr. Catherine Torres**



TABLE OF CONTENTS

SECTION I

LETTER OF INTRODUCTION4

SECTION II

OVERVIEW OF MEDICAID WAIVER PROGRAMS6

SECTION III

OVERVIEW OF MEDICAID WAIVER APPLICATION10

1. Application Requirements
2. Where to Submit
3. Application Format
4. Term of Agreement
5. How to Bill

SECTION IV

REQUIRED FORMS and DOCUMENTATION12

Developmental Disabilities Support Division (DDSD) Regional Map

1. DDSD REQUIRED FORMS

- a. Attachment A-Scope of Work Form(s)
- b. DDSD Provider Information Sheet(s)
- c. MAD 335 Provider Participation Agreement (**New Providers Only**)
- d. W-9 Form (**New Providers Only**)
- e. DDSD Request for Subcontract Approval Forms
- f. DDSD Statement of Assurances
- g. Provider Agency Status Sheet

2. DDSD REQUIRED DOCUMENTATION.....15

- a. Accreditation Requirements
- b. Financial Information

TABLE OF CONTENTS cont.

SECTION V

DD WAIVER PROGRAM DESCRIPTIONS.....	16
1. Standard Program Descriptions for DD Waiver Providers	
2. Policy and Procedures for DD Waiver Providers	
3. Additional Program Description for DD Waiver Case Management	
4. Additional Program Description for DD Waiver Community Inclusion: (Adult Habilitation, Community Access and Supported Employment)	
5. Additional Program Description for DD Waiver Personal Plan Facilitation	
6. Additional Program Description for DD Waiver Therapies	
7. Additional Program Description for DD Waiver Tier III Crisis Services	
8. Additional Program Description for DD Waiver Behavioral Support Consultant	
9. Additional Program Description for DD Waiver Community Living: (Family Living, Independent Living and Supported Living)	
10. Additional Program Descriptions for DD Waiver Environmental Modification Providers	
11. Quality Management Plan and Participation Satisfaction Survey	

SECTION VI

MF WAIVER PROGRAM DESCRIPTIONS	27
1. Standard Program Description for Medically Fragile Waiver Providers	
2. Policy and Procedures for Medically Fragile Waiver Providers	
3. Additional Program Description for MF Waiver Case Management	
4. Additional Program Description for MF Waiver Therapies	
5. Additional Program Description for MF Waiver Behavioral Support Consultant	
6. Quality Management Plan and Participation Satisfaction Survey	

SECTION VII

DDSD CONTACT INFORMATION	34
1. Developmental Disabilities Support Division Contact List	

SECTION VIII

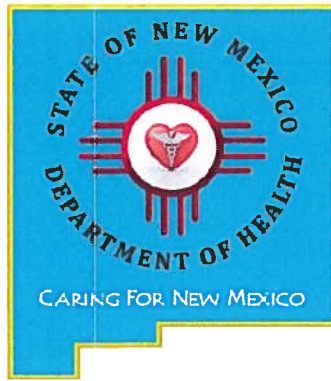
APPENDICES	36
1. Appendix 1 Medicaid Regulations	
2. Appendix 2 DD Waiver Standards	
3. Appendix 3 MF Waiver Standards	
4. Appendix 4 Billing Rates	
5. Appendix 5 DDSD Sample Provider Agreement	
6. Appendix 6 DDSD Accreditation Policy	
7. Appendix 7 Incident Management System Guide	
8. Appendix 8 Transition of DD/MF Individuals-CST 150 Policy	
9. Appendix 9 Training Requirements	
10. Appendix 10 Definition of a Meaningful Day	



SECTION I

LETTER OF INTRODUCTION

SUSANA MARTINEZ, GOVERNOR



CATHERINE D. TORRES, M.D., CABINET SECRETARY

Dear DDS Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Developmental Disabilities (DD) Medicaid Waiver Program and/or the Medically Fragile (MF) Medicaid Waiver Program(s).

All Medicaid Waiver Programs shall be subject to all Human Services Department, Medical Assistance Division and Department of Health regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the DD and/or MF Waiver Service Standards and other general provider requirements of the New Mexico Department of Health.

For assistance in completing the application, please contact Gayla Delgado at (505) 476-8915 or Tammy M. Varela at (505) 476-8910.

Sincerely,

Cathy Stevenson

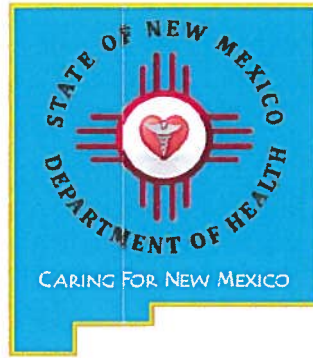
Cathy Stevenson
Director
Developmental Disabilities Supports Division



SECTION II

OVERVIEW OF MEDICAID WAIVER PROGRAMS

SUSANA MARTINEZ, GOVERNOR



CATHERINE D. TORRES, M.D., CABINET SECRETARY

Overview of Waiver Programs and Waiver Background Information

The Developmental Disabilities Support Division (DDSD) of the New Mexico Department of Health (DOH) herein referred to as the DEPARTMENT administers provider enrollment for two Medicaid Waiver Programs: the Developmentally Disabilities (DD) Medicaid Waiver and the Medically Fragile (MF) Medicaid Waiver. All waiver programs are jointly administered with the New Mexico Human Services Department (HSD) - the single state Medicaid Agency. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the Human Services Department (HSD), Income Support Division (ISD) in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved Waiver enrollment slots. The DEPARTMENT also has the ability to approve the area(s) and specific service(s) for authorized and approved Waiver service providers. Medicaid Waiver services are not an “**entitlement**” for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient’s selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Utilization Review Agent. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 4.

In order to avoid conflicts of interest, an applicant may not apply to become both a Case Management Provider and a Service Provider under the DD Waiver.

Developmental Disabilities Waiver Summary

The Developmental Disabilities Waiver is a home and community based alternative to institutionalization in an intermediate care facility for the mentally retarded (ICF/MR). The program serves individuals who:

- Meet the state/federal definition of developmental disabilities;
- Meet the clinical criteria for placement in an ICF/MR facility;
- May currently be in an alternative placement in the community;
- Meet established Medicaid financial and non-financial eligibility criteria, and;
- May reasonably be expected to receive services and supports in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this as long as the aggregate cost of care for all consumers receiving

service and supports under the DD Medicaid Waiver program is less than the cost of institutional care.)

- The individual also has 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 disorder of brain formation.

Developmental Disabilities Definition

The Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS) allows the states to define developmental disabilities as long as that definition is equal to or more comprehensive than the Federal definition.

For the purposes of the DD Waiver services, the State of New Mexico's definition of a developmental disability is:

A severe chronic disability that meets **all** the following conditions:

- a. Is attributable to a mental or physical impairment, including the result from trauma to the brain, or a combination of mental and physical impairments;
- b. Is manifested before the person reaches 22 years of age;
- c. Is expected to continue indefinitely;
- d. Results in substantial functional limitations 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.
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatment or other supports and services that are of life-long or extended duration and are individually planned and coordinated.

For a list of services offered through the Developmental Disabilities Waiver Program, please refer to the Developmental Disabilities Waiver Standards (Appendix 2).

Medically Fragile Waiver Summary

The Medically Fragile Waiver program is intended for individuals who have been determined prior to the age of twenty-two (22) to be both medically fragile and developmentally disabled or developmentally delayed; or at risk for developmental delay.

Individuals must meet the same level of care criteria required for institutional care and must meet all Medicaid eligibility criteria for income and resources as those served in an institutional care setting.

Medically Fragile is defined as a chronic physical condition, which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one of more of the following:

1. There is a life threatening condition characterized by reasonably frequent periods of acute exacerbation that requires frequent medical supervision, and/or physician consultation and which in the absence of such supervision or consultation, would require hospitalization;
2. The individual requires frequent time consuming administration of specialized treatments, which are medically necessary, or;
3. The individual is dependent on medical technology such that without the technology a reasonable level of health could not be maintained. Examples include but are not limited to ventilators, dialysis machines, external or paternal nutrition support and continuous oxygen.

For a list of services offered through the Medically Fragile Waiver Program, please refer to Medically Fragile Waiver Standards (Appendix 3).



SECTION III

OVERVIEW OF MEDICAID WAIVER APPLICATION

- 1. Application Requirements**
- 2. Where to Submit**
- 3. Application Format**
- 4. Term of Agreement**
- 5. How to Bill**

1. Application Requirements

All applications submitted to DDS D are required to be completed with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDS D may request additional information from the applicant, which must be submitted within timelines determined by DDS D.

2. Where to Submit

Submit one (1) complete original application to:

DOH / DDS D / Provider Enrollment Unit (PEU)
PO Box 26110
Santa Fe, New Mexico 87502-6110

or 810 San Mateo, Suite 101
Santa Fe, New Mexico 87507

3. Application Format

- a. Applications that do not conform to the required outline described in all Sections may be returned. (Please ensure that you include a cover sheet for each section/ sub section and that your responses clearly reflect what you are responding to including numbering your pages within each section).
- b. DDS D will not collate, merge, copy or otherwise manipulate the application.
- c. It is the applicant's responsibility to ensure that all pages and appropriate documents are included.
- d. **Please DO NOT staple, bind or place your application in a three ring binder for submission. Please use paper clips, binder clips and/or rubber bands.**

4. Term of Agreement

- a. For agencies that provide services which require accreditation:
 - i. New agencies will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for your agency to obtain accreditation as required by the DDS D Accreditation Policy.
 - ii. For agencies that have received accreditation, your Provider Agreement will not exceed your accreditation term.
 - ii. Agencies which have received a waiver from the Accreditation requirement may receive up to a three (3) year term depending on the determination of the DDS D personnel.
- b. For agencies that provide services which do not require accreditation:
New agencies will receive a one (1) year provisional term to start and then receive up to a three (3) year term depending on the recommendations received by DDS D personnel.
- c. All agencies must maintain all required documentation at the provider location as outlined in the Provider Agreement and is subject to audit by the Department.
Failure to comply with this requirement may result in recoupment and/or sanctions by the DDS D.
- d. All agencies are required to submit a renewal application at least forty-five (45) days prior to the expiration of the current Provider Agreement or as requested by the PEU. Failure to submit a renewal application may result in suspension or termination of your Medicaid Waiver Provider billing number.

5. How to Bill

It is recommended, that you contact Affiliated Computer Systems (ACS) the New Mexico Medicaid Fiscal Intermediary Medicaid billing trainer at 1-800-299-7304 or at (505) 282-4477 prior to your first billing. You may visit the ACS website at: <https://nmmedicaid.acs-inc.com>.



SECTION IV

REQUIRED FORMS and DOCUMENTATION

DDSD Regional Map

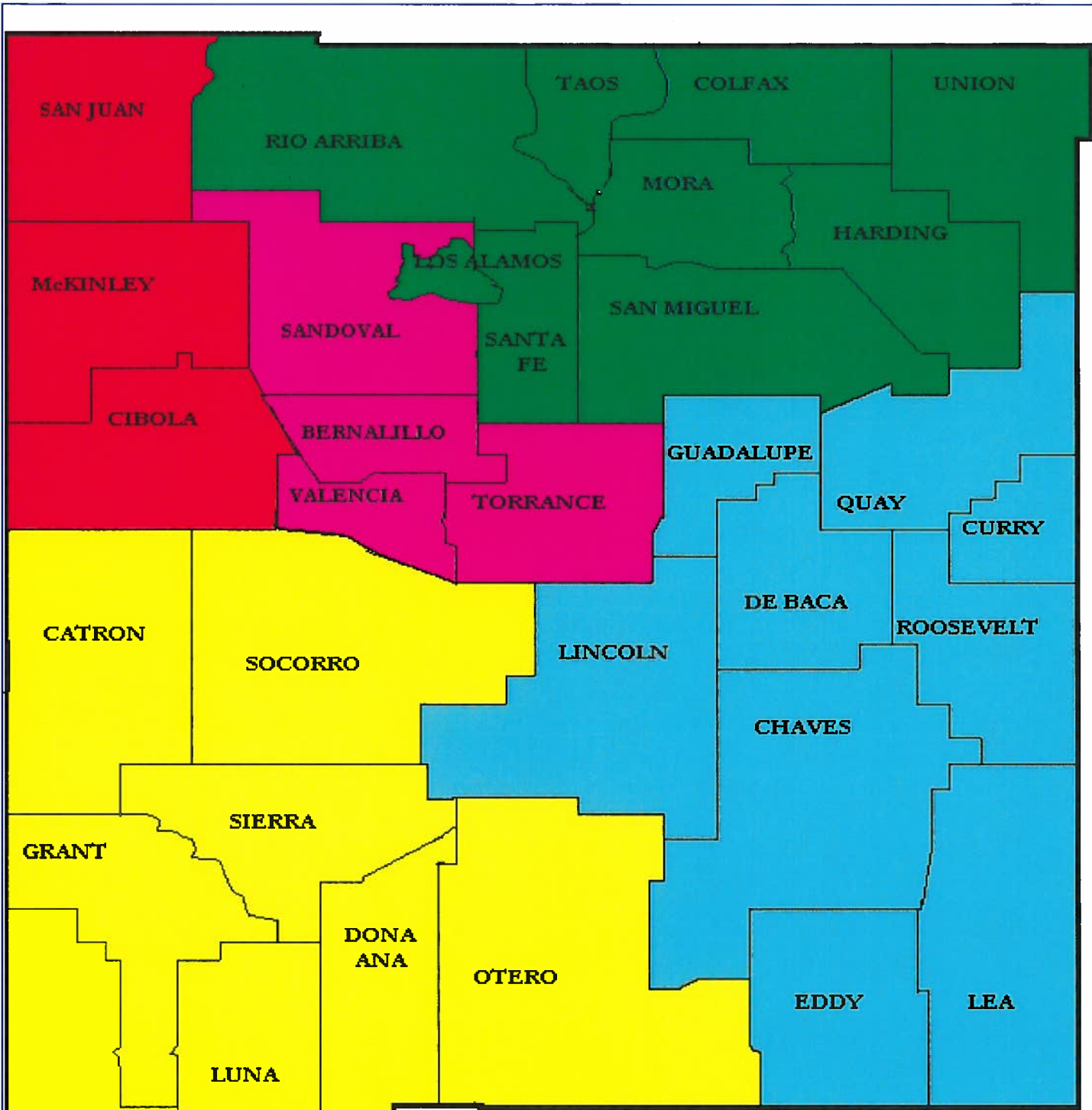
1. DDSD REQUIRED FORMS14

- a. Attachment A-Scope of Work Form(s)
- b. DDSD Provider Information Sheet(s)
- c. MAD 335 Provider Participation Agreement (New Providers Only)
- d. W-9 Form (New Providers Only)
- e. DDSD Request for Subcontract Approval Form
- f. DDSD Statement of Assurances
- g. Provider Agency Status Sheet

2. DDSD REQUIRED DOCUMENTATION.....15

Accreditation Requirements

Financial Information



DEPARTMENT OF HEALTH
 DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
 REGIONAL MAP

- NORTHWEST REGION
- NORTHEAST REGION
- SOUTHWEST REGION

- SOUTHEAST REGION
- METRO REGION

1. **DDSD requires** that the applicant submit forms and documentation as outlined below. Please note, certain forms must be signed and dated by the applicant.

a. **Attachment A-Scope of Work Form(s)**

- i. Developmental Disabilities (DD) Waiver
- ii. Medically Fragile (MF) Waiver

b. **DDSD Provider Information Sheet(s)**

This form must be completed by the provider and used as a cover page when the application is submitted to DDSD.

Applicants use this form to identify:

- i. The waiver program (DD and/or MF)
- ii. Services; and
- iii. County (ies) applicant is applying to provide services in. (see Regional Map on prior page)

Please submit a statement advising DDSD whether your agency is still providing the service(s) you are requesting to delete and the expected date the transition(s) are to be completed. Existing providers that delete services must ensure that all individuals receiving services will be transitioned to another provider agency, as required in the CST 150 Policy (see appendix 8)

c. **MAD 335 Provider Participation Agreement (New Providers Only)**

d. **W-9 Form (New Providers Only)**

e. **DDSD Request for Subcontract Approval Form:**

All applicants that are interested in hiring subcontractors are required to submit a ***Request for Subcontract Approval Form*** and receive approval from DDSD **before** subcontractors can provide services to individuals on the DD and/or MF Waiver(s).

All professional licensure and academic credentials for all subcontracted and hired personnel must be submitted for the following agencies:

DD Waiver

- i. Behavioral Consultants, Case Management, Community Inclusion, Community Living, Environmental Modification, Nurse LPN, Nurse RN, Nutritional Counselor, Occupational Therapists, Physical Therapists and Speech Language Pathologists

MF Waiver

- ii. Behavior Support Consultant, Case Management, Home Health Aide, Nurse, LPN, Nurse RN, Nutritional Counselors, Occupational Therapists, Physical Therapists and Speech Language Pathologists

Renewing Providers

Providers who have 10 or more subcontractors should contact Felicia Martinez at 505-476-8912 to find out how to submit a spreadsheet instead of multiple subcontract forms.

All providers are required to notify DDSD/PEU when a subcontractor or professional staff ends employment.

f. **DDSD Statement of Assurances**

Each Assurance must be initialed and dated. If not applicable, please state the reason.

g. **Provider Agency Status Sheet (Renewing Providers Only)**

2. DDSD Required Documentation (coversheet required)

- a. Articles of Incorporation or Organization and current board members (if applicable).
***A current list of each board member's name, home address, phone number and email address must be submitted to the PEU annually.**
- b. IRS FEIN letter showing your agency's Tax Identification Number.
***Sole Providers can use their social security number. (New Providers Only)**
- c. Proof of Professional Liability Insurance (one million dollars minimum), naming Department of Health as an additional insured. **(Within 30 days of approval for New Providers.)**
- d. Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance (ten thousand dollars minimum) naming the Department of Health as an additional insured. **(Within 30 days of approval for New Providers).**
- e. Current New Mexico Business License **(New Providers Only)**
- f. Proof of registration with the NM Department of Taxation and Revenue, CRS Certificate **(New Providers Only)**
- g. NPI Number if providing medical services **(New Providers Only)**
- i. Agencies providing Medically Fragile services must submit a copy of their Home Health Agency license, if providing Home Health Aide Services.

Accreditation Requirements: (coversheet required)

All providers who are required to hold an Accreditation Status must follow the DDSD Accreditation Policy.

- a. **Current Providers:** Provide a copy of the letter and certificate showing your current accreditation status for your agency or a copy of the letter you received from the Department, granting a waiver from the accreditation requirement.
- b. **Agencies renewing for the first time:** Provide a detailed plan that outlines timelines to ensure your agency is accredited within the next nine months.
- c. Providers in service for one (1) year must submit a letter from an accrediting body showing when your survey will take place.

Financial Information: (coversheet required)

- a. **New Providers** are required to provide:
 - i. A business plan and anticipated expenses, including a narrative that demonstrates how you will sustain the business during the start-up phase.
 - ii. Demonstrate that the agency has an adequate amount of cash or line of credit to pay operating costs for a three (3) month period (i.e. financial institution statements, bank statement or line of credit).
- b. **Renewing Providers** are required to submit their annual tax return, current year end Profit and Loss Statement and/or financial audit prepared by an accountant.

For the responses to the Standard Program Descriptions, Additional Program Descriptions and the Quality Management Plan

It is very important that Providers follow the layout of the application exactly as it is written. Please place a cover page in front of each section you are responding to with the Section name, question number and use page numbers. Please do not combine your responses for two different sections on one page. If your application is not submitted in the requested format and does not have coversheets and page numbers; the application will be denied.



SECTION V

DD WAIVER PROGRAM DESCRIPTIONS

1. DD Waiver Standard Program Description
2. DD Waiver Policy and Procedures
3. Additional Program Description for **DD Waiver Case Management**
4. Additional Program Description for **DD Waiver Community Inclusion:**
(Adult Habilitation, Community Access and Supported Employment)
5. Additional Program Description for **DD Waiver Personal Plan Facilitation**
6. Additional Program Description for **DD Waiver Therapies**
7. Additional Program Description for **DD Waiver Tier III Crisis Services**
8. Additional Program Descriptions for **DD Wavier Behavioral Support Consultant**
9. Additional Program Description for **DD Waiver Community Living:**
(Family Living, Independent Living and Supported Living)
10. Additional Program Description for **DD Waiver Environmental Modification**
11. Quality Management Plan and Participant Satisfaction Survey

1. DD Waiver Standard Program Description (coversheet and page numbers required)

- a. Provide a statement describing your agency's:
 - i. Mission;
 - ii. Purpose; and
 - iii. Goals.
- b. Please summarize why your agency would like to provide services to individuals on the DD Waiver.
- c. Please describe:
 - i. Your agency's or your personal experience working with individuals with developmental disabilities.
 - ii. Your agency's or your personal experience providing the service for which your agency is applying.
 - iii. Please provide your Director's resume.
- d. To ensure the health and safety of individuals receiving services, please describe in detail:
(Environmental Modification Providers do not need to answer i, iii, v, vi)
 - i. Your agency's master staffing plan, number of staff by title or position, hours scheduled, their qualifications.
 - ii. Fully describe your agency's approach to delivering each of the services that you are applying to provide.
 - iii. Plans for back-up staff for all individuals receiving services by the agency.
 - v. How ALL staff will be informed and updated of the needs and service goals of the individuals to be served.
 - vi. Where the individual's emergency medical and/or behavioral information will be located.

In addition to the standard program descriptions, agencies that provide Case Management, Community Inclusion, Community Living, Environmental Modifications, Personal Plan Facilitation, Therapies, and Tier III Crisis services must also submit additional program descriptions.

2. **DD Waiver Policy and Procedures (coversheet required)**

Submit one (1) copy of the following Policy and Procedures.

a. Please provide:

(Environmental Modification Providers do not need to answer i.)

- i. Procedures to transition individuals upon termination or expiration of your agency's Provider Agreement or when an individual transitions to another agency.
- ii. Procedures to maintain all individual's files for up to six (6) years after the termination or expiration of your agency's Provider Agreement or when an individual transitions to another agency.

b. Please provide your agency's Incident Management Procedures that comply with the NM Department of Health Improvement Incident Management Guide, available at <http://dhi.health.state.nm.us/imb/index.php>. The policies and procedures must emphasize:
(Environmental Modification Providers do not need to answer ii.)

- i. Incident reporting related to Abuse, Neglect and Exploitation of individuals receiving services.
- ii. Define staff training requirements, mandated DHI postings and Abuse, Neglect, and Exploitation tracking and trends for quality improvement purposes.

c. To ensure the health and safety of individuals receiving services (as required in the DDSD Service Standards), please provide your agency's:
(Environmental Modification Providers do not need to answer the following)

- i. Emergency and on-call procedures.
- ii. Training plan and policies that describe how personnel employed by or subcontracting with your agency will meet all applicable department training requirements. **Tier III providers must also provide an orientation policy for agency management related to Tier III Crisis Services.**
(Please refer to the DDSD Service Standards for initial and ongoing requirements).
- iii. Procedures on how your agency will ensure that medical, clinical and/or behavioral information regarding the individuals served will be communicated to all staff and subcontracted personnel.

3. Additional Program Descriptions for DD Waiver Case Management (coversheet and page numbers required)

- a. The individual's information must be kept current and accessible at all times. Please state the methods that your agency will use to ensure adherence to this standard.
- b. Prepare a written statement of assurance acknowledging the following staffing requirements:
 - i. Staff must be available to individuals on a daily basis (weekdays from 8 a.m. to 5 p.m.) and face-to-face visits performed within 48 hours of an individual's request.
 - ii. Face-to-face visits with an individual require a minimum of one (1) visit a month at the individual's residence or at a location requested by the individual.
 - iii. For Jackson Class members a minimum of at least two (2) face-to-face visits are required or as needed by the individual, either at the individual's residence or at a location requested by the individual.
- c. List generic community resources available to individuals in the DDSD Region(s) you are applying for.
- d. Submit a copy(ies) of each case manager's educational degree. If the degree requirement has been waived by DDSD, include a copy of the DDSD waiver approval letter.
- e. Describe how your agency will encourage, promote and support individuals to gain meaningful employment.
- f. Agencies that subcontract must submit a Request for Subcontract Approval Form for each subcontractor.
- g. Please describe how your agency intends to meet the requirement that there will be a minimum of three (3) case managers or your intention to apply for a waiver of this requirement.

4. Additional Program Requirements for DD Waiver Community Inclusion (Adult Habilitation, Community Access and Supported Employment) (coversheet and page numbers required)

The Developmental Disabilities Supports Division (DDSD) seek qualified providers that will achieve and demonstrate positive outcomes for individuals that relate to meaningful employment, developing community connections, access to meaningful day activities as defined by the individual in the most integrated setting and as specified in the individual's Individual Service Plan (ISP). **Additionally, all approved community inclusion providers are required to enter into an annual performance based contract with DDSD.**

A. Adult Habilitation and Community Access (coversheet and page numbers required)

1. Describe how your agency will or has achieved the following:
 - a. Promote and sustain services and supports in integrated settings rather than segregated settings. Please provide an example based on your agency's experience and success.
 - b. Provide support to individuals receiving services to engage in Meaningful Day definition and Action Plan activities indentified in their ISP, at least 80% of the billable time.
 - c. Support individuals to explore meaningful employment in the community for at least minimum wage as part of implementing the ISP. Please provide an example based on your agency's experience and success.
 - d. Decrease dependence on paid supports as the individual is supported to increase their community connections.
 - e. Assure that Direct Support Personnel are trained on and consistently implement Therapy Support Plans and ISP Therapy Strategies.

B. Supported Employment (coversheet and page numbers required)

1. Describe how your agency will or has achieved the following:
 - a. Develop community integrated employment at minimum or prevailing wages for individuals with significant disabilities. Please provide an example based on your agency's experience and success.
 - b. Decrease dependence on paid supports and reduce the amount of paid supports needed as the individual accesses natural supports.
 - c. Assist individuals to start his or her, own business when specified in the ISP. Please provide an example based on your agencies experience and success.
 - d. Partnered with Therapy Service Providers to provide needed Environmental Modifications, Assistive Technology or Therapy Strategies.
2. Provide a copy of the following documents:
 - a. A sample career development plan used by your agency.
 - b. Job descriptions for job developers, job coaches and the supervisory staff.
 - c. A plan to recruit and/or retain specified full time personnel designated for job development and job coaching.
 - d. A sample employer satisfaction survey with previous year results if applicable.

**5. Additional Program Descriptions for DD Waiver Personal Plan Facilitation
(coversheet and page numbers required)**

- a. How are facilitators approved to offer this type of person-centered planning?
- b. How will you oversee the quality of each facilitator's person-centered planning?
- c. How will individuals and families receiving the person-centered planning service give feedback regarding the quality of the planning?
- d. How will the results of the person-centered planning be communicated to each individual's Case Manager/IDT?

**6. Additional Program Descriptions for DD Waiver Therapies
(coversheet and page numbers required)**

- a. Describe your agency's experience providing therapy to individuals with developmental disabilities.
- b. Describe your agency's plan to assure that all agency therapists are familiar with and are correctly implementing the following key elements for the provision of therapy on the DD Waiver:
 - i. Integration of the Participatory Approach
 - ii. Aspiration Risk Management Policies and Procedures
 - iii. The current DD Waiver Therapy Standards
- c. How will your agency assure that therapists are completing Therapy Support Plans, training Direct Support Personnel and fading therapy when appropriate?

**7. Additional Program Descriptions for DD Waiver Tier III Crisis Services
(coversheet and page numbers required)**

- a. Describe your agency's experience and success in working with individuals with developmental disabilities.
- b. Submit a schedule of proposed staffing patterns, illustrating how your agency will ensure that sufficient crisis staff will be available to respond to Tier III events on a twenty-four (24) hours/seven (7) days a week basis. Describe the process by which the agency will designate crisis staff, including identification of additional crisis staff as turnover occurs.
- c. For relevant services (as outlined in DD Waiver Service Standards) prepare a written statement indicating how your agency will insure that essential individual medical and behavioral information is communicated to Tier III crisis staff. Indicate if applicable, where the individual's emergency medical and behavioral information will be kept within the individual's home.

8. Additional Program Descriptions for DD Wavier Behavioral Support Consultant (coversheet and page numbers required)

- a. Describe your agency's experience with Positive Behavior Support as a model for practice.
- b. Describe your agency's success with development of and implementation of PBS plans.
- c. Describe your agency's approach to providing services through a consultation model.
- d. Describe your agency's experience with training of direct service professionals and your agency's approach to using a trainer designation model with service providers.
- e. Describe how your agency will ensure all subcontractors/employees practice under appropriate supervision, according to current DDW standards and licensure levels.
- f. Describe how your agency will track and ensure professional development of subcontractors/employees according to current DDW standards.
- g. Describe how your agency will work to ensure implementation of least intrusive effective behavior interventions, and describe how your agency will work with provider agencies to ensure proper Human Rights Committee reviews when necessary.

9. Additional Program Descriptions for DD Waiver Community Living (Family Living, Independent Living and Supported Living) (coversheet and page numbers required)

- a. Describe how your agency will ensure that services will be provided in integrated settings, verses segregated settings.
- b. Describe how your agency will provide support to individuals receiving services to engage in Meaningful Day activities identified in their ISP.
- c. Describe how your agency will promote and support individuals to participate in integrated activities in the community.
- d. Describe how your agency will encourage, promote, and support individuals to gain meaningful employment.
- e. Describe your agency's infrastructure to ensure health care coordination of each individual served, as required by the DD Waiver Service Standards.
- f. What is your agency's nursing staff ratio to individuals served?
- g. Describe how your agency will assure that Direct Support Personnel are trained on and consistently implement Therapy Support Plans and ISP Therapy Strategies.

FAMILY LIVING PROVIDERS ONLY: Provide the following:
(coversheet and page numbers required)

- a. Standards/Procedures application process and approval of Family Living Direct Support Provider. **Submit a copy of your application the subcontractor completes.**
- b. Standards/Procedures for Family Living Support Services Applicant Self-Assessment. **Submit a copy of the self assessment Form the subcontractor completes.**
- c. Standards/Procedures and content for the Family Living Supports Home Study Assessment. **Submit a copy of the home study template the provider agency completes.**
- d. Standards/Procedures for conducting a background check on the applicant to include personal and professional references.

10. Additional Program Descriptions for DD Waiver Environmental Modification Providers
(coversheet and page numbers required)

- a. How does/will your agency assure that all environmental modifications address the individual's disability, and enable the individual to function with greater health, safety and independence in the home?
- b. How does your agency assure the health and safety of the occupants of the home while modifications are being completed?
- c. Describe your agency's experience in providing environmental modifications for people with physical and developmental disabilities. This should include your experience in working with occupational therapists, physical therapists, case managers and other members of an interdisciplinary team, as well as ADA requirements.
- d. Describe you agency capacity to address the Environmental Modification Service Provider Requirements as outlined in the New Mexico Medicaid Developmental Disabilities Waiver Service Standards, Chapter 7, section IV, A and B. .
- e. What type of warranty do you give? (Please be specific to the different types of modifications you provide)

**16. Quality Management (QM) Plan and Participation Satisfaction Survey
(coversheet required)**

A. Quality Management Plan (coversheet and page numbers required)

A quality management plan is a critical operational feature that an agency utilizes to continually determine whether it operates in accordance with program requirements, regulations, achieves desired outcomes and identifies opportunities for improvement. The quality management plan describes the process of discovery, remediation and improvement. Additionally, it outlines the frequency of those processes, the source and types of information gathered, analyzed and utilized to measure performance.

All quality management plans are required to be approved by the Developmental Disabilities Supports Division.

*** Environmental Modification Providers should only respond to 1. (iv, vii, viii), all of 2 and b.**

1. Applicants must submit a Quality Management Plan that addresses the following areas as required by the Centers for Medicare and Medicaid Services (CMS):
 - a. Initial and annual level of care abstracts are completed within the time lines required by DDS. **(Case Management Agencies only)**
 - b. Individual Service Plans (ISP) are updated at least annually or when warranted by changes in the waiver participant's needs. **(Case Management Agencies only)**
 - c. ISPs are reviewed for quality at the case management agency prior to submission to the New Mexico Medicaid Third Party Assessor.
 - d. Services are delivered in accordance with the ISP including the type, scope, amount, duration and frequency specified in the ISP.
 - e. Compliance with the Caregivers Criminal History Screening Requirements.
 - f. Compliance with DDS training requirements.
 - g. Compliance with the DD and MF Waiver Service Standards.
 - h. Functional tracking systems to ensure timely submission and distribution of required reports and documentation.

2. Applicants must describe the following:
 - a. Data that will be collected and analyzed.
 - b. How the data will be compiled, how trends will be analyzed, and the frequency.

- c. How the analyzed data will be used to identify opportunities to improve.
- d. How the data will be used to improve the delivery of services.
- e. Methods to evaluate if implemented improvements are working. (If this is a renewal application, please provide data to support findings.)
- f. How the satisfaction survey will be used to improve the delivery of services.

The Provider must document and be able to provide evidence of implementation of the Quality Management Plan on an ongoing basis.

B. Participant Satisfaction Survey (coversheet and page numbers required)

The Provider shall conduct an annual Satisfaction Survey for individuals receiving services.

- 1. A copy of the Satisfaction Survey must be submitted with the application for approval by DDS.
- 2. A Copy of a report summarizing the results of the Satisfaction Survey must be submitted to the DDS annually.



SECTION VI

MF WAIVER PROGRAM DESCRIPTIONS

1. MF Waiver Standard Program Description
2. MF Waiver Policy and Procedures
3. Additional Program Description for **MF Waiver Case Management**
4. Additional Program Description for **MF Waiver Therapies**
5. Additional Program Description for **MF Waiver Behavioral Support Consultant**
6. Quality Management Plan and Participant Satisfaction Survey

1. MF Waiver Standard Program Description (coversheet and page numbers required)

- a. Provide a statement describing your agency's:
 - i. Mission;
 - ii. Purpose; and
 - iii. Goals.
- b. Please summarize why your agency would like to provide services to individuals on the MF Waiver.
- c. Please submit any accreditation and/or certifications your agency possesses.
- d. Please describe for each waiver service:
 - i. Your agency's or your personal experience working with individuals with developmental disabilities.
 - ii. Your agency's or your personal experience providing the service for which your agency is applying.
 - iii. Please provide your Director's resume.
- e. Provide supporting documents that all home health aides have received certification and/or training to meet the minimum requirements to be certified as a Home Health Aide.
- f. Provide a current copy of all licenses for professional and sub contracted employees.

2. MF Waiver Policy and Procedures (coversheet and page numbers required)

Submit one (1) copy of the following Policy and Procedures.

- a. Transition and Record Storage
 - i. Procedures to transition individuals upon termination or expiration of your agency's Provider Agreement or when an individual transitions to another agency.
 - ii. Policy & Procedures to maintain all individual's files for up to six (6) years after the termination or expiration of your agency's Provider Agreement or when an individual transitions to another agency.
- b. Health and Safety
Please provide a brief overview of how the agency ensures the health and safety of individuals receiving services.
- c. Provide the following policy and procedures related to health and safety:
 - i. A copy of your agency's Incident Management Policies and Procedures that address the New Mexico Department of Health Improvement, Incident Management Guide.
 1. Incident reporting related to Abuse, Neglect and Exploitation of individuals receiving services.
 2. Criminal Background and Employee Abuse Registry checks on unlicensed employees.
 3. Pre employment skills verification.
 - ii. How your agency will track and trend Abuse, Neglect, and Exploitation for quality improvement purposes.
 - iii. Define staff training requirements, mandated DHI postings and Abuse, Neglect, and Exploitation tracking and trends for quality improvement purposes.
 - iv. Training plan and policies that describe how employed personnel or sub-contractors with your agency will meet all applicable Department and agency training requirements.
 - v. Agency Emergency Plans, (tornado, loss of electricity, etc.)
 - vi. Individuals Emergency Plan for in the home
 - vii. Procedures on how your agency will ensure that medical, clinical and/or behavioral information regarding the individual served will be communicated to all personnel working with the individual.

- d. Your agency's master staffing plan, number of staff by title or position, hours scheduled their qualifications for each service you are applying to provide.
 - i. Fully describe your agency's approach to delivering each service that you are applying to provide.
 - ii. Plans for back-up staff for all individuals receiving services by the agency.
 - iii. Emergency and on call procedures.
 - iv. How **ALL** staff will be informed and updated of the needs and services for each individual your Agency is providing services for.
 - v. Where the individual's emergency medical and/or behavioral information will be located.
- e. Policy and procedure on supervision of HHAs, LPNs and RNs.
- f. Provide the verification process your agencies use to ensure competency for HHAs, LPNs, and RNs and how often is this process performed?

3. Additional Program Descriptions for MF Waiver Case Management (coversheet and page numbers required)

- a. The individual's information must be kept current and accessible at all times. Please state the methods that your agency will use to ensure adherence to this standard.
- b. Provide the Policy and Procedure that state the methods your agency will use to ensure adherence to the following standards:
 - 1. Case Managers will have monthly contact with the individual/individual's family.
 - 2. Face-to-face visits with the individual must occur at a minimum of at least every other month.
- c. Provide your agency's plan that ensures a person centered approach is used in the development of the Individual Service Plan.
- d. Provide your agency's plan that ensures coordination of all the individual's services.

4. Additional Program Descriptions for MF Waiver Therapies (OT, PT, SLP) (coversheet and page numbers required)

- a. Provide your agency's job description for each therapy service you are applying to provide.
- b. Describe your agency's experience with Assistive Technology.

- c. What method(s) does staff utilized to promulgate strategies and results of strategies.
- d. If your agency uses therapy assistance(s), provide a copy of your policies and procedures regarding supervision and scope of practice.

**5. Additional Program Descriptions for MF Waiver Behavior Support Consultant
(coversheet and page numbers required)**

- a. Describe the agency's strategies for developing BSC strategies and evaluation of those strategies to non MFW agencies. This must include acknowledging the development of an interdisciplinary/interagency-family behavior support plan and providing training to all applicable staff in all applicable settings including the school.

6. Quality Management (QM) Plan and Participation Satisfaction Survey (coversheet required)

A. Quality Management Plan (coversheet and page numbers required)

A quality management plan is a critical operational feature that an agency utilizes to continually determine whether it operates in accordance with program requirements, regulations, achieves desired outcomes and identifies opportunities for improvement. The quality management plan describes the process of discovery, remediation and improvement. Additionally, it outlines the frequency of those processes, the source and types of information gathered, analyzed and utilized to measure performance.

All quality management plans are required to be approved by the Developmental Disabilities Supports Division.

*** Environmental Modification Providers should only respond to 1. (iv, vii, viii), all of 2 and b.**

1. Applicants must submit a Quality Management Plan that addresses the following areas as required by the Centers for Medicare and Medicaid Services (CMS):
 - a. Initial and annual level of care abstracts are completed within the time lines required by DDS. **(Case Management Agencies only)**
 - b. Individual Service Plans (ISP) are updated at least annually or when warranted by changes in the waiver participant's needs. **(Case Management Agencies only)**
 - c. ISPs are reviewed for quality at the case management agency prior to submission to the New Mexico Medicaid Third Party Assessor.
 - d. Services are delivered in accordance with the ISP including the type, scope, amount, duration and frequency specified in the ISP.
 - e. Compliance with the Caregivers Criminal History Screening Requirements.
 - f. Compliance with DDS training requirements.
 - g. Compliance with the DD and MF Waiver Service Standards.
 - h. Functional tracking systems to ensure timely submission and distribution of required reports and documentation.

2. Applicants must describe the following:
 - a. Data that will be collected and analyzed.
 - b. How the data will be compiled, how trends will be analyzed, and the frequency.

- c. How the analyzed data will be used to identify opportunities to improve.
- d. How the data will be used to improve the delivery of services.
- e. Methods to evaluate if implemented improvements are working. (If this is a renewal application, please provide data to support findings.)
- f. How the satisfaction survey will be used to improve the delivery of services.

The Provider must document and be able to provide evidence of implementation of the Quality Management Plan on an ongoing basis.

B. Participant Satisfaction Survey (coversheet and page numbers required)

The Provider shall conduct an annual Satisfaction Survey for individuals receiving services.

- 1. A copy of the Satisfaction Survey must be submitted with the application for approval by DDS.
- 2. A Copy of a report summarizing the results of the Satisfaction Survey must be submitted to the DDS annually.



SECTION VI

DDSD CONTACT INFORMATION

1. DDSD Contact Information

DDSD CONTACT INFORMATION

**Developmental Disabilities Waiver
Provider Enrollment Unit
Community Programs Bureau
P.O. Box 26110
810 San Mateo Road, Suite 101
Santa Fe, NM 87505
Fax: (505) 476-8894**

**Gayla Delgado (505) 476-8915
Tammy Varela (505) 476-8910
Felicia Martinez (505) 476-8912**

**Metro Regional Office
Kathleen Linnehan, Program Manager
5301 Central Ave. NE, Suite 1700
Albuquerque, NM 87108
Main Phone: (505) 841-5500
Toll Free: (800) 283-5548
Fax: (505) 841-5546**

**NE Regional Office
Charlene Cain, Program Manager
224 Cruz Alta, Suite B
Taos, NM 87571
Main Phone: (575) 758-5934
Toll Free: (866) 315-7123
Fax: (575) 758-5973**

**NW Regional Office
Crystal Wright, Program Manager
2910 East 66
Gallup, NM 87301
Main Phone: (505) 863-9937
Toll Free: (866) 862-0448
Fax: (505) 863-4978**

**SE Regional Office
726 B. South Sunset
Roswell, NM 88203
Main Phone: (575) 624-6100
Toll Free: (866) 895-9138
Fax: (575) 624-6101**

**SW Region Office
Scott Doan, Program Manager
1170 N. Solano Drive, Suite G
Las Cruces, NM 88001-2369
Main Phone: (575) 528-5180
Toll Free: (866) 742-5226
Fax: (575) 528-5194**

**Clinical Services Bureau
Elizabeth Finley, Program Manager
5301 Central Ave. NE, Suite 1700
Albuquerque, NM 87108
Main Phone: (505) 841-2907
Fax: (505) 841-2987**

**Office of Behavioral Supports
Cheryl Frazine, Program Manager
5301 Central Ave. NE, Suite 1700
Albuquerque, NM 87108
Main Phone: (505) 841-5500
Fax: (505) 841-5554**

**Medically Fragile Waiver
Suzanne Schaffer, Program Manager
Clinical Services Bureau
5301 Central Ave. NE, Suite 1700
Albuquerque, NM 87108
Main Phone (505)841-2907
Fax: (505) 841-2987**



SECTION VII

APPENDICES

- 1. Appendix 1 Medicaid Regulations**
- 2. Appendix 2 DD Waiver Standards**
- 3. Appendix 3 MF Waiver Standards**
- 4. Appendix 4 Billing Rates**
- 5. Appendix 5 DDS Sample Provider Agreement**
- 6. Appendix 6 DDS Accreditation Policy**
- 7. Appendix 7 Incident Management System Guide**
- 8. Appendix 8 Transition of DD/MF Individuals – CST 150 Policy**
- 9. Appendix 9 Training Requirements**
- 10. Appendix 10 Definition of a Meaningful Day**

APPENDIX 1

MEDICAID REGULATIONS

Please access the web to download the following New Mexico Administrative Code Regulations:

1. Go to the NMAC Web site at: <http://www.nmcpr.state.nm.us/nmac/titles.htm>
2. Select Title 8 Social Services;
3. Chapter 290 Medicaid Eligibility Home and Community Based Waiver Services;
4. Chapter 314 Long Term Care Services Waivers;
5. Select one of the following NMACS:
 - a.) 8 290 400 NMAC (Recipient Policies);
 - b.) 8 290 400 NMAC (Income and Resource Standards);
 - c.) 8 290 400 NMAC (Benefit Description).

APPENDIX 2

DD WAIVER STANDARDS

Please access the web to download the Developmental Disabilities (DD) Service Standards.

1. Go to the DDS Website at:
<http://nmhealth.org/ddsd/index.htm>
<http://www.health.state.nm.us/DDSD/regulationsandstandards/pg01standards.htm>
2. Click on Standards; Service Standards (Effective Date April 1, 2007);
3. Click on the DD Waiver Service Standards (Effective Date April 1, 2007).

APPENDIX 3

MF WAIVER STANDARDS

Please access the web to download the Medically Fragile (MF) Service Standards.

1. Go to the DDS Website at:
<http://www.health.state.nm.us/DDSD/rules/Standards/MFW.htm>
2. Click on the service or services your agency wants to provide.

APPENDIX 4

BILLING RATES

Please access the web to download the Developmental Disabilities (DD) and Medically Fragile (MF) Billing Rates.

- A. Developmental Disabilities RATES:
1. Go to the Human Services Division Website at:
<http://www.hsd.state.nm.us/mad/registers/2009.html>
 2. Scroll down to Supplements;
 3. Select 09-03 Updates to the Developmental Disabilities (DD) Home and Community Based Services (HCBS) Waiver Rate Table.
- B. Medically Fragile RATES:
1. Go to the Human Services Division Website at:
<http://www.hsd.state.nm.us/mad/providerinfo.html>
 2. Go to the Heading Fee Schedule and Billing Information;
 3. Click on the link Fee Schedules;
 4. Click on the link Waiver Service Codes;
 5. Click on Agree;
 6. Scroll down to the Medically Fragile codes.

APPENDIX 5

DDSD SAMPLE PROVIDER AGREEMENT

http://www.nmhealth.org/ddsd/providerinformation/documents/DDSD_ProviderAgreement.pdf

APPENDIX 6

DDSD ACCREDITATION POLICY

Please access the web to download the DDSD Accreditation Policy.

1. Go to the Department of Health Website at:
<http://www.health.state.nm.us/DDSD/Rules/QI/Policy.htm#Sec2>
2. Click on the DDSD Policy link
3. Click on the Accreditation of Long Term Services Division Funded Providers link

APPENDIX 7

INCIDENT MANAGEMENT SYSTEM GUIDE

Please access the web to download the Incident Management System Guide.

1. Go to the Division of Health Improvements (DHI) Website at:
<http://dhi.health.state.nm.us/elibrary/manuals.php>
 2. Select Incident Management Services Manual.
- NOTE: You may also access the Criminal History Screening and Finger Print Manual at this website.

APPENDIX 8

TRANSITION OF DD/MF INDIVIDUALS - CST 150 POLICY

[http://nmhealth.org/ddsd/rules/QI/documents/Policy_DDD CST 150 01011992.pdf](http://nmhealth.org/ddsd/rules/QI/documents/Policy_DDD_CST_150_01011992.pdf)

APPENDIX 9

TRAINING REQUIREMENTS

<http://nmhealth.org/ddsd/training/trainingpg1.htm>

APPENDIX 10

DEFINITION OF A MEANINGFUL DAY

http://nmhealth.org/ddsd/meaningfullife/documents/MeaningfulDayIdeaBook_all02102009.pdf