

# Developmental Disabilities Supports Division FY 2008 Annual Report

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.



Dancers on Stool Different Way of Bending  
Marc Frye 1997



Cat in His Cage  
Paula James 2003



Two African Men  
Marc Frye 2003

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DDSD would like to thank VSA North Fourth Art Center, located on 4904 Fourth Street NW, Albuquerque, New Mexico 87107 for the art displayed on the cover of this report.

## Message from Our Director, Mikki Rogers

The State of New Mexico, the Department of Health/Developmental Disabilities Supports Division (DDSD), faces many challenges. The first of which is the quite evident: national and state financial deficits. Providers, families and employees will be facing the issue of balancing their own budgets. The DDSD system must find ways to continue providing quality services to the citizens of New Mexico with the knowledge that future funding increases are unlikely. The DDSD oversees services to 17,000 citizens through services in a variety of programs (Family Infant Toddler, Mi Via, Medically Fragile Waiver, DD Waiver, State General Fund programs and Autism initiatives).

In the coming year, we will focus on the following:

- DDSD must start the process of renewing/rewriting our Developmental Disabilities Medicaid Waiver (DDW). It is our intention to involve the various stakeholders to assist in a potentially new way of thinking. We must take the challenge to develop a system that allows the State to provide services to more people and still provide quality person-centered services. We will be asking for families, guardians and a variety of provider agencies to participate in the mammoth project. Our DDW needs to be completed by July 2010.
- We must start looking at the issue of how we move people to the highest level of independence possible. This includes teaching life skills that build on the individual's interests and abilities, yet allows the individual to participate in attaining his or her dreams and aspirations.
- It is my intent to bring data management into our system. The systems will include health screening/assessment and a consumer information system (Case Management, the ISP, Therapies and others). We must have accurate data to make valued decisions that affect people lives.
- DDSD is working with the DOH/Epidemiology to conduct surveillance of hospitalizations and deaths to establish standards of practice and potential educational opportunities for medical personnel.

I look forward to meeting and working with all of our essential partners to achieve the aforementioned goals. I will address the challenges and capitalize on the opportunities to improve the services we provide to persons with developmental disabilities. Mostly, I look forward to making a meaningful difference in the lives of persons with disabilities, their families and those who serve them.

Mikki Rogers

## Executive Summary: Developmental Disabilities Supports Division (DDSD) at a Glance

DDSD served approximately 87.0% more people between FY 2001 to FY 2008 while the number of full time state employees increased by approximately 44.3%. Table 1 entitled “DDSD - At a Glance” provides an eight-year comparison (from FY 01 to FY 08) of the overall budget, the total program and specific program breakout of the number served and the number of community-based providers by service type.

- The DD Waiver’s total budget over the past eight fiscal years has increased by 30% from \$201 Million to \$270 Million;
- Full time equivalent employee positions have increased by 44.3%, from 106 to 153;
- There has been an increase of 76% in numbers served from 9,232 to 16,253 over the past 8 years;

Table 1. DDSD At A Glance

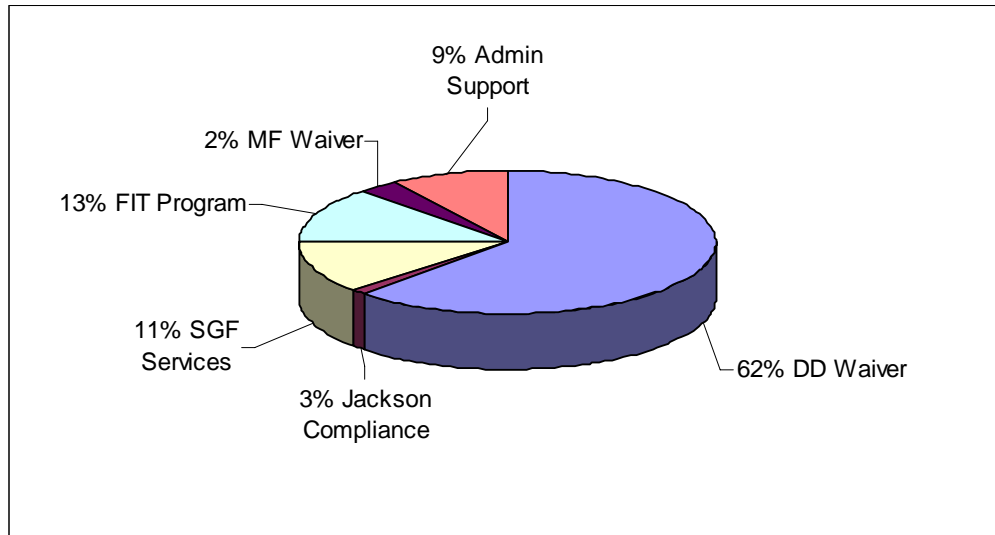
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Total Budget for DD Waiver	201M*	235M*	228M*	209M*	229M*	235M*	256M*	270M*
Number of State Government FTEs	106	107	110	113	116	127	150	153
Number of People Served (All Programs)	9,232	11,246	11,195	12,796	14,471	14,610	16,066	16,253
Number Served by Developmental Disabilities Waiver (DDW)	2,434	2,824	3,118	3,363	3,614	3,648	3,707	3,777
Number Served by Medically Fragile Waiver (MFW)	162	170	152	155	176	169	189	200
Number Served by Mi Via Waiver	Program Started in Fiscal Year 2007						31	94
Number Served by State General Funds	1,602	1,297	1,323	1,353	1,476	1,190	1,163	1,130
Number of Children/Families served by Family Infant Toddler (FIT) Program	5,034	6,081	6,602	7,925	9,171	9,603	10,980	11,071
Number of Individuals who received Supported Employment (SE)	778	874	960	997	1,037	1,047	**1,002	1,039
Number of Residential Providers	Data Not Available				59	59	59	78
Number of Day/Emp. Providers	Data Not Available				82	81	78	76
Number of Therapy Agencies	Data Not Available				142	147	141	172
Number of CM Agencies	Data Not Available				20	20	21	20

Sources: \*DD Waiver Budget Data from General Fund Appropriation and the Federal Medicaid Match (FMAP) from Human Services Department; State FTEs from Human Resource Database; Number Served on DDW from Omnicaid; Number Served on Medically Fragile Waiver from hand count of all registrants from hard copy files; Number Served Mi Via Waiver from Public Partnership, LLC, the financial management agency for Mi Via, Ad Hoc Expenditure Report; Number Served through SGF from provide agency reports using Form B, respite monthly forms and from direct service contract slots; Number Served through Family Infant Toddler (FIT) was derived from calculating the number of children and families with Individualized Family Support Plans; Number served in Supported Employment is an unduplicated count of individuals who billed for at least one type of Supported Employment during a given fiscal year (Omnicaid); Number of Providers was determined by making an unduplicated count of providers from the Aging and Long Term Services Provider Database. \*\*The number of individuals who received SE in FY07 was updated from 932 to 1002 based on paid claims through 8-4-08 (Omnicaid Database)

**Note: FY2008 data are point-in-time reports and are subject to change as more data becomes available.**

**Distribution of Resources**

Chart 1. FY 2008 DDSD Budget



The Developmental Disabilities Supports Division (DDSD) is comprised of 153 employees who administer a system of services and supports for New Mexicans who are at risk of developing or are diagnosed with developmental delays or disabilities. To provide services, DDSD contracts with a network of over 300 community-based provider agencies across the state. Eighty-eight (88%) percent of the DDSD budget of \$127.6 million is spent on providing direct services and supports.

The Developmental Disabilities Waiver (DDW) Program’s budget was sixty-two percent (62%) or \$79 million of State General Fund dollars this year. The Medically Fragile (MF) Waiver Program’s budget was two percent (2%) or \$2.0 million. The Family Infant Toddler Program (FIT) budget is comprised of state general funds, private insurance and a federal grant from the U.S. Department of Education and was approximately thirteen percent (13%) or \$16.5 million. The Adult State General Fund (SGF) Program budget was approximately eleven percent (11%) or \$14.0 million of the overall budget. This state funded program supports people waiting to be allocated to the DD Waiver program or those who meet the state definition (not the federal definition) of developmental disabilities. Three percent (3%) or \$4.1 million of the budget was related to Jackson Compliance via consultants, monitors and attorneys.

## Changes Over The Past Eight Years

Services that promote quality of life outcomes for New Mexicans with disabilities and their families are a vital concern for the State of New Mexico. The DDS provides a statewide network of community-based provider agencies that offer a wide array of services to people in need of all ages.

As shown on Table 2, DDS administered six programs in FY 2008. From FY 2001-2006, there was at least one facility or community residential program managed by DDS. In late FY 2007, the self-directed Mi Via Waiver Program was added to DDS program offerings.

Table 2. DDS Administered Programs from FY 2001 through FY 2008

FY 2001-2003	FY 2004 - 2005	FY 2006	FY 2007	FY 2008
Family Infant Toddler Program	Family Infant Toddler Program	Family Infant Toddler Program	Family Infant Toddler Program	Family Infant Toddler Program
Developmental Disabilities Waiver Program	Developmental Disabilities Waiver Program	Developmental Disabilities Waiver Program	Developmental Disabilities Waiver Program	Developmental Disabilities Waiver Program
Adult State General Fund Program	Adult State General Fund Program	Adult State General Fund Program	Adult State General Fund Program	Adult State General Fund Program
Medically Fragile Waiver Program	Medically Fragile Waiver Program	Medically Fragile Waiver Program	Medically Fragile Waiver Program	Medically Fragile Waiver Program
			Mi Via Waiver Program	Mi Via Waiver Program
Self-Directed Family Support Pilot	Self-Directed Family Support Program	Self-Directed Family Support Program	Self-Directed Family Support Program	Self-Directed Family Support Program
Disabled & Elderly Waiver Program				
Traumatic Brain Injury Services				
Los Lunas Community Program*	Los Lunas Community Program*	Los Lunas Community Program*		
	New Mexico State Veterans Home*			
	Fort Bayard Medical Center*			

\*Are not included in the DDS Budget but are Administered by DDS

## Changes Over The Past Eight Years (continued)

The Developmental Disabilities Medicaid Waiver (DD Waiver) provides an array of residential, day/employment, therapy and other services to people of all ages. This program is offered as an alternative to placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). DD Waiver services are in demand and DDSD maintains a central registry of registrants who are added to the program as the Legislature makes new general fund dollars available and the federal government matches this state funding with federal funds.

The Medically Fragile Waiver (MFW) uses a combination of state funds and federal Medicaid dollars. Children and adults are assisted to live in their homes and communities to reduce or avoid frequent and/or long term hospitalization(s). The Family Infant Toddler (FIT) Program uses a combination of Medicaid, state general funds, private insurance and a federal grant from the U.S. Department of Education.

In addition to funding approximately 300 provider agencies to provide direct services, DDSD offers the following supports to provider agency staff and individuals served:

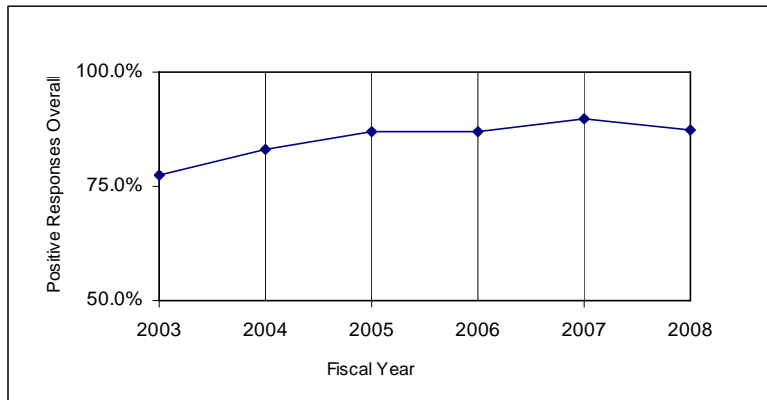
- Staff training workshops;
- Train the Trainer courses, including self-advocate trainer courses; and
- Technical assistance on Individual Service Plan (ISP) development, the Service Standards, Interdisciplinary Team (IDT) facilitation or (other) team facilitation.

## Waiver Satisfaction Surveys

DDSD continuously monitors individual satisfaction with services. The DDSD Consumer Satisfaction Survey was first used in FY 2001 and has been used annually thereafter to measure satisfaction rates in the Developmental Disabilities Waiver Program, Medically Fragile Waiver Program and State General Fund Program. Results from the surveys show a general trend toward increased satisfaction with services from FY 2003 to FY 2007, with a slight decrease from 89.8% to 87.3% in FY 2008.

For the decrease found in the Medically Fragile Waiver Program, the DDSD believes that the following were contributing factors. First, the Medically Fragile Waiver Program experienced some family dissatisfaction because of chronic nursing shortages that impacted families and Home Health Agencies. The shortage has implications for families living primarily in the rural and underserved areas and also in some urban areas of New Mexico. Second, the State General Funded (SGF) program experienced service provision changes during FY 08. One of the agencies dropped the provision of SGF services and several families had to find alternative providers in their region. Lastly, day and residential services were offered to individuals and families based on emergent need this year. The families may have had higher expectations of those services than what the program provides.

Chart 2. DDSD's Consumer Satisfaction Survey Trend



The FY 2008 survey revealed that 87% of those responding to the survey (1,221 out of 1,398) of individuals receiving program services reported that services helped them maintain or increase independence in areas such as daily living skills, work and functional skills.

Table 3. DDSD Consumer Satisfaction Survey Trends Over Time (FY 2003 through FY 2008)

Program	2003	2004	2005	2006	2007	2008
MFV	83.3%	72.7%	91.0%	91.0%	91.0%	82.6%
DDW	78.3%	86.3%	88.9%	89.9%	89.7%	88.7%
SGF	85.1%	79.8%	74.5%	69.9%	89.9%	84.2%
Total	77.4%	83.2%	87.1%	86.9%	89.8%	87.3%

Source: DDSD Planning and Development Unit Survey Database

### National Core Indicator Project

During the 2006-2007 National Core Indicators (NCI) Project year, DDS joined up to eleven other states in participating and submitting their data concerning families' and guardians' impressions about DD Waiver services and supports for family members with developmental disabilities. The NCI Project is a collaborative effort among participating state agency members, National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) to evaluate family and individual satisfaction rates on a broad array of services.

NCI provided participating states with two different family surveys to assess services and supports for people ages 18 and older with developmental disabilities: 11 states participated in the Adult Family Survey and 9 states participated in the Family Guardian Survey. The Adult Family Survey was administered to individuals who had an adult family member with disabilities living in the family's home. The Family Guardian Survey was administered to individuals who had an adult family member with disabilities living outside the family's home. The following charts show how New Mexico compares with all other states for each survey.

Table 4. NCI Adult Family Survey Satisfaction Outcome

Adult Family Survey Questions	Domain	New Mexico Frequency of positive responses "Always/ Usually"	New Mexico Frequency of All Answers	New Mexico Percentage of positive responses "Always/ Usually"	All States Frequency of positive responses "Always/ Usually"	All States Frequency of All Answers	All States Percentage of positive responses "Always/ Usually"
Rollup for Satisfaction Domain	Outcomes & Satisfaction w/ Services & Supports	2160	2714	79.59%	17,619	24,637	71.51%

Source: NCI Survey 2006-2007

Table 5. NCI Family Guardian Survey Satisfaction Outcome

Family Guardian Survey Questions	Domain	New Mexico Frequency of positive responses "Always/ Usually"	New Mexico Frequency of All Answers	New Mexico Percentage of positive responses "Always/ Usually"	All States Frequency of positive responses "Always/ Usually"	All States Frequency of All Answers	All States Percentage of positive responses "Always/ Usually"
Rollup for Satisfaction Domain	Outcomes & Satisfaction w/ Services & Supports	1344	1920	70.00%	12,097	16,359	73.95%

Source: NCI Survey 2006-2007

These findings from DDS and NCI surveys show that the majority of individuals and their families/guardians are always or usually satisfied with DD Waiver services.

For FY 2009, DDS will report individual satisfaction outcomes using the NCI Consumer Survey. For this project, data was collected in the spring 2008 through face-to-face interviews with people ages 18 and over who have developmental disabilities and who receive DD Waiver services. To avoid potential interviewer bias stemming from a prior interviewer-individual relationship, an external contractor who did not know any of the individuals was hired to conduct all interviews. Results for this survey will be reported in the FY 09 DDS Annual Report.

## Intake and Eligibility

The Intake and Eligibility Bureau maintains the DDSD Central Registry Data System, managing the registration of new applicants and placement of existing registrants into services. The bureau is responsible for determining whether individuals applying for Developmental Disabilities Waiver services match the federal definition for developmental disabilities. Regional Office staff members are linked electronically to the centralized database so they can update information, check and track eligibility information allocations of individuals. Table 6 shows the number and percent of individuals in various stages of registration for services from FY 2001 - 2008.

Table 6. Categories of Central Registrants FY 01 through FY 08

	FY 01		FY 02		FY 03		FY 04		FY 05		FY 06		FY 07		FY 08	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Started Registration	819	30%	1,094	41%	1,046	34%	1,082	30%	600	18%	567	15%	565	14%	637	15%
Completed Registration	1,914	69%	1,514	57%	1,793	57%	2,077	58%	2,242	66%	2,640	71%	2,875	72%	3,070	71%
Allocation on Hold	19	1%	47	2%	104	3%	168	5%	193	6%	185	5%	186	5%	191	4%
Pending Registration	N/A	N/A	N/A	N/A	181	6%	238	7%	355	10%	326	9%	357	9%	432	10%
<b>Total</b>	<b>2,752</b>	<b>100%</b>	<b>2,655</b>	<b>100%</b>	<b>3,124</b>	<b>100%</b>	<b>3,565</b>	<b>100%</b>	<b>3,390</b>	<b>100%</b>	<b>3,718</b>	<b>100%</b>	<b>3,983</b>	<b>100%</b>	<b>4,330</b>	<b>100%</b>

Source: DDSD Central Registry Database

### Categories of Central Registrants:

#### 1. Client Has Started the Registration

Individuals who have registered for DDW services and documents are being reviewed, but have not been determined to meet the Developmental Disabilities definition.

#### 2. Client Has Completed Registration

Individuals who have been found to match the definition for developmental disabilities and await allocation at this time;

#### 3. Allocation on Hold

Individuals who have been found to match the definition for developmental disabilities and have been offered allocation to DDW services but do not desire waiver services at this time.

#### 4. Pending Registration

Individuals whose registration is pended because DDSD does not have enough information to determine if they meet the definition but the individual wants to reserve their registration date.

## Mi Via Self-Directed Waiver Program

The Mi Via Waiver is a collaborative effort between the Aging and Long Term Services Department, the Human Services Department and the Department of Health. Participants or registrants for the traditional Developmental Disability and Medically Fragile Waivers can select Mi Via as an option through a request to a DDSD Regional Office or the MF Waiver Program Manager.

The money follows the person from the traditional waivers to the Mi Via Waiver, allowing a participant to return to the traditional waivers at any time. Participants on the Mi Via Waiver are allowed more choice, control, flexibility and freedom in planning, budgeting and managing their own services/supports.

With assistance and support from family, hired supports and/or contractors, participants arrange for services, including the hiring and managing of their own employees. The following table shows a comparison between numbers served and expenditures for the traditional waivers and the Mi Via Waiver. It also shows the expenditures by service type for Mi Via in FY 2008.

Table 7. Mi Via Waiver Number Served and Expenditures in FY 2008

	Developmental Disabilities	Medically Fragile	Total
Number Served on Traditional Waivers	*3,777	*200	*3,977
Number Served on Mi Via Waiver	86	8	94
Adult Habilitation Expenditure	\$19,592	\$0	\$19,592
Adult Day Health Expenditure	\$11,280	\$0	\$11,280
Alternative Meds & Therapies Expenditure	\$95,943	\$7,817	\$103,760
Behavior Support Consultation Expenditure	\$43,604	\$0	\$43,604
Coach/Education for Parents/Employees Expenditure	\$6,725	\$0	\$6,725
Community Access Expenditure	\$22,373	\$0	\$22,373
Community Participation Expenditure	\$87,866	\$1,748	\$89,614
Community Participation (hourly) Expenditure	\$452,461	\$34,842	\$487,303
Emergency Response Expenditure	\$7,350	\$0	\$7,350
Environmental Modification Expenditure	\$11,942	\$7,000	\$18,942
Family Living Expenditure	\$43,266	\$0	\$43,266
Health Related Services Expenditure	\$11,962	\$5,970	\$17,932
Health Services Equip and Supplies Expenditure	\$39,902	\$12,831	\$52,733
Homemaker/ Personal Care Expenditure	\$1,810,781	\$40,852	\$1,851,633
Intensive Case Management Expenditure	\$4,000	\$600	\$4,600
Household related Goods-hourly Expenditure	\$11,836	\$0	\$11,836
Household related Goods/Services Expenditure	\$139,085	\$32,023	\$171,108
Occupational Therapy Expenditure	\$41,760	\$10,560	\$52,320
Physical Therapy Expenditure	\$26,657	\$16,500	\$43,157
Reserve Funds Expenditure	\$22,398	\$1,954	\$24,352
Resource Facilitation Expenditure	\$372,189	\$58,062	\$430,251
Respite Expenditure	\$510,349	\$25,813	\$536,162
Speech Therapy Expenditure	\$36,454	\$6,600	\$43,054
Substitute Care Expenditure	\$7,389	\$0	\$7,389
Technology for Safety/Independence Expenditure	\$32,322	\$20,964	\$53,286
Training for Involved Parties Expenditure	\$9,703	\$3,390	\$13,093
Transportation Expenditure	\$24,324	\$8,823	\$33,147
Transportation-hourly Expenditure	\$21,213	\$3,923	\$25,136
Transportation-per mile Expenditure	\$44,971	\$1,000	\$45,971
Supported Employment Expenditure	\$21,199	\$0	\$21,199
Mi Via Expenditures in FY 2008 Expenditure	\$3,990,895	\$301,272	\$4,292,167
Mi Via Cost Per Individual in FY 2008 Expenditure	\$46,406	\$37,659	\$45,661

\*Source: Omnicaid Claims 12-1-08; the remaining data in the table is from Public Partnership, Ltd., the financial management agency for Mi Via. Ad Hoc Expenditure Report

## State General Funded Programs and Services

The number of individuals served through Adult State General Funded (SGF) Services was 1,796 in FY 2008. The services are broken down into standard services (residential, vocational and self-directed) and special projects (Prader-Willi, Parenting Skills, Office Worker Program etc.). In FY 2008, the Adult SGF Program began reporting expenditures rather than budgets and actual numbers served rather than service slots. The increased accuracy in reporting is based on monthly provider reports.

Table 8. Adult SGF Numbers Served

Adult SGF Services	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08
Residential	195	178	180	216	158	170	170	153
Vocational	552	371	381	488	363	439	449	341
Respite	855	650	664	787	788	(917 in FIT)	(917 in FIT)	917
Self-Directed Family Support FY01 - FY08 Program	Pilot	98	98	80	166	167	176	176
Total Number Served for Standard SGF Services	1,602	1,297	1,323	1,571	1,475	776	795	1587
Special Projects (Prader-Willi, Parenting Skills, Office Worker Program, Assistive Technology, etc.)	Not available	Not available	Not available	335	342	243	248	209
Total Number Served for Adult State General Funded Services	1,602	1,395	1,421	1,906	1,817	1,019	1,043	1796

Source for FY01-07: Budgeted service slots from Contracts' Scopes of Work

Source for FY08: Monthly Provider Reports for actual numbers served

Table 9. Adult SGF Budget and Expenditures

Adult SGF Services	FY 04	FY 05	FY 06	FY 07	FY 08
Residential	\$3,965,760	\$2,900,800	\$3,121,200	\$3,121,200	\$2,539,418
Vocational	\$4,496,076	\$3,219,084	\$3,893,052	\$3,981,732	\$2,715,897
Respite	\$2,085,550	\$1,679,141	\$0 (moved to FIT)	\$0 (moved to FIT)	\$1,121,209
Self-Directed Family Support FY01 - FY08 Program	\$296,800	\$615,760	\$614,700	\$ 645,484	\$612,871
Total for Standard Services	\$10,844,186	\$8,414,785	\$7,628,952	\$7,748,416	\$6,989,394
Special Projects (Prader-Willi, Parenting Skills, Office Worker Program, Assistive Technology, etc.)	\$656,558	\$640,588	\$651,426	\$545,850	\$404,153
Total Budget and Expenditures for Adult State General Funded Services	\$11,500,744	\$9,055,373	\$8,280,378	\$8,294,266	\$7,393,547

Source for FY01-07: Budgeted service slots from Contracts' Scopes of Work

Source for FY08: Monthly Provider Reports for Actual Expenditures

**Autism Programs and Projects**

Through Adult State General Fund contracts, DDSD is creating a greater focus on supports for individuals with Autism or Autism Spectrum Disorder who have historically been underserved by the developmental disabilities community. For FY 2008, DDSD received special appropriations to build systems and programs of support for these individuals and their families. In FY 2009, DDSD will begin implementation of an evaluation system to determine the effectiveness of the current supports and next steps for success with this difficult to serve population.

With the appropriation for FY 2008, DDSD contracted with five contractors to provide children with Autism recreational respite programs and supports in three different regions of the state. The nature of the supports ranges from supporting individuals in art classes, karate and swimming, to more rural options of riding horses and learning about ranching. Table 10 shows three of these pilot programs and the numbers of individuals contracted to be served.

Table 10. Autism Pilot Programs in FY 2008

Autism Pilot Programs in Fiscal Year 2008	Numbers Served
New appropriation was made in FY 2008 for these Autism pilot programs	
Adaptive Skill Building (Autism) <sup>4</sup>	80
Behavioral Respite <sup>5</sup>	25
Recreational Respite <sup>6</sup>	100
Total Served with Autism RFP Funding ( <i>these programs were started in FY 2008</i> )	205

4. FY 08 numbers contracted to be served by CDD

5. FY 08 numbers contracted to be served by Families Plus

6. FY 08 numbers contracted to be served from Recreational Respite Contractor

DDSD worked with the University of New Mexico Center for Development and Disability to develop Adaptive Skill Building and Intensive Parent Training opportunities for families with Autism and Autism Spectrum Disorders statewide. These programs work with individuals to increase their skills to live independently and help families to support the growth of their family member while dealing with day to day challenges. While still in the early stages, these programs have grown steadily in demand.

For FY 2010, DDSD is planning to continue development of recreational opportunities for children statewide, but also wants to expand the options for adults. DDSD is hoping to pilot a recreational program for adults that work on integration into the community, social skills building and greater independence. All funding for this will come out of the Adult State General Fund Budget, but will be evaluated after the pilot phase using the same methodology used for the appropriation for children.

DDSD continues to explore other needs of the Autism community to determine best practice service and support models.

## Developmental Disabilities Waiver Program

### Overview

New Mexico provides supports to citizens with developmental disabilities through home and community-based Developmental Disabilities (DD) Waiver services, and is one of only nine states that has closed all large state funded institutions (Source: 8/07 Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006).

### Services

The DD Waiver offers this comprehensive array of services:

- Case Management
- In-Home Supports (respite and personal support)
- Community Living (independent living, family living and supported living)
- Day Services (supported employment, community access and adult habitation)
- Clinical Services (behavior support consultation, therapies, nursing and nutritional counseling)
- Outlier Services (adult habilitation and supported living outliers)
- Other Services (goods and services, supplemental dental care, personal plan facilitation, environmental modification and non-medical transportation)

### Stakeholder Input

DD Waiver Services have been influenced by continuous stakeholder input through avenues such as:

- The annual DDS Statewide Directors meetings
- Self-Advocate groups
- The state legislatively authorized advisory body called the “Advisory Council on Quality Supports for Individuals with Developmental Disabilities and their Families” (ACQ)
- Town Hall meetings
- Focus and work groups
- Summits
- Regional Office Quarterly Provider meetings

All of these stakeholder groups help to advise and guide the development of DDS Policies and DD Waiver Service Standards.

### DD Waiver Services Have Been Developed, Refined, And Contracted To Promote Fuller Citizenship:

In 2003 - Community Membership services were initiated to promote more community inclusion.

In 2007 - the DD Waiver Standards were updated in the following ways:

- Added self-employment
- Day Services became Community Inclusion Services with the guiding principles of Employment First, full community membership and support for meaningful outcomes
- Emphasized Employment First for all adults of working age

## Developmental Disabilities Waiver (Continued)

### Average Cost and Number of Unduplicated Waiver Users

The DD Waiver has grown substantially since Fiscal Year (FY) 2001. In FY 2008, the DD Waiver served 54.5% more citizens with developmental disabilities than in FY 2001. As Table 11 shows, the average per individual DD Waiver costs have increased with the growth in number of individuals served, shifts in types of services (for example, a growth in individuals accessing Community Living), rate increases, the addition of substitute care and other factors such as the cost of serving individuals with more significant challenges.

Table 11. Total Individuals Served and Average Cost Per Individual Served with DD Waiver

Total Expenditures (In Millions) for Selected DDW Services from FY01 to FY 08*	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
Total Served	2434	2824	3118	3363	3614	3648	3707	3777
Average Cost	\$53,646	\$55,946	\$59,324	\$62,237	\$62,017	\$66,831	\$67,246**	\$70,951

\* Mi Via individuals are not included in this table

\*\* in FY 2007, the average cost per person was reported as \$70,476

Source: 12/1/2008 Omnicaid paid claims

### Expenditures by Waiver Service Type by Fiscal Year

Table 12. Actual Expenditures By Fiscal Year

Total Expenditures (In Millions) for Selected DDW Services from FY 2001 to FY 2008	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08
Community Living	\$75	\$92	\$110	\$126	\$134	\$144	\$151*	\$166
Day Services	\$19	\$23	\$26	\$29	\$30	\$32	\$31	\$38
Outlier Services	\$11	\$8	\$8	\$9	\$11	\$13	\$13	\$14
Clinical Services	\$9	\$15	\$20	\$23	\$24	\$26	\$25	\$25

\*In FY 2007, the total expenditures were reported as \$157 Million

Source: 12/1/2008 Omnicaid paid claims

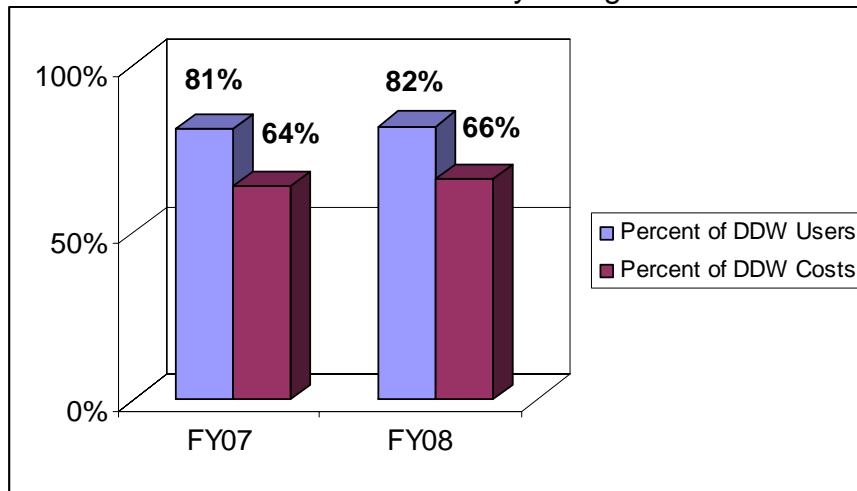
Since FY 2001 there has been a significant increase in the cost of community living. In FFY 2008, the cost of community living services increased to approximately 120% from FY 2001.

## Developmental Disabilities Waiver (Continued)

### Community Living

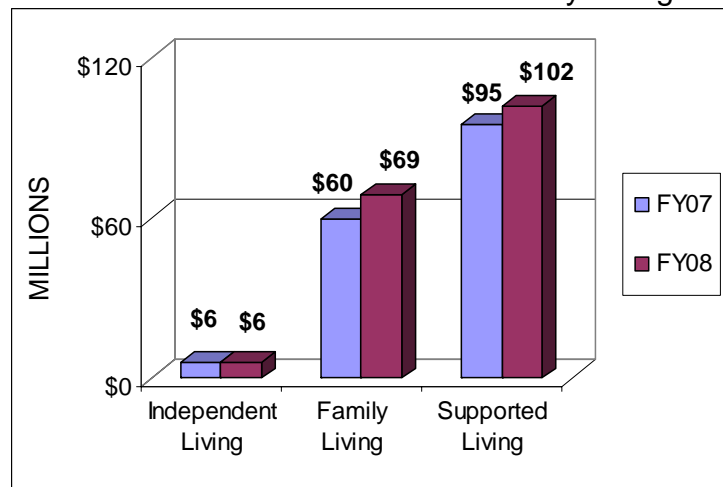
Chart 3 shows that of all individuals receiving DDW services in FY 2008, approximately 82% received community living services. This is slightly up from 81% in FY 07. Individuals on the DDW not receiving community living services total about 18%. Of the 18%, approximately half are seventeen (17) years old or younger and are not eligible for community living services. Community living costs accounted for 66% of the total waiver expenditures in FY 2008. In FY 2007, the DDSD and Human Services Department increased the majority of the community living rates by 5.9%. In addition, FY 2008 represents a full year of paid claims for substitute care, which is a component of family living. According to the data, these two factors have impacted the cost of community living. Chart 4 below represents the community living cost by service type for FY 2007 and FY 2008. The cost for supported living includes expenditures for supported living outlier services.

Chart 3. Community Living Services



Source: Omnicaid paid claims as of 12/1/2008

Chart 4. Cost of Community Living



Source: Omnicaid paid claims as of 12/1/2008

## Developmental Disabilities Waiver Program (Continued)

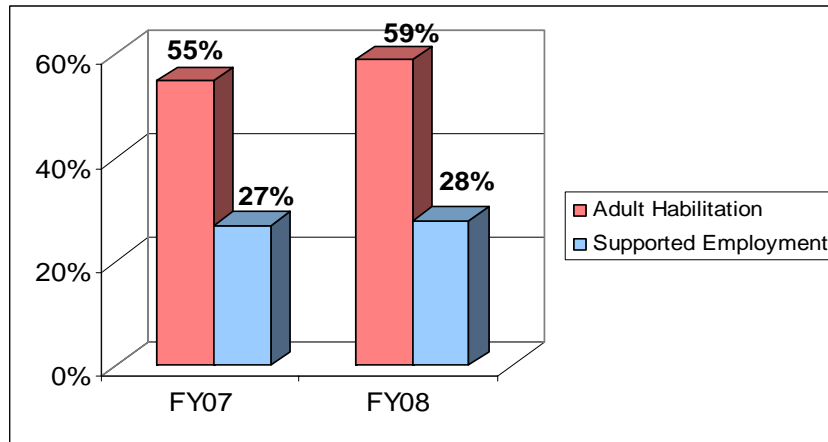
### Community Inclusion (Day Services)

Since 2006, the DDSD has implemented Community Inclusion performance based contracts with approved providers. The performance based contracts include deliverables supporting Employment First, Community Inclusion and Meaningful Day principles.

The percentage of individuals on the waiver receiving adult habilitation services increased to 59% in FY08 from 55% in FY 2007. The DDSD continues to work with DD Waiver service providers to promote community integrated adult habilitation. DDSD monitors adult habilitation provided in the community through performance based contracts incorporated into providers' agreements.

Individuals receiving paid supported employment services through the DD Waiver slightly increased to 28% in FY 2008 from 27% in FY 2007.

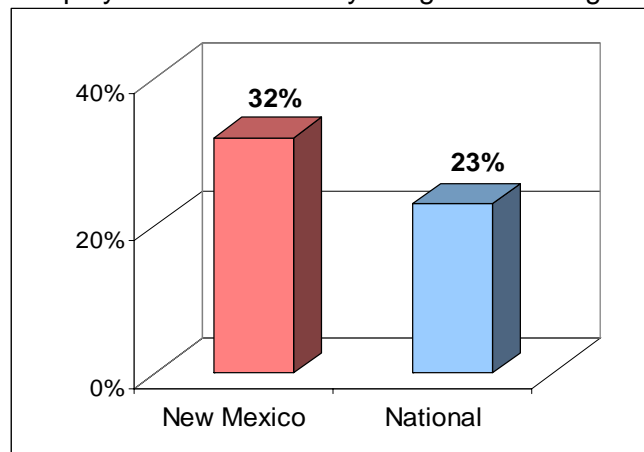
Chart 5. Percentage of Individuals with Developmental Disabilities Receiving Community Inclusion Services



Source: Community Inclusion Services Data Source: 12/1/2008 Omnicaid

In addition to emphasizing employment first principles, DDSD promotes and supports integrated employment (actual jobs held in the community). Integrated employment outcomes for individuals with developmental disabilities in New Mexico of 32% surpass the national average of 23%.

Chart 6. Percentage of Individuals with Developmental Disabilities Employed in a Community Integrated Setting in FY08



Source: Community Inclusion Supported Employment Coordinator review of wage and hour reports

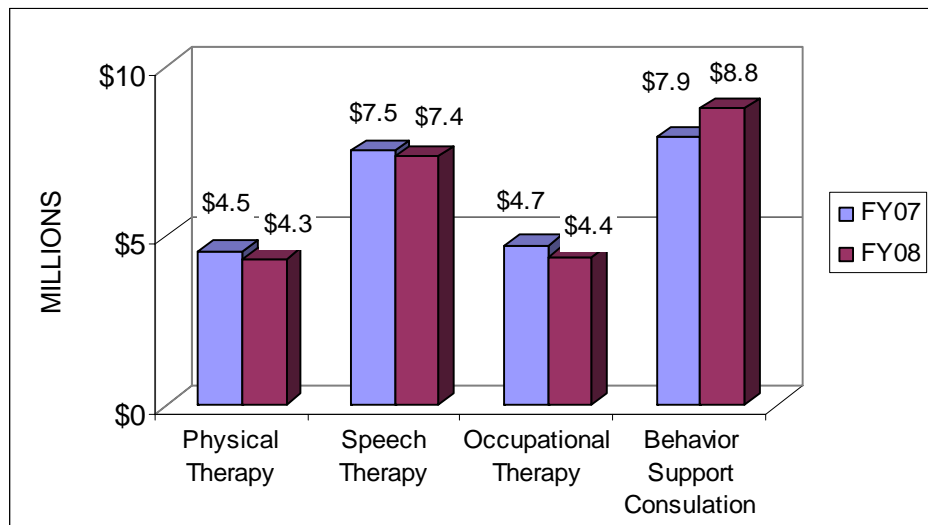
**Developmental Disabilities Waiver Program (Continued)**

**Clinical Services**

On an average, the number of users accessing Occupational, Physical Therapies and Speech-Language Pathology clinical services decreased by 130 individuals per service. The decrease in users is attributed to the waiver users 21 years and younger who began to access therapy services through the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program. EPSDT is a Medicaid State Plan benefit for eligible individuals age 21 years and younger. Behavior support consultation is not a benefit under EPSDT, however only 27 more individuals accessed this service since FY 2007.

Even though the number of users decreased, the total expenditures remained about the same between FY 2007 (\$24.7 million) and FY 08 (\$24.6 million).

Chart 7. Clinical Services Expenditures Per Program



Clinical Services Data Source: Omnicaid 12/1/2008

Factors impacting the cost of clinical services are related to a 3% rate increase from HSD as well as increased utilization. From FY 2007 to FY 2008, the overall utilization increased by 18%.

## Developmental Disabilities Waiver Program (Continued)

### Coordinating Health Initiatives for Individuals with Developmental Disabilities

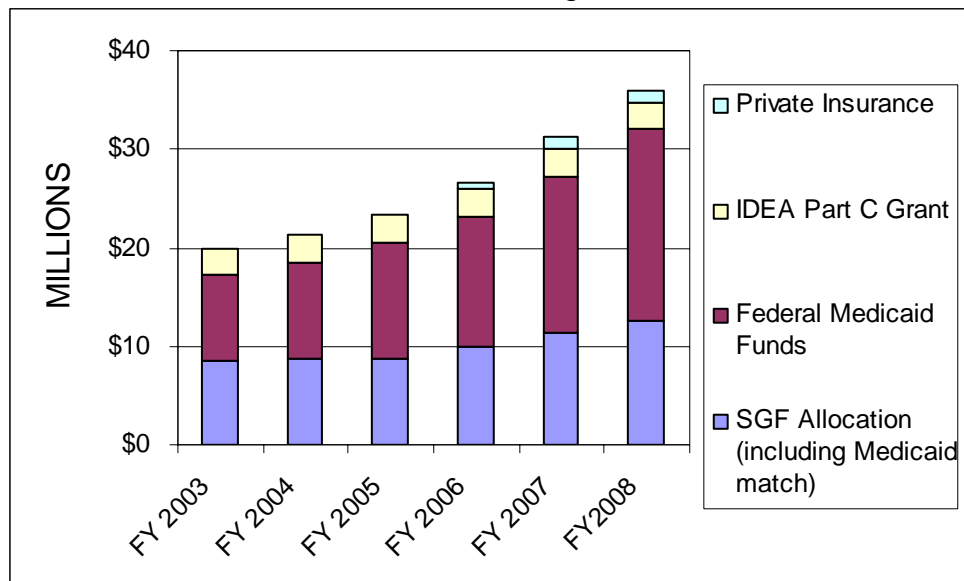
The Clinical Services Bureau (CSB) collaborates to reach attainable health and safety goals for individuals with developmental disabilities (DD). The CSB collaborates on a variety of important health initiatives with individuals in services, families, health care institutions/providers and community based providers. Some of the initiatives include:

- Collaborating with Regional Office Nurses and Provider Agency Nurses to provide clinical consultation(s) and up-to-date health-related information;
- Coordination of all therapy services through education and technical support;
- Coordinating and participating in quality assurance and quality improvement initiatives related to health, safety and therapy needs;
- Coordination and provision of training/educational resources with external agencies such as the University of New Mexico (UNM) Continuum of Care project and the UNM Center for Development and Disability (CDD);
- Sharing expertise for various statewide initiatives including:
  - Assistive Technology (AT) Resources
  - The Participatory Approach to Therapy
  - Aspiration Prevention
  - Health Promotion Initiatives
- Managing the Assistive Technology Fund that provides grants of up to \$250.00 a year for the purchase of AT devices/materials that support individuals to communicate, participate and interact fully in their lives; and
- Managing the statewide Aspiration Prevention Program to reduce preventable aspiration in people with DD. This program helps individuals, families, Interdisciplinary Team members, healthcare professionals and providers to:
  - Identify risk factors, recognize symptoms, implement preventative action plans, ensure plans are in place (Mealtime Procedure Packets, Health Care Plans and Crisis Prevention Plans) and encourage proper dental care.
  - Access the New Mexico Supports and Assessment for Feeding and Eating (SAFE) Clinic which provides multidisciplinary evaluation services to individuals at risk for aspiration.
  - Make referrals to the Statewide Aspiration Risk List, thereby targeting individuals who are at higher risk for aspiration for increased oversight and monitoring
  - Support individuals, families and teams to manage each individual's aspiration risk factors and identify indications of aspiration.

## Family Infant Toddler (FIT) Program

The Family Infant Toddler (FIT) Program administers a statewide system of Early Intervention services for infants and toddlers from birth to age three who have or are at risk for developmental delays or disabilities. Early Intervention services are provided in accordance with the Individuals with Disabilities Education Act (IDEA) Part C. The Department of Health is the lead agency responsible for ensuring that eligible children and families receive the services they need. Services include physical, speech and occupational therapy, as well as developmental instruction, nursing and service coordination. The FIT Program makes this array of Early Intervention services available to support parents and care givers through a network of 36 public and private providers statewide.

Chart 8. FIT Funding Sources



Source: DOH budget for State General Fund, Insurance, IDEA Part C and Human Services Department Medicaid Federal Drawdown for the Medicaid Federal Funds

Table 13. FIT Funding Sources FY 2003-2008

Fiscal Year	Federal Medicaid Funds	SGF Allocation (including Medicaid match*)	IDEA Part C Grant	Private Insurance	Total Expenditures
FY 2003	\$8,812,980	\$8,500,000	\$2,682,058	N/A	\$19,995,038
FY 2004	\$9,760,834	\$8,800,000	\$2,792,815	N/A	\$21,353,649
FY 2005	\$11,653,274	\$8,800,000	\$2,801,758	N/A	\$23,255,032
FY 2006	\$13,309,510	\$9,900,000	\$2,765,784	\$697,386	\$26,672,680
FY 2007	\$15,848,193	\$11,400,000	\$2,727,201	\$1,278,184	\$31,253,578
FY 2008	\$19,511,073	\$12,500,000	\$2,727,201	\$1,300,000	\$36,038,274

Source: DOH budget for State General Fund, Insurance, IDEA Part C and Human Services Department Medicaid Federal Drawdown for the Medicaid Federal Funds

\* The FIT Program pays the State General Fund match to the Human Services Division for services provided to children who are eligible for Medicaid. In 2005, the NM Legislature mandated that health plans pay up to \$3,500 annually for early intervention, thus adding an additional revenue source.

## Family Infant Toddler (FIT) Program (Continued)

The FIT Program has served an increasing number of children and families each year due to increases in referrals from medical staff, childcare workers and social services (federal law mandates the referral of children from birth to age three if there is substantiated abuse or neglect). A statewide effort to train medical staff to conduct developmental screening is also likely to increase referrals.

Note: The FIT program instituted the FIT-KIDS (Key Information Data System) database in January 2008. This system results in fewer duplicate children reported. The totals indicated below are tabulated across both the previous data system and the FIT-KIDS database.

Chart 9. Number of Children Served

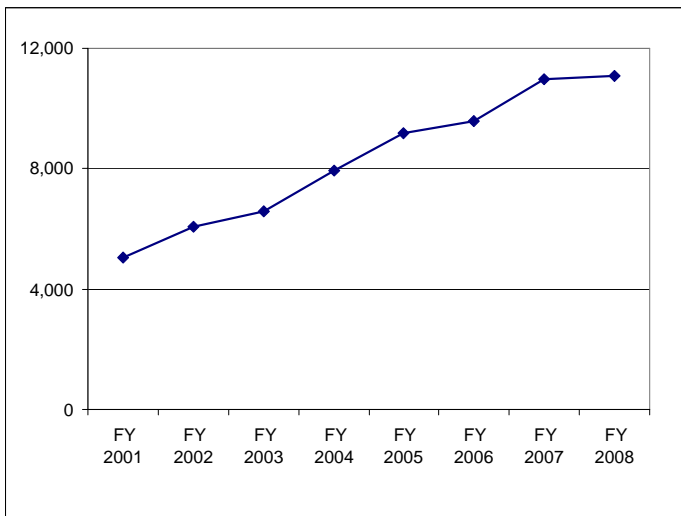


Table 14. Number of Children Served FY 2001-2008

Fiscal Year	Number of Children Served
FY 2001	5,034
FY 2002	6,081
FY 2003	6,602
FY 2004	7,925
FY 2005	9,171
FY 2006	9,603
FY 2007	10,980
FY 2008	11,071

Source for Both Chart and Table: FY2001-2007 DDS Family Infant Toddler Database, FY 2008 Family Infant Toddler-Key Information Data System

### FIT Accomplishments:

1. Established an online data and billing system, known as FIT-KIDS (Key Information Data System), which allows entering and reporting of data for billing through Medicaid, State General Funds, and private insurance. The efficiencies of the FIT-KIDS have resulted in increased revenue for the FIT Program.
2. Revised the Individualized Family Service Plan (IFSP) document. It is available in English and Spanish as a PDF form so that it can be used electronically. The IFSP is now required to be used by FIT Providers statewide, thus ensuring greater consistency.
3. The FIT Program and the Interagency Coordinating Council (ICC) Finance Committee developed a Funding Sustainability Plan that was requested by the Department of Health administration. The plan addresses the potential growth in numbers of children served in the FIT Program, the effectiveness of Early Intervention services, the costs of providing services to children over age 3, and a potential funding formula.
4. Developed a position paper on "Infant Mental Health Practices and Early Intervention Part C." The paper was adapted from one by the Infant Toddler Coordinators Association with input from the Interagency Coordinating Council (ICC) - IMH Committee.

### Medically Fragile Waiver Program

The Medically Fragile Waiver (MFW) Program serves individuals of all ages who are eligible for services based on the determination that they have a medically fragile condition and have a developmental disability, are developmentally delayed, or are at risk for developmental delay prior to age twenty-one. A medically fragile condition is defined as a chronic physical condition that results in a prolonged dependency on medical care, such as daily skilled nursing intervention. The program provides medical support to individuals to give families and caregivers a reprieve from the responsibilities associated with constant care and monitoring, thus allowing the individual to live in the family/home environment.

Table 15. Number Served and Expenditures for the MFW Program from FY2001 – FY2008

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY2007	FY2008
Total MFW Services Expenditures	*\$3,569,783	*\$3,840,969	*\$3,977,066	*\$4,619,006	*\$4,918,715	*\$5,512,220	*\$3,239,514	**\$1,815,124
Number Served in MFW	*162	*170	*152	*173	*176	*169	*189	**200

\*Source: Human Services Department/Medical Assistance Division HCFA 372 Forms for FY 2001-2007

\*\*Source: Omnicaid Billing Claims 12-1-08

During the period from FY 2001 through FY 2008, the number served on the MFW has ranged anywhere from 152 to 200. In FY 2008, the MFW program conducted monthly reviews allowing allocations that are more frequent--successfully allocating individuals onto the waiver 10 out of 12 months. During FY 2008, the average length of time between the initial waiver application and waiver allocation was four months. Therefore, DDS saw an increase in the total number of individuals served from 189 in FY 2007 to 200 in FY 2008. Approximately fifty percent (50%) of applicants do not meet criteria for Medically Fragile Waiver services. The waiting list was eliminated in FY 2007.

The Medically Fragile Waiver program is facing several challenges. There is a national shortage of nurses. This impacts New Mexico’s Medically Fragile Waiver program by limiting the number of licensed Home Health Agency nurses available to support individuals and their families in their homes. On July, 1 2006, New Mexico complied with a Federal mandate to fund medically necessary services for children under 21 through the Early Periodic Screening Diagnosis and Testing (EPSDT) funding stream rather than through the Medically Fragile Waiver. Although services for some families continued without interruption, others have had difficulty accessing medical services such as therapy. This is due to a limited number of occupational therapists, physical therapists and speech therapists contracted as Salud or Fee for Service providers. Statewide Nurse Case Management services are contracted through the University of New Mexico and are successfully being used by Medically Fragile Waiver recipients.

During the past year, the MFW Program achieved several goals. In FY 2008, the University of New Mexico:

- o Successfully hired a family specialist to work with MFW recipients and families;
- o Completed the MFW Program Family Handbook;
- o Started a MFW Program Newsletter; and,
- o Restructured MFW program family support group.

## Interagency 2008 Collaboration

DDSD works with the Human Services Department (HSD), Aging and Long Term Services Department (ALTSD), Children, Youth, and Families Department (CYFD), Public Education Department (PED), the Behavioral Health Collaborative, and the Developmental Disabilities Planning Council (DDPC) to assure coordination of supports for individuals with developmental disabilities.

Table 16. Interagency Collaboration Between DOH and Other State Agencies/Advisory Councils

Agency or Council Name	Project or Scope	Advisory Council or State Agency
<p>ACQ (Advisory Council On Quality Supports For Individuals With Developmental Disabilities And Their Families)</p>	<p>The ACQ is authorized under the New Mexico Developmental Disabilities Act to advise and assist the Department of Health concerning the quality of the service system for persons with developmental disabilities. The council includes representatives of key constituent groups including individuals with developmental disabilities, family members, advocacy organizations, provider agencies and relevant state agencies.</p>	<p>Advisory Council</p>
<p>ADDCP (Association of Developmental Disabilities Community Providers)</p>	<p>DDSD meets regularly with the ADDCP. ADDCP is an active stakeholder in the service system providing valuable feedback to DDSD regarding policy, funding and programmatic issues.</p>	<p>Advisory Council</p>
<p>ALSTD (Aging and Long Term Services Division)</p>	<p>DDSD participates on the Tri-Agency Council which guides the implementation of the Mi Via Waiver Program.</p>	<p>State Agency</p>
<p>ALSTD (Aging and Long Term Services Division)</p>	<p>DDSD works with ALSTD to assure consistency and quality across waiver programs (DD, MF, Disabled &amp; Elderly) and other personal support services (such as the Personal Care Option program). For example, DDSD is partnering with ALTSD and Human Services Division (HSD) to develop a universal assessment tool for the waiver programs.</p>	<p>State Agency</p>
<p>Behavioral Health Collaborative – Youth Transition Task Force</p>	<p>The DDSD Intake &amp; Eligibility Bureau is working with this interagency task force to increase mental health services for youth who retain their Medicaid eligibility through the EPSDT program. This group is also working together to improve services for individuals with Developmental Disabilities and Mental Illness.</p>	<p>State Agency</p>
<p>Community Inclusion - Arc of New Mexico and People First</p>	<p>DDSD works with the Arc of New Mexico and People First to assure that people with disabilities and their families are represented in systems development and implementation.</p>	<p>Advisory Group</p>

## FY 2008 Developmental Disabilities Supports Division Annual Report

Agency or Council Name	Project or Scope	Advisory Council or State Agency
Community Inclusion - Community Solutions Coalition	The Community Solutions Coalition is a group of stakeholders working together to find solutions to increase community inclusion of citizens with developmental disabilities. This group promotes community building and best practices.	Advisory Group
Community Inclusion - Division of Vocational Rehabilitation	DDSD and DVR have a MOU to partner to increase employment of individuals with developmental disabilities and routinely work together on employment initiatives.	State Agency
Community Inclusion - Focus on Abilities	FoA was established by HSD/MAD under a federal Medicaid Infrastructure Grant to promote employment for the disability population.	Federal Grant to HSD
Community Inclusion - National Youth Employment Coalition	New Mexico is working with The National Youth Employment coalition to field-test modules to train people who support individuals with developmental disabilities to transition from school to work.	Advisory Group
Community Inclusion - NMEI (New Mexico Employment Institute)	NMEI promotes promising employment practices through training, technical assistance and other methods.	Advisory Group
Community Inclusion - SAAC Self-Advocate Advisory Council	SAAC advises DDSD regarding issues of importance to self-advocates.	Advisory Group
Community Inclusion - Supported Employment Leadership Network (SELN)	New Mexico is a member of SELN and receives on-going coaching and information from national experts and other states to improve employment outcomes for individuals with developmental disabilities.	Advisory Group
CYFD (Children Youth and Families Department)	The DDSD Intake and Eligibility Bureau designed and delivered training to CYFD Social Workers so that eligible children in CYFD custody are placed on the central registry for the DDW.	State Agency
CYFD	DDSD Intake and Eligibility Bureau works with CYFD to identify and assess the needs of youth transitioning out of CYFD services to assure continuity of support to these individuals.	State Agency
CYFD - Office of Child Development	The FIT program works closely with the CYFD Office of Child Development to train and certify Developmental Specialists and to assure ongoing interface with the childcare system.	State Agency

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Agency or Council Name	Project or Scope	Advisory Council or State Agency
DDPC (Developmental Disabilities Planning Council)	The DDPC and DDSD collaborate to support the Self Advocate Advisory Council (SAAC), which enables individuals with developmental disabilities to participate in system development and quality improvement activities. For example, SAAC members are appointed to the state ACQ.	State Agency
DDPC	DDSD is an ex-officio member of the Developmental Disabilities Planning Council.	State Agency
HSD (Human Services Department)	DOH and HSD jointly administer the Developmental Disabilities (DD) Waiver, the Medically Fragile (MF) Waiver, the Family Infant Toddler (FIT) Program for Medicaid eligible children and the Mi Via Waiver Program (with ALTSD).	State Agency
HSD	The DDSD Director sits on the Medicaid Advisory Committee.	State Agency
HSD	DDSD works collaboratively with HSD on system development and improvement efforts related to SALUD and long term care planning initiatives.	State Agency
ICC (Interagency Coordinating Council)	The Interagency Coordinating Council (ICC) is appointed by the Governor in accordance with the federal Individuals with Disabilities Education Act, Part C to advise and assist the Department of Health in its role as lead agency for the state's early intervention system. The ICC membership includes parents, advocates, providers and relevant state agency staff. In FY 2006 and FY 2007, the ICC partnered with the FIT program and the federal Office of Special Education Programs to develop and implement child outcome measures. In FY 2007, the ICC participated in the design of the new FIT-KIDS data/payment system. Currently the ICC is working with the state on resource issues related to program growth and the development of financial sustainability plan.	Advisory Council
Public Education Department (PED)	The FIT program partners with the Public Education Department to assure a smooth and effective transition for children entering into the Public Education system.	State Agency

## FY 2008 Developmental Disabilities Supports Division Annual Report

Agency or Council Name	Project or Scope	Advisory Council or State Agency
PED	PED and DOH jointly fund the UNM Early Childhood Evaluation Program to provide access to high quality developmental evaluations and Project SET to promote early identification and referral of children with autism.	State Agency
PED	DDSD is a member of the Statewide Transition Coordinating Council that addresses transition issues for youth with special needs in partnership with teachers, school districts, provider agencies, post secondary institutions and the Division of Vocational Rehabilitation.	State Agency

Table 17. Interagency Collaboration Between DOH and the University of New Mexico

Program	Location	Scope	Contract Amount
UNM - Center for Development and Disability	Early Childhood Network	Provides ongoing training and technical assistance to 36 FIT Program contracted provider agencies, including core modules, arranging national speakers, and presenting at early childhood conferences in NM. Publishes a quarterly newsletter; hosts a website including a statewide training calendar. Maintains a library of evaluation tools, journals and literature on early intervention.	\$475,984 Federal Funds
UNM - Center for Development and Disability	Early Childhood Evaluation Program	Conducts diagnostic developmental evaluations statewide. Promotes effective evaluation practices and provides training on recommended practices related to evaluation and assessment. Provides outreach and training to medical offices in order to promote standardized developmental screening of young children.	\$207,750 IDEA Part C Funds \$927,000 State General Funds Total Funding: \$1,134,750
UNM - Center for Development and Disability	Project SET	Provides training and technical assistance to teams serving children with Autism Spectrum Disorders including use of tele-medicine. Provides individualized support to specific teams statewide.	\$124,200 Federal Funds
UNM - Center for Development and Disability	Deaf-Blind	Provides technical assistance and functions as a center of excellence for Deaf - Blind children and their families and develops specific strategies to enhance each of these children's development. Develops tracking system of children who are Deaf - Blind.	\$22,500 Federal Funds

## FY 2008 Developmental Disabilities Supports Division Annual Report

Program	Location	Scope	Contract Amount
UNM - Center for Development and Disability; UNM - Continuum of Care Project	NM SAFE Program: Supports and Assessment for Feeding and Eating	Provides evaluation, supports and technical assistance for children and adults with developmental disabilities, their families and care providers regarding feeding skills, health and nutrition. Provides technical support and continuing education for professionals involved in feeding issues. Provides pre-service education for graduate and undergraduate students. Provides assistance to families in locating community resources for treatment, adaptive equipment and follow up services.	\$ 92,495.00
UNM- Center for Development and Disability	Medically Fragile Waiver Case Management Program	Provides statewide nurse case management services for medically fragile children and their families. Provides clinical liaisons for coordination of neonatal discharge planning and services locally and nationally. Provides family liaison to provide statewide support and education.	\$ 76,000.00
UNM TEASC program	Pre-Admission Screening and Resident Review program (PASRR)	UNM TEASC is under contract with the Department of Health for the completion of Mental Illness Evaluations.	\$156,255
UNM TEASC program	Transdisciplinary Evaluations	UNM TEASC is under contract with Department of Health for completion of comprehensive transdisciplinary evaluations of youth and adults with DD in combination with multiple medical and/or mental health conditions. They also collaborate with Continuum of Care Project to operate the Adult Special Needs clinic.	\$466,859.00
UNM - Center for Development and Disability	Self-Directed Family Support Program	Develops service plans for one hundred seventy-six (176) families/individuals. Provides initial and ongoing training and technical assistance to five part-time resource support coordinators who work directly with families/individuals on developing support plans. Acts as coordinators for the five family support councils, one in each region of the state.	\$146,700 State General Funds

## FY 2008 Developmental Disabilities Supports Division Annual Report

Program	Location	Scope	Contract Amount
UNM - Center for Development and Disability	Autism Programs	<p>For detailed breakdown, see Autism section of this annual report. CDD has been contracted for:</p> <ol style="list-style-type: none"> <li>1. Multidisciplinary evaluations</li> <li>2. Parent and professional training</li> <li>3. Adaptive skill building services</li> <li>4. Tele-health</li> <li>5. Parent networking supports</li> <li>6. Camp Rising Sun for children with Autism Spectrum Disorders and their families</li> </ol>	<p>\$3,655,184 State General Funds</p>
UNM - Center for Development and Disability	Statewide Training Database & Pilot Employment Project	<p>Maintains a statewide training database including production of individual transcripts for staff working at community agencies. Also, created a project to promote development of meaningful employment for individuals with significant challenges.</p>	<p>\$97,207 State General Funds</p>
UNM – Continuum of Care Project	Medically related training and technical assistance; specialty clinics; team consultation	<p>Continuum of Care Project is under contract with Department of Health for the following:</p> <ul style="list-style-type: none"> <li>• Training medical &amp; nursing students, residents, faculty and practicing health professionals in the medical management of patients with DD;</li> <li>• Training DD interdisciplinary team members in effective strategies for interacting with health professionals and the healthcare system;</li> <li>• Conducting Assessments and providing consultation for individuals with DD at risk for Aspiration, including participation in the SAFE clinic;</li> <li>• Consultation to interdisciplinary teams upon request regarding health conditions and/or health decisions;</li> <li>• Collaborate with TEASC in Adult Special Needs Clinic;</li> <li>• Adult Cerebral Palsy Clinic;</li> <li>• Neurology outreach clinics and Ketogenic Diet clinic for treatment of seizures;</li> <li>• DD &amp; Mental Illness clinics at UNM, Taos, Shiprock and Roswell (and soon to be in Silver City/Deming area as well).</li> </ul>	<p>\$1,074,128 Contract Amount for FY 2008</p>

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Program	Location	Scope	Contract Amount
Behavioral Health Collaborative	DD/MI Task Force	Fosters enhanced access to quality mental health services for individuals who have DD in conjunction with a Mental Illness and individuals with Autism. Task Force participants include representative from DDSD, the Behavioral Health single entity Value Options, Continuum of Care Project, TEASC, DDPC and the Collaborative.	Advisory Body

## Future Directions

- DDSD will be planning with stakeholders to re-focus the DD waiver program in order to serve more individuals with existing resources, and to promote greater independence and increase community inclusion for individuals with developmental disabilities.
- DDSD will be promoting the inclusion of life skills training that leads to more independence.
- To comply with Center for Medicaid and Medicare Services (CMS) requirements, the Intake and Eligibility Bureau is developing quality assurance processes to ensure continued eligibility of all registrants waiting for Developmental Disabilities Waiver services.
- DDSD is investigating means to assist individuals to move to independent services to include housing.
- DDSD is working on developing new policies and procedures around billing and payment processing to ensure that all providers and contractors receive timely payment.
- DDSD is expanding the options for individuals with Autism Spectrum Disorders to allow for greater participation for adults and children who receive no other Department of Health funding.
- The Self Directed Family Supports Program is developing guidelines for plan development and approval that will assure consistent implementation of the program for individual participants.
- State General Funds is directing more attention to innovative approaches to supported employment, residential services and ISP implementation for all individuals in State General Funded services.
- Various stakeholder groups are convening to discuss what changes need to be made for the new Mi Via Waiver based on our initial experiences. The Mi Via Waiver renewal will be completed by the summer of FY 2009.
- The Mi Via Growth and Nurturing Task Force has been appointed by the Tri-Agency Council with the first meeting to be held in November of FY 2009. This group will have a significant impact on the waiver renewal.
- The FIT Program will be implementing revised monitoring procedures, in collaboration with the Division of Health Improvement (DHI). The Community Based Assessment provides for a broad look at an agency's compliance with state and federal regulations and ensures that providers are billing and collecting data appropriately.



## FY 2008 Developmental Disabilities Supports Division Annual Report

- The FIT Program will be providing technical assistance and sanctions, where necessary, in order to ensure compliance with state and Federal regulations, and to meet compliance with federal indicators that are reported as part of the Annual Performance Report to the US Department of Education.
- The FIT Program will be developing several new online trainings (the FIT Orientation became available online in FY 2007) that will decrease the amount of travel necessary for Early Intervention providers to obtain training and make sure that information is available on an as-needed basis.
- The Medically Fragile Case Management group has provided four initiatives that will likely have a future impact on family perceptions of the Medically Fragile Waiver (MFW) Program in the coming year. A family handbook has been developed and distributed to all active and incoming families, increased family meetings and improved attendance, created a family newsletter and updated the UNM Medically Fragile website (<http://cdd.unm.edu/cddroot/fragile/>).
- Capacity/Provider Quality Improvement: DDS Case Management is in the process of approving two new Case Management agencies, one in the Albuquerque Metro Region and one which will serve both Metro and the Southeast Regions. Additionally, a Case Management agency in the Northeast Region will be expanding into the Northwest Region as of October 1, 2008.

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