

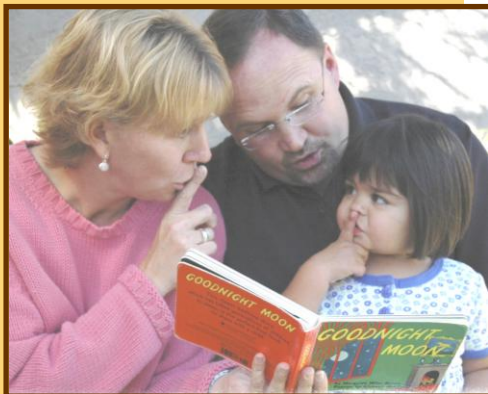
# Developmental Disabilities Supports Division FY 2009 Annual Report



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.



Hippotherapy is a unique treatment involving horses that can be used to help both medically fragile children and adults with developmental disabilities.



The Family Infant Toddler program helps children receive services in their home setting.



Supported Employment provides an opportunity for individuals with developmental disabilities to become involved in the community and form lasting friendships.

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

DDSD served approximately 50% more people in FY 2009 than in FY 2001 while the number of full-time state employees increased by less than 31% over these same years. Table 1 entitled “DDSD - At a Glance” provides a nine-year comparison (from FY 2001 to FY 2009) 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 nine fiscal years has increased by 30% from \$201 Million to \$286 Million
- Full-time equivalent employee positions have increased by 31%, from 106 to 153
- There has been an increase of 50% in numbers served from 9,232 to 18,073 over the past 9 years

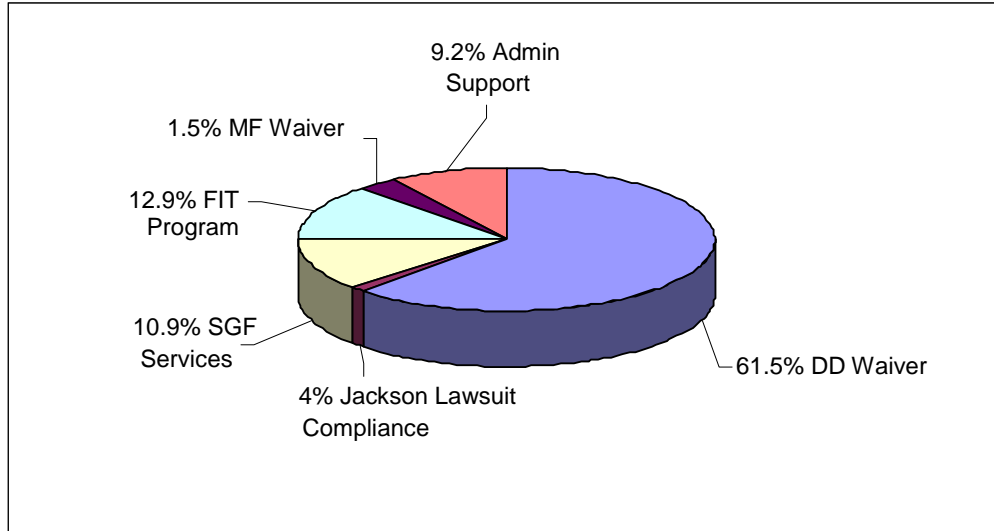
Table 1. DDSD At a Glance

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Total Budget for DD Waiver	201M*	235M*	228M*	209M*	229M*	235M*	256M*	270M*	286M*
Number of State Government FTEs	106	107	110	113	116	127	150	153	153
Number of People Served (All Programs)	9,232	11,246	11,195	12,796	14,471	14,610	16,070	16,272	18,073
Number Served by Developmental Disabilities Waiver (DDW)	2,434	2,824	3,118	3,363	3,614	3,648	3,707	3,777	3,750
Number Served by Medically Fragile Waiver (MFW)	162	170	152	155	176	169	189	200	224
Number Served by Mi Via Waiver	Program Started in Fiscal Year 2007						31	94	171
Number Served by Adult State General Funds	1,602	1,297	1,323	1,353	1,476	1,190	1,163	1,130	1,303
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	12,625
Number of Individuals who received Supported Employment (SE)	778	874	960	997	1,037	1,047	**1,002	1,039	1,175
Number of Residential Providers	Data Not Available				59	59	59	78	82
Number of Day/Emp. Providers	Data Not Available				82	81	78	76	85
Number of Therapy Agencies	Data Not Available				142	147	141	172	186
Number of CM Agencies	Data Not Available				20	20	21	20	19

Sources: \*DD Waiver Budget Data from General Fund Appropriation Database and the Federal Medicaid Match from Human Services Department; State FTEs from Human Resource Database; Number Served on DDW from Omnicaid Paid Claims Database data pulled September 28, 2009; Number Served on Medically Fragile Waiver from hand count of all participants' files; Number Served Mi Via Waiver from MF-DD Report Total Paid Dollars submitted by the Fiscal Intermediary on 9/9/09; Number Served through Adult SGF from monthly, contract, quarterly and annual reports; Number Served through Family Infant Toddler (FIT) was obtained through the FIT-KIDS Billing Database; 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 Paid Claims Database Unduplicated Report under HD Ticket#205462 for DDW and SGF Number Working (# in SE) from monthly provider reports); Number of Providers – Report Generated by Felicia Martinez on 8/27/09 from the Provider Database; Number of CM Agencies Reported by Lisa Storti CM Statewide Coordinator from CM Contact Information Spreadsheet claims through 8-4-08 (Omnicaid Database). **Note: FY2009 data are point-in-time reports and are subject to change as more data becomes available.**

Distribution of Resources

Chart 1. FY 2009 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 370 community-based provider agencies across the state. Approximately eighty-seven (87%) percent of the Developmental Disabilities Supports Division budget of \$134.3 million was spent on providing direct services and supports.

Of the \$134.3 million dollars in general fund money, sixty-one and a half percent (61.5%) or \$82.6 million dollars was budgeted for the Developmental Disabilities Waiver (DDW) Program. Four percent (4%) or \$5.4 million of the budget was related to Jackson Lawsuit Compliance via consultants, monitors and attorneys. The Medically Fragile (MF) Waiver Program's budget was one and a half percent (1.5%) or \$2.0 million.

The Adult State General Fund (SGF) Program budget was approximately ten and nine-tenths percent (10.9%) or \$14.7 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. 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 twelve and nine-tenths percent (12.9%) or \$17.3 million.

## Changes Over The Past Nine 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 DDSD 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, DDSD administered seven programs in FY 2009. From FY 2001-2006, there was at least one facility or community residential program managed by DDSD. In late FY 2007, the self-directed Mi Via Waiver Program was added to DDSD program offerings. In FY 2008 the Autism Spectrum Disorder Pilot Program was initiated and converted into a continued program for FY 2009.

Table 2. DDSD Administered Programs from FY 2001 through FY 2009

FY 2001-2003	FY 2004 - 2005	FY 2006	FY 2007	FY 2008	FY 2009
Family Infant Toddler Program	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	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	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	Medically Fragile Waiver Program
			Mi Via 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	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*				
				Autism Spectrum Disorder Pilot Program	Autism Spectrum Disorder Program

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

### Changes Over The Past Nine 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 DDS 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.

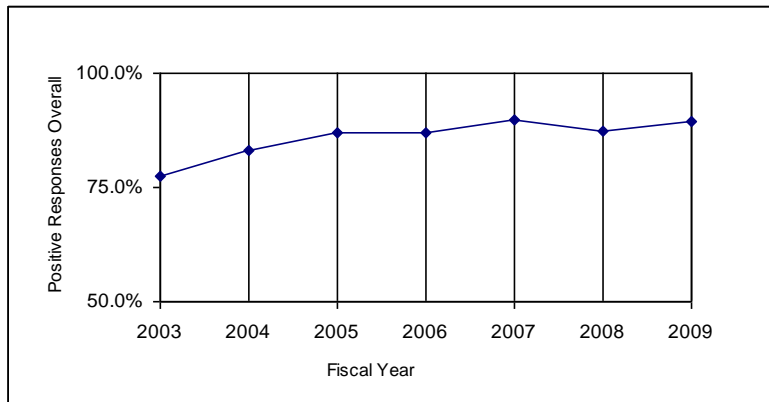
In addition to funding approximately 370 provider agencies to provide direct services, DDS offers the following supports to provider agency staff and individuals served:

- Staff training workshops;
- Train the Trainer courses, including self-advocate trainer courses;
- Technical assistance on Individual Service Plan (ISP) development, the Service Standards, Interdisciplinary Team (IDT) facilitation or (other) team facilitation; and
- Training and Technical Assistance funding specific to individuals with Autism, Prader-Willi Syndrome and Parenting for individuals with Developmental Disabilities.
- Technical Assistance in Provider Billing, Monitoring, Contract Management including PIP.
- Planning and Development services, includes surveys and making policy and or regulations.
- DDS coordination with Department of Health Improvement - Quality Management Bureau.
- DDS coordination with Human Services Division and Division of Vocational Rehabilitation.
- Community Program Review (CPR) Auditors.

## Waiver Satisfaction Surveys

DDSD continuously monitors individual satisfaction with services. Data from the DDSD Consumer Satisfaction Survey was consistently gathered and reported starting in FY 2003, has been reported 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 by over 12% from FY 2003 to FY 2009.

Chart 2. DDSD Consumer Satisfaction Survey Trend for All Programs



The FY 2009 survey revealed that 89% of those responding to the survey (1,150 out of 1,287) 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 2009)

Program	2003	2004	2005	2006	2007	2008	2009
MFW	83.3%	72.7%	91.0%	91.0%	91.0%	82.6%	89.9%
DDW	78.3%	86.3%	88.9%	89.9%	89.7%	88.7%	89.9%
SGF	85.1%	79.8%	74.5%	69.9%	89.9%	84.2%	86.4%
Total	77.4%	83.2%	87.1%	86.9%	89.8%	87.3%	89.4%

Source: DDSD Planning and Development Unit Survey Database

**National Core Indicator Project**

The National Core Indicator (NCI) Project is a collaborative effort among participating state agency members, National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute that evaluates family and individual satisfaction rates on a broad array of services.

In FY 2009, data from the 2007-08 NCI Consumer Survey was used to report consumer outcomes concerning individuals' satisfaction rates with services and levels of respect received from providers. 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 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 conducted all interviews.

To compare New Mexico's ranking of consumer satisfaction rates with the other participating states, positive ("Yes") responses for NCI Consumer Survey questions indicating participants' levels of satisfaction with where they work, where they live and their personal lives were summed and compared across all states. After combining "Yes" responses for these three NCI questions for all states, New Mexico ranked 3rd out of 24 states with 90.29% participant satisfaction with providers and services. Results for this survey are shown in Table 4.

Table 4. State Rank of Satisfaction 'Yes Response' Percentage: NCI Consumer Survey 2007-2008

State	Combined Total Frequency of Yes Responses for NCI Q1, Q3, Q21	Combined Total Frequency of All Responses	Percent of Yes Responses from Total of All Responses	State Rank of Yes Response Percentage
VT	281	309	90.94%	1
AR	876	965	90.78%	2
<b>NM</b>	<b>567</b>	<b>628</b>	<b>90.29%</b>	<b>3</b>
GA	774	860	90.00%	4
KY	677	754	89.79%	5
LA	742	834	88.97%	6
HI	560	631	88.75%	7
WY	623	703	88.62%	8
PA	2332	2644	88.20%	9
RI	581	660	88.03%	10
ME	752	864	87.04%	11
WV	179	206	86.89%	12
SC	744	862	86.31%	13
IN	548	637	86.03%	14
CT	566	658	86.02%	15
NY	691	805	85.84%	16
AZ	930	1087	85.56%	17
TX	1987	2333	85.17%	18
NC	1521	1813	83.89%	19
AL	758	918	82.60%	20
OK	421	511	82.39%	21
NJ	590	727	81.16%	22
MO	617	770	80.13%	23
DE	308	391	78.77%	24

Source: Ad Hoc report from the NCI Consumer Outcomes 2007-2008 Data from Phase X Final Report

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To compare New Mexico's ranking of consumers' reports of respect received from providers with the other participating states, positive ("Yes") responses for NCI Consumer Survey questions indicating participants' perceptions of respect from providers were summed and compared across all states.

After combining "Yes" responses for these two NCI questions for all states, New Mexico ranked 1st out of 24 states with 95.69% participants' perceptions of respect from providers. Results for this survey are shown in Table 5.

Table 5. State Rank of Respect 'Yes Response' Percentage: NCI Consumer Survey 2007 - 2008

State	Combined Total Frequency of Yes Responses for NCI Q2 and Q7	Combined Total Frequency of All Responses	Percent of Yes Responses from Total of All Responses	State Rank of Yes Response Percentage
<b>NM</b>	<b>333</b>	<b>348</b>	<b>95.69%</b>	<b>1</b>
RI	353	369	95.66%	2
AR	571	598	95.48%	3
LA	425	448	94.87%	4
ME	490	519	94.41%	5
PA	984	1053	93.45%	6
TX	1307	1399	93.42%	7
NY	402	431	93.27%	8
SC	351	377	93.10%	9
OK	302	325	92.92%	10
CT	349	377	92.57%	11
NC	934	1010	92.48%	12
KY	376	407	92.38%	13
DE	193	209	92.34%	14
VT	201	218	92.20%	15
IN	278	303	91.75%	16
WY	388	424	91.51%	17
NJ	425	471	90.23%	18
AL	419	469	89.34%	19
MO	365	409	89.24%	20
AZ	383	430	89.07%	21
WV	112	131	85.50%	22
GA	386	456	84.65%	23
HI	245	309	79.29%	24

Source: Ad Hoc report from the NCI Consumer Outcomes 2007-2008 Data from Phase X Final Report

## Intake and Eligibility

The Intake and Eligibility Bureau maintains the DDSD Central Registry Data System by 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. Intake and Eligibility staff members receive regional data on a statewide basis so they can track eligibility information allocations of all individuals. Table 6 shows the number and percent of individuals in various stages of registration for services from FY 2001 - 2009.

Table 6. Categories of Central Registrants FY 2001 through FY 2009

Individuals in stages of the registration process	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Started Registration	30% (819)	41% (1,094)	34% (1,046)	30% (1,082)	18% (600)	15% (567)	14% (565)	15% (637)	11% (474)
Completed Registration	69% (1,914)	57% (1,514)	57% (1,793)	58% (2,077)	66% (2,242)	71% (2,640)	72% (2,875)	71% (3,070)	74% (3,436)
Allocation on Hold	1% (19)	2% (47)	3% (104)	5% (168)	6% (193)	5% (185)	5% (186)	4% (191)	4% (194)
Pending Registration	N/A (N/A)	N/A (N/A)	6% (181)	7% (238)	10% (355)	9% (326)	9% (357)	10% (432)	11% (505)
Total	100% (2,752)	100% (2,655)	100% (3,124)	100% (3,565)	100% (3,390)	100% (3,718)	100% (3,983)	100% (4,330)	100% (4,609)

Source: DDSD Central Registry Database

### Explanation of Registration 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.

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### 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 to traditional waivers. 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.

Table 7. Numbers Served and Expenditures for the Traditional Waivers vs. Mi Via Waiver FY 2009

	Developmental Disabilities FY 2009	Medically Fragile FY 2009	Total FY 2009
Number Served on Traditional Waivers	3,750	224	3,974
Number Served on Mi Via Waiver	133	38	171
Adult Habilitation Expenditure	\$13,192	\$0	\$13,192
Adult Day Health Expenditure	\$1,285	\$7,577	\$8,862
Alternative Meds & Therapies Expenditure	\$84,235	\$18,788	\$103,023
Behavior Support Consultation Expenditure	\$38,814	\$0	\$38,814
Coach/Education for Parents/Employees Expenditure	\$11,921	\$0	\$11,921
Community Access Expenditure	\$27,746	\$595	\$28,341
Community Participation Expenditure	\$115,071	\$10,859	\$125,930
Community Participation (hourly) Expenditure	\$803,804	\$102,621	\$906,425
Emergency Response Expenditure	\$165	\$0	\$165
Environmental Modification Expenditure	\$28,108	\$33,054	\$61,162
Family Living Expenditure	\$323,588	\$0	\$323,588
Health Related Services Expenditure	\$10,524	\$1,401	\$11,925
Health Services Equip and Supplies Expenditure	\$83,029	\$69,584	\$152,613
Homemaker/ Personal Care Expenditure	\$2,534,718	\$161,166	\$2,695,884
Intensive Case Management Expenditure	\$3,635	\$0	\$3,635
Household related Goods-hourly Expenditure	\$12,561	\$0	\$12,561
Household related Goods/Services Expenditure	\$279,632	\$120,625	\$400,257
Occupational Therapy Expenditure	\$38,407	\$10,076	\$48,483
Physical Therapy Expenditure	\$22,176	\$7,110	\$29,286
Resource Facilitation Expenditure	\$575,255	\$102,206	\$677,461
Respite Expenditure	\$715,749	\$144,400	\$860,149
Speech Therapy Expenditure	\$34,211	\$11,783	\$45,994
Substitute Care Expenditure	\$99,973	\$0	\$99,973
Technology for Safety/Independence Expenditure	\$72,817	\$53,203	\$126,020
Training for Involved Parties Expenditure	\$16,363	\$2,385	\$18,748
Transportation Expenditure	\$19,876	\$10,385	\$30,261
Transportation-hourly Expenditure	\$40,692	\$443	\$41,135
Transportation-per mile Expenditure	\$75,967	\$7,154	\$83,121
Supported Employment Expenditure	\$44,763	\$0	\$44,763
Total Mi Via Expenditures Paid	\$6,128,848	\$879,412	\$7,008,260
Mi Via Average Cost Per Individual	\$46,082	\$23,142	
Nutritional Counseling Adults*	\$569	\$0	\$569
Private Duty Nursing*	\$0	\$3,997	\$3,997

Source: Omnicaid Claims 12-1-08; the remaining data in the table is from Public Partnership, Ltd., the financial management agency for Mi Via, MF-DD Report Total Paid Dollars. \*New Services for FY 2009.

**Adult State General Funded Programs and Services**

The number of individuals served through Adult State General Funded (SGF) Services was 1,580 in FY 2009. The services are broken down into standard services (residential, vocational and self-directed) and special projects (Prader-Willi, Parenting Skills, Office Worker Program etc). The Adult SGF Program reports expenditures and actual numbers served based on monthly provider reports.

Table 8. Adult SGF Numbers Served

Adult SGF Services	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Residential	195	178	180	216	158	170	170	153	147
Vocational	552	371	381	488	363	439	449	341	386
Respite*	855	650	664	787	788	507**	636**	628**	606
Self-Directed Family Support FY01 - FY09 Program	Pilot	98	98	80	166	167	176	176	164
Total Number Served for Standard SGF Services	1,602	1,297	1,323	1,571	1,475	776	795	1587	1,303
Special Contracts (Prader-Willi, Parenting Skills, Office Worker Program, Assistive Technology, etc.)	Not available	Not available	Not available	335	342	243	248	209	277
Total Number Served for Adult State General Funded Services	1,602	1,395	1,421	1,906	1,817	1,019	1,043	1796	1,580

Source for FY01-07: Budgeted service slots from Contracts' Scopes of Work. Source for FY2009: Monthly Provider Reports for actual numbers served, and Contract reports from providers for Self-Directed Family Supports and special projects.

\*In FY 2006 and FY 2007, respite was moved to the FIT Program and in FY 2008 and 2009 it was returned to the SGF Program.

\*\*Numbers revised because the SGF Respite Program began reporting actual numbers served rather than estimated numbers.

Table 9. Adult SGF Budget and Expenditures

Adult SGF Services	FY 2004	FY 2005	FY 2006	FY 2007	FY2008	FY 2009
Residential	\$3,965,760	\$2,900,800	\$3,121,200	\$3,121,200	\$2,539,418	\$2,606,509
Vocational	\$4,496,076	\$3,219,084	\$3,893,052	\$3,981,732	\$2,715,897	\$2,812,677
Respite*	\$2,085,550	\$1,679,141	\$0	\$0	\$1,121,209	\$1,463,405
Self-Directed Family Support FY01 - FY09 Program	\$296,800	\$615,760	\$614,700	\$ 645,484	\$612,871	\$711,332
Total for Standard Services	\$10,844,186	\$8,414,785	\$7,628,952	\$7,748,416	\$6,989,394	\$7,593,923
Special Contracts (Prader-Willi, Parenting Skills, Office Worker Program, Assistive Technology, etc.)	\$656,558	\$640,588	\$651,426	\$545,850	\$404,153	\$477,527
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	\$8,071,450

Source for FY 2001-07: Budgeted service slots from Contracts' Scopes of Work. Source for FY2008: Monthly Provider Reports for Actual Expenditures. Source for FY 2009: Monthly provider and contractor invoices for actual services, Form B and Contract quarterly reports for number served. \*In FY 2006 and FY 2007, respite was moved to the FIT Program and in FY 2008 and 2009 it was returned to the SGF Program.

## Autism Programs and Projects

In FY 2009, DDSDD expended approximately 4.1 million dollars in providing services to 270 families who have children with Autism Spectrum Disorders (ASD). DDSDD contracted with the University of New Mexico Center for Development and Disability to provide Adaptive Skill Building and Intensive Parent Training opportunities for families statewide. Three providers were chosen to provide Recreational Respite services in various locations throughout the state. In addition to these DOH-funded recreational respite opportunities, children with ASD can also access behavioral respite services provided through the Behavioral Health Single Entity.

### Autism Spectrum Disorder Pilot Program

As the pilot phase ended, recurring funds appropriated by the legislature have allowed DDSDD to implement three new programs. An initial program evaluation suggested that the families served thought the autism services offered by this program were valuable. The final analysis of the data will be available in early FY 2010. Table 10 shows the numbers of children served in FY 2008 and FY 2009 in the three autism programs.

Table 10. Autism Direct Services in FY 2008 and 2009

Autism Programs in Fiscal Year 2009	Numbers Served	
	FY 2008	FY 2009
Adaptive Skill Building (Autism)	80	78
Behavioral Respite	25	36
Recreational Respite	100	94
Total Served with Autism RFP Funding ( <i>these programs were started in FY 2008</i> )	205	208

Source for FY 09: Provider Quarterly reports

In FY 2010, DDSDD plans to further develop recreational respite opportunities for both children and adults. DDSDD is piloting a recreational program for adults with autism which focuses on social skill building, integration into the community and greater independence. The pilot and evaluation costs will be funded through the Adult State General Fund Budget.

## 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 publically operated large institutions (Source: 8/2008 Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007- National Association of State Directors of Developmental Disabilities Services).

### 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, 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:

- 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
- Developmental Disability Planning Council (DDPC)

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

## 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 2009, the DD Waiver served 54.1% 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 for Selected DDW Services from FY01 to FY 09	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Total Served	2,434	2,824	3,118	3,363	3,614	3,648	3,707	3,777	3,750
Average Expenditure per Person	\$53,646	\$55,946	\$59,324	\$62,237	\$62,017	\$66,831	\$70,476	\$70,951	\$74,230

\* Mi Via individuals are not included in this table  
Source: 9/28/2009 Omnicaid paid claims

### Expenditures by Waiver Service Type by Fiscal Year

Table 12. Actual Expenditures By Fiscal Year in Millions

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	FY 09
Community Living	\$75	\$92	\$110	\$126	\$134	\$144	\$157	\$166	\$165
Day Services	\$19	\$23	\$26	\$29	\$30	\$32	\$31	\$42	\$45
Outlier Services	\$11	\$8	\$8	\$9	\$11	\$13	\$13	\$14	\$16
Clinical Services	\$9	\$15	\$20	\$23	\$24	\$26	\$25	\$25	\$26

Source: 9/28/2009 Omnicaid paid claims

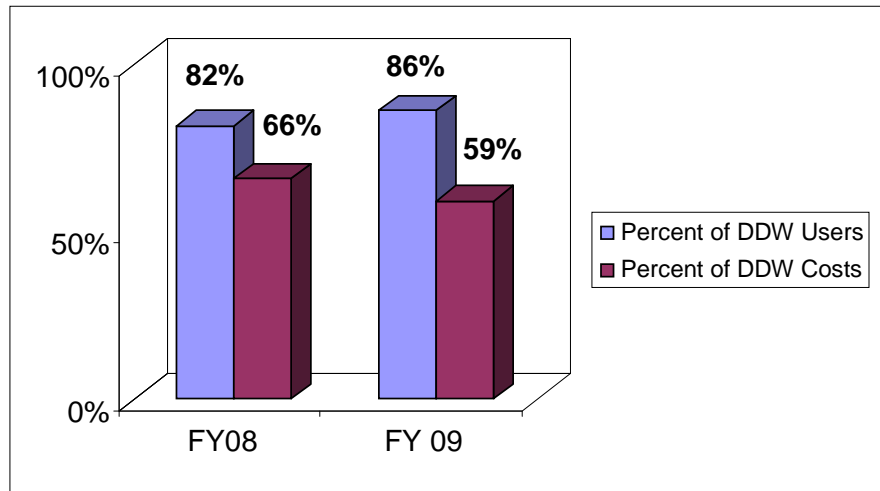
The Division's costs for providing residential services have increased by approximately ninety-million dollars since FY 2001.

**Developmental Disabilities Waiver (Continued)**

Community Living

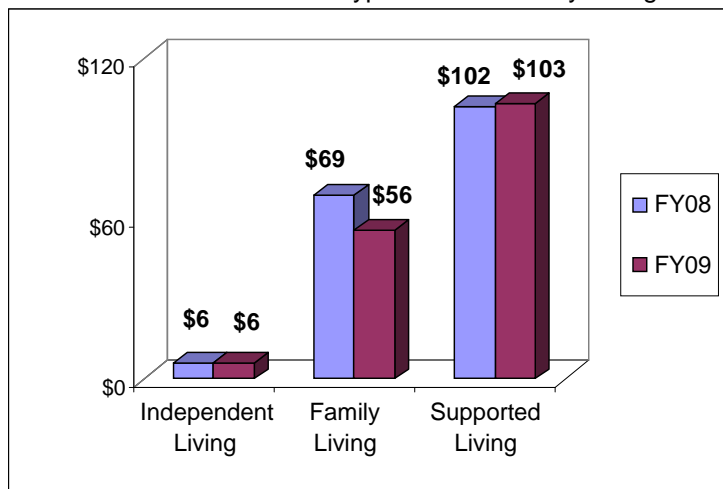
Chart 3 shows that of all individuals receiving DDW services in FY 2009, approximately 86% received community living services. This increased from 82% in FY 08. In FY 2008, 66% of the total waiver expenditures were dedicated to community living costs and in FY 2009, these costs were approximately 59% of the total expenditures. Chart 4 below represents the community living cost by service type for FY 2008 and FY 2009. The cost for supported living includes expenditures for supported living outlier services.

Chart 3. Community Living Services – Percent Served and percent of Waiver Expenditures



Source: Omnicaid paid claims as of 9/28/2009

Chart 4. Cost of Different Types of Community Living Services



Source: Omnicaid paid claims as of 9/28/2009

## Developmental Disabilities Waiver Program (Continued)

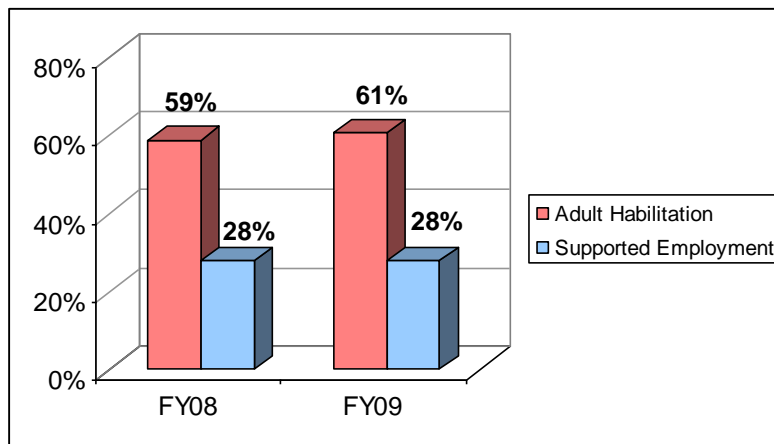
### Community Inclusion (Day Services)

Since FY 2006, the DDS 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 61% in FY 2009 from 59% in FY 2008. The DDS continues to work with DD Waiver service providers to promote community integrated adult habilitation. DDS 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 remained at 28% in for FY 2008 and FY 2009.

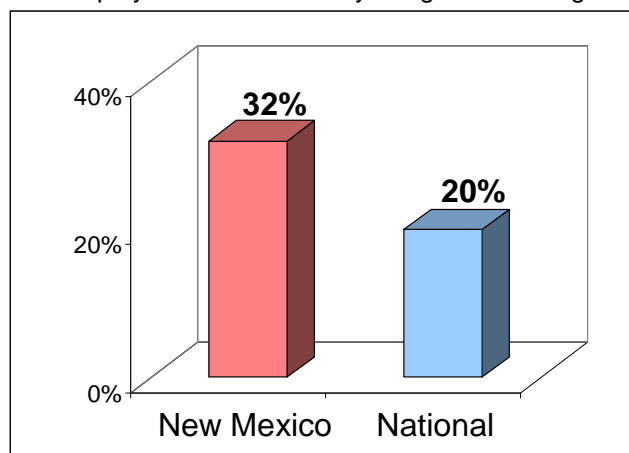
Chart 5. Percentage of Individuals with Developmental Disabilities Receiving Community Inclusion Services



Source: Community Inclusion Services  
Data Source: 9/28/2009 Omnicaid

Thirty-two percent of individuals served on the DD Waiver and through Adult State General Funds in New Mexico are supported in actual jobs in the community. This surpasses the national average for employment outcomes for community integrated settings by 12%.

Chart 6. Employed in a Community Integrated Settings



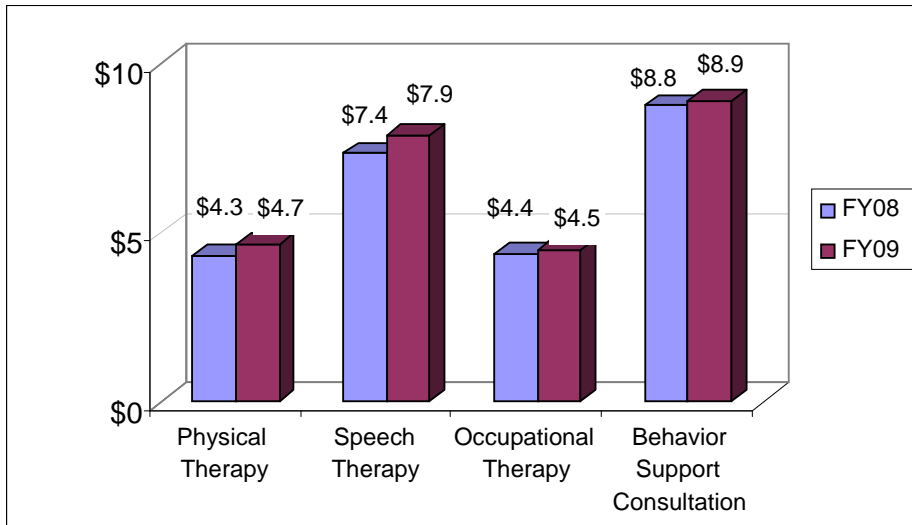
Sources for New Mexico Data: FY 2009 NM Wage and Hour Reports.  
Sources for National Data: The National Report on Employment Services and Outcomes, Institute for Community Inclusion, 2008.

Developmental Disabilities Waiver Program (Continued)

Therapy Services

On an average, the number of users accessing Occupational, Physical Therapies, Speech-Language Pathology and Behavioral Support Consultation services decreased by 130 individuals per service in FY 2009. 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 18 more individuals accessed this service since FY 2008.

Chart 7. Therapy Services Expenditures Per Program



Clinical Services Data Source: Omnicaid 9/28/2009

## Developmental Disabilities Waiver Program (Continued)

### Coordinating Health Initiatives for Individuals with Developmental Disabilities

The Clinical Services Bureau (CSB) strives 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 training, technical assistance, clinical consultation's) and up-to-date health-related information;
- Coordination of all adult 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 Risk Management Initiative
  - 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 enhances functional ability.
- Managing the statewide Aspiration Risk Management 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, develop and 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 supporting 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.

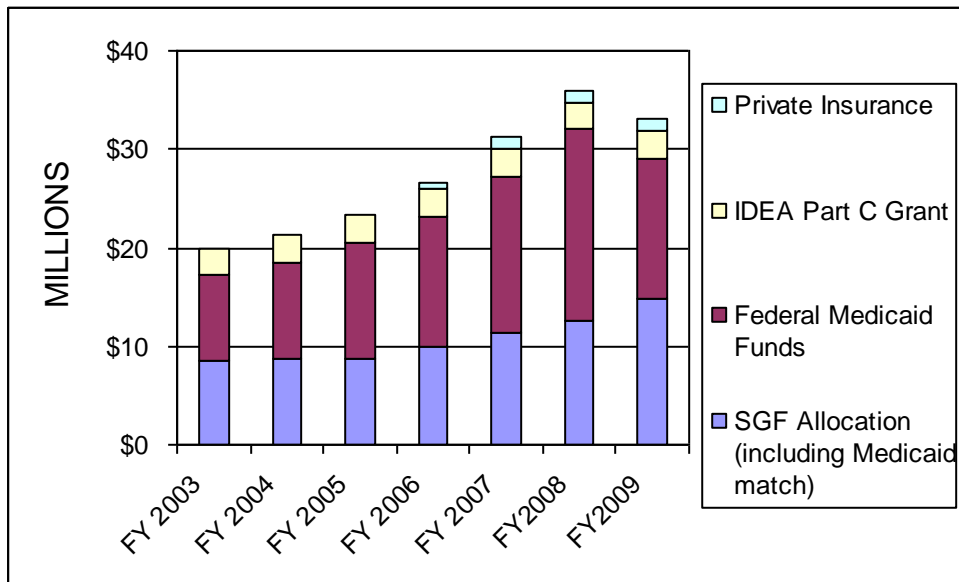
Manage the Wheelchair and Specialty Seating Clinic that fabricates unique molded seating systems for individuals with disabilities in order to support health and independence.

Manage the Medically Fragile Waiver that coordinates services to children with complex medical needs and who have or are at risk for developmental disabilities. This waiver supports families to provide skillful care for their children in the home.

## 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 Expenditures by Funding Source FY 2009 (FY 2003 – 2008 Budget and Expenditures)



Source: Actual Expenditures from Administrative Support Bureau Database (FIT Actual Expenses Report FY09.xls) for State General Funds and IDEA Part C (expended on contracts and Provider Agreements) and the FIT-KIDS database for actual Private Insurance expenditures as well as the Federal Medicaid Match from the Human Services Department.

Table 13. FIT Expenditures by Funding Source FY 2009 (FY 2003 - 2008 – Budget and Expenditures)

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
FY 2009	\$14,878,206	\$15,168,582	\$2,903,235	\$583,800	\$33,533,823

Source: Actual Expenditures from Administrative Support Bureau Database (FIT Actual Expenses Report FY09.xls) for State General Funds and IDEA Part C (expended on contracts and Provider Agreements) and the FIT-KIDS database for actual Private Insurance expenditures as well as the Federal Medicaid Match from the Human Services Department.

\* 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). The FIT Program makes this array of Early Intervention services available to support parents and care givers through a network of 39 public and private providers statewide. 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 maximizes the number of children billed to Medicaid.

Chart 9. Number of Children Served

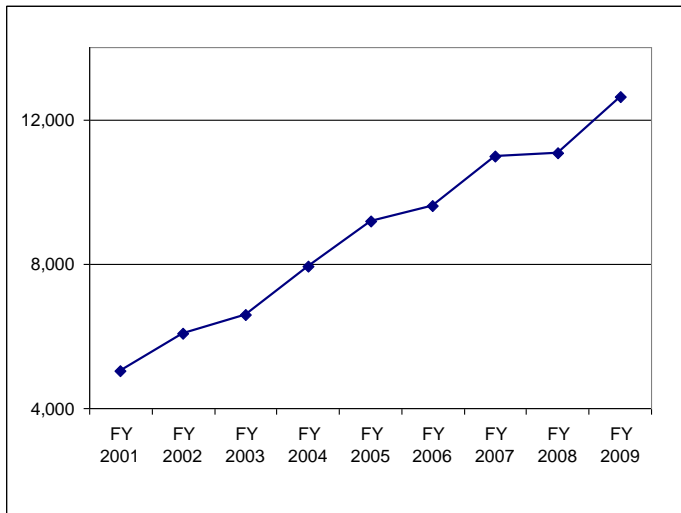


Table 14. Number of Children Served  
FY 2001-2009

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
FY 2009	12,625

Source for Both Chart and Table: FY2001-2007 DDSD Family Infant Toddler Database, FY 2008 - FY 2009 Family Infant Toddler-Key Information Data System

### FIT Accomplishments:

1. Processed billing to Medicaid for children who became eligible for Medicaid retroactively. This process resulted in over \$700,000 savings to the State General Fund.
2. Interagency Coordinating Council (ICC) developed a sustainability plan and supported a bill in the legislature for a FIT Funding Formula that passed both the House and the Senate.
3. The FIT Program revised its website which now includes more documents and resources, as well as interactive training and informational presentations.

## 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
- Prior to the age of 8, have a diagnosis/condition which places at risk for developmental delay.

This determination of a medically fragile condition must be documented 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 with a medically fragile condition and gives families and caregivers relief from the responsibilities associated with constant care and monitoring. This program supports the individual with a medically fragile condition to live in the family/home environment instead of being hospitalized or placed in a nursing home.

Table 15. Number Served and Expenditures for the MFW Program from FY2001 – FY2009

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY2007	FY2008	FY 2009
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	**\$2,148,619
Number Served in MFW	*162	*170	*152	*173	*176	*169	*189	**200	**224

\*Source: Human Services Department/Medical Assistance Division HCFA 372 Forms for FY 2001-07

\*\*Source: Omnicaid Billing Claims 12-1-08 and 09

During the period from FY 2001 through FY 2009, the number served on the MFW has ranged from 162 to 224. The past three fiscal years have shown an increase in the number of Medically Fragile Waiver consumers served and this trend is anticipated to continue in FY 2010. The Medically Fragile Waiver renewal process will be completed during the FY 2010 for the renewal date of July 2, 2010.

The national shortage of nurses and other healthcare providers, such as, occupational therapists, physical therapists and speech therapists continue to be a challenge in the rural areas of New Mexico. Although services for some families continue without interruption others have difficulty accessing and sustaining professional in-home staff. The statewide case management services contracted through University of New Mexico provides successful and consistent services and support to individuals who are medically fragile and to their families.

## Interagency 2009 Collaboration

DDSD works with the Human Services Department (HSD), Aging and Long Term Services Department (ALSTD), 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>Provider Membership Organization</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 ALSTD 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>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>Coalition Organization</p>

## FY 2009 Developmental Disabilities Supports Division Annual Report

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

Agency or Council Name	Project or Scope	Advisory Council or State Agency
Community Solutions Coalition	The Community Solutions Coalition statewide network 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. DDSD is a member of the Community Solutions Coalition Steering Committee.	Statewide Coalition Group
Division of Vocational Rehabilitation	DDSD and DVR have a MOA to partner to increase employment of individuals with developmental disabilities and routinely team on employment initiatives.	State Agency
Focus on Abilities	FoA was established by HSD/MAD under a federal Medicaid Infrastructure Grant to promote employment for the disability population. DDSD is a member supporting Focus on Abilities collaborative coordination.	Federal Grant to State Agency
Employment Leadership Network Coalition	Five regional Employment Leadership Network coalitions consisting of job holders with disabilities, Division of Vocational Rehabilitation (DVR), advocates, transition personnel, and other stakeholders are facilitated by the New Mexico Employment Institute (NMEI) and DDSD to identify what works and what does not work in employment conditions, network, identify and address training needs and make employment related commendations to the ACQ.	Workgroups
New Mexico Employment Institute (NMEI)	NMEI promotes promising employment practices through training, technical assistance and other methods. DDSD partners with this organization on starter employment initiatives.	Coalition Organization
SAAC Self-Advocate Advisory Council	SAAC advises DDSD regarding issues of importance to self-advocates.	Advisory Group
Supported Employment Leadership Network (SELN)	New Mexico is a member of SELN and receives on-going coaching and information from national experts and other SELN member 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

# FY 2009 Developmental Disabilities Supports Division Annual Report

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

Agency or Council Name	Project or Scope	Advisory Council or 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	The FIT program works closely with the CYFD Early Childhood Division to promote inclusive early care setting for children with special needs. The FIT program also works closely with Protective Services which include referrals of children when there is substantiated abuse or neglect.	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
DDPC (Developmental Disabilities Planning Council)	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. The current ICC strategic plan addresses: 1) staff development; 2) child find and public awareness 3) Accountability and 4) finance.	Advisory Council

# FY 2009 Developmental Disabilities Supports Division Annual Report

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

Agency or Council Name	Project or Scope	Advisory Council or State Agency
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. The FIT meets regularly with PED to develop clear guidance to the fields and plan joint training.	State Agency
PED (Public Education Division)	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.	\$475,885 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.	\$237,750 IDEA Part C Funds \$927,000 State General Funds Total Funding: \$1,149,750

# FY 2009 Developmental Disabilities Supports Division Annual Report

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

Program	Location	Scope	Contract Amount
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
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
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
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.	\$169,400

# FY 2009 Developmental Disabilities Supports Division Annual Report

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

Program	Location	Scope	Contract Amount
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.	\$464,094
UNM - Center for Development and Disability	Self-Directed Family Support Program	Develops service plans for one hundred sixty-four (164) 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.	\$154,768 State General Funds
UNM - Center for Development and Disability	Autism Programs	For detailed breakdown, see Autism section of this annual report. CDD has been contracted for: <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>	\$3,528,328 State General Funds
UNM - Center for Development and Disability	Statewide Training Database	Maintains a statewide online training database accessible to all DD Waiver Providers, including the ability to enter and edit personnel lists, generate reports and produce employee transcripts.	\$97,207 State General Funds

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

Program	Location	Scope	Contract Amount
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 style="text-align: center;">\$1,199,455 Contract Amount for FY 2009</p>
Behavioral Health Collaborative	DD/MI Task Force	<p>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.</p>	<p style="text-align: center;">Advisory Body</p>

## 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 and self-directed services.
- DDSD is piloting a program to move individuals into homes of their own choosing in an independent environment.
- DDSD has initiated the Disability Housing Advisory Committee to advise on methods to support the growth of affordable housing options for individuals with disabilities to access affordable housing throughout the state.
- 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.
- Adult State General Funds are 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 was completed and approved in 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 is revising the determinations of performance of provider agencies which include “Meets Requirements”; “Needs Assistance”; “Needs Interventions”; “Needs Substantial Intervention”. The revised process will better able the FIT Program to target training and technical assistance as well as promote compliance within one year.
- The FIT Program will be upgrading the FIT-KIDS (Key Information Data System) to include enhanced reporting capabilities.
- Utilizing \$5.8 million dollars in federal American Recovery and Reinvestment Act (ARRA) funds, the FIT Program will implementing the Extended Part C Option which will include a focus on preschool readiness including per-literacy and numeracy.

- 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.
- UNMCMP began Telehealth educational programs with school nurses at 5 different sites around the state. Additional training sessions are planned for FY 2010. The family handbook continues to be an excellent tool for families as a tool to assist in the organization of services each consumer receives and resources book. The handbook is updated as needed and distributed to families. The Family newsletter has been well received and the family support group continues to grow. A pilot effort for families to attend family support group via Telehealth is underway. The Medically Fragile Waiver renewal is due to CMS March 1, 2010 for renewal date of July 1, 2010. The strategic planning committee continues to work on the three identified areas: increase the capacity of licensed/certified personnel, explore alternate service delivery models, and Medically Fragile Waiver renewal.
- National consultants from the Human Services Research Institute will provide assessment services to DDSD to rework the DD Waiver application prior to renewal.

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