



**DD Waiver Service
Standards 2021**

Therapy Update

DD Waiver Service Standards Effective Date: **November 1, 2021**

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Welcome

- This meeting is being recorded and may be shared with others
- Mute will be on during the presentation
- Use chat box for questions
- We will do our best to answer as they come or after specific sections
- A follow up email with the PPT and Q&A document will be compiled and provided
- Link to detailed crosswalk is in chat box



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Objectives

- Focus on changes in 2021 Standards that directly relate to Therapy
- Emphasize changes that relate to Clinical Criteria updates
- Clarification in areas that have had common confusion or challenges
- Provide DDSD resources and contacts for more information and technical assistance
- Be sure to check crosswalk, Standards document, and Clinical Criteria for complete details



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Chapter 12 the 'main' Therapy Chapter



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Chapter 12: Professional and Clinical Services

Section 12.4 Therapy Services

- All therapy practitioners are required to provide interventions according to their NM Licensure Acts.
- Physical Therapy Assistants (PTA) and Certified Occupational Therapy Assistants (COTA) are included as providers
- Therapists supervising therapy assistants are responsible for providing the appropriate quality and frequency of supervision
- Speech Language Pathologists (SLP) – Clinical Fellow NM license needs to be submitted to DDSD at time of employment



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Chapter 12: Professional and Clinical Services

Section 12.4 Therapy Services

- Services may not be provided concurrently with inpatient Medicaid Services (e.g., hospitalization, ***long term care or rehabilitation***)

Section 12.4.3 Delivery of Therapy Services/Service Setting

- Visits may not occur exclusively in only one setting using one modality
- A specific modality may be used to deliver therapy services (e.g., pool, horses, dogs, ***gymnasium***). However, that one modality or site may not be exclusive to other sites and delivery of services in all life settings including customized community supports, as appropriate ***and agreed upon by the individual, guardian, therapist and respective provider***



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Chapter 12: Professional and Clinical Services

Section 12.4.3 Delivery of Therapy Services/Service Setting

- Therapy service locations: in person (face to face), via telehealth (remote) or a combination
- Includes training, monitoring, and intervention
- Remote-only services are not allowed, except during a PHE



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Chapter 12: Professional and Clinical Services

12.4.3 Delivery of Therapy Services/Service Setting

- Therapy visits should be integrated into the individual's daily routine.
- Therapy may be delivered during community-based services
- Training and integration of any WDSIs may occur in the community setting
- Therapists may take the individual to a different location based on team discussion – IDT communication about scheduling and location is key!

Note: Employment site visits should not occur unless they have been approved by the individual, guardian, and employer



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Chapter 12: Professional and Clinical Services

12.4.7.2 IDT Participation

- Attendance allowed in person or via telehealth
- Based on health and safety needs at the time of the meeting



12.4.7.5 Collaboration and Consultation

- Collaborate with all provider agencies, *when requested*, to schedule appropriate training and support WDSI implementation
 - agencies include residential, day programs/CCSI, CIE, SE, etc.
- Seek consultation from DDSD Clinical Services Bureau, Bureau of Behavioral Support, Regional Offices, and others as needed



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Chapter 12: Professional and Clinical Services

12.4.7.6 Skilled Treatment/Individual Therapy

- Skilled treatment is to be used *on a limited basis* to treat a specific clinical diagnosis and/or condition clinically related to a person's I/DD.
- The outcome of the skilled therapy should be applicable to the person's life in all settings.
- When additional follow-up support by the family or DSP is needed, the therapist will create a WDSI, provide training, and indicate settings for implementation.
- Skilled treatment services are required to be provided in conjunction with the Collaborative-Consultation Model of service delivery.



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Chapter 12: Professional and Clinical Services

12.4.7.9 Fading of Therapy Services

important

- Required to be considered on an annual basis.
- Ongoing monitoring information will help determine appropriateness
- Fading may occur for each aspect of service provision at a time
- A designated trainer for specific WDSI or CARMP sections?

↔ **BUDGET DEVELOPMENT
WORKSHEET for THERAPISTS**
Note: Core or Fading units support
all aspects of therapy.
Check main indicators in Core Unit
Section OR Fading Unit Section
(not both).

**The following may indicate the need
for fading units**
Stage of therapy
 Monitoring, observing/assessing
progress
 Discharge planning
Life circumstance
 Stable

Consider fading if:

- WDSIs consistently implemented across settings
- Individual is likely to maintain current level with existing DSP supports if the therapist eliminates or decreases frequency of visits.



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Chapter 12: Professional and Clinical Services

12.4.7.10 Transitioning Therapy Services

- CM and therapist should discuss budget revision dates **prior to submission to allow for collaboration**
- Transitioning therapist may collaborate with new therapist during the initial visit
- Provide new therapist with copies of current therapy intervention plan, evaluation reports and other relevant therapy documentation created during the past 12 months

12.4.7.11 Discontinuation of Therapy Services

- Discuss with full IDT prior
- Therapist should provide factual information about why discontinuation of therapy is appropriate at this time and what structures are, or can be, put in place to support the individual



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Chapter 12: Professional and Clinical Services

12.4.7.12.2 Initial Therapy Evaluation & Assessments

- The report, *with therapy recommendations regarding the person's therapy support needs*, must be distributed to the **complete** IDT within **44 (calendar)** days from budget approval

12.4.7.12.3 Annual Therapy Re-Evaluation Report

Includes:

- Status of, and recommendations regarding, continuation, modification, or discontinuation of current therapy goal(s) and objective(s) *in comparison to established baselines*.
- Status of WDSIs, DSP training, RPST, and AT

Report *does not* contain new/proposed therapy goals or objectives



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12.4.7.12.5 Therapy Documentation Form (TDF)

- The Therapy Documentation Form (TDF) includes the Therapy Intervention Plan (TIP) and Semi-Annual Report
- If the Therapy Documentation Form (TDF) must be revised, the **revision must be submitted and processed by the case manager** through the established budget revision process

Therapist's Request for Units Based on Therapy Intervention Plan *

- If the Therapy Intervention Plan (TIP) is revised, the **revision needs to be distributed to the IDT**

Therapy Intervention Plan



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12.4.7.12.6 Written Direct Support Instructions (WDSI)

- Multiple areas of instruction should not be combined into one global WDSI
- Any person working directly with the individual across settings needs training to support follow through with recommended activities and strategies
- Redistribute **ongoing WDSIs annually** and **at least 2-weeks prior to the ISP effective date**
- Annual retraining of ongoing WDSIs should be **completed within 30 (calendar) days following the ISP effective date**
- If revised during the ISP year, must **re-distribute and re-train DSP/IDT**



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TRANSITION PERIOD

30-day requirement for annual WDSI training is effective for ISP start dates on or after Jan 15, 2022

Chapter 12: Professional and Clinical Services

12.4.7.12.4 External Consultation Reports

- Reports **should** be retained in agency files

12.4.7.12.7 Discontinuation of Therapy Services Report

- Report due to IDT members within **14 (calendar) days** following the end of services

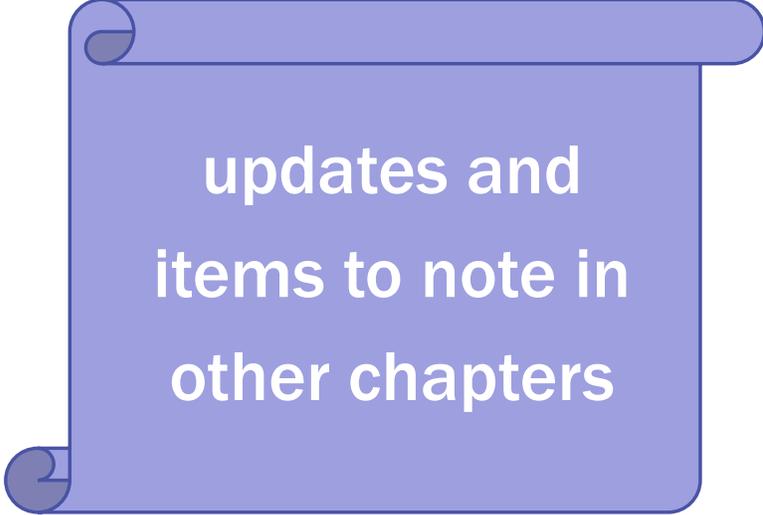
12.4.7.13 Therapy Agency Requirements

- Agencies may be selected for an in person or *remote* CSB-Therapy Quality Review.
- The Provider Agency will receive a written report.
- The Agency Director will sign acknowledging receipt of the report



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updates and
items to note in
other chapters

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Chapter 5: Health

5.5 Aspiration Risk Management

- CARMP is developed using CARMP Draft in Therap process (Ch. 20.5.6)

5.5.1 Screening for Aspiration Risk Using (ARST)

- When there is a change in risk level or condition, the IDT continues with the current CARMP until updates are made

5.5.2 Collaborative Aspiration Risk Assessment

- Includes the following clinicians to ensure informed decision-making by the individual and/or guardian: Nurse, SLP, Dietician, PT, OT, BSC
- Behavioral Support Consultant (BSC) *is required to address risky eating behavior (REB) and rumination*
- The clinicians may find there are no ongoing needs for continued services and may withdraw (after the CARMP has been drafted)

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Chapter 5: Health

5.5.4 CARMP Development Process

Table B – Ongoing ARM Process:

- The CM finalizes the CARMP by adding the date to CARMP, uploading and “submitting” in Therap

5.5.6 Initial CARMP Development - Nurses, Therapists, RDs, BSCs, and CMs

- Initial ARM IDT meeting with collaboration of all CARMP authors
- Identify the “Lead Contact” for each strategy section
- The CM coordinates the CARMP Development in Therap



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Chapter 5: Health

5.5.7.2 All IDT Members

- Implement and maintain the CARMP as a **stand-alone document**
- Use the CARMP to guide, direct and teach how to implement person specific aspiration risk management strategies in the home and other service settings
- Remove all duplicative instructional and support documents from all sites at the time of CARMP initiation.
 - This includes all WDSIs, Therapy Support Plans, Mealtime Plans, interim ARM Plans, tube feeding plans; nutrition and, oral hygiene plans
- Communicate concerns related to CARMP implementation to agency and representatives and DDSD as needed.



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Chapter 14: Other Services

Assistive Technology

14.1.1.1 Scope

- AT provider agency acts as a ***purchasing agent for the technology*** or acts as the ***direct vendor of any AT identified*** in the ISP
- Always check the current SFOC
- Purchasing Agent/Admin fee 15%



14.1.2 Service Limitations

- AT funding may *[not]* be provided for those devices that are routinely denied by existing insurance or other sources
- It is the responsibility of the person submitting the AT Fund application needs to provide proof of denial or attempts to explore funding from other sources that may be available through insurance, the MCO, vocational rehabilitation and/or IDEA if available.



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Chapter 14: Other Services

Assistive Technology

- Total cost max of \$500 inclusive of 15% purchasing agent fee
- Allowance for battery purchase \$50/ISP year (within the \$500)



Added to Clinical Criteria

New forms

General AT Fund application and instructions

- <https://www.nmhealth.org/publication/view/form/4028/>

Budget Based AT Fund application and instructions

- <https://www.nmhealth.org/publication/view/form/4512/>



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Chapter 14: Other Services

Assistive Technology

14.1.2 Service Limitations

- If the AT equipment being requested provides sensory input the item needs to be related to a *therapy plan/TDF/ISP vision/outcome*
 - Clinically appropriate sensory stimulation items requested to increase functional abilities, or decrease behavioral events, may be justified through the AT Fund Application when the items meet all other requirements
- Funds may be used to purchase software applications or adaptive devices related to functional needs and goals



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Chapter 14: Other Services

Assistive Technology

14.1.2 Service Limitations

- Allows purchase of devices (iPads/tablets, smartphones, and other similar devices) to be used to access remote telehealth services and social/community access
 - Includes mounts, holders, protective cases, screen protectors, etc.
 - Warranty purchases allowed initially or later
- Allows purchase of adaptive clothing, footwear, and accessories (if not covered under Medicaid)
- Taxes may be included in the AT Fund Request



**Added to
Clinical
Criteria**

14.1.3 Service Requirements

- Funds may only be released to the IDT member designated on the application and cannot be made out to the individual



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Chapter 14: Other Services

Remote Personal Support Technology (RPST)

14.2.1 Scope

- RPST Provider Agency acts as a ***purchasing agent for the technology*** or as the ***direct vendor of any RPST identified*** in ISP
- RPST Providers must collaborate with the family/team
 - About existing or planned smart home technology
 - About trainings or needed changes to the RSPST system or response plans
 - About any contract or lease agreement changes including leased equipment return due to a move, decline in condition, or death
- RPST Provider must not 'up sell' systems that exceed the person's current needs unless clearly medically anticipated by IDT based upon the person's diagnoses and their knowledge of the individual



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Chapter 14: Other Services

Remote Personal Support Technology (RPST)

All inclusive for items listed:

- Installation
- Education in device use
- Rental
- Maintenance for the electronic device
- Warranty, shipping & handling fees
- Daily monitoring and reporting
- Subscription costs - may include a customized response plan, maintenance costs, remote call center staff response, monitoring fees and some education/training costs
- Assistance in response to events identified through monitoring

Not intended to provide for paid, in-person on-site response



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Chapter 14: Other Services

Remote Personal Support Technology (RPST)

14.2.2 Service Requirements

RPST Provider Agencies must maintain records including a detailed log of interactions and outcomes and types of contact with the person/team

Upon approval the RPST Provider will:

- Order, deliver, install, and test all requested items in a timely manner
- Work with the individual/guardian and IDT to create the RPST Response Plan detailing role of natural and/or other paid supports for on-site response
- Provide or assure initial and ongoing training and supports
- Attend annual and other IDT meetings related to RSPT issues



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Chapter 14: Other Services

Remote Personal Support Technology (RPST)

14.2.2 Service Requirements

- Documentation must be routinely reviewed to monitor and address any changes in the individual's circumstances, needs or response plans.
- An RPST provider may request an IDT meeting at any time to address concerns with the system or plans
- Devices/services purchased are for the sole use of the individual. Exceptions: general environmental controls or safety items such as household thermostats and alarm systems

14.2.3 Agency Requirements

Upon request, RPST Provider Agency must submit RPST monitoring and response log to the CM 14 (calendar) days prior to annual ISP meeting



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Chapter 14: Other Services

Environmental Modification

14.4.1 Scope

- Purchase of grab bars is covered under Medicaid State Plan per Federal Requirements
- Installation may be included as part of the Environmental Modifications service



Added to
Clinical Criteria



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Chapter 17: Training Requirements

- New: Introduction to the Waivers, web-based within **30 (calendar)** days of hire
- Revised: Training in Therapy Standards/ Participatory Approach (PA) *within 180 (calendar) days of hire*
- Revised: Complete Aspiration Risk Management Training (ARM) *within 180 (calendar) days of hire*

TRANSITION PERIOD

All Providers must be in compliance with the new DD Waiver Service Standards Trainings by 12-1-21.



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Chapter 17: Training Requirements

- New training requirements, course name changes and timeframes for all job classifications
<https://www.cdd.unm.edu/cddlearn/ddsd/JobRequirementsByJobClassification.pdf>
- Revised Training: Subtle Signs of Illness and Injury
NM CEU's available for OT and PT
- Revised Training: ANE Awareness Online only
Initial and annual requirement
- CEU opportunity!
Consider taking PA or ARM again



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TRAINING REQUIREMENTS FOR DDW THERAPISTS *effective 12/1/21*

COURSE	TYPE OF TRAINING	TIMELINE	LINK
Abuse, Neglect and Exploitation Awareness	Web-Based Online	Within 30 days of hire & before working alone with an individual	http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/ane-awareness.html
Introduction to the Waivers	Web-Based Online	Within 30 days of hire	http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/intro-to-waivers.html
Person Centered Planning for Therapists, BSCs, and Nurses	Web-Based Online	Within 60 days of hire	http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/person-centered-planning-therapists-nurses.html
Effective Individual Specific Training (EIST)	Classroom/ 'Live' Online	Within 90 days of hire	https://ddsdtrain.cdd.unm.edu/Calendar.aspx
Subtle Signs of Illness and Injury	Web-Based Online	Within 90 days of hire	http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/subtle-signs-of-illness-and-injury.html
Participatory Approach /Therapy Standards	Classroom/ 'Live' Online	Within 180 days of hire	https://ddsdtrain.cdd.unm.edu/Calendar.aspx
Aspiration Risk Management	Classroom/ 'Live' Online	Within 180 days of hire	https://ddsdtrain.cdd.unm.edu/Calendar.aspx
Abuse, Neglect and Exploitation Awareness	Web-Based Online	Yearly Annual refresher	http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/ane-awareness.html



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See These Sections for Additional Therapy Related Changes

Chapter 2: Human Rights

New Form Name - Decision Consultation and Team Justification Form (DC/TJF); part of ISP development for all ISP's beginning 2 months from date of issue of DC/TJF form

PLEASE
NOTE...

Chapter 4: Person-Centered Planning

4.2 Informed Choice - DD Waiver Provider Agencies on the IDT are required to: be aware of and support new or existing Advanced Directives including Do Not Resuscitate; Do Not Intubate or other Directives or orders

Chapter 6: Individual Service Plan (ISP)

6.5.1 Annual ISP Meetings - should not occur more than 90 calendar days before the ISP expiration (*starting with ISPs beginning 6/1/22*)

6.7 Planning for Technology Use - new ISP section, a Technology/Telehealth Addendum is coming soon from DDSD



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See These Sections for Additional Therapy Related Changes

Chapter 20: Provider Documentation and Client Record

20.4 Timely Distribution and Sharing of Records

- All IDT Authors are required to send assessments, reports, ISPs, budgets, and plans to all IDT members.
- SCOMM distribution allows a HIPAA safe way to distribute these records

20.5.1 Secure Communication (SCOMM) - Use of SCOMM is required for all DD Waiver Providers; Guardians are offered access

PLEASE
NOTE...



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Therapy Consultants

Physical Therapy

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Speech Language Pathology

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Occupational Therapy

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