

DDSD News 2011

From the Director

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“Alternatives to Guardianship” developed by the NM Guardianship Association (NMGGA) in English and Spanish. Now on our website

On January 1, 2011 the provider rate reduction of 5% was implemented, as was the 8% reduction in the Annual Resource Allotment (ARA). The 5% rate reduction for family living includes a reduction of 5% in the minimal payment requirement for family living provider monthly reimbursement. I realize that this has caused a high level of stress to all and we have received comments that one service should be cut more and others less. All services are equally important and therefore it was determined that all should share equally in cost containment measures.

In an attempt to be fair and equitable to all we have taken measures to reduce some of the burden for providers and families. Below you will find a list of activities that DOH is doing to assist in the effort.

In place now

- File Matrix and changes to DHI review
- Simple form for Quarterly reports
- Waiver of accreditation with only one three year CARF approval
- Guidance available for required documentation on minimum Medicaid requirements
- eChat: a tool that helps share protected health information between agencies and users
- Extended timeline for implementation of Comprehensive Aspiration Risk Management Plans for those who are not Jackson Class members unless they are hospitalized or receive outpatient treatment for aspiration pneumonia.
- Therapy & BSC considerations checklist to support team discussion of those type of services

In place soon

DDSD Website - a Great Resource

Please take a few minutes to visit the DDSD website at <http://nmhealth.org/ddsd/index.htm>. On the site you can access a variety of information including:

Updates on initiatives like the e-chat and the Developmental Disabilities Waiver Renewal

Health Alerts and Information on Medical and Dental Care

Provider Information: like technical assistance on hot topic and notices of upcoming meetings

Promising practices from New Mexico and elsewhere

Rules (for example Regulations, Standards, Policies) for all programs

Program descriptions, training opportunities and requirements

Publications: like the Case Management Resource Manual and the Meaningful Day Idea Book

DDSD Advisory bodies (Advisory Council on Quality and the Family Infant Toddler Inter agency Coordinating Council)

Tool kits on topic like money management and health care coordination

Links to many other great resources and much much more

From the Director (continued)

Electronic Medication Administration Records ([optional for providers](#))

Electronic Health Passport

Reduction in Case Management Meal Time Plan reviews for individuals still supported via the 2004 Policy and Procedure

Coming with Waiver renewal

Regulations and Standards are being reviewed and rewritten to clarify, streamline and reduce “processes” related to requirements

Please help us better understand your thoughts about services by completing a survey at the link below. <http://www.surveymonkey.com/s/FHF2JWN>

You can also join a discussion on NM DD services at www.Linkedin.com

A Reminder In Support of Team Process

The Interdisciplinary Team process, which includes the Individual and Guardian, is an integral part of the DD Waiver System. All team members are expected to collaborate through open communication and the provision of quality services in support of life visions for the individuals they have been chosen to assist. All too often, however, team members indicate they are “caught off guard” and are “out of the loop” when it comes to important discussions related to program changes or relocation as well as decisions that are made with regards to changes in service providers. Some team members have been asked not to inform other team members about proposed changes until they are almost completed if not already implemented. This can lead to a long standing lack of trust and feelings of disrespect among team members as well as a break down in the team process for future planning.

Please keep in mind that in addition to outlining a number of instances when a team meeting should be called, 7 NMAC 26 (7.26.5.12 Section H (6)) also outlines the expectation for team meetings to be called to “address individual, guardian or provider requests for a program change or relocation” and/or “if the individual or guardian is requesting a discharge or a change of provider agency”. A team meeting called to address requests for change can afford all team members the opportunity to come together to discuss issues that may have prompted the request. It is through this team collaboration, that clarifications may be made and actions identified to address or resolve these issues in support of team stability and consistent service provision for the individual as well as maintain their established lifestyle. It is suggested that all team members become aware of requested changes to programs, service locations, and/or providers in a timely manner. Team members can then adequately plan to support an individual and the team process through meetings regarding proposed changes, actions for resolution and pending transition. A transparent team process, even during times of proposed change or transition, can result in well informed decision making, effective team collaboration and the provision of quality services and supports.

Jackson Litigation Update

DDSD has been working diligently to disengage outcomes related to the litigation. Since July 2007, DOH/DDSD has disengaged 15 items, which are:

Community Inclusion 36A Northwest Region	11/26/2007
Regional Offices Plan of Action	05/29/2008
Behavior E	06/15/2009
Behavior I	06/15/2009
Community Inclusion 36A Metro region	08/07/2009
Sexuality C	08/19/2009
Sexuality D	08/19/2009
Sexuality appendix A	03/25/2010
Behavior appendix A	03/25/2010
Behavior J	05/04/2010
Crisis A	06/24/2010
Crisis appendix A	06/24/2010
Training and Technical Assistance L	08/24/2010
Medical	08/24/2010
ISP B	08/26/2010
Continuous Improvement- . NW region for behavior SE region ISP	September 2010

We have filed additional paragraph 44 letters. Paragraph 44 letters are correspondence notifying the plaintiff's of our intent to disengage an item because we feel we have successfully fulfilled the obligation

The Department of Health appreciates all the hard work you and your staff have invested to provide quality services to the individuals we all serve. We ask that you continue assisting us in meeting the obligations of the Jackson litigation and our continued need to improve compliance with established rules, standards and process necessary to provide for best practices in New Mexico.

We continue to push for disengagement of Jackson. I am sure the new administration will continue the push to end Jackson as the cost of Jackson continues to sky rocket and the compliance requirements to providers continues to increase.

On-Line Course on Self-Employment for Individuals with Disabilities

Are you interested in starting a business but don't know where to start? Do you have a great idea but don't know how to execute it? Have you ever wondered: 'Where can I get money to start a business?' or 'How do I know if self-employment is for me?'

If so, this five-week online course may put you on the path to an exciting new career.

Dates: March 7 through April 4, 2011

The course will cover the following topics:

Writing a Business Plan

Conducting a Feasibility Study

Accessing Community Supports

Identifying Funding

Using Work Incentives

Course Schedule

Week of March 7	Self-Employment Overview
Week of March 14	Social Security Work Incentives, Medicaid Waivers, and Self-Employment
Week of March 21	Accessing Support Services from Vocational Rehabilitation and Community Rehabilitation Programs
Week of March 28	Community Supports for Self-Employment
Week of March 4	Quick Launch Business Start-Up

Each lesson lasts one week and should take approximately four to five hours to complete. All courses are web-based and you must be able to log onto the Internet to access the audio lectures. Weekly lessons include an online discussion forum, audio lectures, and select readings. All participants will be assigned to groups. These groups will be asked to correspond with each other during the course on the course bulletin boards.

Cost for course: \$75 per person. Financial assistance is available upon request.

For more information and to register, please email me at susan.lacombe@nmss.org or call (469) 619-4711. You will be screened for the program and your contact information will be forwarded along to the trainers. Registration is limited and space is on a first-come, first-served basis. **Deadline to register is February 25, 2011.**

Personnel Changes at UNM School of Medicine

We would like to thank Dr. Kerrie Seeger for her many years of work with the DD population at the Transdisciplinary Evaluation and Support Clinic (TEASC) and wish her well on her recent retirement.

We are also pleased that TEASC has hired Dr. Antoinette “Toni” Benton, (formerly with Continuum of Care Project) to fill Dr. Seeger’s vacancy, thus assuring a Family Practice physician with vast experience working with patients who have DD and their teams in a leadership position at TEASC.

Continuum of Care is recruiting a physician to fill the vacancy left in their project by Dr. Benton’s transition to TEASC. If you know of any great physicians who may be interested have them contact Continuum of Care at 505-925-2350.

*The biggest room in
the world is the room
for improvement.*

Recall

[Reese Pharmaceutical Company Announces the Voluntary Nationwide Recall of Certain Over-The-Counter Cold Relief Products that are Mislabeled.](#)

Fri, 10 Dec 2010 18:42:00 -0600

Reese Pharmaceutical Company of Cleveland, Ohio has voluntarily recalled lot# 091612 only in 60-count size bottles identified under four different brand names, listed in the table below, because cold decongestant tablets (containing Acetaminophen 325 mg, Phenylephrine 5 mg & Chlorpheniramine Maleate 2 mg) were mislabeled as containing only 200mg Guaifenesin tablets. This mislabeling could cause a consumer to ingest the product and unknowingly be exposed to serious side effects of acetaminophen, phenylephrine or chlorpheniramine.