

# **PROVIDER APPLICATION**



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

### **Provider Enrollment Unit**

**SUPPORTS WAIVER (SW)**

**P. O. Box 2611  
Santa Fe, New Mexico 87502-0110  
OR  
1190 S. St. Francis Drive, Suite S1203  
Santa Fe, New Mexico 87505**

**Effective Date November 1, 2022  
Revised February 2, 2024**

**Department of Health, Cabinet Secretary  
Patrick M. Allen**



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

Dear DDS Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Supports Waiver (SW) Medicaid Waiver Program.

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

For assistance in completing the application, please contact Tammy M. Barth at (505) 469-8480 or via email at [Tammy.Barth@doh.state.gov](mailto:Tammy.Barth@doh.state.gov).

Sincerely,

*Dr. Jose Acosta*

Dr. José Acosta, Director  
Department of Health  
Developmental Disabilities Supports Division

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# **I. OVERVIEW OF THE SUPPORTS WAIVER (SW) MEDICAID PROGRAM**

## **A. Overview of Waiver Program and Waiver Background Information**

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

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

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient’s selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

## **B. Conflict of Interest**

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict-of-interest issues. This applies to the DD, MF and Supports Waiver providers. See NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.

A Case Management or Community Supports Consultant Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management or Community Supports Consultant Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers and Community Supports Consultants are not able to serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD, MF or Supports Waiver services that has a marital, blood, business interests or holds financial interest in providing direct care for individuals receiving Home and Community Based Services (HCBS). Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.

### **C. Supports Waiver (SW) Summary**

The Supports Waiver (SW), New Mexico's newest Home and Community Based Services (HCBS) Waiver offering an alternative to institutionalization in an ICF/IID. The program is intended to provide an option for support to individuals who are on the Developmental Disabilities (DD) Waiver Wait List waiting for an allocation to the DD/Mi Via Waivers. Individuals will keep their place on the DD Waiver Wait List, for the DD Waiver or the Mi Via Waiver, while they access the SW. The program serves individuals who:

- a) Meet the state/federal definition of developmental disabilities.
- b) Meet the clinical criteria for placement in an ICF/IID facility.
- c) May currently be in an alternative placement in the community.
- d) Meet established Medicaid financial and non-financial eligibility criteria; and
- e) May reasonably be expected to receive services and support in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this if the aggregate cost of care for all consumers receiving service and support under the DD Medicaid Waiver program is less than the cost of institutional care.)
- f) Have intellectual/developmental disabilities or a specific related condition.

Please note: Children in pend status are not on the DD Waiver Wait List and therefore, will not be offered the SW.

## II. INSTRUCTIONS AND REQUIREMENTS

### A. *Application Requirements*

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

### B. *Where to Submit*

DOH / DDS D / Provider Enrollment Unit (PEU)

#### Mailing Address

PO Box 26110  
Santa Fe, New Mexico 87502-0110

#### Physical Address

1190 S. St. Francis Drive, Suite S1203  
Santa Fe, New Mexico 87505

### C. *Application Format*

Applications that do not conform to the required outline described in all sections may be returned.

1. It is the applicant's responsibility to ensure that all pages are numbered, and appropriate documents are included.
2. Submit only single-sided copies.
3. Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
  - a. Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria. Scoring criteria, applicable NMAC and service standards are listed under each scored policy in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful authoritative document is required.
  - b. Use separate pages for each authoritative document and section.
  - c. Number pages.

### D. *DDS D Required Application Forms*

DDS D requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

1. **Provider Information Sheet:** This form must be used as a cover page when the application is submitted.
2. **Service and County Request Form(s):** This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)
3. **Statement of Assurances Form**
4. **Provider Agency Status Sheet (Renewing Providers Only)**

**E. Accreditation Requirements**

Some providers are required to be accredited by either CARF International or The Council on Quality and Leadership. Refer to the tables below for requirements by service type.

**Options for the Waiver Service Types with Accreditation Requirements**

Waiver Service	CARF International	The Council on Quality and Leadership
Community Supports Coordinator	Aging Service	Quality Assurances Accreditation
Customized Community Supports-Group	Employment and Community Services / Aging Services	Quality Assurances Accreditation
Respite	Employment and Community Services	Quality Assurances Accreditation
Supported Employment	Employment and Community Services	Quality Assurances Accreditation

Agencies applying for the first time must provide a detailed plan that outlines timelines to ensure the agency is accredited within the next eighteen (18) months and/or a letter from an accrediting body showing when your survey will take place.

Currently, accredited providers must provide a copy of the letter and certificate showing current accreditation status for the agency or a copy of the letter received from the Department granting a waiver from the accreditation requirement.

Accreditation waivers are only good through the term of the agency’s current Provider Agreement. **You must submit a new request for a waiver of accreditation during your renewal period to the PEU for consideration.**

## **F. DDSD Required Documentation for and Supports Waiver**

1. **Articles of Incorporation or Organization and current board members (if applicable).**  
The applicant must submit a current list of each board member's name, home address, phone number and email address.
2. **Combined Reporting System (CRS) Certificate** Proof of registration with the NM Taxation and Revenue Department.
3. **Proof of General or Professional Liability Insurance** (one-million dollar minimum), naming Department of Health as an additional insured. **(New Providers, within 30 days of approval)**
4. **Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance** (ten-thousand dollar minimum) naming the Department of Health as loss payee. **(New Providers, within 30 days of approval)**
5. **Professional Licensure** All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services: Behavior Therapy, Community Supports Coordinator and Environmental Modification.
6. **Financials**

**New Providers are required to submit** a business plan, including anticipated expenses for a three (3) month period and most current, last three (3) bank statements or line of credit.

### **Renewing Providers are required to submit:**

- Annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by accountant.
- Description of the agency's current operating budget.

#### *Language to watch for:*

- *Include information about resources devoted to staff and Board (if applicable) training.*
- *Include short and long-term financial goals.*
- *The applicant can show it has 3 months of operating costs available.*
- *The applicant can show routine and regular financial audits are conducted. Identify the percentage or amount of the agency budget devoted to staff (and Board, if applicable), training and technical assistance.*

7. **Latest Quality Management Bureau (QMB) survey results, if applicable.** The applicant must submit their latest QMB survey Determination of Compliance Letter.
8. Provide your agency's **Mission statement.**

9. Provide the agency’s **Organizational chart** and brief position descriptions including management and supervisory positions.  
*The Organizational Chart and position descriptions should show positions that relate to the service type, understand the service system, know the communities their clients live in and what community options are available to their clients.*  
*The applicant should show an administrative structure that provides support to staff including managing, monitoring, teaching, and improvement in practice.*

**G. Supports Waiver Agency Authoritative Documents Per Service Type**

Supports Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency’s documents that address the following and include document titles and use the grid below to provide page numbers where each numbered area is addressed.

The authoritative documents will need to adequately address all requirements listed below and the Agency should demonstrate that the authoritative documents are reviewed and or updated at least every three years by the Agency.

Policy/Procedure/Agency Document Provide the Agency Document which applies the indicated topical area. The corresponding Authoritative document is included for your reference.	Applicable Service(s) X marks the applicable service										Agency's Document Title	Page #
	Community Supports Coordination	Assistive Technology	Behavior Support Consultation	Customized Community Support	Environmental Modification	Non-Medical Transportation	Personal Care	Respite	Supported Employment	Vehicle Modification		
Billing and Record Keeping: <i>SW Chapter 12, NMAC 8.302.2</i>	X	X	X	X	X	X	X	X	X	X		
Community Resources: <i>SW Chapter 16</i>	X											
Complaint/Grievance Procedures Available to Individuals and/or Guardians: <i>SW Chapters 15 and 16</i>	X	X	X	X	X	X	X	X	X	X		
Compliance with Service Specific Standards: <i>SW Chapter 17</i>	X	X	X	X	X	X	X	X	X	X		

Coordination with MCO Care Coordinators: <i>SW Chapter 5</i>	x												
Emergency Response Plan including continuity of care plan for agency operation and service delivery: <i>SW Chapters 7 and 15</i>	x	x	x	x	x	x	x	x	x	x			
Freedom of Choice and Non-solicitation: <i>SW Chapter 2 and 7</i>	x	x	x	x	x	x	x	x	x	x			
General Qualifications to include Education and Training Requirements as well as risk Management and Abuse Neglect and Exploitation reporting and training: <i>SW Chapters 14 and 15 service specific as applicable, NMAC 7.14.1 and NMAC 8.314.7 as promulgated</i>	x	x	x	x	x	x	x	x	x	x			
Person-Centeredness: <i>SW Chapter 1</i>	x	x	x	x	x	x	x	x	x	x			
Pre-eligibility, Enrollment Activities and Annual Recertification: <i>SW Chapters 4,6,16</i>	x												
Quality Assurance/Quality Improvement Plan: <i>SW Chapter 15</i>	x	x	x	x	x	x	x	x	x	x			
Selecting Service Delivery Model and Transitions: <i>SW Chapters 2, 6 and 16</i>	x												
Service provision according to ISP and budget approval and Monitoring implementation: <i>SW Chapters 2,8, 9, 11, 12 and 16</i>	x	x	x	x	x	x	x	x	x	x			
Submitting the ISP/Budget request: <i>SW Chapters 8.</i>	x			x		x	x		x				

## II. OVERVIEW OF REVIEW PROCESS

### A. Application Review Process

1. Each section will be scored and must achieve a passing score.

Does Not Meet		Meets		
No proposal	Incomplete proposal lacking in evidence	Satisfactory proposal	Strong overall proposal with strong supportive evidence, few areas of weakness	Detailed and compelling proposal supported by substantial evidence throughout. No weaknesses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (*This box expands for comments):				

2. Scoring is by committee/or subject matter expert:
3. Committee membership may include Bureau of Behavioral Supports (BBS), Clinical Services Bureau (CSB), Generalists, Community Inclusion (CI), Case Management (CM), Regional Nurse, Regional Office (RO) Director, Subject Matter Expert (SME), and Committee Chair (Provider Enrollment Manager). The Committee Chair will not score/vote on application reviews.
4. Each committee member will review the portion of the application that pertains to their area of expertise. For example, Community Inclusion Coordinators will review SE and CCS; Statewide Case Management Lead will review Case Management etc.
5. The Committee Chair will assign applications to the RO Director or SME Lead, as determined by the application type.
6. Discretion will be allowed for the Committee Chair to confer with RO Directors and/or SME Leads to determine the assigned Lead for multiregional applications so that one expert review one section of the application eliminating duplicative scoring.
7. The Lead for each review will be a RO Director or SME Lead (Behavior Support Consultation (BSC), Therapies, Medically Fragile (MF)) assigned by the Committee Chair and will be responsible to have the final review on the application prior to sending to PEU.
8. The Lead is responsible for pulling together the local committee comprised of appropriate committee members, including any additional staff needed for a particular review.
9. Committee Chair is responsible for coordination, collection duties, and establishing timelines and due dates (reviewers have ten (10) business days to review the application from the date received from the Committee Chair, unless an exception is granted by the Committee Chair.
10. The Lead is responsible to send a completely vetted application with one (1), finalized scoring sheet from the local Committee to the Committee Chair by the established deadline.

## ***B. Remediation Process for Existing Providers***

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
2. A second, written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDS D should be consistent across the State, regardless of which DDS D employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
3. A third RFI will be issued by the Committee Chair in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through the transition process mentioned below. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
4. An application fee of five-hundred dollars will be charged to the Provider for the additional review by the Committee Chair. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
5. A Denial will be issued by DDS D. The denial will be issued by the Committee Chair for one-year from the date the last person is transitioned out of the provider agency.
6. If a denial is issued, the transition process will begin immediately.

## ***C. Remediation Process for New Providers***

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
2. A second written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDS D should be consistent across the State, regardless of which DDS D employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair.
3. If the RFI is not returned or remains insufficient a third RFI will be issued by the Committee Chair to the provider including the original referral for TA. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
4. An application fee of five-hundred dollars will be charged by the Committee Chair to the Provider for the additional review. The Provider has ten (10) business days

to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

5. A Denial will be issued by DDSD. The Denial will be issued by the Committee Chair for one-year from the date of denial.

#### ***D. Term of Agreement***

1. **For providers of services which require accreditation:**
  - a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDSD.
  - a. Providers that are subject to review by the Quality Management Bureau will be surveyed six months from the date of service to an individual on the MFW.
  - b. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDSD personnel.
  - c. The Provider Agreement will never exceed the accreditation term.
2. **For providers of services which do not require accreditation:**
  - a. New providers will receive a one (1) year provisional term.
  - b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDSD personnel.
3. **For renewing providers,** the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous twenty-four (24) months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:
  - a. Individual Quality Review (IQR) findings.
  - b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).
  - c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.
  - d. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.
  - e. Directed Plans of Corrective Active (DCA) related to Internal Review Committee.

## **V. DSD CONTACT INFORMATION**

### **Community Programs Bureau**

#### **Provider Enrollment Unit**

**Tammy M. Barth, Manager**

P.O. Box 26110  
Santa Fe, NM 87502-0110  
Phone: (505) 469-8480  
Fax: (505) 476-8894

### **Metro Regional Office**

#### **Regional Office Director**

Floor  
Albuquerque, NM 87110  
Phone: (505) 595-4458  
Toll Free: (800) 283-5500  
Fax: (505) 841-5546

### **Northeast Regional Office**

#### **Director**

B  
Taos, NM 87571  
Phone: (505) 476-2730  
Toll Free: (866) 315-7123  
Fax: (575) 758-5973

### **Northwest Regional Office**

#### **Aaron Joplin, Regional Office Director**

355 S. Miller  
Farmington, NM 87401  
Phone: (575) 478-3035  
Toll Free: (866) 862-0448  
Fax: (505) 326-3148

### **Southeast Regional Office**

#### **Guy Irish, Regional Office Director**

726 B. South Sunset  
Roswell, NM 88203  
Phone: (575) 246-0024  
Toll Free: (866) 895-9138  
Fax: (575) 624-6104

### **Southwest Regional Office**

#### **Isabel Casaus, Regional Office Director**

1170 N. Solano Drive, Suite G Las Cruces, NM 88001-  
2369 Phone: (575) 932-8221  
Toll Free: (866) 742-5226  
Fax: (575) 528-5194

### **Bureau of Behavioral Supports**

#### **Susan Seefeldt, Bureau Chief**

5300 Homestead, Suite 223  
Albuquerque, NM 87110  
Phone: (505) 220-0580  
Main Line: (505) 841-5532  
Fax: (505) 841-5554

### **Clinical Services Bureau Michael Driskell,**

#### **Alecia Pulu, Bureau Chief** 5300 Homestead, 2<sup>nd</sup>

5300 Homestead, 2<sup>nd</sup> Floor  
Albuquerque, NM 87110  
Phone: (505) 538-0890  
Toll Free: (800) 283-8415  
Fax: (505) 841-2987

### **Medically Fragile Waiver Vacant Regional Office**

#### **VACANT, Program Manager** 224 Cruz Alta, Suite

5300 Homestead, 2<sup>nd</sup> Floor  
Albuquerque, NM 87110  
Phone: (505)  
Fax: (505) 841-2987

### **Supports Waiver**

#### **Anysia Fernandez, Program Manager**

224 Cruz Alta, Suite B  
Taos, NM 87571  
Phone: (505) 629-7476  
Toll Free: (866) 315-7123  
Fax: (575) 758-5973

### **Community Inclusion - Employment**

#### **Frank Gaona, Supported Employment Lead**

5300 Homestead, 2<sup>nd</sup> Floor  
Albuquerque, NM 87110  
Phone: (505) 795-2821  
Toll Free: (800) 283-5500  
Fax: (505) 841-5546

## ***APPENDIX 1***

### **MEDICAID REGULATIONS**

Go to the NM Human Services Department website at:

<https://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division-1.aspx>

1. Medicaid Eligibility Home and Community Based Waiver Services.
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

### **SUPPORTS WAIVER SERVICE STANDARDS**

Go to the DDS website at:

[Supports Waiver \(nmhealth.org\)](https://www.nmhealth.org/supports-waiver)

### **BILLING RATES SUPPORTS WAIVER**

Go to the NM Human Services Department website at:

[Fee Schedules | New Mexico Human Services Department \(state.nm.us\)](https://www.state.nm.us/human-services/fee-schedules)

### **DDSD SAMPLE PROVIDER AGREEMENT**

Go to the NM Department of Health website at:

[DD & Medically Fragile Waiver Provider Enrollment \(nmhealth.org\)](https://www.nmhealth.org/dd-medically-fragile-waiver-provider-enrollment)

### **DDSD ACCREDITATION INFORMATION**

<https://www.nmhealth.org/publication/view/general/6293/>

Go to Chapter 15.1.3 – Accreditation

### **INCIDENT MANAGEMENT SYSTEM GUIDE**

Go to the NM Department of Health website at:

[Health Improvement \(nmhealth.org\)](https://www.nmhealth.org/health-improvement)

### **TRANSITION OF DD WAIVER INDIVIDUALS**

Go to the NM Department of Health website at:

<https://www.nmhealth.org/publication/view/general/6293/>

Go to Chapter 12.6 – Expiration or Termination of Provider Agreement

### **TRAINING REQUIREMENTS**

Go to the NM Department of Health website at:

[Training \(nmhealth.org\)](https://www.nmhealth.org/training)

### **THE MEANINGFUL DAY IDEA BOOK**

The definition of a Meaningful Day

Go to the NM Department of Health website at:

<https://www.nmhealth.org/publication/view/general/4079/>

## **APPENDIX 2**

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ANE	Abuse Neglect and Exploitation
ARA	Annual Resource Allotment
ARM	Aspiration Risk Management
AWMD	Assistance with Medication Delivery
AT	Assistive Technology
BBS	Bureau of Behavioral Supports
BCIP	Behavior Crisis Intervention Plan
BSC	Behavior Support Consultation
BWS	Budget Worksheet
CARMP	Comprehensive Aspiration Risk Management Plan
CCS	Customized Community Supports
CIA	Client Individual Assessment
CIE	Community Integrated Employment
CIHS	Customized In-Home Supports
CIU	Client Information Update
CMA	Certified Medication Aide
CMS	Centers for Medicare and Medicaid Services
COE	Category of Eligibility
COP	Condition of Participation
CPA	Corrective and Preventive Action Plan
CPB	Community Programs Bureau
CPR	Cardiopulmonary Resuscitation.
CRU	Central Registry Unit
DDSD	Developmental Disabilities Supports Division
DDSQI	Developmental Disabilities Services Quality Improvement
DCP	Decision Consultation Process
DHI	Division of Health Improvement
DME	Durable Medical Equipment
DOH	Department of Health
DSP	Direct Support Personnel
DVR	Division of Vocational Rehabilitation
e-CHAT	Electronic Comprehensive Health Assessment Tool:
EMSP	Environmental Modification Service Provider
EPR	Emergency Physical Restraint
EPSDT	Early Periodic Screening Diagnosis and Treatment
FRC	Friends and Relationships Course
GER	General Events Reporting
GERD	Gastro Esophageal Reflux Disease

H&P	Health and Physical
HCBS	Home and Community Based Services
HCP	Health Care Plan
HIPAA	Health Insurance Portability and Accountability Act
HRC	Human Rights Committee
HSD	Human Services Department
IASP	Individual Action and Safety Plan
I/DD	Intellectual and/or Developmental Disabilities
ICF/IID	Intermediate Care Facility for Individuals with ID
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEB	Intake and Eligibility Bureau
IMB	Incident Management Bureau
IMLS	Intensive Medical Living Services
IQR	Individual Quality Review
IRC	Internal Review Committee
ISD	Income Support Division
ISP	Individual Service Plan
IST	Individual Specific Training
ITP	Individual Transition Plan
JCM	Jackson Class Member
KPI	Key Performance Indicator
LCA	Living Care Arrangement
LOC	Level of Care
LPN	Licensed Practical Nurse
MAAT	Medication Administration Assessment Tool
MAR	Medication Administration Record
MCO	Managed Care Organization
MERP	Medical Emergency Response Plan
NMAC	New Mexico Administrative Code
OOHP	Out of Home Placement
OR	Outside Review(er)
OT	Occupational Therapy/Therapist
PBS	Positive Behavior Support
PBSA	Positive Behavior Supports Assessment
PBSP	Positive Behavior Supports Plan
PCA	Person Centered Assessment
PCP	Person-centered planning
PEU	Provider Enrollment Unit
PFOC	Primary Freedom of Choice
POC	Plan of Correction
PPMP	PRN Psychotropic Medication Plans

PRN	Pro Re Nada- as-needed
PRSC	Preliminary Risk Screening and Consultation
PT/ PTA	Physical Therapy/Therapy(ist)/ PT Assistant
QA	Quality Assurance
QI	Quality Improvement
QIS	Quality Improvement Strategy
QMB	Quality Management Bureau
RFI	Request for Information
RMP	Risk Management Plan
RN	Registered Nurse
RORA	Regional Office Request for Assistance
SE	Supported Employment
SFOC	Secondary Freedom of Choice
SLP	Speech-Language Pathologist
SSE	Socialization and Sexuality Education
SARL	Statewide Aspiration Risk List
TPA	Third Party Assessor
TSS	Teaching and Support Strategies
WCF	Waiver Change Form
WDSI	Written Direct Support Instructions
WIOA	Workforce Innovation and Opportunity ACT