

Date: March 30, 2017

To: Kristin Martin, Executive Director  
 Provider: New Mexico Quality Case Management, Inc.  
 Address: 4004 Carlisle NE, Ste A-1  
 State/Zip: Albuquerque, New Mexico 87107

E-mail Address: [nmqcm@swcp.com](mailto:nmqcm@swcp.com)

Region: Metro  
 Survey Date: January 13 – 19, 2017  
 Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: 2007 & 2012 Case Management

Survey Type: Routine

Team Leader: Lora Norby, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Anthony Fragua, BFA, Health Program Manager, Division of Health Improvement/Quality Management Bureau; Jason Cornwell, MA, MFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Corrina Strain, RN, BSN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Kandis Gomez, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau and Chris Melon, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Martin;

The Division of Health Improvement/Quality Management Bureau has completed a compliance survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

**Determination of Compliance:**

The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

***Compliance with all Conditions of Participation.***

This determination is based on your agency's compliance with CMS waiver assurances at the Condition of Participation level. The attached QMB Report of Findings indicates Standard Level deficiencies identified and requires implementation of a Plan of Correction.

**DIVISION OF HEALTH IMPROVEMENT**  
 5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
 (505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>



### **Plan of Correction:**

The attached Report of Findings identifies the Standard Level and/or Condition of Participation deficiencies found during your agency's compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 45 business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction) from the receipt of this letter.

During the exit interview of your on-site survey Attachment A on the Plan of Correction Process was provided to you. Please refer to Attachment A for specific instruction on completing your Plan of Correction. At a minimum your Plan of Correction should address the following for each Tag cited:

### **Corrective Action:**

- How is the deficiency going to be corrected? (i.e. obtained documents, retrain staff, individuals and/or staff no longer in service, void/adjusts completed, etc.) This can be specific to each deficiency cited or if possible an overall correction, i.e. all documents will be requested and filed as appropriate.

### **On-going Quality Assurance/Quality Improvement Processes:**

- What is going to be done? (i.e. file reviews, periodic check with checklist, etc.)
- How many individuals is this going to affect? (i.e. percentage of individuals reviewed, number of files reviewed, etc.)
- How often will this be completed? (i.e. weekly, monthly, quarterly, etc.)
- Who is responsible? (responsible position)
- What steps will be taken if issues are found? (i.e. retraining, requesting documents, filing RORI, etc.)

### **Submission of your Plan of Correction:**

Please submit your agency's Plan of Correction in the space on the two right columns of the Report of Findings. (See *attachment "A" for additional guidance in completing the Plan of Correction*).

Within 10 business days of receipt of this letter your agency Plan of Correction must be submitted to the parties below:

1. **Quality Management Bureau, Attention: Amanda Castaneda, Plan of Correction Coordinator  
1170 North Solano Suite D Las Cruces, New Mexico 88001**
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Upon notification from QMB that your *Plan of Correction has been approved*, you must implement all remedies and corrective actions to come into compliance. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as your POC approval and all remedies must be completed within 45 business days of the receipt of this letter.

Failure to submit your POC within the allotted 10 business days or complete and implement your Plan of Correction within the total 45 business days allowed may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

### **Billing Deficiencies:**

If you have deficiencies noted in this report of findings under the *Service Domain: Medicaid Billing/Reimbursement*, you must complete a Void/Adjust claims or remit the identified overpayment via a check within 30 calendar days of the date of this letter to HSD/OIG/PIU, *though this is not the preferred method of payment*. If you choose to pay via check, please include a copy of this letter with the payment. Make the check payable to the New Mexico Human Services Department and mail to:

*Attention: Lisa Medina-Lujan*  
HSD/OIG  
Program Integrity Unit  
2025 S. Pacheco Street  
Santa Fe, New Mexico 87505

Or if using UPS, FedEx, DHL (courier mail) send to physical address at:

*Attention: Lisa Medina-Lujan  
HSD/OIG  
Program Integrity Unit  
1474 Rodeo Road  
Santa Fe, New Mexico 87505*

Please be advised that there is a one-week lag period for applying payments received by check to Voided/Adjusted claims. During this lag period, your other claim payments may be applied to the amount you owe even though you have sent a refund, reducing your payment amount. For this reason, we recommend that you allow the system to recover the overpayment instead of sending in a check.

**Request for Informal Reconsideration of Findings (IRF):**

If you disagree with a finding of deficient practice, you have 10 business days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief  
5301 Central Ave NE Suite #400  
Albuquerque, NM 87108  
Attention: IRF request

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 total business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction). Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please call the Plan of Correction Coordinator Amanda Castaneda at 575-373-5716 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

*Lora Norby*

Lora Norby  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date: January 13, 2017

Contact: **New Mexico Quality Case Management, Inc.**  
Kristin Martin, Executive Director / Case Manager

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor

Entrance Conference Date: January 17, 2017

Present: **New Mexico Quality Case Management, Inc.**  
Kristin Martin, Executive Director / Case Manager

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor  
Anthony Fragua, BFA, Health Program Manager  
Jason Cornwell, MA, MFA, Healthcare Surveyor

Exit Conference Date: January 19, 2017

Present: **New Mexico Quality Case Management, Inc.**  
Kristin Martin, Executive Director / Case Manager

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor  
Deb Russell, BS, Healthcare Surveyor  
Jason Cornwell, MA, MFA, Healthcare Surveyor  
Chris Melon, MPA, Healthcare Surveyor  
Corrina Strain, RN, BSN, Healthcare Surveyor

**DDSD - Metro Regional Office**  
Ellen Hardman, Case Manager Coordinator

Administrative Locations Visited Number: 1

Total Sample Size Number: 25  
5 - Jackson Class Members  
20 - Non-Jackson Class Members

Persons Served Records Reviewed Number: 25

Total Number of *Secondary Freedom of Choices* Reviewed: Number: 112

Case Managers Interviewed Number: 6 (Executive Director performs dual role as a Case Manager)

Case Mgt Personnel Records Reviewed Number: 6 (Executive Director performs dual role as a Case Manager)

Administrators Interviewed Number: 1

Administrative Files Reviewed

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Individual Medical and Program Case Files, including, but not limited to:
  - Individual Service Plans
  - Progress on Identified Outcomes
  - Healthcare Plans
  - Medical Emergency Response Plans
  - Therapy Evaluations and Plans
  - Healthcare Documentation Regarding Appointments and Required Follow-Up
  - Other Required Health Information
- Internal Incident Management Reports and System Process
- Personnel Files
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
DOH - Office of Internal Audit  
HSD - Medical Assistance Division  
MFEAD – NM Attorney General

## Attachment A

### Provider Instructions for Completing the QMB Plan of Correction (POC) Process

#### **Introduction:**

After a QMB Compliance Survey, your QMB Report of Findings will be sent to you via e-mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued deficiencies and non-compliance.

Agencies must submit their Plan of Correction within ten (10) business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 business days may be referred to the Internal Review Committee [IRC] for possible actions or sanctions).

Agencies must fully implement their approved Plan of Correction within 45 business days (10 business days to submit your POC for approval and 35 days to implement your approved Plan of Correction) from the date they receive the QMB Report of Findings (Providers who fail to complete a POC within the 45 business days allowed will be referred to the IRC for possible actions or sanctions.)

If you have questions about the Plan of Correction process, call the Plan of Correction Coordinator at 575-373-5716 or email at [AmandaE.Castaneda@state.nm.us](mailto:AmandaE.Castaneda@state.nm.us). Requests for technical assistance must be requested through your Regional DDSD Office.

The POC process cannot resolve disputes regarding findings. If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) business days of receiving your report. Please note that you must still submit a POC for findings that are in question (see Attachment "C").

#### **Instructions for Completing Agency POC:**

##### **Required Content**

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the regulation cited is in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance Plan.

If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

##### **The Plan of Correction must address the six required Center for Medicare and Medicaid Services (CMS) core elements to address each deficiency cited in the Report of Findings:**

1. How the specific and realistic corrective action will be accomplished for individuals found to have been affected by the deficient practice.
2. How the agency will identify other individuals who have the potential to be affected by the same deficient practice, and how the agency will act to protect individuals in similar situations.
3. What QA measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
4. Indicate how the agency plans to monitor its performance to make sure that solutions are sustained. The agency must develop a QA plan for ensuring that correction is achieved and

- sustained. This QA plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and
5. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.

*The following details should be considered when developing your Plan of Correction:*

- Details about how and when Consumer, Personnel and Residential files are audited by Agency personnel to ensure they contain required documents;
- Information about how Medication Administration Records are reviewed to verify they contain all required information before they are distributed, as they are being used, and after they are completed;
- Your processes for ensuring that all staff are trained in Core Competencies, Abuse, Neglect and Exploitation Reporting, and Individual-Specific service requirements, etc.;
- How accuracy in Billing/Reimbursement documentation is assured;
- How health, safety is assured;
- For Case Management Providers, how Individual Specific Plans are reviewed to verify they meet requirements, how the timeliness of LOC packet submissions and consumer visits are tracked;
- Your process for gathering, analyzing and responding to Quality data indicators; and,
- Details about Quality Targets in various areas, current status, analyses about why targets were not met, and remedies implemented.

**Note: Instruction or in-service of staff alone may not be a sufficient plan of correction.** This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not recur.

#### ***Completion Dates***

- The plan of correction must include a **completion date** (entered in the far right-hand column) for each finding. Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 total business days.
- Direct care issues should be corrected immediately and monitored appropriately.
- Some deficiencies may require a staged plan to accomplish total correction.
- Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

#### ***Initial Submission of the Plan of Correction Requirements***

1. The Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
2. For questions about the POC process, call the POC Coordinator, Amanda Castaneda at 575-373-5716 or email at [AmandaE.Castaneda@state.nm.us](mailto:AmandaE.Castaneda@state.nm.us) for assistance.
3. For Technical Assistance (TA) in developing or implementing your POC, contact your Regional DDSD Office.
4. Submit your POC to Amanda Castaneda, POC Coordinator in any of the following ways:
  - a. Electronically at [AmandaE.Castaneda@state.nm.us](mailto:AmandaE.Castaneda@state.nm.us) (*preferred method*)
  - b. Fax to 575-528-5019, or
  - c. Mail to POC Coordinator, 1170 North Solano Ste D, Las Cruces, New Mexico 88001
5. Do not submit supporting documentation (evidence of compliance) to QMB until after your POC has been approved by the QMB.
6. QMB will notify you when your POC has been “approved” or “denied.”

- a. During this time, whether your POC is “approved,” or “denied,” you will have a maximum of 45 business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
  - b. If your POC is denied, it must be revised and resubmitted as soon as possible, as the 45 business day limit is in effect.
  - c. If your POC is denied a second time your agency may be referred to the Internal Review Committee.
  - d. You will receive written confirmation when your POC has been approved by QMB and a final deadline for completion of your POC.
  - e. Please note that all POC correspondence will be sent electronically unless otherwise requested.
7. Failure to submit your POC within 10 business days without prior approval of an extension by QMB will result in a referral to the Internal Review Committee and the possible implementation of monetary penalties and/or sanctions.

### ***POC Document Submission Requirements***

Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

1. Your internal documents are due within a maximum of 45 business days of receipt of your Report of Findings.
2. It is preferred that you submit your documents via USPS or other carrier (scanned and saved to CD/DVD disc, flash drive, etc.). If the documents do not contain protected Health information (PHI) the preferred method is that you submit your documents electronically (scanned and attached to e-mails).
3. All submitted documents must be annotated; please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
4. Do not submit original documents; Please provide copies or scanned electronic files for evidence. Originals must be maintained in the agency file(s) per DDSD Standards.
5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
6. When billing deficiencies are cited, you must provide documentation to justify billing and/or void and adjust forms submitted to Xerox State Healthcare, LLC for the deficiencies cited in the Report of Findings.

Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator, prior to the due date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

## Attachment B

### Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Management system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified in the QMB Report of Findings. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in the following Service Domains.

#### Case Management Services (*Four Service Domains*):

- Plan of Care: ISP Development & Monitoring
- Level of Care
- Qualified Providers
- Health, Safety and Welfare

#### Community Living Supports / Inclusion Supports (*Three Service Domains*):

- Service Plans: ISP Implementation
- Qualified Provider
- Health, Safety and Welfare

### Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP (See the next section for a list of CoPs). The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for

significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

**CoPs and Service Domains for Case Management Supports are as follows:**

**Service Domain: Plan of Care ISP Development & Monitoring**

Condition of Participation:

1. **Individual Service Plan (ISP) Creation and Development:** Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

2. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

**Service Domain: Level of Care**

Condition of Participation:

3. **Level of Care:** The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

**CoPs and Service Domain for ALL Service Providers is as follows:**

**Service Domain: Qualified Providers**

Condition of Participation:

4. **Qualified Providers:** Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

***CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:***

**Service Domain: Service Plan: ISP Implementation**

Condition of Participation:

5. **ISP Implementation:** Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes / action step.

**Service Domain: Health, Welfare and Safety**

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight):** The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

## QMB Determinations of Compliance

### Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

### Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

### Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains and/or 6 or more Condition of Participation level deficiencies overall, as well as widespread Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction.

This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

**Guidelines for the Provider  
Informal Reconsideration of Finding (IRF) Process**

**Introduction:**

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated “Document Request,” or “Administrative Needs,” etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

**Instructions:**

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at [Crystal.Lopez-Beck@state.nm.us](mailto:Crystal.Lopez-Beck@state.nm.us) for assistance.

**The following limitations apply to the IRF process:**

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the 1standards and regulations.

The IRF Committee will review the request, the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

**Agency:** New Mexico Quality Case Management, Inc. - Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: Case Management  
 2007: Case Management  
**Monitoring Type:** Routine Survey  
**Survey Date:** January 13 – 19, 2017

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI & Responsible Party	Date Due
<p><b>Service Domain: Plan of Care - ISP Development &amp; Monitoring</b> – Service plans address all participants’ assessed needs (including health and safety risk factors) and goals, either by waiver services or through other means. Services plans are updated or revised at least annually or when warranted by changes in the waiver participants’ needs.</p>			
<p><b>Tag # 1A08 Agency Case File</b></p>	<p><b>Standard Level Deficiency</b></p>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) I. Case Management Services: 1. Scope of Services: S.</b> Maintain a complete record for the individual’s DDW services, as specified in DDSD Consumer Records Requirements Policy;</p> <p><b>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director’s Release: Consumer Record Requirements eff. 11/1/2012 III. Requirement Amendments(s) or Clarifications:</b></p> <p>A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver in accordance with the Individual Case File Matrix incorporated in this director’s release.</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 24 of 25 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• <b>Current Emergency &amp; Personal Identification Information</b> <ul style="list-style-type: none"> <li>◦ Did not contain Pharmacy Information (#23)</li> <li>◦ Did not contain current Case Manager Information (#13)</li> </ul> </li> <li>• <b>ISP Assessment Checklist Appendix 1 (#5, 7, 9, 10, 11, 12, 13, 15, 16, 18, 20, &amp; 21)</b></li> <li>• <b>ISP Signature Page</b> <ul style="list-style-type: none"> <li>◦ Not Fully Constituted IDT (No evidence of Individual, Guardian and Physical Therapist involvement) (#8)</li> </ul> </li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

<p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <ol style="list-style-type: none"> <li>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</li> <li>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual, and the most current completed Health Assessment Tool (HAT);</li> <li>(3) Progress notes and other service delivery documentation;</li> </ol>	<ul style="list-style-type: none"> <li>◦ Not Fully Constituted IDT (<i>No evidence of Behavioral Support Consultant and Speech Therapist involvement</i>) (#25)</li> <li>• Addendum A (#6, 16)</li> <li>• <b>Individual Specific Training Section (ISP)</b> <ul style="list-style-type: none"> <li>◦ Occupational Therapy listed on IST, however, nowhere else in ISP or on current budget (#23)</li> <li>◦ Physical Therapy not listed on IST (#24)</li> </ul> </li> <li>• <b>Assistive Technology Inventory List</b> <ul style="list-style-type: none"> <li>◦ Individual #2- As indicated by the Health and Safety section of ISP the individual is required to an inventory list. No evidence of inventory found.</li> <li>◦ Individual #15- As indicated by the Health and Safety section of ISP the individual is required to an inventory list. No evidence of inventory found.</li> <li>◦ Individual #18- As indicated by the Health and Safety section of ISP the individual is required to an inventory list. No evidence of inventory found.</li> </ul> </li> <li>• <b>ISP Teaching &amp; Support Strategies</b> <ul style="list-style-type: none"> <li>◦ Individual #4 - TSS not found for:</li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will photograph her work."</li> </ul> </li> <li>◦ Individual #5 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will look at vacation destinations out with <i>[sic]</i> the metro area and decide on a venue."</li> </ul> </li> </ul> </li> </ul>	
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<p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <p>(a) Complete file for the past 12 months;</p> <p>(b) ISP and quarterly reports from the current and prior ISP year;</p> <p>(c) Intake information from original admission to services; and</p> <p>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</p>	<ul style="list-style-type: none"> <li>➤ "...will complete a trip proposal and submit it to her guardian."</li> <li>➤ "...will take a vacation."</li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will take a tile class."</li> <li>➤ "...will use her favorite tiles to make a tabletop display."</li> </ul> </li> <li>◦ <i>Relationship/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will rehearse with her church choir."</li> <li>➤ "...will take part in public performances with her choir."</li> </ul> </li> <li>◦ Individual #7 - TSS not found for:</li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will become familiar with the tools used in his daily activities."</li> <li>➤ "...with verbal prompts from staff will use the names of tools routinely."</li> </ul> </li> <li>◦ Individual #8 - TSS not found for:</li> <li>◦ <i>Health/Other Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "... will stand or walk."</li> <li>➤ "... will stay standing or walking for at least 5 minutes."</li> </ul> </li> <li>◦ Individual #12 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will work with staff on street safety skills, including stopping before crossing the street, during his walks."</li> </ul> </li> <li>◦ <i>Relationship/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will research and register for drum sessions."</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ "...will attend and actively participate in drum sessions."</li> <li>◦ Individual #13 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will be provided with all the tools necessary to complete a chopping activity in preparation of dinner."</li> <li>➤ "...will use the appropriate AT, hand over hand supports and complete her chopping assignment in preparation of dinner."</li> </ul> </li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will choose one of two offered inputs for efficacy."</li> </ul> </li> <li>◦ <i>Relationships/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will sit enjoy her hot chocolate and listen to the on-goings for the day and listen for familiar voices."</li> </ul> </li> <li>◦ Individual #15 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will identify and sort groceries by type with verbal prompts and hand over hand assistance."</li> <li>➤ "...will put away some of the groceries with hand over hand assistance."</li> </ul> </li> <li>◦ <i>Relationship/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will choose and attend a movie."</li> </ul> </li> <li>◦ Individual #17 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will budget for this trip."</li> </ul> </li> <li>◦ Individual #21 - TSS not found for:</li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will choose a volunteer activity using facial expressions, vocalizations, gestures or her communication."</li> <li>➤ "...will complete at least one assigned task at her job site."</li> <li>➤ "...with staff assistance, will interact with at least one other person at her site using facial expression, her gestures and/or sharing supplies appropriately."</li> <li>➤ "...will gather and sort laundry for her job site."</li> <li>➤ "...will load and set the washing machine including adding the soap with assistance only as needed by staff."</li> <li>➤ "...will load and set the dryer when laundry is finished washing."</li> <li>➤ "...will fold and put away laundry in the appropriate place."</li> </ul> </li> <li>◦ Individual #23 - TSS not found for:</li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will put in applications."</li> <li>➤ "...will complete the interview process."</li> </ul> </li> <li>◦ Individual #24 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will create a visual schedule."</li> <li>➤ "...will follow her visual schedule."</li> </ul> </li> <li>◦ <i>Relationships/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ "...will call her brother and/or sister."</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ “During the phone call, ... will set a date and time for the following weeks phone call.”</li> <li>◦ Individual #25 - TSS not found for:</li> <li>◦ <i>Live Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ “...will feed Smokey every day.”</li> <li>➤ “...will give Smokey water once.”</li> </ul> </li> <li>◦ <i>Work/Learn Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ “...will use his list to gather items at the store.”</li> <li>➤ “...will ask supervisor for assigned task.”</li> <li>➤ “...will research recipes.”</li> <li>➤ “...will print recipes out.”</li> <li>➤ “...will combine recipes how he chooses.”</li> </ul> </li> <li>◦ <i>Relationships/Fun Outcome Statement:</i> <ul style="list-style-type: none"> <li>➤ “...will save \$5.”</li> <li>➤ “...will research concert of his choice.”</li> </ul> </li> <li>• Positive Behavior Support Plan (#3)</li> <li>• Behavior Crisis Intervention Plan (#3, 17)</li> <li>• Speech Therapy Plan (#3)</li> <li>• Occupational Therapy Plan (#3)</li> <li>• Electronic Comprehensive Health Assessment Tool (#3, 4, 11)</li> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>• <b><i>Anaphylactic Reaction</i></b></li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Aspiration</b></li> <li>◦ Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Body Mass Index</b></li> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #23 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Bowel and Bladder</b></li> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Constipation</b></li> <li>◦ Individual #2 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #3 - According to documentation reviewed, the individual is required to have a plan. Review of the agency case file found plan that was not current.</li> <li>◦ Individual #13 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> </ul>		
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- **Falls**
  - Individual #3 - According to documentation reviewed, the individual is required to have a plan. Review of the agency case file found plan that was not current.
- **Pain**
  - Individual #3 - According to documentation reviewed, the individual is required to have a plan. Review of the agency case file found plan that was not current.
- **Reflux**
  - Individual #12 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.
- **Seizures**
  - Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.
  - Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.
- **Self-Injurious Behaviors**
  - Individual #3 - According to documentation reviewed, the individual is required to have a plan. Review of the agency case file found plan that was not current.
- **Skin Integrity**
  - Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.
- **Skin and Wound**

	<ul style="list-style-type: none"> <li>◦ Individual #2 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Medical Emergency Response Plans</b> <ul style="list-style-type: none"> <li>• <b>Anaphylactic Reaction</b> <ul style="list-style-type: none"> <li>◦ Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> <li>• <b>Aspiration</b> <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #2 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #3 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #13 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> </ul> </li> <li>• <b>Seizures</b></li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #11 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #21 - According to the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of plan found.</li> <li>• <b>Special Health Care Needs:</b> <ul style="list-style-type: none"> <li>• <i>Comprehensive Aspiration Risk Management Plan (CARMP)</i> <ul style="list-style-type: none"> <li>◦ Individual #3 - As indicated by collateral documentation reviewed, the individual is required to have a CARMP. No current CARMP found. Last updated on 7/7/2015.</li> </ul> </li> <li>• <i>Nutritional Plan</i> <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by documentation reviewed plan was completed on 5/2016. Follow-up was to be completed quarterly. No documented evidence of follow-up being completed was found.</li> <li>◦ Individual #3 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #5 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> <li>◦ Individual #12 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.</li> </ul> </li> </ul> </li> </ul>		
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◦ Individual #19 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.

**Other Individual Specific Evaluations & Examinations:**

**• Dental Exam**

◦ Individual #2 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

◦ Individual #4 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

◦ Individual #10 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

◦ Individual #16 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

◦ Individual #18 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

◦ Individual #20 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No documented evidence of exam was found.

**• Auditory Exam**

◦ Individual #13 - As indicated by the documentation reviewed, exam was

	<p>recommended on 12/6/2016. No documented evidence of exam was found.</p> <ul style="list-style-type: none"> <li>◦ Individual #15 - As indicated by the documentation reviewed, exam was completed on 12/3/2014. Follow-up was to be completed bi-annually. No documented evidence of the follow-up being completed was found.</li> </ul> <p>• <b>Vision Exam</b></p> <ul style="list-style-type: none"> <li>◦ Individual #2 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #4 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #8 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #11 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #13 - As indicated by the documentation reviewed, exam ordered on 12/6/2016. No documented evidence of exam was found.</li> <li>◦ Individual #15 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ Individual #17 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #20 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>◦ Individual #23 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No documented evidence of exam was found.</li> <li>• <b>Mammogram Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the documentation reviewed, exam was completed on 4/6/2010. Follow-up was to be completed in 5 years. No documented evidence of the follow-up being completed was found.</li> </ul> </li> <li>• <b>Bone Density Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the documentation reviewed, exam was completed on 3/3/2016. Follow-up was to be completed in 11/2016. No documented evidence of the follow-up being completed was found.</li> <li>◦ Individual #5 - As indicated by the documentation reviewed, exam was ordered on 2/8/2016. No documented evidence of the follow-up being completed was found.</li> <li>◦ Individual #13 - As indicated by the documentation reviewed, exam was ordered on 12/6/2016. No documented evidence was found to verify visit was completed.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>▪ <b>Cholesterol &amp; Blood Glucose</b> <ul style="list-style-type: none"> <li>◦ Individual #13 - As indicated by the documentation reviewed, lab work was ordered on 12/6/2016. No documented evidence was found to verify it was completed.</li> </ul> </li> <li>• <b>Blood Levels</b> <ul style="list-style-type: none"> <li>◦ Individual #13 - As indicated by the documentation reviewed, lab work was ordered on 11/15/2016. No documented evidence found to verify it was completed.</li> </ul> </li> <li>• <b>Annual Physical Exam Follow-up</b> <ul style="list-style-type: none"> <li>◦ Individual #5 - As indicated by the documentation reviewed, exam was completed on 2/8/2016. Follow-up was to be completed in 6 months. No documented evidence of the follow-up being completed was found.</li> </ul> </li> <li>• Person Centered Assessment (#2, 4, 8, 21)</li> <li>• Positive Behavior Support Assessment (#3)</li> <li>• Speech/Language Therapy Evaluation (#3)</li> <li>• Occupational Therapy Evaluation (#3)</li> <li>• Physical Therapy Evaluation (#1, 3)</li> </ul>		
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Tag # 4C02 Scope of Services - Primary Freedom of Choice	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2016</p> <p><b>CHAPTER 4 (CMgt) I. Case Management Services: 1. Scope of Services: T.</b> Ensure individuals obtain all services through the Freedom of Choice (FOC) process.</p> <p><b>2. Service Requirements B. Assessment: 2.</b> Review and Approval of the Long Term Care Assessment Abstract by the TPA Contractor:  a. The Case Manager will submit the Long Term Care Assessment Abstract packet to the TPA Contractor for review and approval. If it is an initial allocation, submission shall occur within ninety (90) calendar days from the date the DDSD receives the individual's Primary Freedom of Choice (FOC) selecting the DDW as well as their Case Management Freedom of Choice selection. All initial Long Term Care Assessment Abstracts must be approved by the TPA Contractor prior to service delivery;</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007  <b>CHAPTER 4 II. SCOPE OF CASE MANAGEMENT SERVICES:</b> Case Management shall include, but is not limited to, the following services:</p> <p><b>T.</b> Assure individuals obtain all services through the Freedom of Choice process.</p>	<p>Based on record review the Agency did not maintain documentation assuring individuals obtained all services through the freedom of choice process for 2 of 25 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• Primary Freedom of Choice (#4, 25)</li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

Tag # 4C07.1 Individual Service Planning – Paid Services	Standard Level Deficiency	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) 1. Scope of Services:</b>  <b>G.</b> Ensure the development of targeted, realistic desired outcomes and action plans with measurable action steps and relevant useful TSS by the IDT;  <b>I.</b> Coordinate and advocate for the revision of the ISP when desired outcomes are completed or not achieved within expected timeframes;</p> <p><b>2. Service Requirements C. Individual Service Planning:</b> The Case Manager is responsible for ensuring the ISP addresses all the participant’s assessed needs and personal goals, either through DDW waiver services or other means. The Case Manager ensures the ISP is updated/ revised at least annually; or when warranted by changes in the participant’s needs.</p> <p>1. The ISP is developed through a person-centered planning process in accordance with the rules governing ISP development [7.26.5 NMAC] and includes...</p> <p><b>7.26.5.14 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - CONTENT OF INDIVIDUAL SERVICE PLANS:</b>  Each ISP shall contain...C. Outcomes:  (1) The IDT has the explicit responsibility of identifying reasonable services and supports needed to assist the individual in achieving the desired outcome and long term vision. The IDT determines the intensity, frequency, duration, location and method of delivery of needed services and supports. All IDT members may generate suggestions and assist the individual in</p>	<p>Based on record review the Agency did not ensure Case Managers developed outcomes for the individual for each paid service for 2 of 25 Individuals.</p> <p>The following was found with regards to ISP Outcomes:</p> <p>Individual #4:</p> <ul style="list-style-type: none"> <li>• No Outcomes or DDSD exemption/decision justification found for Customize In-Home Supports Services. As indicated by NMAC 7.26.5.14 “Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver.”</li> </ul> <p>Individual #20:</p> <ul style="list-style-type: none"> <li>• No Outcomes or DDSD exemption/decision justification found for Customize Community Supports Services. As indicated by NMAC 7.26.5.14 “Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver.”</li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>

<p>communicating and developing outcomes. Outcome statements shall also be written in the individual's own words, whenever possible. Outcomes shall be prioritized in the ISP.</p> <p>(2) Outcomes planning shall be implemented in one or more of the four "life areas" (work or leisure activities, health or development of relationships) and address as appropriate home environment, vocational, educational, communication, self-care, leisure/social, community resource use, safety, psychological/behavioral and medical/health outcomes. The IDT shall assure that the outcomes in the ISP relate to the individual's long term vision statement. Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS E. Individualized Service Planning and Approval:</b></p> <p>(1) Individualized service planning is developed through a person-centered planning process in accordance with the rule governing ISP development (7.26.5 NMAC). A person-centered planning process shall be used to develop an ISP that includes:</p> <p>(a) Realistic and measurable desired outcomes for the individual as identified in the ISP which includes the individual's long-term vision, summary of strengths, preferences and needs, desired outcomes and an action plan and is:</p> <p>(i) An ongoing process, based on the individual's long-term vision, and not a one-time-a-year event; and</p>			
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<p>(ii) Completed and implemented in response to what the IDT members learn from and about the person and involves those who can support the individual in achieving his or her desired outcomes (including family, guardians, friends, providers, etc.).</p> <p>(2) The Case Manager will ensure the ongoing assessment of the individual's strengths, needs and preferences and use this information to inform the IDT members and guide the development of the plan.</p>			
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Tag # 4C08 ISP Development Process	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) 2. Service Requirements C. Individual Service Planning:</b> The Case Manager is responsible for ensuring the ISP addresses all the participant’s assessed needs and personal goals, either through DDW waiver services or other means. The Case Manager ensures the ISP is updated/revised at least annually; or when warranted by changes in the participant’s needs.</p> <p>1. The ISP is developed through a person-centered planning process in accordance with the rules governing ISP development [7.26.5 NMAC] and includes:</p> <p>a. Ongoing assessment of the individual’s strengths, needs and preferences shared with IDT members and used to guide development of the plan;</p> <p>i. The Case Manager meets with the DDW recipient prior to the ISP meeting to review current assessment information, prepare for the meeting, create a plan to facilitate or co-facilitate the meeting if the individual wishes, and facilitate greater informed participation;</p> <p>d. The Case Manager will clarify the individual’s long-term vision through direct communication with the individual where possible, or through communication with family, guardians, friends, support providers and others who know the individual well. Information gathered prior to the annual meeting shall include, but is not limited to the following:</p> <p>ii.Strengths;</p> <p>iii.Capabilities;</p> <p>iv.Preferences;</p> <p>v.Desires;</p> <p>vi.Cultural values;</p> <p>vii.Relationships;</p> <p>viii.Resources;</p>	<p>Based on record review the Agency did not ensure Case Managers provided and/or advised the individual and/or guardian with the following requirements for 4 of 25 individuals.</p> <p>Review of record found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Rights &amp; Responsibilities (#16)</li> <li>• Case Manager Code of Ethics (#2, 3, 4)</li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	<p>  </p>

<p>ix.Functional skills in the community;  x.Work/learning interests and experiences;  xi.Hobbies;  xii.Community membership activities or interests;  xiii.Spiritual beliefs or interests; and  xiv.Communication and learning styles or preferences to be used in development of the individual's service plan.</p> <p>e. Case Managers shall operate under the assumption all working age adults with developmental disabilities are capable of working given the appropriate supports. Individuals will be offered employment as a preferred day service over other day service options. It is the responsibility of the Case Manager and IDT members to ensure employment decisions are based on informed choices:</p> <p>i. The Case Manager shall verify that individuals who express an interest in work or who have employment-related desired outcome(s) in their ISP, have an initial or updated Vocational Assessment Profile that has been completed within the preceding twelve (12) months, and complete or update the Work/Learn section of the ISP and relevant Desired Outcomes and Action Steps;</p> <p>ii. In cases when employment is not an immediate desired outcome, the ISP shall document the reasons for this decision and develop employment-related goals and tasks within the ISP to be undertaken to explore employment options (e.g., volunteer activities, career exploration, situational assessments, etc.). This discussion related to employment issues shall be documented within the ISP;</p> <p>iii. Informed choice in the context of employment includes the following:  A. Information regarding the range of employment options available to the individual;</p>			
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<p>B. Information regarding self-employment and customized employment options; and</p> <p>C. Job exploration activities including volunteer work and/or trial work opportunities.</p> <p>iv. The Case Manager will ensure a discussion on Meaningful Day activities for the individual occurs in the ISP meeting, and reflect such discussion in the ISP.</p> <p>v. Secondary Freedom of Choice Process:</p> <p>C. At least annually, rights and responsibilities are reviewed with the recipients and guardians and they are reminded they may change providers and/or the types of services they receive. At this time, Case Managers shall offer to review the current Secondary FOC list with individuals and guardians. If they are interested in changing providers or service types, a new Secondary FOC shall be completed.</p> <p>vi. Case Managers shall facilitate and maintain communication with the individual and their representative, other IDT members, providers and relevant parties to ensure the individual receives maximum benefit of their services and revisions to the service plan are made as needed.</p> <p><b>3. Agency Requirements: H. Training: 2.</b> All Case Managers are required to understand and to adhere to the Case Manager Code of Ethics.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS - F. Case Manager ISP Development Process:</b></p> <p>(1) The Case Manager meets with the individual in advance of the ISP meeting in order to enable the person to review current assessment information, prepare for the meeting, plan to facilitate or co-</p>			
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<p>facilitate the meeting if the individual wishes and to ensure greater and more informed participation.</p> <p>(2) The Case Manager will discuss and offer the optional Personal Plan Facilitation service to the individual to supplement the ISP planning process; if selected, the Case Manager will assist in obtaining this service through the FOC process. This service is funded within the individual's ARA.</p> <p>(3) The Case Manager convenes the IDT members and a service plan is developed in accordance with the rule governing ISP development (7.26.5 NMAC).</p> <p>(4) The Case Manager will advise the individual of his or her rights and responsibilities related to receipt of services, applicable federal and state laws and guidelines, DOH policies and procedures pertaining to the development and implementation of the ISP, confidentiality, abuse, neglect, exploitation, and appropriate grievance and appeal procedures. In addition, the Case Manager shall provide the individual and/or guardian with a copy of the Case Management Code of Ethics at this time.</p> <p>(5) The Case Manager will clarify the individual's long-term vision through direct communication with the individual, and if needed, through communication with family, guardians, friends and support providers and others who know the individual. Information gathered shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> <li>(a) Strengths;</li> <li>(b) Capabilities;</li> <li>(c) Preferences;</li> <li>(d) Desires;</li> <li>(e) Cultural values;</li> <li>(f) Relationships;</li> <li>(g) Resources;</li> <li>(h) Functional skills in the community;</li> <li>(i) Work interests and experiences;</li> <li>(j) Hobbies;</li> </ul>			
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<p>(k) Community membership activities or interests;</p> <p>(l) Spiritual beliefs or interests; and</p> <p>(m) Communication and learning styles or preferences to be used in development of the individual's service plan.</p> <p>(6) Case Managers shall operate under the presumption that all working age adults with developmental disabilities are capable of working given the appropriate supports. Individuals will be offered employment as a preferred day service over other day service options. It is the responsibility of the Case Manager and all IDT members to ensure that employment decisions are based on informed choices.</p> <p>(a) The Case Manager shall verify that all Jackson Class members who express an interest in work or who have employment-related desired outcome(s) in the ISP have an initial or updated vocational assessment that has been completed within the preceding twelve (12) months.</p> <p>(b) In cases when employment is not an immediate desired outcome, the ISP shall document the reasons for this decision and develop employment-related goals within the ISP that will be undertaken to explore employment options (e.g., volunteer activities, career exploration, situational assessments, etc.) This discussion related to employment issues shall be documented within the ISP or on the DDS Decision Justification form.</p> <p>(c) In the context of employment, informed choices include the following:</p> <ul style="list-style-type: none"> <li>(i) Information regarding the range of employment options available to the individual</li> <li>(ii) Information regarding self-employment and customized employment options</li> </ul>			
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<p>(iii) Job exploration activities including volunteer work and/or trial work opportunities</p> <p>(7) The Case Manager will ensure discussion on Meaningful Day activities for the individual in the ISP meeting, and reflect such discussion in the ISP “Meaningful Day Definition” section.</p> <p>(8) When a recipient of DD Waiver services has a HAT score of 4, 5, or 6, medical consultation shall be obtained for service planning and delivery, including the ISP and relevant Health Care and Crisis Prevention/Intervention Plans. Medical consultation may be from a Provider Agency Nurse, Primary Care Physician/Practitioner, Regional Office Nurse, Continuum of Care Nurses or Physicians including his or her Regional Medical Consultant and/or RN Nurse Case Manager.</p> <p>(9) For new allocations, the Case Manager will submit the ISP to NMMUR only after a MAW letter has been received, indicating the individual meets financial and LOC eligibility.</p> <p>(10) The Case Manager, with input from each Provider Agency, shall complete the Individual Specific Training Requirements section of the ISP form listing all training needs specific to the individual.</p> <p>(11) The Case Manager shall complete the initial ISP development within ninety (90) days as required by DDSD.</p>			
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Tag # 4C09 Secondary FOC	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) 2. Service Requirements</b>  <b>C. Individual Service Planning: v. Secondary Freedom of Choice Process:</b></p> <p>A. The Case Manager will obtain a current Secondary Freedom of Choice (FOC) form that includes all service providers offering services in that region;</p> <p>B. The Case Manager will present the Secondary FOC form for each service to the individual or authorized representative for selection of direct service providers; and</p> <p>C. At least annually, rights and responsibilities are reviewed with the recipients and guardians and they are reminded they may change providers and/or the types of services they receive. At this time, Case Managers shall offer to review the current Secondary FOC list with individuals and guardians. If they are interested in changing providers or service types, a new Secondary FOC shall be completed.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007  <b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS: G. Secondary Freedom of Choice Process</b>  (1) The Case Management Provider Agency will ensure that it maintains a current Secondary Freedom of Choice (FOC) form that includes all service providers offering services in that region.</p> <p>(2) The Case Manager will present the Secondary FOC form to the individual or</p>	<p>Based on record review, the Agency did not maintain the Secondary Freedom of Choice documentation (for current services) and/or ensure individuals obtained all services through the Freedom of Choice Process for 11 of 25 individuals.</p> <p>Review of the Agency individual case files revealed 21 out of 112 Secondary Freedom of Choices were not found and/or not agency specific to the individual's current services:</p> <ul style="list-style-type: none"> <li>• <b>Secondary Freedom of Choice</b> <ul style="list-style-type: none"> <li>◦ Supported Living (#5, 25)</li> <li>◦ Customized Community Supports (#4, 5, 6, 7, 12, 24, 25)</li> <li>◦ Adult Habilitation (#13)</li> <li>◦ Community Integrated Employment Services (#24)</li> <li>◦ Customized In-Home Supports (#4, 24)</li> <li>◦ Behavior Consultation (#2, 3, 25)</li> <li>◦ Speech Therapy (#7, 25)</li> <li>◦ Physical Therapy (#8)</li> <li>◦ Occupational Therapy (#2, 3)</li> </ul> </li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

<p>authorized representative for selection of direct service providers.</p> <p>(3) At least annually, at the time rights and responsibilities are reviewed, individuals and guardians served will be reminded that they may change providers at any time, as well as change types of services. At this time, Case Managers shall offer to review the current Secondary FOC list with individuals and guardians served. If they are interested in changing, a new FOC shall be completed.</p>			
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Tag # 4C10 Apprv. Budget Worksheet Waiver Review Form / MAD 046	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) 2. Service Requirements:</b>  <b>C. Service Planning:</b>  vi. The Case Manager ensures completion of the post IDT activities, including:</p> <p>A. For new allocations as well as for individuals receiving on-going services through the DDW, the Case Manager will submit the ISP to TPA Contractor only after documented verification of financial and medical eligibility has been received;</p> <p>B. Annually the case manager will submit the ISP and the Budget Worksheet and relevant prior authorizations to the TPA Contractor for review and approval prior to the ISP expiration date;</p> <p>C. Prior to the delivery of any service, the TPA Contractor must approve the following:</p> <ol style="list-style-type: none"> <li>a. The Budget Worksheet Waiver Review Form (clinical necessity) or MAD 046;</li> <li>b. All Initial and Annual ISPs; and</li> <li>c. Revisions to the ISP, involving changes to the budget.</li> </ol> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS</b></p> <p><b>H. Case Management Approval of the MAD 046 Waiver Review Form and Budget</b></p> <p>(1) Case Management Providers are authorized by DDSD to approve ISPs and</p>	<p>Based on record review the Agency did not maintain documentation ensuring the Case Manager submitted the Budget Worksheet Waiver Review Form and relevant prior authorizations to the TPA Contractor for review as appropriate for 1 of 25 Individuals.</p> <p>The following item was not found:</p> <ul style="list-style-type: none"> <li>• <b>Prior Authorization</b> <ul style="list-style-type: none"> <li>◦ Adult Nursing (#24)</li> </ul> </li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

<p>budgets (including initial, annual renewals and revisions) for all individuals except as noted in section I of this chapter. This includes approval of support plans and strategies as incorporated in the ISP.</p> <p>(2) The Case Manager shall complete the MAD 046 Waiver Review Form and deliver it to all provider agencies within three (3) working days following the ISP meeting date. Providers will have the opportunity to submit corrections or objections within five (5) working days following receipt of the MAD 046. If no corrections or objections are received from the provider by the end of the fifth (5) working day, the MAD 046 may then be submitted as is to NMMUR. (Provider signatures are no longer required on the MAD 046.) If corrections/objections are received, these will be corrected or resolved with the provider(s) within the timeframe that allow compliance with number (3) below.</p> <p>(3) The Case Manager will submit the MAD 046 Waiver Review Form to NMMUR for review as appropriate, and/or for data entry at least thirty (30) calendar days prior to expiration of the previous ISP.</p> <p>(4) The Case Manager shall respond to NMMUR within specified timelines whenever a MAD 046 is returned for corrections or additional information.</p>			
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Tag # 4C12.1 Monitoring & Evaluation of Services (IDT Meetings)	Standard Level Deficiency		
<p><b>NMAC 7.26.5.12 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - PARTICIPATION IN AND SCHEDULING OF INTERDISCIPLINARY TEAM MEETINGS:</b></p> <p>H. The IDT shall be convened to discuss and modify the ISP, as needed, to address:</p> <ol style="list-style-type: none"> <li>(1) a significant life change, including a change in medical condition or medication that affects the individual's behavior or emotional state;</li> <li>(2) situations where an individual is at risk of significant harm. In this case the team shall convene within one working day, in person or by teleconference; if necessary, the ISP shall be modified accordingly within seventy-two (72) hours;</li> <li>(3) changes in any desired outcomes, (e.g. desired outcome is not met, a change in vocational goals or the loss of a job);</li> <li>(4) the loss or death of a significant person to the individual;</li> <li>(5) a serious accident, illness, injury or hospitalization that disrupts implementation of the ISP;</li> <li>(6) individual, guardian or provider requests for a program change or relocation, or when a termination of a service is proposed; the DDSD's policy no. 150 requires the IDT to meet and develop a transition plan whenever an individual is at risk of discharge by the provider agency or anticipates a change of provider agency to identify strategies and resources needed; if the individual or guardian is requesting a discharge or a change of provider agency, or there is an impending change in housemates the team must meet to develop a transition plan;</li> </ol>	<p>Based on record review, the Agency did not convene the IDT to discuss and/or modify the ISP and/or address significant changes as required by regulation 1 of 25 individuals.</p> <p>Review of documentation found the following IDT Meeting did not convene as required:</p> <ul style="list-style-type: none"> <li>• <b>Individual #5</b> Per the IDT Meeting Minute Notes on 5/24/2016 and 6/13/2016, a six-month review was to be held in July 2016. No documented evidence of IDT meeting for July 2016 was found.</li> </ul>	<p><b>Provider:</b> <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b> <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

<p>(7) situations where it has been determined the individual is a victim of abuse, neglect or exploitation;</p> <p>(8) criminal justice involvement on the part of the individual (e.g., arrest, incarceration, release, probation, parole);</p> <p>(9) any member of the IDT may also request that the team be convened by contacting the case manager; the case manager shall convene the team within ten</p> <p>(10) days of receipt of any reasonable request to convene the team, either in person or through teleconference;</p> <p>(10) for any other reason that is in the best interest of the individual, or any other reason deemed appropriate, including development, integration or provision of services that are inconsistent or in conflict with the desired outcomes of the ISP and the long term vision of the individual;</p> <p>(11) whenever the DDS decides not to approve implementation of an ISP because of cost or because the DDS believes the ISP fails to satisfy constitutional, regulatory or statutory requirements.</p>			
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Tag # 4C15.1 - QA Requirements - Annual / Semi-Annual Reports & Provider Semi - Annual / Quarterly Reports	Standard Level Deficiency		
<p><b>7.26.5.17 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - DISSEMINATION OF THE ISP, DOCUMENTATION AND COMPLIANCE:</b>  C. Objective quantifiable data reporting progress or lack of progress towards stated outcomes, and action plans shall be maintained in the individual's records at each provider agency implementing the ISP. Provider agencies shall use this data to evaluate the effectiveness of services provided. Provider agencies shall submit to the case manager data reports and individual progress summaries quarterly, or more frequently, as decided by the IDT. These reports shall be included in the individual's case management record, and used by the team to determine the ongoing effectiveness of the supports and services being provided. Determination of effectiveness shall result in timely modification of supports and services as needed.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) 2. Service Requirements:</b>  <b>C. Individual Service Planning:</b> The Case Manager is responsible for ensuring the ISP addresses all the participant's assessed needs and personal goals, either through DDW waiver services or other means. The Case Manager ensures the ISP is updated/revised at least annually; or when warranted by changes in the participant's needs.</p> <p>1. The ISP is developed through a person-centered planning process in accordance with</p>	<p>Based on record review, the Agency did not ensure that reports and the ISP met required timelines and included the required contents for 20 of 25 individuals.</p> <p>Review of the Agency individual case files revealed no evidence of quarterly/bi-annual reports for the following:</p> <ul style="list-style-type: none"> <li>• <b>Supported Living Quarterly Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for December 2015 – February 2016 and March 2016 – May 2016. <i>(Term of ISP 3/28/2015 – 3/27/2016 and 3/28/2016 – 3/27/2017).</i></li> <li>◦ Individual #13 – None found for March 2016 – May 2016 and June 2016 – November 2016. <i>(Term of ISP 5/31/2015 – 5/30/2016 and 5/31/2016 – 5/30/2017).</i></li> </ul> </li> <li>• <b>Supported Living Semi-Annual Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #7 – None found for October 2015 – January 2016. <i>(Term of ISP 4/21/2015 – 4/20/2016) (ISP meeting held 1/25/2016).</i></li> <li>◦ Individual #16 – None found for March 2016 - August 2016. <i>(Term of ISP 3/1/2016 – 2/28/2017).</i></li> <li>◦ Individual #17 – None found for November 2015 – January 2016. <i>(Term of ISP 5/13/2015 – 5/12/2016) (ISP meeting held 2/11/2016).</i></li> <li>◦ Individual # 25– None found for October 2015 – April 2016 and April 2016 – June</li> </ul> </li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

<p>the rules governing ISP development [7.26.5 NMAC] and includes:</p> <p>b. Sharing current assessments, including the SIS assessment, semi-annual and quarterly reports from all providers, including therapists and BSCs. Current assessment shall be distributed by the authors to all IDT members at least fourteen (14) calendar days prior to the annual IDT Meeting, in accordance with the DDSD Consumer File Matrix Requirements. The Case Manager shall notify all IDT members of the annual IDT meeting at least twenty-one (21) calendar days in advance:</p> <p><b>D. Monitoring And Evaluation of Service Delivery:</b></p> <p>1. The Case Manager shall use a formal ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the individual specified in the ISP.</p> <p>5. The Case Manager must ensure at least quarterly that:</p> <p>a. Applicable Medical Emergency Response Plans and/or BCIPs are in place in the residence and at the day services location(s) for all individuals who have chronic medical condition(s) with potential for life threatening complications, or individuals with behavioral challenge(s) that pose a potential for harm to themselves or others; and</p> <p>b. All applicable current Healthcare plans, Comprehensive Aspiration Risk Management Plan (CARMP), Positive Behavior Support Plan (PBSP or other applicable behavioral support plans (such as BCIP, PPMP, or RMP), and written Therapy Support Plans are in place in the</p>	<p>2016. (<i>Term of ISP 10/28/2015 – 10/27/2016</i>) (<i>ISP meeting held 7/7/2016</i>).</p> <ul style="list-style-type: none"> <li>• <b>Family Living Semi-Annual Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #11 – None found for April 2016 – October 2016. (<i>Term of ISP 4/14/2016 – 4/13/2017</i>).</li> <li>◦ Individual #15 – None found for October 2015 – January 2016 and April 2016 – October 2016. (<i>Term of ISP 4/10/2015 – 4/9/2016 and 4/10/2016 – 4/9/2017</i>) (<i>ISP meeting held 1/27/2016</i>).</li> </ul> </li> <li>• <b>Customized In-Home Supports Semi - Annual Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #4 – None found for January 2016 – July 2016 and July 2016 – September 2016. (<i>Term of ISP 1/20/2016 – 1/19/2017</i>) (<i>ISP meeting held 10/11/2016</i>).</li> <li>◦ Individual #24 – None found for October 2015 – April 2016 and April 2016 – July 2016. (<i>Term of ISP 10/7/2015 – 10/6/2016 and 10/7/2016 – 10/6/2017</i>) (<i>ISP meeting held 8/11/2016</i>).</li> </ul> </li> <li>• <b>Customized Community Supports Semi-Annual Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #4 – None found for January 2016 – July 2016 and July 2016 – September 2016. (<i>Term of ISP 1/20/2016 – 1/19/2017</i>) (<i>ISP meeting held 10/11/2016</i>).</li> <li>◦ Individual #7 – None found for October 2015 – January 2016 and April 2016 to October 2016. (<i>Term of ISP 4/21/2015 – 4/19/2016 and 4/21/2016 – 4/19/2017</i>) (<i>ISP meeting held 1/25/2016</i>).</li> </ul> </li> </ul>	
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<p>residence and day service sites for individuals who receive Living Supports and/or Customized Community Supports (day services), and who have such plans.</p> <p>6. The Case Managers will report all suspected abuse, neglect or exploitation as required by New Mexico Statutes;</p> <p>7. If concerns regarding the health or safety of the individual are documented during monitoring or assessment activities, the Case Manager shall immediately notify appropriate supervisory personnel within the Provider Agency and document the concern. In situations where the concern is not urgent the provider agency will be allowed up to fifteen (15) business days to remediate or develop an acceptable plan of remediation.</p> <p>8. If the Case Manager's reported concerns are not remedied by the Provider Agency within a reasonable, mutually agreed period of time, the concern shall be reported in writing to the respective DDSD Regional Office:</p> <p>a. Submit the DDSD Regional Office Request for Intervention form (RORI); including documentation of requests and attempts (at least two) to resolve the issue(s).</p> <p>b. The Case Management Provider Agency will keep a copy of the RORI in the individual's record.</p> <p>9. Conduct an online review in the Therap system to ensure that electronic Comprehensive Health Assessment Tools (e-CHATs) and Health Passports are current for those individuals selected for the Quarterly ISP QA Review.</p>	<ul style="list-style-type: none"> <li>◦ Individual #9 – None found for October 2015 – April 2016 and April 2016 – June 2016. <i>(Term of ISP 10/10/2015 – 10/9/2016 and 10/10/2016 – 10/9/2017) (ISP meeting held 7/6/2016).</i></li> <li>◦ Individual #15 – None found for October 2015 – January 2016. <i>(Term of ISP 4/10/2015 – 4/9/2016) (ISP meeting held 1/27/2016).</i></li> <li>◦ Individual #24 – None found for October 2015 – April 2016 and April 2016 – July 2016. <i>(Term of ISP 10/7/2015 – 10/6/2016 and 10/7/2016 – 10/6/2017) (ISP meeting held 8/11/2016).</i></li> <li>◦ Individual # 25– None found for October 2015 – April 2016 and April 2016 – June 2016. <i>(Term of ISP 10/28/2015 – 10/27/2016) (ISP meeting held 7/7/2016).</i></li> </ul> <p>• <b>Community Integrated Employment Semi-Annual Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #23 – None found for April 2016 – October 2016. <i>(Term of ISP 4/22/2016 – 4/21/2017).</i></li> <li>◦ Individual #24 – None found for October 2015 – April 2016. <i>(Term of ISP 10/7/2015 – 10/6/2016).</i></li> <li>◦ Individual # 25– None found for October 2015 – April 2016 and April 2016 – June 2016. <i>(Term of ISP 10/28/2015 – 10/27/2016) (ISP meeting held 7/7/2016).</i></li> </ul> <p>• <b>Community Inclusion - Adult Habilitation Quarterly Reports:</b></p>		
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<p>10. The Case Manager will ensure Living Supports are delivered in accordance with standards, including the minimum of thirty (30) hours per week of planned activities outside the residence. If the planned activities are not possible due to the needs of the individual, the ISP will contain an outcome that addresses an appropriate level of community integration for the individual. These activities do not need to be limited to paid supports but may include independent or leisure activities with natural supports appropriate to the needs of individual.</p> <p>11. For individuals with Intensive Medical Living Services, the IDT is not required to plan for at least thirty (30) hours per week of planned activities outside of the residence.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 IV. CASE MANAGEMENT PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>C. Quality Assurance Requirements:</b> Case Management Provider Agencies will use an Internal Quality Assurance and Improvement Plan that must be submitted to and reviewed by the Statewide Case Management Coordinator, that shall include but is not limited to the following:</p> <p>(1) Case Management Provider Agencies are to:</p> <p>(a) Use a formal ongoing monitoring protocol that provides for the evaluation of quality, effectiveness and continued need for services and supports provided to the individual. This protocol shall be written and its implementation documented.</p> <p>(b) Assure that reports and ISPs meet required timelines and include required content.</p>	<ul style="list-style-type: none"> <li>◦ Individual #13 – None found for March 2016 – May 2016 and June 2016 – August 2016 <i>(Term of ISP 5/31/2016 – 5/30/2017)</i>.</li> <li>◦ Individual #21 – None found for March 2016 – May 2016 and June 2016 – November 2016. <i>(Term of ISP 3/18/2016 – 3/17/2017)</i>.</li> </ul> <p>• <b>Behavior Support Consultation Semi – Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #10 – None found for April 2016 – October 2016. <i>(Term of ISP 4/14/2016 – 4/13/2017)</i>.</li> <li>◦ Individual #20 – None found for March 2016 – September 2016. <i>(Term of ISP 3/18/2016 – 3/17/2017)</i>.</li> <li>◦ Individual #23 – None found for April 2016 – October 2016. <i>(Term of ISP 4/22/2016 – 4/21/2017)</i>.</li> <li>◦ Individual #24 – None found for October 2015 – April 2016. <i>(Term of ISP 10/7/2015 – 10/6/2016)</i>.</li> </ul> <p>• <b>Behavior Support Consultation Quarterly Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for December 2015 – February 2016 and March 2016 – November 2016. <i>(Term of ISP 3/28/2015 – 3/27/2016 and 3/28/2016 – 3/27/2017)</i>.</li> </ul> <p>• <b>Speech Therapy Semi - Annual Progress Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #13 – None found for May 2016 – November 2016 <i>(Term of ISP 5/31/2016 – 5/30/2017)</i>.</li> </ul>	
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<p>(c) Conduct a quarterly review of progress reports from service providers to verify that the individual's desired outcomes and action plans remain appropriate and realistic.</p> <p>(i) If the service providers' quarterly reports are not received by the Case Management Provider Agency within fourteen (14) days following the end of the quarter, the Case Management Provider Agency is to contact the service provider in writing requesting the report within one week from that date.</p> <p>(ii) If the quarterly report is not received within one week of the written request, the Case Management Provider Agency is to contact the respective DDS Regional Office in writing within one business day for assistance in obtaining required reports.</p> <p>(d) Assure at least quarterly that Crisis Prevention/Intervention Plans are in place in the residence and at the Provider Agency of the Day Services for all individuals who have chronic medical condition(s) with potential for life threatening complications and/or who have behavioral challenge(s) that pose a potential for harm to themselves or others.</p> <p>(e) Assure at least quarterly that a current Health Care Plan (HCP) is in place in the residence and day service site for individuals who receive Community Living or Day Services and who have a HAT score of 4, 5, or 6. During face-to-face visits and review of quarterly reports, the Case Manager is required to verify that</p>	<ul style="list-style-type: none"> <li>• <b>Occupational Therapy Semi - Annual Progress Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for September 2015 – February 2016 and March 2016 – September 2016. <i>(Term of ISP 3/28/2015 – 3/27/2016 and 3/28/2016 – 3/27/2017).</i></li> <li>◦ Individual #13 – None found for May 2016 – November 2016. <i>(Term of ISP 5/31/2016 – 5/30/2017).</i></li> </ul> </li> <li>• <b>Physical Therapy Semi - Annual Progress Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #1 – None found for March 2016 - August 2016. <i>(Term of ISP 3/1/2016 – 2/28/2017).</i></li> <li>◦ Individual #3 – None found for September 2015 – February 2016 <i>(Term of ISP 3/28/2015 – 3/27/2016).</i></li> <li>◦ Individual #5 – None found for May 2016 - October 2016. <i>(Term of ISP 5/1/2016 – 4/30/2017).</i></li> <li>◦ Individual #15 – None found for April 2016 - October 2016. <i>(Term of ISP 4/10/2016 – 4/9/2017).</i></li> <li>◦ Individual #18 – None found for January 2016 - July 2016. <i>(Term of ISP 1/3/2016 - 1/2/2017).</i></li> </ul> </li> <li>• <b>Nursing Semi - Annual Reports:</b> <ul style="list-style-type: none"> <li>◦ Individual #2 – None found for November 2015 – May 2016 and May 2016 – July 2016. <i>(Term of ISP 11/11/2016 – 11/10/2017) (ISP meeting held 8/12/2016).</i></li> <li>◦ Individual #4 – None found for January 2016 – July 2016 and July 2016 –</li> </ul> </li> </ul>		
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<p>the Health Care Plan is being implemented.</p> <p>(f) Assure that Community Living Services are delivered in accordance with standards, including responsibility of the IDT Members to plan for at least 30 hours per week of planned activities outside the residence. If this is not possible due to the needs of the individual, a goal shall be developed that focuses on appropriate levels of community integration. These activities do not need to be limited to paid supports but may include independent or leisure activities appropriate to the individual.</p> <p>(g) Perform annual satisfaction surveys with individuals regarding case management services. A copy of the summary is due each December 10<sup>th</sup> to the respective DDS Regional Office, along with a description of actions taken to address suggestions and problems identified in the survey.</p> <p>(h) Maintain regular communication with all providers delivering services and products to the individual.</p> <p>(i) Establish and implement a written grievance procedure.</p> <p>(j) Notify appropriate supervisory personnel within the Provider Agency if concerns are noted during monitoring or assessment activities related to any of the above requirements. If such concerns are not remedied by the Provider Agency within a reasonable mutually agreed period of time, the concern shall be reported in writing to the respective DDS Regional Office and/or DHI as appropriate to the nature of the concern.</p>	<p>September 2016. <i>(Term of ISP 1/20/2016 – 1/19/2017) (ISP meeting held 10/11/2016).</i></p> <ul style="list-style-type: none"> <li>◦ Individual #5 – None found for May 2016 – October 2016. <i>(Term of ISP 5/1/2016 – 4/30/2017).</i></li> <li>◦ Individual #9 – None found for April 2016 – July 2016. <i>(Term of ISP 10/10/2016 – 10/9/2017).</i></li> <li>◦ Individual #10 – None found for April 2016 – October 2016. <i>(Term of ISP 4/14/2016 – 4/13/2017).</i></li> <li>◦ Individual #19 – None found for September 2015 – March 2016 and March 2016 – June 2016. <i>(Term of ISP 9/15/2016 – 9/14/2017).</i></li> <li>◦ Individual #20 – None found for March 2016 – September 2016. <i>(Term of ISP 3/18/2016 – 3/17/2017).</i></li> <li>◦ Individual #23 – None found for April 2016 – October 2016. <i>(Term of ISP 4/22/2016 – 4/21/2017).</i></li> <li>◦ Individual #24 – None found for October 2015 – April 2016 and April 2016 – July 2016. <i>(Term of ISP 10/7/2015 – 10/6/2016 and 10/7/2016 – 10/6/2017) (ISP meeting held 8/11/2016).</i></li> </ul> <p>• <b>Nursing Quarterly Reports:</b></p> <ul style="list-style-type: none"> <li>◦ Individual #3 – None found for December 2015 – February 2016 and March 2016 – May 2016. <i>(Term of ISP 3/28/2015 – 3/27/2016 and 3/28/2016 – 3/27/2017).</i></li> <li>◦ Individual #13 – None found for March 2016 – May 2016 and June 2016 -</li> </ul>		
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<p>This does not preclude Case Managers' obligations to report abuse, neglect or exploitation as required by New Mexico Statute.</p> <p>(k) Utilize and submit the "Request for DDSD Regional Office Intervention" form as needed, such as when providers are not responsive in addressing a quality assurance concern. The Case Management Provider Agency is required to keep a copy in the individual's file.</p> <p>(2) Case Managers and Case Management Provider Agencies are required to promote and comply with the Case Management Code of Ethics:</p> <p>(a) Case Managers shall provide the individual/guardian with a copy of the Code of Ethics when Addendum A is signed.</p> <p>(b) Complaints against a Case Manager for violation of the Code of Ethics brought to the attention of DDSD will be sent to the Case Manager's supervisor who is required to respond within 10 working days to DDSD with detailed actions taken. DDSD reserves the right to forward such complaints to the IRC.</p>	<p>November 2016. <i>(Term of ISP 5/31/2015 – 5/30/2016 and 5/31/2016 – 5/30/2017).</i></p> <p>◦ Individual #21 – None found for March 2016 – November 2016. <i>(Term of ISP 3/18/2016 – 3/17/2017).</i></p>		
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI & Responsible Party	Date Due
<b>Service Domain: Level of Care – Initial and annual Level of Care (LOC) evaluations are completed within timeframes specified by the State.</b>			
<b>Tag # 4C04 Assessment Activities</b>	<b>Standard Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 4 (CMgt) I. Case Management Services: 1. Scope of Services: S.</b> Maintain a complete record for the individual's DDW services, as specified in DDSD Consumer Records Requirements Policy;</p> <p><b>2. Service Requirements: B. Assessment:</b> The Case Manager is responsible to ensure that an initial evaluation for LOC is complete for all participants, and that all participants who are reevaluated for LOC at least annually. The assessment tasks of the case manager includes, but are not limited to:</p> <p>1. Completes, compiles, and/or obtains the elements of the Long Term Care Assessment Abstract (Long Term Care Assessment Abstract) packet to include:</p> <ol style="list-style-type: none"> <li>Long Term Care Assessment Abstract form (MAD 378);</li> <li>Comprehensive Individual Assessment (CIA);</li> <li>Current physical exam and medical/clinical history;</li> <li>For children: a norm-referenced assessment will be completed; and</li> <li>A copy of the Allocation Letter (initial submission only).</li> </ol>	<p>Based on record review, the Agency did not complete and compile the elements of the Long Term Care Assessment Abstract (LTCAA) packet for 3 of 25 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• Annual Physical (#4, 20)</li> <li>• Level of Care (#16)</li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

<p>2. Review and Approval of the Long Term Care Assessment Abstract by the TPA Contractor:</p> <ul style="list-style-type: none"> <li>a. The Case Manager will submit the Long Term Care Assessment Abstract packet to the TPA Contractor for review and approval. If it is an initial allocation, submission shall occur within ninety (90) calendar days from the date the DDSD receives the individual's Primary Freedom of Choice (FOC) selecting the DDW as well as their Case Management Freedom of Choice selection. All initial Long Term Care Assessment Abstracts must be approved by the TPA Contractor prior to service delivery;</li> <li>b. The Case Manager shall respond to TPA Contractor within specified timelines when the Long Term Care Assessment Abstract packet is returned for corrections or additional information;</li> <li>c. The Case Manager will submit the Long Term Care Assessment Abstract packet to the TPA Contractor, for review and approval. For all annual redeterminations, submission shall occur between forty-five (45) calendar days and thirty (30) calendar days prior to the LOC expiration date; and</li> <li>d. The Case Manager will facilitate re-admission to the DDW for individuals hospitalized more than three (3) calendar days (upon the third midnight). This includes ensuring that hospital discharge planners submit a re-admit LOC to the TPA Contractor and obtain and distribute a copy of the approved document for the client's file.</li> </ul>			
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<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 4 III. CASE MANAGEMENT SERVICE REQUIREMENTS</b></p> <p><b>B. Case Management Assessment Activities:</b> Assessment activities shall include but are not limited to the following requirements:</p> <p>(1) Complete and compile the elements of the Long Term Care Assessment Abstract (LTCAA) packet to include:</p> <ul style="list-style-type: none"> <li>(a) LTCAA form (MAD 378);</li> <li>(b) Comprehensive Individual Assessment (CIA);</li> <li>(c) Current physical exam and medical/clinical history;</li> <li>(d) Norm-referenced adaptive behavioral assessment; and</li> <li>(e) A copy of the Allocation Letter (initial submission only).</li> </ul> <p>(2) Prior to service delivery, obtain a copy of the Medical Assistant Worker (MAW) letter to verify that the county Income Support Division (ISD) office of the Human Services Department (HSD) has completed a determination that the individual meets financial and medical eligibility to participate in the DD Waiver program.</p> <p>(3) Provide a copy of the MAW letter to service providers listed on the ISP budget (MAD 046).</p>			
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI & Responsible Party	Date Due
<p><b>Service Domain: Health and Welfare</b> – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</p>			
<p><b>Tag # 1A28.2</b>  <b>Incident Mgt. System - Parent/Guardian Training</b></p>	<p><b>Standard Level Deficiency</b></p>		
<p><b>7.1.14.9 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</b>  <b>A. General:</b> All community-based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The community-based service provider shall ensure that the incident management system policies and procedures requires all employees and volunteers to be competently trained to respond to, report, and preserve evidence related to incidents in a timely and accurate manner.  <b>E. Consumer and guardian orientation packet:</b> Consumers, family members, and legal guardians shall be made aware of and have available immediate access to the community-based service provider incident reporting processes. The community-based service provider shall provide consumers, family members, or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect, exploitation, suspicious injury, or death. The community-based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member, or legal guardian shall sign this at the time of orientation.</p>	<p>Based on record review, the Agency did not provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Exploitation, for 1 of 25 Individuals.</p> <ul style="list-style-type: none"> <li>• Parent/Guardian Incident Management Training (Abuse, Neglect &amp; Exploitation) (#25)</li> </ul>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI & Responsible Party	Date Due
<p><b>Service Domain: Medicaid Billing/Reimbursement</b> – <i>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i></p>			
<p><b>TAG #1A12 All Services Reimbursement (No Deficiencies)</b></p>			
<p><b>NMAC 8.302.1.17 Effective Date 9-15-08</b>  <b>Record Keeping and Documentation Requirements</b> - A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.  <b>Detail Required in Records</b> - Provider Records must be sufficiently detailed to substantiate the date, time, eligible recipient name, rendering, attending, ordering or prescribing provider; level and quantity of services, length of a session of service billed, diagnosis and medical necessity of any service . . . Treatment plans or other plans of care must be sufficiently detailed to substantiate the level of need, supervision, and direction and service(s) needed by the eligible recipient.  <b>Services Billed by Units of Time</b> -  Services billed on the basis of time units spent with an eligible recipient must be sufficiently detailed to document the actual time spent with the eligible recipient and the services provided during that time unit.  <b>Records Retention</b> - A provider who receives payment for treatment, services or goods must retain all medical and business records relating to any of the following for a period of at least six years from the payment date:  (1) treatment or care of any eligible recipient  (2) services or goods provided to any eligible recipient  (3) amounts paid by MAD on behalf of any eligible recipient; and  (4) any records required by MAD for the administration of Medicaid.</p> <p>Billing for Case Management services was reviewed for 25 of 25 individuals. <i>Progress notes and billing records supported billing activities for the months of October, November and December 2016.</i></p>			

Date: June 8, 2017

To: Kristin Martin, Executive Director  
Provider: New Mexico Quality Case Management, Inc.  
Address: 4004 Carlisle NE, Ste A-1  
State/Zip: Albuquerque, New Mexico 87107

E-mail Address: [nmqcm@swcp.com](mailto:nmqcm@swcp.com)

Region: Metro  
Survey Date: January 13 – 19, 2017  
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: 2007 & 2012 Case Management

Survey Type: Routine

Dear Ms. Martin;

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

**The Plan of Correction process is now complete.**

**Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.**

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use of these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

*Amanda Castañeda*

Amanda Castañeda  
Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.17.3.DDW.D3428.5.RTN.09.17.159