

An Overview of Changes to the New Mexico Developmental Disabilities Medicaid Waiver

New Mexico Department of Health Developmental Disabilities Supports Division Fall 2010

BACKGROUND

The current DDW application approved by the Centers for Medicare and Medicaid Services (CMS) to provide home and community based services and supports to individuals with developmental disabilities in New Mexico expires June 2011. The Department of Health, Developmental Disabilities Supports Division (DDSD), has been working with the Medical Assistance Division of the Human Services Department for over a year on the waiver renewal process. During this process, DDSD is partnering with communities across the state, the [Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families \(ACQ\)](#) and the DDW Renewal Task Force to receive input and feedback on restructuring the waiver system. DDSD has conducted eight meetings with the DDW Renewal Task Force and received final recommendations on September 10, 2010, which are incorporated in the proposed changes outlined below. Additionally, the DDSD will hold statewide public meetings on the proposed changes in late October and early November.

GOALS FOR THE DDW RENEWAL

- Develop a sustainable system that is cost effective;
- Increase and promote independence of persons served and decrease dependence on paid supports;
- Utilize a valid assessment tool that identifies individual support needs;
- Develop a resource allocation model based on individual support needs;
- Maximize resources in an equitable manner;
- Improve the management of costs (administration and direct services); and
- Provide services to more individuals

PROPOSED CHANGES TO THE DDW

Administrative Changes

1. Assessment - The use of the Supports Intensity Scale (SIS) to determine individual support needs. The SIS is a standardized, valid and reliable assessment tool, specifically designed to measure the type of support, frequency of support, and intensity of support an individual needs to fully participate in community life.
2. Resource Allocation – Unique individual budgets or budget categories based on support needs identified by the SIS.

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Changes to Current Services (Please note these service definitions/changes are not final and will be the subject of the public meetings scheduled in October and early November 2010.)

1. Case Management - Increase the emphasis on identifying community and generic supports. Strengthen the limitations on case managers providing other services, (Guardianship, being a Family Living sub-contractor). Reduce time needed to complete Individual Service Plan (ISP) document, allowing more time for monitoring implementation. The number of case management units authorized per ISP will be based on individual assessed need.
2. Living Supports – Living Supports are intended for individuals that are assessed to need between 15 and 24 hour care and/or supervision seven days a week. Services will have more emphasis on specific support and will be tailored to individualized needs and promote increased independence.
 - a. Unbundle nursing from Family Living and Supported Living. Build in a base amount of nursing hours into the rate for annual assessments and to have a nurse available for on call purposes. Based on assessed need, nursing will be provided as separate line item on the budget by the residential provider.
 - b. Family Living - Tier the rate and the number of substitute care hours based on an assessment.
 - c. Supported Living – Clarifies that services are delivered in a provider chosen/controlled home.
3. Behavior Support Consultation BSC) - Refocus behavioral support to augment functional skills and positive behaviors that contribute to the quality of life and reduce the impact of behaviors that compromise quality of life. The number of BSC units authorized per ISP will be based on individual assessed need.
4. Tier III Crisis Support - Change the name to "Crisis Supports" to reflect the service more accurately; no other changes proposed.
5. Therapy - (OT, PT and SLP) Services will be limited to 52 hours per ISP year for each therapy service with an established therapist (based on assessed need). For the initial year of service with a new therapist, 62 hours will be allowed which includes 10 hours for assessment and planning. For individuals at moderate or high aspiration risk, 72 hours per ISP year will be allowed in order to assess, develop and train on a comprehensive aspiration risk management plan.
 - a. A proposed rate increase for PTAs and COTAs in order to increase utilization of these extenders.
 - b. Group Therapy will be deleted as a billable rate.
 - c. Therapy exceptions will not be authorized.
6. Goods and Services - Propose to delete from the waiver application and as a service.

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New Services

1. Living Supports
 - a. Shared Living - Shared Living are supports provided in a home controlled by an individual/s on the waiver. Individual's in the Shared Living model share their waiver funding to purchase services from a provider agency of their choice.
 - b. Intense Medical Living Supports- Intense Medical Living Supports provide services and supports to individuals assessed with medical needs at a high acuity level and require intensive nursing care, clinical oversight and health management. This model is intended to support 3-5 individuals in a provider controlled and operated home.
2. Customized Living – Customized Living is a non-residential service that provides individuals the opportunity to design and manage intermittent staff support needed to live in their own home or their family home. It is intended for individuals that require between five (5) and fourteen (14) hours of support a day, one or more days per week to acquire skills necessary to decrease dependence on paid supports and increase integration in the community.

Customized Living includes a combination of instruction and personal support companion activities provided regularly or intermittently as they would naturally occur. The services and supports are individually designed to instruct or enhance home living skills, community skills and to address health and safety as needed.

3. Independent Living Transition Services - Independent Living Transition Services are intended to support individuals that transition from a congregate or family living setting into a home or apartment of their choice to live independently in the community. Independent Living Transition Services will pay for expenses related to start up cost such as security deposits and deposits for utilities. This service may be used in conjunction with Customized Living or other non-residential service.
4. Preliminary Risk Screening and Consultation Related to Inappropriate Sexual Behavior - This is a new service where qualified trained professionals will screen individuals with potentially sexually inappropriate and offensive behaviors and will work with teams where appropriate to develop a risk management plan.
5. Socialization and Sexuality Education - This is a new service where qualified trained professionals and self-advocate mentors will teach the approved “Friends and Relationships” curriculum to individuals choosing this service.
6. Personal Emergency Response Service - Personal Emergency Response Service (PERS) is an electronic device that enables individuals to live in a home of their own without 24 hour staffing secure help in an emergency. This service will provide 24 hour response capability through the use of electronic notification and monitoring technologies.

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Personal Emergency Response Service covers the installation of the rental of the electronic device, monthly maintenance fee for the electronic device, and hourly response funding for staff who support the individual when the device is activated.

7. Personal Growth and Development - This service consists of individualized services and support that enable an individual to acquire, maintain, and improve skills to promote independence and community membership. This service combines elements of the current community access and adult habilitation.

Services That Will Not Change

1. Environmental Modifications (Unless Medicaid initiates changes to the term or dollar amount available.)
2. Personal Plan Facilitation
3. Personal Support
4. Respite
5. Nutritional Counseling
6. Non-Medical Transportation
7. Supplemental Dental Care

OPPORTUNITY TO PROVIDE FEEDBACK TO DDS

DDS would like to hear your comments and questions, so that we may consider your ideas or respond to your questions. Please email us at: santafemailbox.dds@state.nm.us. Or send to:

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Public Meetings: Information regarding the dates, times and locations of the public meetings can be found using the following link.

http://www.nmhealth.org/dds/resourcesupportbureau/DDW/documents/PublicMeetingsOct_Nov.pdf

Additional Information: Additional information regarding the waiver renewal is available to the public at the following link.

<http://www.health.state.nm.us/dds/resourcesupportbureau/DDW/DDWaiverRenewalUpdate.htm#Sec1>

Draft Service Definitions: By November 1, 2010, the draft service definitions will be posted on the DDS website. To obtain copies of the draft service definitions, use the link above under additional information.

DDS: These Proposed Changes Are For Discussion Purposes Only (Final decisions regarding the proposed changes have not been made.)

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