



MICHELLE LUJAN GRISHAM  
Governor

DAVID R. SCRASE, M.D.  
Acting Cabinet Secretary

Date: March 18, 2022

To: Joseph Garcia, Executive Director

Provider: Advantage Communication Systems, Inc.  
Address: 4219 Montgomery Blvd NE  
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: [josephgarcia.adv@gmail.com](mailto:josephgarcia.adv@gmail.com)

CC: Laura Veal, Owner

E-mail Address: [lsveal@yahoo.com](mailto:lsveal@yahoo.com)

Region: Metro  
Survey Date: January 3 – 14, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Routine

Team Leader: Heather Driscoll, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Lora Norby, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Sally Rel, MS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Caitlin Wall, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Joseph Garcia,

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:

**Non-Compliance:** This determination is based on noncompliance with 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag or any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags (*refer to Attachment*

**DIVISION OF HEALTH IMPROVEMENT**

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi>



QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

Survey Report #: Q.22.3.DDW.28701224.5.RTN.01.22.077

*D for details*). The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components
- Tag # 1A32 Administrative Case File: Individual Service Plan Implementation
- Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- Tag # 1A22 Agency Personnel Competency
- Tag # 1A25.1 Caregiver Criminal History Screening
- Tag # 1A37 Individual Specific Training
- Tag # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up
- Tag # 1A09 Medication Delivery Routine Medication Administration
- Tag # 1A09.1 Medication Delivery PRN Medication Administration
- Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medications
- Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)
- Tag # 1A31 Client Human Rights

The following tags are identified as Standard Level:

- Tag # 1A08 Administrative Case File (Other Required Documents)
- Tag # 1A08.1 Administrative and Residential Case File: Progress Notes
- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)
- Tag # 1A43.1 General Events Reporting: Individual Reporting
- Tag # 1A09.0 Medication Delivery Routine Medication Administration
- Tag # 1A09.1.0 Medication Delivery PRN Medication Administration
- Tag # 1A27.2 Duty to Report IR Filed During On-Site and/or IRs Not Reported by Provider
- Tag # LS25 Residential Health & Safety (Supported Living & Family Living)
- Tag # IS25 Community Integrated Employment Services / Supported Employment Reimbursement
- Tag # IS30 Customized Community Supports Reimbursement
- Tag # LS26 Supported Living Reimbursement

#### **Plan of Correction:**

The attached Report of Findings identifies the deficiencies found during your agency's on-site 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.

You were provided information during the exit meeting portion of your on-site survey. Please refer to this information (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 for Current Citation:**

- 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 on an ongoing basis? (i.e., file reviews, etc.)
- How many individuals is this going to effect? (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 within your agency)
- What steps will be taken if issues are found? (i.e., retraining, requesting documents, filing RORA, etc.)
- How is this integrated in your agency's QIS, QI Committee reviews and annual report?

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

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

Please submit your agency's Plan of Correction in the available space on the two right-hand 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: Monica Valdez, Plan of Correction Coordinator in any of the following ways:**
  - a. Electronically at [MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@state.nm.us) (*preferred method*)
  - b. Fax to 505-222-8661, or
  - c. Mail to POC Coordinator, 5301 Central Ave NE Suite 400, Albuquerque, New Mexico 87108
  
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" claim 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  
1474 Rodeo Road  
Santa Fe, New Mexico 87505

If you have questions and would like to speak with someone at HSD/OIG/PIU, please contact:

*Lisa Medina-Lujan* ([Lisa.medina-lujan@state.nm.us](mailto:Lisa.medina-lujan@state.nm.us))

Please be advised that there is a one-week lag period for applying payments received by check to Void/Adjust 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:

ATTN: QMB Bureau Chief  
Request for Informal Reconsideration of Findings  
5301 Central Ave NE Suite #400  
Albuquerque, NM 87108  
Attention: IRF request/QMB

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 contact the Plan of Correction Coordinator, Monica Valdez at 505-273-1930 or email at: [MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@state.nm.us) 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,

*Heather L. Driscoll, AA*

Heather I. Driscoll, AA  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date: January 3, 2022

Contact: **Advantage Communication Systems, Inc.**  
Joseph Garcia, Executive Director

**DOH/DHI/QMB**  
Heather Driscoll, AA, Team Lead/Healthcare Surveyor

On-site Entrance Conference Date: January 3, 2022

Present: **Advantage Communication Systems, Inc.**  
Eli Garcia, Quality Control  
Joseph Garcia, Executive Director  
Michelle Rodriguez, RN  
Laura Veal, Owner  
Michael Tamasi, CFO  
Melissa Velasquez, DSL Director

**DOH/DHI/QMB**  
Heather Driscoll, AA, Team Lead/Healthcare Surveyor  
Lora Norby, Healthcare Surveyor  
Sally Rel, MS, Healthcare Surveyor  
Caitlin Wall, BA, Healthcare Surveyor

Exit Conference Date: January 14, 2022

Present: **Advantage Communication Systems, Inc.**  
Eli Garcia, Quality Control  
Joseph Garcia, Executive Director  
Michelle Rodriguez, RN  
Laura Veal, Owner

**DOH/DHI/QMB**  
Heather Driscoll, AA, Team Lead/Healthcare Surveyor  
Wolf Krusemark, BFA, Healthcare Surveyor Supervisor  
Lora Norby, Healthcare Surveyor  
Sally Rel, MS, Healthcare Surveyor  
Caitlin Wall, BA, Healthcare Surveyor

**DDSD - METRO Regional Office**  
Linda Clark, Assistant Regional Director  
Michael Driskell, Regional Director  
Maura Emerine-Danbury, State Service Coordinator Generalist

Total Sample Size: 18

1 - *Jackson* Class Members  
17 - *Non-Jackson* Class Members

9 - Supported Living (*Note: 9 additional Individuals were seen for billing and training for a total of 18*)  
8 - Customized Community Supports (*Note: 8 additional Individuals were seen for billing and training for a total of 16*)  
5 - Community Integrated Employment (*Note: 3 additional Individuals were seen for billing and training for a total of 8*)

Total Homes Visited	8
❖ Supported Living Homes Visited	8 <i>Note: The following Individuals share a SL residence:</i> ➤ #7, 8
Persons Served Records Reviewed	18
Persons Served Interviewed	7
Persons Served Observed	1
Persons Served Not Seen and/or Not Available	1 ( <i>Note: One Individual was not available during the onsite survey.</i> )
Direct Support Personnel Records Reviewed	73 ( <i>Note: Two DSP perform dual roles as Service Coordinators</i> )
Direct Support Personnel Interviewed	10 ( <i>Note: Interviews conducted by video / phone due to COVID- 19 Public Health Emergency</i> )
Service Coordinator Records Reviewed	8 ( <i>Note: Two Service Coordinators perform dual roles as DSP</i> )
Nurse Interview	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
  - Individual Service Plans
  - Progress on Identified Outcomes
  - Healthcare Plans
  - Medication Administration Records
  - 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 / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- 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  
NM Attorney General's Office  
DOH – Internal Review Committee

## 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 DDS Regional Office for purposes of contract management or 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 505-273-1930 or email at [MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@state.nm.us). Requests for technical assistance must be requested through your Regional DDS 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 cited to prevent recurrence and information that ensures the regulation cited comes into and remains in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance (QA) Plan.

If a deficiency has already been corrected since the on-site survey, 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 following details should be considered when developing your Plan of Correction:*

**The Plan of Correction must address each deficiency cited in the Report of Findings unless otherwise noted with a "No Plan of Correction Required statement." The Plan of Correction must address the five (5) areas listed below:**

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 those individuals in similar situations.
3. What Quality Assurance measures will be put into place and what systemic changes made to ensure the deficient practice will not recur.
4. Indicate how the agency plans to monitor its performance to make certain solutions are sustained. The agency must develop a QA plan for ensuring correction is achieved and sustained. This QA plan must be implemented, and the corrective action is evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and
5. Include dates when corrective actions 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:*

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

- Details about how and when Individual Served, agency personnel and administrative and service delivery site 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 to service sites, as they are being used, and after they are completed.
- Your processes for ensuring that all required agency personnel are trained on required DDSD required trainings.
- How accuracy in billing/reimbursement documentation is assured.
- How health, safety is assured.
- For Case Management providers, how Individual Service Plans are reviewed to verify they meet requirements, how the timeliness of level of care (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, Monica Valdez at 505-273-1930 or email at [MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@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 Monica Valdez, POC Coordinator in any of the following ways:
  - a. Electronically at [MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@state.nm.us) (**preferred method**)
  - b. Fax to 505-222-8661, or
  - c. Mail to POC Coordinator, 5301 Central Ave NE Suite 400, Albuquerque, New Mexico 87108
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 documents containing HIPAA Protected Health Information (PHI) documents must be submitted through S-Comm (Therap), Fax or Postal System, do not send PHI directly to NMDOH email accounts. If the documents do not contain protected Health information (PHI) then you may 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 completion 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 other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); 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 Assurance 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 during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. 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.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

#### Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless of if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

#### ***Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:***

**Service Domain: Service Plan: ISP Implementation** - *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*

##### **Potential Condition of Participation Level Tags, if compliance is below 85%:**

- **1A08.3** – Administrative Case File: Individual Service Plan / ISP Components
- **1A32** – Administrative Case File: Individual Service Plan Implementation
- **LS14** – Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- **IS14** – CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

**Service Domain: Qualified Providers** - *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*

##### **Potential Condition of Participation Level Tags, if compliance is below 85%:**

- **1A20** - Direct Support Personnel Training
- **1A22** - Agency Personnel Competency
- **1A37** – Individual Specific Training

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

**Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):**

- 1A25.1 – Caregiver Criminal History Screening
- 1A26.1 – Consolidated On-line Registry Employee Abuse Registry

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

**Potential Condition of Participation Level Tags, if compliance is below 85%:**

- 1A08.2 – Administrative Case File: Healthcare Requirements & Follow-up
- 1A09 – Medication Delivery Routine Medication Administration
- 1A09.1 – Medication Delivery PRN Medication Administration
- 1A15.2 – Administrative Case File: Healthcare Documentation (Therap and Required Plans)

**Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):**

- 1A05 – General Requirements / Agency Policy and Procedure Requirements
- 1A07 – Social Security Income (SSI) Payments
- 1A09.2 – Medication Delivery Nurse Approval for PRN Medication
- 1A15 – Healthcare Coordination - Nurse Availability / Knowledge
- 1A31 – Client Rights/Human Rights
- LS25.1 – Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)

## Attachment C

### 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 Bureau Chief **within 10 business days** of receipt of the final Report of Findings (**Note: No extensions are granted for the IRF**).
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: <https://nmhealth.org/about/dhi/cbp/irf/>
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, Valerie V. Valdez at [valerie.valdez@state.nm.us](mailto:valerie.valdez@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 report and/or does not include all supporting documentation or evidence to show compliance with the standards 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.

## QMB Determinations of Compliance

**Compliance:**

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. 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*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

**Partial-Compliance with Standard Level Tags:**

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

**Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:**

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. 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.

**Non-Compliance:**

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. 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. There are three ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
<b>"Non-Compliance"</b>						17 or more Total Tags with 75 to 100% of the Individuals in the sample cited in any CoP Level tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
<b>"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"</b>					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
<b>"Partial Compliance with Standard Level tags"</b>			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
<b>"Compliance"</b>	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

**Agency:** Advantage Communication Systems, Inc. - Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Supported Living, Customized Community Supports, and Community Integrated Employment Services  
**Survey Type:** Routine  
**Survey Date:** January 3 – 14, 2022

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<b>Service Domain: Service Plans: ISP Implementation</b> – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.			
<b>Tag # 1A08 Administrative Case File (Other Required Documents)</b>	<b>Standard Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:</b> All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:</p> <ol style="list-style-type: none"> <li>1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.</li> <li>2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.</li> <li>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</li> </ol>	<p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 3 of 9 individuals.</p> <p>Review of the Agency administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Speech Therapy Plan (Therapy Intervention Plan TIP):</b></p> <ul style="list-style-type: none"> <li>• Not Found (#1, 6)</li> </ul> <p><b>Physical Therapy Plan (Therapy Intervention Plan TIP):</b></p> <ul style="list-style-type: none"> <li>• Not Found (#7)</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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.</p> <p>5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.</p> <p>6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.</p> <p>7. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.</p> <p><b>20.5.1 Individual Data Form (IDF):</b> The Individual Data Form provides an overview of demographic information as well as other key personal, programmatic, insurance, and health related information. It lists medical information; assistive technology or adaptive equipment; diagnoses; allergies; information about whether a guardian or advance directives are in place; information about behavioral and health related needs; contacts of Provider Agencies and team members and other critical information. The IDF automatically loads information into other fields and forms and must be complete and kept current. This form is initiated by the CM. It must be opened and continuously updated by Living Supports, CCS- Group, ANS, CIHS and case</p>			
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management when applicable to the person in order for accurate data to auto populate other documents like the Health Passport and Physician Consultation Form. Although the Primary Provider Agency is ultimately responsible for keeping this form current, each provider collaborates and communicates critical information to update this form.

**Chapter 3: Safeguards 3.1.2 Team**

**Justification Process:** DD Waiver

participants may receive evaluations or reviews conducted by a variety of professionals or clinicians. These evaluations or reviews typically include recommendations or suggestions for the person/guardian or the team to consider. The team justification process includes:

1. Discussion and decisions about non-health related recommendations are documented on the Team Justification form.
2. The Team Justification form documents that the person/guardian or team has considered the recommendations and has decided:
  - a. to implement the recommendation.
  - b. to create an action plan and revise the ISP, if necessary; or
  - c. not to implement the recommendation currently.
3. All DD Waiver Provider Agencies participate in information gathering, IDT meeting attendance, and accessing supplemental resources if needed and desired.
4. The CM ensures that the Team Justification Process is followed and complete.



<p>information) and other elements depending on the age of the individual. The ISP templates may be revised and reissued by DDSD to incorporate initiatives that improve person - centered planning practices. Companion documents may also be issued by DDSD and be required for use in order to better demonstrate required elements of the PCP process and ISP development. The ISP is completed by the CM with the IDT input and must be completed according to the following requirements:</p> <ol style="list-style-type: none"> <li>1. DD Waiver Provider Agencies should not recommend service type, frequency, and amount (except for required case management services) on an individual budget prior to the Vision Statement and Desired Outcomes being developed.</li> <li>2. The person does not require IDT agreement/approval regarding his/her dreams, aspirations, and desired long-term outcomes.</li> <li>3. When there is disagreement, the IDT is required to plan and resolve conflicts in a manner that promotes health, safety, and quality of life through consensus. Consensus means a state of general agreement that allows members to support the proposal, at least on a trial basis.</li> <li>4. A signature page and/or documentation of participation by phone must be completed.</li> <li>5. The CM must review a current Addendum A and DHI ANE letter with the person and Court appointed guardian or parents of a minor, if applicable.</li> </ol> <p><b>6.6.3 Additional Requirements for Adults:</b>  Because children have access to other funding sources, a larger array of services are available to adults than to children through the DD Waiver. (See Chapter 7: Available Services and Individual Budget Development). The ISP Template for adults is also more extensive, including Action Plans, Teaching</p>	<ul style="list-style-type: none"> <li>• “...will find and plan to attend the church that is in the mountains he can attend.”</li> <li>• “...will attend the church.”</li> </ul>		
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<p>and Support Strategies (TSS), Written Direct Support Instructions (WDSI), and Individual Specific Training (IST) requirements.</p> <p><b>6.6.3.1. Action Plan:</b> Each Desired Outcome requires an Action Plan. The Action Plan addresses individual strengths and capabilities in reaching Desired Outcomes. Multiple service types may be included in the Action Plan under a single Desired Outcome. Multiple Provider Agencies can and should be contributing to Action Plans toward each Desired Outcome.</p> <ol style="list-style-type: none"> <li>1. Action Plans include actions the person will take; not just actions the staff will take.</li> <li>2. Action Plans delineate which activities will be completed within one year.</li> <li>3. Action Plans are completed through IDT consensus during the ISP meeting.</li> <li>4. Action Plans must indicate under “Responsible Party” which DSP or service provider (i.e., Family Living, CCS, etc.) are responsible for carrying out the Action Step.</li> </ol> <p><b>6.6.3.2 Teaching and Supports Strategies (TSS) and Written Direct Support Instructions (WDSI):</b> After the ISP meeting, IDT members conduct a task analysis and assessments necessary to create effective TSS and WDSI to support those Action Plans that require this extra detail. All TSS and WDSI should support the person in achieving his/her Vision.</p> <p><b>6.6.3.3 Individual Specific Training in the ISP:</b> The CM, with input from each DD Waiver Provider Agency at the annual ISP meeting, completes the IST requirements section of the ISP form listing all training needs specific to the individual. Provider Agencies bring their proposed IST to the annual meeting. The IDT must reach a consensus about who needs to be trained, at what level (awareness,</p>			
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knowledge or skill), and within what timeframe. (See Chapter 17.10 Individual-Specific Training for more information about IST.)

**6.8 ISP Implementation and Monitoring:** All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Chapter 20: Provider Documentation and Client Records.) CMs facilitate and maintain communication with the person, his/her representative, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of his/her services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Chapter 16: Qualified Provider Agencies.

**Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:** All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary.



documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.

6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.

7. All records pertaining to JCMs must be retained permanently and must be made available to DDS upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

- Individual #16 - None found for 9/3; 10/7; and 11/3, 2021.

**Residential Case File:**

**Supported Living Progress Notes/Daily Contact Logs:**

- Individual #1 - None found for 1/1 – 2, 2022. (Date of home visit: 1/4/2022)
- Individual #9 - None found for 1/1 – 3, 2022. (Date of home visit: 1/4/2022)



purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]

Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019

**Chapter 6: Individual Service Plan (ISP)**

**6.8 ISP Implementation and Monitoring:** All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Chapter 20: Provider Documentation and Client Records.) CMS facilitate and maintain communication with the person, his/her representative, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of his/her services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Chapter 16: Qualified Provider Agencies.

**Chapter 20: Provider Documentation and Client Records 20.2 Client Records**

**Requirements:** All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:

1. Client records must contain all documents

**Community Integrated Employment Services Data Collection / Data Tracking/Progress with regards to ISP Outcomes:**

Individual #2

- According to the Work/Learn Outcome, Action Step for "...will research employment" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2021. (*Note: Document maintained by the provider was blank.*)
- According to the Work/Learn Outcome, Action Step for "...will apply" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2021. (*Note: Document maintained by the provider was blank.*)

Individual #7

- None found regarding: Work/Learn Outcome/Action Step: "...will work her scheduled shifts" for 9/2021 – 11/2021. Action step is to be completed 1 time per week.

Individual #11

- None found regarding: Work/Learn Outcome/Action Step: "...will perform assigned office tasks to completion during a work shift" for 9/2021 – 11/2021. Action step is to be completed 1-2 times per week.

<p>essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.</p> <p>2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.</p> <p>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</p> <p>4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.</p> <p>5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.</p> <p>6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.</p> <p>7. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.</p>			
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The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]

Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019

**Chapter 6: Individual Service Plan (ISP)**

**6.8 ISP Implementation and Monitoring:** All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Chapter 20: Provider Documentation and Client Records.) CMs facilitate and maintain communication with the person, his/her representative, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of his/her services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Chapter 16: Qualified Provider Agencies.

**Chapter 20: Provider Documentation and Client Records 20.2 Client Records**

**Requirements:** All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:

- According to the Live Outcome, Action Step for "...will attend the class" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.
- According to the Fun Outcome, Action Step for "...will research art and craft events (virtually)" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.
- According to the Fun Outcome, Action Step for "...will attend (virtually)" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.

Individual #5

- According to the Fun Outcome, Action Step for "...will research locations to attend." is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.
- According to the Fun Outcome, Action Step for "...will attend venues of virtual locations." is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021.

Individual #6

- According to the Live Outcome, Action Step for "...will water plants 2x weekly" is to be completed 2 times per week. Evidence

<p>8. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.</p> <p>9. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.</p> <p>10. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</p> <p>11. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.</p> <p>12. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.</p> <p>13. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.</p> <p>14. All records pertaining to JCMs must be retained permanently and must be made available to DDS upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.</p>	<p>found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 11/2021.</p> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome, Action Step for "...will choose and plan a physical activity that she would like to do" is to be completed 5 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 11/2021.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "...will complete sustained walking for 20 to 30 minutes" is to be completed 2 times per Week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.</li> <li>• According to the Work/Learn Outcome; Action Step for "...will track his steps" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 and 11/2021.</li> </ul> <p>Individual #2</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome, Action Step for "...will research employment" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 11/2021.</li> </ul> <p>Individual #6</p>		
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- According to the Work/Learn Outcome, Action Step for "...will put his picture in a photo album 1 time weekly" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 11/2021.

**Community Integrated Employment Services Data Collection/Data Tracking / Progress with regards to ISP Outcomes:**

Individual #2

- According to the Work/Learn Outcome, Action Step for "...will research employment" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 10/2021.

- According to the Work/Learn Outcome, Action Step for "...will apply" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2021 – 10/2021.

Individual #7

- According to the Fun/Relationships Outcome; Action Step for "...will learn to use her iPad" is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2021.



<p>maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.</p> <p>6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.</p> <p>7. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.</p> <p><b>20.5.3 Health Passport and Physician Consultation Form:</b> All Primary and Secondary Provider Agencies must use the <i>Health Passport</i> and <i>Physician Consultation</i> form from the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The <i>Health Passport</i> also includes a standardized form to use at medical appointments called the <i>Physician Consultation</i> form. The <i>Physician Consultation</i> form contains a list of all current medications. Requirements for the <i>Health Passport</i> and <i>Physician Consultation</i> form are:</p> <p>2. The Primary and Secondary Provider Agencies must ensure that a current copy of the <i>Health Passport</i> and <i>Physician Consultation</i> forms are printed and available at all service delivery sites. Both forms must be reprinted and placed at all service delivery sites each time the e-CHAT is updated for any reason and whenever there is a change to contact information contained</p>	<p><i>TSS not found for the following Work / Learn Outcome Statement / Action Steps:</i></p> <ul style="list-style-type: none"> <li>• "...will choose and participate in leisure activities."</li> </ul> <p><i>TSS not found for the following Fun / Relationship Outcome Statement / Action Steps:</i></p> <ul style="list-style-type: none"> <li>• "...will research locations to attend."</li> </ul> <p><b>Individual #6</b> <i>TSS not found for the following Live Outcome Statement / Action Steps:</i></p> <ul style="list-style-type: none"> <li>• "...will purchase and plant 3 different vegetable plants."</li> <li>• "...will water plants."</li> <li>• "Harvest vegetables."</li> </ul> <p><b>Individual #9</b> <i>TSS not found for the following Live Outcome Statement / Action Steps:</i></p> <ul style="list-style-type: none"> <li>• "...will with decreased prompts, clean his room thoroughly."</li> <li>• "...will do a light / maintenance bedroom cleaning 2 times per month as well."</li> </ul> <p><b>Individual #10</b> <i>TSS not found for the following Live Outcome Statement / Action Steps:</i></p> <ul style="list-style-type: none"> <li>• "I will research courses available."</li> <li>• "I will register for the course."</li> <li>• "I will attend the class as required."</li> </ul> <p><b>Healthcare Passport:</b></p> <ul style="list-style-type: none"> <li>• Not Found (#6)</li> <li>• Not Current (#2, 5, 10, 11)</li> </ul>		
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in the IDF.

**Chapter 13: Nursing Services: 13.2.9  
Healthcare Plans (HCP):**

1. At the nurse's discretion, based on prudent nursing practice, interim HCPs may be developed to address issues that must be implemented immediately after admission, readmission or change of medical condition to provide safe services prior to completion of the e-CHAT and formal care planning process. This includes interim ARM plans for those persons newly identified at moderate or high risk for aspiration. All interim plans must be removed if the plan is no longer needed or when final HCP including CARMPs are in place to avoid duplication of plans.

2. In collaboration with the IDT, the agency nurse is required to create HCPs that address all the areas identified as required in the most current e-CHAT summary

**13.2.10 Medical Emergency Response Plan (MERP):**

1. The agency nurse is required to develop a Medical Emergency Response Plan (MERP) for all conditions marked with an "R" in the e-CHAT summary report. The agency nurse should use her/his clinical judgment and input from the Interdisciplinary Team (IDT) to determine whether shown as "C" in the e-CHAT summary report or other conditions also warrant a MERP.

2. MERPs are required for persons who have one or more conditions or illnesses that present a likely potential to become a life-threatening situation.

**Comprehensive Aspiration Risk  
Management Plan:**

- Not Found (#5)

**Health Care Plans:**

- Body Mass Index (#1, 2)
- MRSA (#1)
- Sleep Apnea (#9)

**Medical Emergency Response Plans:**

- Body Mass Index (#1)
- Falls (#6)
- MRSA (#1)
- Respiratory / Asthma (#9)
- Seizures (#5)
- Sleep Apnea (#9)
- Urinary (#6)

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<b>Service Domain: Qualified Providers</b> – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.			
<p><b>Tag # 1A22 Agency Personnel Competency</b></p> <p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 13: Nursing Services 13.2.11 Training and Implementation of Plans:</b></p> <p>1. RNs and LPNs are required to provide Individual Specific Training (IST) regarding HCPs and MERPs.</p> <p>2. The agency nurse is required to deliver and document training for DSP/DSS regarding the healthcare interventions/strategies and MERPs that the DSP are responsible to implement, clearly indicating level of competency achieved by each trainee as described in Chapter 17.10 Individual-Specific Training.</p> <p><b>Chapter 17: Training Requirement 17.10 Individual-Specific Training:</b> The following are elements of IST: defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDS training levels of awareness, knowledge, and skill. Reaching an <b>awareness level</b> may be accomplished by reading plans or other information. The trainee is cognizant of information related to a person's specific condition. Verbal or written recall of basic information or knowing where to access the information can verify awareness. Reaching a <b>knowledge level</b> may take the form of observing a plan in action, reading a plan more thoroughly, or having a plan described by the author or their designee.</p>	<p><b>Condition of Participation Level Deficiency</b></p> <p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on interview, the Agency did not ensure training competencies were met for 7 of 10 Direct Support Personnel.</p> <p><b>When DSP were asked, if the Individual had a Positive Behavioral Supports Plan (PBSP), have you been trained on the PBSP and what does the plan cover, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #530 stated, "No, I really don't know." According to the Individual Specific Training Section of the ISP the Individual requires a Positive Behavioral Supports Plan. (Individual #8)</li> </ul> <p><b>When DSP were asked, if they received training on the Individual's Behavioral Crisis Intervention Plan (BCIP) and if so, what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #530 stated, "No, I really don't know." According to the Individual Specific Training Section of the ISP the individual has Behavioral Crisis Intervention Plan. (Individual #8)</li> <li>DSP #531 stated, "She doesn't have a plan." According to the Individual Specific Training Section of the ISP the individual</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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>Verbal or written recall or demonstration may verify this level of competence. Reaching a <b>skill level</b> involves being trained by a therapist, nurse, designated or experienced designated trainer. The trainer shall demonstrate the techniques according to the plan. Then they observe and provide feedback to the trainee as they implement the techniques. This should be repeated until competence is demonstrated. Demonstration of skill or observed implementation of the techniques or strategies verifies skill level competence. Trainees should be observed on more than one occasion to ensure appropriate techniques are maintained and to provide additional coaching/feedback. Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported.</p> <ol style="list-style-type: none"> <li>1. IST must be arranged and conducted at least annually. IST includes training on the ISP Desired Outcomes, Action Plans, strategies, and information about the person's preferences regarding privacy, communication style, and routines. More frequent training may be necessary if the annual ISP changes before the year ends.</li> <li>2. IST for therapy related WDSI, HCPs, MERPs, CARMPs, PBSA, PBSP, and BCIP, must occur at least annually and more often if plans change, or if monitoring by the plan author or agency finds incorrect implementation, when new DSP or CM are assigned to work with a person, or when an existing DSP or CM requires a refresher.</li> <li>3. The competency level of the training is based on the IST section of the ISP.</li> <li>4. The person should be present for and involved in IST whenever possible.</li> <li>5. Provider Agencies are responsible for</li> </ol>	<p>has Behavioral Crisis Intervention Plan. (Individual #8)</p> <ul style="list-style-type: none"> <li>• DSP #536 stated, "I'm not really sure, they brought the paperwork to me yesterday." According to the Positive Behavioral Support Plan, the individual has Behavioral Crisis Intervention Plan. (Individual #2)</li> <li>• DSP #561 stated, "I don't think so." According to the Positive Behavior Support Plan, the individual has Behavioral Crisis Intervention Plan. (Individual #5)</li> </ul> <p><b>When DSP were asked, if the Individual had a Comprehensive Aspiration Risk Management Plan (CARMP) and where was it located, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #530 stated, "I've never seen it, but I was trained on how to sit with her." As indicated by the Aspiration Risk Screening Tool, the individual has a Comprehensive Aspiration Risk Management Plan (CARMP). (Individual #7)</li> </ul> <p><b>When DSP were asked, if the Individual's had Health Care Plans, where could they be located and if they had been trained, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #536 stated, "Just drinking to keep her hydrated." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index. (Individual #2)</li> <li>• DSP #561 stated, "Yes. They should be in her book. They are missing from the home. So is the CARMP. I don't know what they are without them in front of me." As indicated by the Electronic Comprehensive</li> </ul>		
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<p>tracking of IST requirements.</p> <p>6. Provider Agencies must arrange and ensure that DSP's are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements: Support Plans section of the ISP and notify the plan authors when new DSP are hired to arrange for trainings.</p> <p>7. If a therapist, BSC, nurse, or other author of a plan, healthcare or otherwise, chooses to designate a trainer, that person is still responsible for providing the curriculum to the designated trainer. The author of the plan is also responsible for ensuring the designated trainer is verifying competency in alignment with their curriculum, doing periodic quality assurance checks with their designated trainer, and re-certifying the designated trainer at least annually and/or when there is a change to a person's plan.</p>	<p>Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index, Oral Hygiene, and Seizure Disorder. (Individual #5)</p> <ul style="list-style-type: none"> <li>DSP #530 stated, "I don't have that." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index, Asthma, and Sleep Apnea. (Individual #7)</li> <li>DSP #531 stated, "Health Care Plan let me check, no she doesn't have a Health Care Plan." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index, Asthma, and Sleep Apnea. (Individual #7)</li> </ul> <p><b>When DSP were asked, if the Individual's had Medical Emergency Response Plans and where could they be located, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #511 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual has Medical Emergency Response Plans for Obstructive Sleep Apnea. (Individual #9)</li> <li>DSP #530 stated, "I'm going to say no." As Indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Aspiration and Asthma. (Individual #7)</li> <li>DSP #530 stated, "I believe so, but I haven't seen them." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency</li> </ul>		
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	<p>Response Plans for Dehydration, Falls, and Seizures. (Individual #8)</p> <ul style="list-style-type: none"> <li>• DSP #531 stated, “She has asthma, we give her, her asthma spray and call the nurse.” As Indicated by the Electronic Comprehensive Health Assessment Tool, the Individual additionally requires Medical Emergency Response Plans for Aspiration. (Individual #7)</li> <li>• DSP #561 stated, “Yes. They should be in her book. They are missing from the home. So is the CARMP. I don’t know what they are without them in front of me.” As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Aspiration and Seizure Disorder. (Individual #5)</li> </ul> <p><b>When DSP were asked, if the Individual had any food and / or medication allergies that could be potentially life threatening, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #573 stated, “Red dye and the flu shot eggs” As indicated by Health Passport the individual is allergic to Morphine. (Individual #2)</li> <li>• DSP #536 stated, “Not to my knowledge.” As indicated by Health Passport the individual is allergic to Morphine. (Individual #2)</li> <li>• DSP #511 stated, “That I’m aware of, no.” As indicated by the Health Passport the individual is allergic to Bupropion, Chantix, and Wellbutrin. (Individual #9)</li> </ul>		
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**When DSP were asked, if the Individual had Seizure Disorder, as well as a series of questions specific to the DSP's knowledge of the Seizure Disorder, the following was reported:**

- DSP #507 stated, "No, I just want to keep him safe. No one has told me them because he hasn't had one with me." Per Electronic Comprehensive Health Assessment Tool residential staff are required to receive training on Seizure Disorder. (Individual #1)
- DSP #530 stated, "I believe so or is it... I'm sorry not, I don't think so." As indicated by the Individual Specific Training section of the ISP DSP require training on Seizure Disorder. (Individual #8)

**When DSP were asked, what steps are you to take in the event of a medication error, the following was reported:**

- SP #507 stated, "I would throw it away." (Individual #1) According to the Agency Policy and Procedure for Supported Living Disposal of Medications, "DSP are to Place the medication in a bag that can be sealed. Label the bag. Seal the bag and place it in the designated discontinued lock box and document on the Drug Destruction Log."



<p><b>C. Conditional Employment:</b> Applicants, caregivers, and hospital caregivers who have submitted all completed documents and paid all applicable fees for a nationwide and statewide criminal history screening may be deemed to have conditional supervised employment pending receipt of written notice given by the department as to whether the applicant, caregiver or hospital caregiver has a disqualifying conviction.</p> <p><b>F. Timely Submission:</b> Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p><b>G. Maintenance of Records:</b> Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p>			
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**NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS:**

**A. Prohibition on Employment:** A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.

**NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS.** The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider:

- A.** homicide.
- B.** trafficking, or trafficking in controlled substances.
- C.** kidnapping, false imprisonment, aggravated assault or aggravated battery.
- D.** rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses.
- E.** crimes involving adult abuse, neglect or financial exploitation.
- F.** crimes involving child abuse or neglect.
- G.** crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or
- H.** an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.



<p>support has a BCIP that includes the use of EPR.</p> <p>g. Complete and maintain certification in a DDSD-approved medication course if required to assist with medication delivery.</p> <p>h. Complete training regarding the HIPAA.</p> <p>2. Any staff being used in an emergency to fill in or cover a shift must have at a minimum the DDSD required core trainings and be on shift with a DSP who has completed the relevant IST.</p> <p><b>17.10 Individual-Specific Training:</b> The following are elements of IST: defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDSD training levels of awareness, knowledge, and skill. Reaching an <b>awareness level</b> may be accomplished by reading plans or other information. The trainee is cognizant of information related to a person's specific condition. Verbal or written recall of basic information or knowing where to access the information can verify awareness. Reaching a <b>knowledge level</b> may take the form of observing a plan in action, reading a plan more thoroughly, or having a plan described by the author or their designee. Verbal or written recall or demonstration may verify this level of competence. Reaching a <b>skill level</b> involves being trained by a therapist, nurse, designated or experienced designated trainer. The trainer shall demonstrate the techniques according to the plan. Then they observe and provide feedback to the trainee as they implement the techniques. This should be repeated until competence is demonstrated. Demonstration of skill or observed implementation of the</p>	<ul style="list-style-type: none"> <li>• Individual #18 (#500, 515, 534, 542, 548, 554, 556, 560, 566, 577)</li> <li>• Individual #19 (#502, 517, 529, 530, 531, 541, 566)</li> <li>• Individual #20 (#500, 504, 515, 534, 542, 548, 554, 556, 560, 566, 577)</li> <li>• <b>Comprehensive Aspiration Risk Management Plan Training:</b> <ul style="list-style-type: none"> <li>• Individual #18 (#500, 504, 515, 534, 542, 548, 554, 556, 560, 566, 577)</li> <li>• Individual #19 (#502, 516, 517, 529, 530, 531, 541, 566)</li> <li>• Individual #20 (#534, 554)</li> </ul> </li> </ul>		
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<p>techniques or strategies verifies skill level competence. Trainees should be observed on more than one occasion to ensure appropriate techniques are maintained and to provide additional coaching/feedback.</p> <p>Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported.</p> <ol style="list-style-type: none"> <li>1. IST must be arranged and conducted at least annually. IST includes training on the ISP Desired Outcomes, Action Plans, strategies, and information about the person’s preferences regarding privacy, communication style, and routines. More frequent training may be necessary if the annual ISP changes before the year ends.</li> <li>2. IST for therapy related WDSI, HCPs, MERPs, CARMPs, PBSA, PBSP, and BCIP, must occur at least annually and more often if plans change, or if monitoring by the plan author or agency finds incorrect implementation, when new DSP or CM are assigned to work with a person, or when an existing DSP or CM requires a refresher.</li> <li>3. The competency level of the training is based on the IST section of the ISP.</li> <li>4. The person should be present for and involved in IST whenever possible.</li> <li>5. Provider Agencies are responsible for tracking of IST requirements.</li> <li>6. Provider Agencies must arrange and ensure that DSP’s are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements: Support Plans section of the ISP and notify the plan authors when new DSP are hired to arrange for trainings.</li> <li>7. If a therapist, BSC, nurse, or other author of a plan, healthcare or otherwise, chooses to designate a trainer, that person is still</li> </ol>			
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responsible for providing the curriculum to the designated trainer. The author of the plan is also responsible for ensuring the designated trainer is verifying competency in alignment with their curriculum, doing periodic quality assurance checks with their designated trainer, and re-certifying the designated trainer at least annually and/or when there is a change to a person's plan.

**17.10.1 IST Training Rosters:** IST Training

Rosters are required for all IST trainings:

1. IST Training Rosters must include:
  - a. the name of the person receiving DD Waiver services.
  - b. the date of the training.
  - c. IST topic for the training.
  - d. the signature of each trainee.
  - e. the role of each trainee (e.g., CIHS staff, CIE staff, family, etc.); and
  - f. the signature and title or role of the trainer.
2. A competency-based training roster (required for CARMPs) includes all information above but also includes the level of training (awareness, knowledge, or skilled) the trainee has attained. (See Chapter 5.5 Aspiration Risk Management for more details about CARMPs.)
3. A copy of the training roster is submitted to the agency employing the staff trained within seven calendar days of the training date. The original is retained by the trainer.



<p>reportable incidents as described in Chapter 18: Incident Management System.</p> <p>5. GER does not replace a Provider Agency's obligations related to healthcare coordination, modifications to the ISP, or any other risk management and QI activities.</p> <p><b>Appendix B GER Requirements:</b> DDS is pleased to introduce the revised General Events Reporting (GER), requirements. There are two important changes related to medication error reporting:</p> <ol style="list-style-type: none"> <li>1. <i>Effective immediately</i>, DDS requires ALL medication errors be entered into Therap GER with the exception of those required to be reported to Division of Health Improvement-Incident Management Bureau.</li> <li>2. No alternative methods for reporting are permitted.</li> </ol> <p><b><u>The following events need to be reported in the Therap GER:</u></b></p> <ul style="list-style-type: none"> <li>• Emergency Room/Urgent Care/Emergency Medical Services</li> <li>• Falls Without Injury</li> <li>• Injury (including Falls, Choking, Skin Breakdown and Infection)</li> <li>• Law Enforcement Use</li> <li>• Medication Errors</li> <li>• Medication Documentation Errors</li> <li>• Missing Person/Elopement</li> <li>• Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission</li> <li>• PRN Psychotropic Medication</li> <li>• Restraint Related to Behavior</li> <li>• Suicide Attempt or Threat</li> </ul> <p><b><u>Entry Guidance:</u></b> Provider Agencies must complete the following sections of the GER with detailed information: profile information, event information, other event information,</p>	<p>Law Enforcement (Law Enforcement). GER was approved 11/11/2021.</p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 11/26/2021 the Individual received a PRN Psychotropic Medication (PRN Psychotropic Medication). GER was approved 1/12/2022.</li> <li>• General Events Report (GER) indicates on 12/1/2021 there were missing entries on the Medication Administration Record. (Medication Error). GER was approved 1/12/2022.</li> <li>• General Events Report (GER) indicates on 12/2/2021 there were missing entries on the Medication Administration Record. (Medication Error). GER was approved 1/12/2022.</li> </ul> <p><b>Individual #5</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 3/20/2021 the Individual was ill and went to Urgent Care. (Emergency Medicine). GER was approved 3/30/2021.</li> <li>• General Events Report (GER) indicates on 4/3/2021 the Individual required the use of Law Enforcement (Law Enforcement). GER was approved 4/15/2021.</li> </ul> <p><b>Individual #6</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 3/4/2021 the Individual had a fall and went to the emergency room. (Emergency Medicine). GER was approved 3/9/2021.</li> <li>• General Events Report (GER) indicates on 5/27/2021 the Individual had a fall and went to the emergency room. (Emergency Medicine). GER was approved 6/1/2021.</li> </ul>		
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<p>general information, notification, actions taken or planned, and the review follow up comments section. Please attach any pertinent external documents such as discharge summary, medical consultation form, etc. <u>Provider Agencies must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis.</u></p>	<ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 12/2/2021 the Individual received a COVID Vaccine. (Covid-19). GER was approved 12/7/2021.</li> </ul> <p><b>Individual #10</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 1/23/2021 there were missing entries on the Medication Administration Record. (Medication Error). GER was approved 5/11/2021.</li> </ul> <p><b>Individual #11</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 3/4/2021 the Individual went to Urgent Care for Conjunctivitis. (Emergency Medicine). GER was approved 3/9/2021.</li> <li>• General Events Report (GER) indicates on 5/16/2021 the Individual received a PRN Psychotropic Medication (PRN Psychotropic Medication). GER was approved 5/21/2021.</li> <li>• General Events Report (GER) indicates on 7/19/2021 the Individual required the use of Law Enforcement. (Law Enforcement). GER was approved 7/26/2021.</li> <li>• General Events Report (GER) indicates on 8/14/2021 the Individual received a PRN Psychotropic Medication (PRN Psychotropic Medication). GER was approved 8/18/2021.</li> <li>• General Events Report (GER) indicates on 1/4/2022 the Individual received a PRN Psychotropic Medication (PRN Psychotropic Medication). GER was approved 1/7/2022.</li> </ul> <p><b>The following events were not reported in the General Events Reporting System as required by policy:</b></p>		
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**Individual #2**

- Documentation reviewed indicates that on 12/1/2021 the Individual's Medication Administration Records contained a missing entry for Olanzapine 20mg tablet (8PM) (Medication Error). No GER was found.
- Documentation reviewed indicates that on 12/2/2021 the Individual's Medication Administration Records contained a missing entry for Fluticasone Prop 50mcg (8 AM) (Medication Error). No GER was found.

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<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.			
<b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b>	<b>Condition of Participation Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 3 Safeguards: 3.1.1 Decision Consultation Process (DCP):</b> Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources according to the following:</p> <p>1. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. This includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist.</li> <li>clinical recommendations made by registered/licensed clinicians who are either members of the IDT or clinicians who have performed an evaluation such as a video-fluoroscopy.</li> <li>health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR) or</li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 3 of 9 individuals receiving Living Care Arrangements and Community Inclusion.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):</b></p> <p><b>Annual Physical:</b></p> <ul style="list-style-type: none"> <li>Not Found (#5, 7) (Note: Exam was scheduled for #5 for 4/22/2022 during the on-site survey.)</li> </ul> <p><b>Dental Exam:</b></p> <ul style="list-style-type: none"> <li>Individual #5 - As indicated by DDW Standards the Individual is to receive an Annual Dental exam. No evidence of exam found. (Note: Exam was scheduled for 1/18/2022 during the on-site survey.)</li> <li>Individual #6 - As indicated by DDW Standards the Individual is to receive an Annual Dental exam. No evidence of exam found.</li> </ul>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here (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> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>other DOH review or oversight activities; and</p> <p>d. recommendations made through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), or another plan.</p> <p>2. When the person/guardian disagrees with a recommendation or does not agree with the implementation of that recommendation, Provider Agencies follow the DCP and attend the meeting coordinated by the CM. During this meeting:</p> <p>a. Providers inform the person/guardian of the rationale for that recommendation, so that the benefit is made clear. This will be done in layman's terms and will include basic sharing of information designed to assist the person/guardian with understanding the risks and benefits of the recommendation.</p> <p>b. The information will be focused on the specific area of concern by the person/guardian. Alternatives should be presented, when available, if the guardian is interested in considering other options for implementation.</p> <p>c. Providers support the person/guardian to make an informed decision.</p> <p>d. The decision made by the person/guardian during the meeting is accepted; plans are modified; and the IDT honors this health decision in every setting.</p> <p><b>Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:</b> All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client</p>	<p><b>Emergency Medicine:</b></p> <ul style="list-style-type: none"> <li>Individual #6 - As indicated by collateral documentation reviewed, exam was completed on 10/18/2021. Follow-up was to be completed as soon as possible. No evidence of follow-up found.</li> </ul> <p><b>Podiatry:</b></p> <ul style="list-style-type: none"> <li>Individual #6 - As indicated by collateral documentation reviewed, exam was scheduled for 11/18/2021. Individual refused exam. No evidence of rescheduled appointment found or follow-up with the individual and / or guardian.</li> </ul> <p><b>Psychology:</b></p> <ul style="list-style-type: none"> <li>Individual #6 - As indicated by collateral documentation reviewed, exam was completed on 9/20/2021. Follow-up was to be completed in 2 - 4 weeks. No evidence of follow-up found.</li> </ul>		
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<p>records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:</p> <ol style="list-style-type: none"> <li>1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.</li> <li>2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.</li> <li>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</li> <li>4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.</li> <li>5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.</li> <li>6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.</li> <li>7. All records pertaining to JCMs must be</li> </ol>			
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retained permanently and must be made available to DDS upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

**20.5.3 Health Passport and Physician Consultation Form:**

All Primary and Secondary Provider Agencies must use the *Health Passport* and *Physician Consultation* form from the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The *Health Passport* also includes a standardized form to use at medical appointments called the *Physician Consultation* form. The *Physician Consultation* form contains a list of all current medications.

**Chapter 10: Living Care Arrangements (LCA) Living Supports-Supported Living:  
10.3.9.6.1 Monitoring and Supervision**

4. Ensure and document the following:
- a. The person has a Primary Care Practitioner.
  - b. The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist.
  - c. The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist.
  - d. The person receives a hearing test as recommended by a licensed audiologist.
  - e. The person receives eye examinations as recommended by a

<p>licensed optometrist or ophthalmologist.</p> <p>5. Agency activities occur as required for follow-up activities to medical appointments (e.g., treatment, visits to specialists, and changes in medication or daily routine).</p> <p><b>10.3.10.1 Living Care Arrangements (LCA) Living Supports-IMLS: 10.3.10.2 General Requirements:</b> 9 . Medical services must be ensured (i.e., ensure each person has a licensed Primary Care Practitioner and receives an annual physical examination, specialty medical care as needed, and annual dental checkup by a licensed dentist).</p> <p><b>Chapter 13 Nursing Services: 13.2.3 General Requirements:</b></p> <p>1. Each person has a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Nurses communicate with these providers to share current health information.</p>			
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<p>counter (OTC) or “comfort” medications or treatments and all self-selected herbal or vitamin therapy.</p> <p>c. Documentation of all time limited or discontinued medications or treatments.</p> <p>d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials.</p> <p>e. Documentation of refused, missed, or held medications or treatments.</p> <p>f. Documentation of any allergic reaction that occurred due to medication or treatments; and</p> <p>g. For PRN medications or treatments:</p> <p>i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period.</p> <p>ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>Chapter 10 Living Care Arrangements</b>  <b>10.3.4 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:  1. the processes identified in the DDSD AWMD training.</p>	<ul style="list-style-type: none"> <li>• Olanzapine 20mg (1 time daily) – Blank 12/1 (8:00 PM)</li> </ul> <p>January 2022  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Fluticasone Prop 50 MCG Spray (1 time daily) – Blank 1/1 - 4 (8:00 AM)</li> <li>• Errin 0.35 (1 time daily) – Blank 1/3 (8:00 AM)</li> </ul> <p>Medication Administration Records did not contain medication found in the home:</p> <ul style="list-style-type: none"> <li>• Olanzapine 10mg (2 times daily)</li> </ul> <p>Individual #5  January 2022  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Topiramate F/C 100mg (3 times daily) – Blank 1/2 (4:00 PM)</li> </ul> <p>Individual #6  December 2021  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Mupirocin 2% Ointment (1 time daily) – Blank 12/1 - 31 (7:00 AM &amp; 5:00 PM)</li> </ul> <p>As indicated by the Medication Administration Records the individual is to take Debrox 6.5% (3 times week). According to the Physician’s Orders, Debrox 6.5% is to be taken 2 times daily. Medication Administration Record and Physician’s Orders do not match.</p>		
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<p>2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services;</p> <p>3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</p> <p>4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b></p> <p>A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including over-the-counter medications.</b></p> <p>This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident.</li> <li>(ii) Date given.</li> <li>(iii) Drug product name.</li> <li>(iv) Dosage and form.</li> <li>(v) Strength of drug.</li> <li>(vi) Route of administration.</li> <li>(vii) How often medication is to be taken.</li> <li>(viii) Time taken and staff initials.</li> <li>(ix) Dates when the medication is discontinued or changed.</li> <li>(x) The name and initials of all staff administering medications.</li> </ul> <p><b>Model Custodial Procedure Manual</b></p> <p><b>D. Administration of Drugs</b></p> <p>Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.</p> <p>Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the</p>	<p>Individual #7 December 2021</p> <p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Benzoyl Peroxide 10% Gel (1 time daily)</li> </ul> <p>Individual #9 December 2021</p> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Minerin Crème (1 time daily)</li> <li>• Urea 20% Topical Cream (1 time daily)</li> </ul> <p>January 2022</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Fish Oil 1000mg (2 times daily) – Blank 1/1 – 4 (8:00 AM), 1/1 – 3 (8:00 PM)</li> <li>• Gabapentin 300mg (2 times daily) – Blank 1/1 – 4 (8:00 AM), 1/1 – 3 (8:00 PM)</li> <li>• Minerin Crème (1 time daily) – Blank 1/1 – 3 (8:00 PM)</li> <li>• Multi Vitamin (1 time daily) – Blank 1/1 – 3 (8:00 PM)</li> <li>• Pravastatin Sodium 80mg (1 time daily) – Blank 1/1 – 3 (8:00 PM)</li> <li>• Risperidone 3mg (2 times daily) – Blank 1/1 – 4 (8:00 AM), 1/1 – 3 (8:00 PM)</li> <li>• Sertraline 100mg (1 time daily) – Blank 1/1 – 3 (8:00 PM)</li> </ul>		
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<p>administering of the medication. This shall include:</p> <ul style="list-style-type: none"> <li>➤ symptoms that indicate the use of the medication,</li> <li>➤ exact dosage to be used, and</li> <li>➤ the exact amount to be used in a 24-hour period.</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin D3 5000 unit (1 time daily) – Blank 1/1 – 3 (8:00 PM)</li> </ul> <p>Medication Administration Records did not contain medication found in the home:</p> <ul style="list-style-type: none"> <li>• Fluvoxamine ER 100mg (1 time daily)</li> <li>• Levothyroxine 25mcg (1 time daily)</li> <li>• Losartan Potassium 100mg (1 time daily)</li> </ul> <p>As indicated by Medication Administration Record the individual is to take the following medication. No evidence of the medication in the home.</p> <ul style="list-style-type: none"> <li>• Risperidone 3mg (2 times daily)</li> </ul>		
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<p>counter (OTC) or “comfort” medications or treatments and all self-selected herbal or vitamin therapy.</p> <p>c. Documentation of all time limited or discontinued medications or treatments.</p> <p>d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials.</p> <p>e. Documentation of refused, missed, or held medications or treatments.</p> <p>f. Documentation of any allergic reaction that occurred due to medication or treatments; and</p> <p>g. For PRN medications or treatments:</p> <p>i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period.</p> <p>ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>Chapter 10 Living Care Arrangements</b>  <b>10.3.4 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:  1. the processes identified in the DDSD AWMD training.</p>	<p>should be given, for the following medications:</p> <ul style="list-style-type: none"> <li>• Austedo 6mg (2 times daily)</li> </ul> <p>Individual #7  December 2021  Medication Administration Records did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> <li>• Benztropine 1mg (1 time daily)</li> <li>• Quetiapine 25mg (1 time daily)</li> <li>• Vitamin D3 1,000 Unit (1 time daily)</li> </ul> <p>Individual #9  December 2021  Medication Administration Records did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> <li>• Fluvoxamine Maleate 100mg (1 time daily)</li> <li>• Multivitamin with Iron (1 time daily)</li> <li>• Quetiapine Fumarate 100mg (2 times daily)</li> <li>• Risperdal 2mg (2 times daily)</li> </ul> <p>As indicated by the Medication Administration Records the route for Minerin Crème was Oral. According to the <u>label directions</u>, the route is to be applied to skin. Medication Administration Record and <u>label directions</u> do not match.</p> <p>Individual #11  December 2021  Medication Administration Records did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> <li>• Zolpidem Tartrate 5mg (1 time daily)</li> </ul>		
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- 2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services;
- 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and
- 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).

**NMAC 16.19.11.8 MINIMUM STANDARDS:**

**A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:**

(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.**

This documentation shall include:

- (i) Name of resident.
- (ii) Date given.
- (iii) Drug product name.
- (iv) Dosage and form.
- (v) Strength of drug.
- (vi) Route of administration.
- (vii) How often medication is to be taken.
- (viii) Time taken and staff initials.
- (ix) Dates when the medication is discontinued or changed.
- (x) The name and initials of all staff administering medications.

**Model Custodial Procedure Manual**

***D. Administration of Drugs***

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.

Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the

administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.



<p>counter (OTC) or “comfort” medications or treatments and all self-selected herbal or vitamin therapy.</p> <p>c. Documentation of all time limited or discontinued medications or treatments.</p> <p>d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials.</p> <p>e. Documentation of refused, missed, or held medications or treatments.</p> <p>f. Documentation of any allergic reaction that occurred due to medication or treatments; and</p> <p>g. For PRN medications or treatments:</p> <p>i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period.</p> <p>ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>Chapter 10 Living Care Arrangements</b>  <b>10.3.4 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:  1. the processes identified in the DDSD AWMD training.</p>	<p>As indicated by the Medication Administration Records the individual is to take Chloraseptic Spray (PRN) 1 spray every 4 hours. According to the Physician’s Orders, Chloraseptic Spray (PRN) is to be taken 1 time every hour as needed. Medication Administration Record and Physician’s Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Mylanta (PRN) 1 or 2 teaspoons every 2 - 4 hours. According to the Physician’s Orders, Mylanta (PRN) is to be taken every 4 - 6 hours. Medication Administration Record and Physician’s Orders do not match.</p> <p>Individual #5  December 2021  No evidence of documented Signs/Symptoms were found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Loperamide – PRN – 12/16, x (given 1 time)</li> <li>• Risperidone .05mg – PRN – 12/6 (given 1 time)</li> </ul> <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Loperamide – PRN – 12/16, x (given 1 time)</li> <li>• Risperidone .5mg – PRN – 12/6 (given 1 time)</li> </ul> <p>No Time of Administration was noted on the Medication Administration Record for the following PRN medication:</p>		
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<p>2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services;</p> <p>3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</p> <p>4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).</p>	<ul style="list-style-type: none"> <li>• Loperamide – PRN – 12/16 (given 1 time)</li> <li>• Risperidone .5mg – PRN – 12/6 (given 1 time)</li> </ul> <p>Individual #6 December 2021</p> <p>As indicated by the Medication Administration Records the individual is to take Lorazepam 0.5mg (PRN) 1 - 2 tablet(s) one time daily as needed. According to the Physician's Orders, Lorazepam 0.5mg, 1 tablet by mouth daily prior to medical appointments and 1 - 2 tablets daily for anxiety/agitation as needed Medication Administration Record and Physician's Orders do not match.</p> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Fluocinonide 0.05% Cream (PRN)</li> </ul> <p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 325mg (PRN)</li> </ul> <p>Individual #7 December 2021</p> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Benadryl 2% Gel (PRN)</li> <li>• Hydrocortisone 1% Cream (PRN)</li> </ul>		
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	<p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 500mg (PRN)</li> <li>• Benzoyl Peroxide 10% Gel (PRN)</li> </ul> <p>Individual #8 December 2021 No evidence of documented Signs/Symptoms were found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Diaper Rash Paste – PRN –12/5 (given 2 times)</li> </ul> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Diaper Rash Cream (PRN)</li> </ul> <p>Individual #9 December 2021 During on-site survey PRN Medication Administration Records were requested for month of 12/2021. As of 1/14/2022, Medication Administration Records for December 2021 had not been provided.</p> <p>January 2022 Medication Administration Records did not contain medication found in the home:</p> <ul style="list-style-type: none"> <li>• Hydroxyzine 25mg – PRN (3x daily)</li> </ul> <p>Individual #10 December 2021 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 325 or 500mg – PRN – 12/3, 17, 23 (given 1 time)</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Cough Drops – PRN – 12/1 – 2 (given 1 time)</li> <li>• Guiatuss – PRN – 12/1, 4 (given 1 time), 12/2 (given 2 times), 12/3 (given 3 times)</li> </ul> <p>No Time of Administration was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Guiatuss – PRN – 12/1, 4 (given 1 time), 12/2 (given 2 times)</li> </ul> <p>As indicated by the Medication Administration Records the individual is to take Hydroxyzine 10mg (PRN), 1 tablet daily as needed. According to the Physician's Orders, Hydroxyzine 10mg is to be taken 1 time daily for 90 days. Medication Administration Record and Physician's Orders do not match.</p> <p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Eucerin Cream (PRN)</li> <li>• Ibuprofen 200mg (PRN)</li> </ul> <p>Individual #11 December 2021</p> <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 500mg – PRN – 12/8 (given 1 time)</li> </ul> <p>As indicated by the Medication Administration Records the individual is to take Cough Drops (PRN), 1 drop. According to the Physician's Orders, Cough Drops is to</p>		
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be taken 1 drop every 2 – 4 hours.  
Medication Administration Record and  
Physician's Orders do not match.

Medication Administration Records contain  
the following medications. No Physician's  
Orders were found for the following  
medications:

- Acyclovir 200mg (PRN)
- Ibuprofen 400mg (PRN)
- Lidocaine 5% Patch

Physician's Orders indicated the following  
medication were to be given. The following  
Medications were not documented on the  
Medication Administration Records:

- Ibuprofen 200mg (PRN)

January 2022

No evidence of documented  
Signs/Symptoms were found for the  
following PRN medication:

- Lorazepam 1mg – PRN – 1/4 (given 1  
time)

No Effectiveness was noted on the  
Medication Administration Record for the  
following PRN medication:

- Lorazepam 1mg – PRN – 1/4 (given 1  
time)



<p>counter (OTC) or “comfort” medications or treatments and all self-selected herbal or vitamin therapy.</p> <p>c. Documentation of all time limited or discontinued medications or treatments.</p> <p>d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials.</p> <p>e. Documentation of refused, missed, or held medications or treatments.</p> <p>f. Documentation of any allergic reaction that occurred due to medication or treatments; and</p> <p>g. For PRN medications or treatments:</p> <p>i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period.</p> <p>ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>Chapter 10 Living Care Arrangements</b>  <b>10.3.4 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:</p> <p>1. the processes identified in the DDSD AWMD training.</p>	<ul style="list-style-type: none"> <li>• Chloraseptic Spray (PRN)</li> <li>• Cough Drops (PRN)</li> <li>• Ibuprofen 200mg (PRN)</li> <li>• Ocean Mist Spray (PRN)</li> </ul> <p>Medication Administration Records did not contain the circumstance for which the medication is to be used:</p> <ul style="list-style-type: none"> <li>• Chloraseptic Spray (PRN)</li> </ul>		
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<p>2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services;</p> <p>3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</p> <p>4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).</p>			
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Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 13 Nursing Services: 13.2.12 Medication Delivery:</b> Nurses are required to:</p> <ol style="list-style-type: none"> <li>1. Be aware of the New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.</li> <li>2. Communicate with the Primary Care Practitioner and relevant specialists regarding medications and any concerns with medications or side effects.</li> <li>3. Educate the person, guardian, family, and IDT regarding the use and implications of medications as needed.</li> <li>4. Administer medications when required, such as intravenous medications; other specific injections; via NG tube; non-premixed nebulizer treatments or new prescriptions that have an ordered assessment.</li> <li>5. Monitor the MAR or treatment records at least monthly for accuracy, PRN use and errors.</li> <li>6. Respond to calls requesting delivery of PRNs from AWMD trained DSP and non-related (surrogate or host) Family Living Provider Agencies.</li> <li>7. Assure that orders for PRN medications or treatments have: <ol style="list-style-type: none"> <li>a. clear instructions for use.</li> <li>b. observable signs/symptoms or circumstances in which the medication is to be used or withheld; and</li> <li>c. documentation of the response to and effectiveness of the PRN medication administered.</li> </ol> </li> <li>8. Monitor the person's response to the use of routine or PRN pain medication and contact the prescriber as needed regarding its effectiveness.</li> <li>9. Assure clear documentation when PRN</li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review the Agency did not maintain documentation of PRN authorization as required by standard for 4 of 9 Individuals.</p> <p>Individual #1 December 2021 No documentation of the verbal authorization from the Agency nurse prior to each administration/assistance of PRN medication was found for the following PRN medication: • Haloperidol 5mg – PRN – 12/14 (given 1 time)</p> <p>Individual #2 December 2021 No documentation of the verbal authorization from the Agency nurse prior to each administration/assistance of PRN medication was found for the following PRN medication: • Olanzapine 5mg – PRN – 12/19 (given 1 time)</p> <p>Individual #5 December 2021 No documentation of the verbal authorization from the Agency nurse prior to each administration/assistance of PRN medication was found for the following PRN medication: • Loperamide 10mg – PRN – 12/16 (given 1 time)  • Risperidone .5mg – PRN – 12/9, 21 (given 1 time)</p>	<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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>medications are used, to include:</p> <ul style="list-style-type: none"> <li>a. DSP contact with nurse prior to assisting with medication. <ul style="list-style-type: none"> <li>i. The only exception to prior consultation with the agency nurse is to administer selected emergency medications as listed on the Publications section of the DOH-DDSD -Clinical Services Website <a href="https://nmhealth.org/about/ddsd/pgsv/clinical/">https://nmhealth.org/about/ddsd/pgsv/clinical/</a></li> </ul> </li> <li>b. Nursing instructions for use of the medication.</li> <li>c. Nursing follow-up on the results of the PRN use.</li> <li>d. When the nurse administers the PRN medication, the reasons why the medications were given and the person's response to the medication.</li> </ul>	<p>Individual #11 January 2022</p> <p>No documentation of the verbal authorization from the Agency nurse prior to each administration/assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Lorazepam 1mg – PRN – 1/4 (given 1 time)</li> </ul>		
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Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:</b> All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:</p> <ol style="list-style-type: none"> <li>1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.</li> <li>2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.</li> <li>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</li> <li>4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.</li> <li>5. Each Provider Agency is responsible for</li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 4 of 9 individual</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Healthcare Passport:</b></p> <ul style="list-style-type: none"> <li>➤ Did not contain Guardianship / Healthcare Decision Maker (#1, 2, 9) <i>(Note: Individual #9 completed in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> <li>➤ Did not contain Name of Physician (#1, 9) <i>(Note: Completed in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> <li>➤ Did not contain Information Regarding Insurance (#5) <i>(Note: Completed in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.

6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.

7. All records pertaining to JCMs must be retained permanently and must be made available to DDS upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

**Chapter 3 Safeguards: 3.1.1 Decision Consultation Process (DCP):** Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources according to the following:

2. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. This includes, but is not limited to:

- a. medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist.

<p>b. clinical recommendations made by registered/licensed clinicians who are either members of the IDT or clinicians who have performed an evaluation such as a video-fluoroscopy.</p> <p>c. health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR) or other DOH review or oversight activities; and</p> <p>d. recommendations made through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), or another plan.</p> <p>2. When the person/guardian disagrees with a recommendation or does not agree with the implementation of that recommendation, Provider Agencies follow the DCP and attend the meeting coordinated by the CM. During this meeting:</p> <p>a. Providers inform the person/guardian of the rationale for that recommendation, so that the benefit is made clear. This will be done in layman’s terms and will include basic sharing of information designed to assist the person/guardian with understanding the risks and benefits of the recommendation.</p> <p>b. The information will be focused on the specific area of concern by the person/guardian. Alternatives should be presented, when available, if the guardian is interested in considering other options for implementation.</p> <p>c. Providers support the person/guardian to make an informed decision.</p> <p>d. The decision made by the person/guardian during the meeting is accepted; plans are modified; and the IDT honors this health decision in every setting.</p>			
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**Chapter 13 Nursing Services: 13.2.5  
Electronic Nursing Assessment and  
Planning Process:**

The nursing assessment process includes several DDSD mandated tools: the electronic Comprehensive Nursing Assessment Tool (e-CHAT), the Aspiration Risk Screening Tool (ARST) and the Medication Administration Assessment Tool (MAAT) . This process includes developing and training Health Care Plans and Medical Emergency Response Plans.

The following hierarchy is based on budgeted services and is used to identify which Provider Agency nurse has primary responsibility for completion of the nursing assessment process and related subsequent planning and training. Additional communication and collaboration for planning specific to CCS or CIE services may be needed.

The hierarchy for Nursing Assessment and Planning responsibilities is:

1. Living Supports: Supported Living, IMLS or Family Living via ANS.
2. Customized Community Supports- Group; and
3. Adult Nursing Services (ANS):
  - a. for persons in Community Inclusion with health-related needs; or
  - b. if no residential services are budgeted but assessment is desired and health needs may exist.

**13.2.6 The Electronic Comprehensive Health Assessment Tool (e-CHAT)**

1. The e-CHAT is a nursing assessment. It may not be delegated by a licensed nurse to a non-licensed person.
2. The nurse must see the person face-to-face to complete the nursing assessment. Additional information may be gathered from members of the IDT and other sources.
3. An e-CHAT is required for persons in FL,

SL, IMLS, or CCS-Group. All other DD Waiver recipients may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget.

4. When completing the e-CHAT, the nurse is required to review and update the electronic record and consider the diagnoses, medications, treatments, and overall status of the person. Discussion with others may be needed to obtain critical information.

5. The nurse is required to complete all the e-CHAT assessment questions and add additional pertinent information in all comment sections.

**13.2.7 Aspiration Risk Management Screening Tool (ARST)**

**13.2.8 Medication Administration Assessment Tool (MAAT):**

1. A licensed nurse completes the DDSD Medication Administration Assessment Tool (MAAT) at least two weeks before the annual ISP meeting.

2. After completion of the MAAT, the nurse will present recommendations regarding the level of assistance with medication delivery (AWMD) to the IDT. A copy of the MAAT will be sent to all the team members two weeks before the annual ISP meeting and the original MAAT will be retained in the Provider Agency records.

3. Decisions about medication delivery are made by the IDT to promote a person's maximum independence and community integration. The IDT will reach consensus regarding which criteria the person meets, as indicated by the results of the MAAT and the nursing recommendations, and the decision is documented this in the ISP.

**13.2.9 Healthcare Plans (HCP):**

<p>1. At the nurse’s discretion, based on prudent nursing practice, interim HCPs may be developed to address issues that must be implemented immediately after admission, readmission or change of medical condition to provide safe services prior to completion of the e-CHAT and formal care planning process. This includes interim ARM plans for those persons newly identified at moderate or high risk for aspiration. All interim plans must be removed if the plan is no longer needed or when final HCP including CARMPs are in place to avoid duplication of plans.</p> <p>2. In collaboration with the IDT, the agency nurse is required to create HCPs that address all the areas identified as required in the most current e-CHAT summary report which is indicated by “R” in the HCP column. At the nurse’s sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. The nurse should use nursing judgment to determine whether to also include HCPs for any of the areas indicated by “C” on the e-CHAT summary report. The nurse may also create other HCPs plans that the nurse determines are warranted.</p> <p><b>13.2.10 Medical Emergency Response Plan (MERP):</b></p> <p>1. The agency nurse is required to develop a Medical Emergency Response Plan (MERP) for all conditions marked with an "R" in the e-CHAT summary report. The agency nurse should use her/his clinical judgment and input from the Interdisciplinary Team (IDT) to determine whether shown as "C" in the e-CHAT summary report or other conditions also warrant a MERP.</p> <p>2. MERPs are required for persons who have one or more conditions or illnesses that present a likely potential to become a life-threatening situation.</p>			
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**Chapter 20: Provider Documentation and Client Records: 20.5.3 Health Passport and Physician Consultation Form:** All Primary and Secondary Provider Agencies must use the Health Passport and Physician Consultation form from the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The Health Passport also includes a standardized form to use at medical appointments called the Physician Consultation form.



neglect, and exploitation or report of death form. The abuse, neglect, and exploitation or report of death form and instructions for its completion and filing are available at the division's website, <http://dhi.health.state.nm.us>, or may be obtained from the department by calling the division's toll-free hotline number, 1-800-445-6242.

**(2) Use of abuse, neglect, and exploitation or report of death form and notification by community-based service providers:** In addition to calling the division's hotline as required in Paragraph (2) of Subsection A of 7.1.14.8 NMAC, the community-based service provider shall also report the incident of abuse, neglect, exploitation, suspicious injury, or death utilizing the division's abuse, neglect, and exploitation or report of death form consistent with the requirements of the division's abuse, neglect, and exploitation reporting guide. The community-based service provider shall ensure all abuse, neglect, exploitation or death reports describing the alleged incident are completed on the division's abuse, neglect, and exploitation or report of death form and received by the division within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at <http://dhi.health.state.nm.us>; otherwise, it may be submitted via fax to 1-800-584-6057. The community-based service provider shall ensure that the reporter with the most direct knowledge of the incident participates in the preparation of the report form.

**(3) Limited provider investigation:** No investigation beyond that necessary in order to be able to report the abuse, neglect, or exploitation and ensure the safety of consumers is permitted until the division has completed its investigation.

**(4) Immediate action and safety planning:** Upon discovery of any alleged incident of abuse, neglect, or exploitation, the community-based service provider shall:

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>(a) develop and implement an immediate action and safety plan for any potentially endangered consumers, if applicable.</p> <p>(b) be immediately prepared to report that immediate action and safety plan verbally, and revise the plan according to the division's direction, if necessary; and</p> <p>(c) provide the accepted immediate action and safety plan in writing on the immediate action and safety plan form within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>; otherwise, it may be submitted by faxing it to the division at 1-800-584-6057.</p> <p><b>(5) Evidence preservation:</b> The community-based service provider shall preserve evidence related to an alleged incident of abuse, neglect, or exploitation, including records, and do nothing to disturb the evidence. If physical evidence must be removed or affected, the provider shall take photographs or do whatever is reasonable to document the location and type of evidence found which appears related to the incident.</p> <p><b>(6) Legal guardian or parental notification:</b> The responsible community-based service provider shall ensure that the consumer's legal guardian or parent is notified of the alleged incident of abuse, neglect and exploitation within 24 hours of notice of the alleged incident unless the parent or legal guardian is suspected of committing the alleged abuse, neglect, or exploitation, in which case the community-based service provider shall leave notification to the division's investigative representative.</p> <p><b>(7) Case manager or consultant notification by community-based service providers:</b> The responsible community-based service provider shall notify the consumer's case manager or consultant within 24 hours that an alleged incident involving abuse, neglect, or</p>			
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exploitation has been reported to the division. Names of other consumers and employees may be redacted before any documentation is forwarded to a case manager or consultant.

**(8) Non-responsible reporter:** Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of an incident of abuse, neglect, and exploitation.



and Provider Agencies. Everyone has a responsibility to make sure those rights are not violated. All Provider Agencies play a role in person-centered planning (PCP) and have an obligation to contribute to the planning process, always focusing on how to best support the person.

**Chapter 3 Safeguards: 3.3.1 HRC  
Procedural Requirements:**

1. An invitation to participate in the HRC meeting of a rights restriction review will be given to the person (regardless of verbal or cognitive ability), his/her guardian, and/or a family member (if desired by the person), and the Behavior Support Consultant (BSC) at least 10 working days prior to the meeting (except for in emergency situations). If the person (and/or the guardian) does not wish to attend, his/her stated preferences may be brought to the meeting by someone whom the person chooses as his/her representative.
2. The Provider Agencies that are seeking to temporarily limit the person's right(s) (e.g., Living Supports, Community Inclusion, or BSC) are required to support the person's informed consent regarding the rights restriction, as well as their timely participation in the review.
3. The plan's author, designated staff (e.g., agency service coordinator) and/or the CM makes a written or oral presentation to the HRC.
4. The results of the HRC review are reported in writing to the person supported, the guardian, the BSC, the mental health or other specialized therapy provider, and the CM within three working days of the meeting.
5. HRC committees are required to meet at least on a quarterly basis.
6. A quorum to conduct an HRC meeting is at least three voting members eligible to vote in each situation and at least one must be a community member at large.

<p>7. HRC members who are directly involved in the services provided to the person must excuse themselves from voting in that situation.</p> <p>Each HRC is required to have a provision for emergency approval of rights restrictions based upon credible threats of harm against self or others that may arise between scheduled HRC meetings (e.g., locking up sharp knives after a serious attempt to injure self or others or a disclosure, with a credible plan, to seriously injure or kill someone). The confidential and HIPAA compliant emergency meeting may be via telephone, video or conference call, or secure email. Procedures may include an initial emergency phone meeting, and a subsequent follow-up emergency meeting in complex and/or ongoing situations.</p> <p>8. The HRC with primary responsibility for implementation of the rights restriction will record all meeting minutes on an individual basis, i.e., each meeting discussion for an individual will be recorded separately, and minutes of all meetings will be retained at the agency for at least six years from the final date of continuance of the restriction.</p> <p><b>3.3.3 HRC and Behavioral Support:</b> The HRC reviews temporary restrictions of rights that are related to medical issues or health and safety considerations such as decreased mobility (e.g., the use of bed rails due to risk of falling during the night while getting out of bed). However, other temporary restrictions may be implemented because of health and safety considerations arising from behavioral issues.</p> <p>Positive Behavioral Supports (PBS) are mandated and used when behavioral support is needed and desired by the person and/or the IDT. PBS emphasizes the acquisition and maintenance of positive skills (e.g., building</p>			
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healthy relationships) to increase the person's quality of life understanding that a natural reduction in other challenging behaviors will follow. At times, aversive interventions may be temporarily included as a part of a person's behavioral support (usually in the BCIP), and therefore, need to be reviewed prior to implementation as well as periodically while the restrictive intervention is in place. PBSPs not containing aversive interventions do not require HRC review or approval. Plans (e.g., ISPs, PBSPs, BCIPs PPMPs, and/or RMPs) that contain any aversive interventions are submitted to the HRC in advance of a meeting, except in emergency situations.

**3.3.4 Interventions Requiring HRC Review and Approval:** HRCs must review prior to implementation, any plans (e.g., ISPs, PBSPs, BCIPs and/or PPMPs, RMPs), with strategies, including but not limited to:

1. response cost.
2. restitution.
3. emergency physical restraint (EPR).
4. routine use of law enforcement as part of a BCIP.
5. routine use of emergency hospitalization procedures as part of a BCIP.
6. use of point systems.
7. use of intense, highly structured, and specialized treatment strategies, including level systems with response cost or failure to earn components.
8. a 1:1 staff to person ratio for behavioral reasons, or, very rarely, a 2:1 staff to person ratio for behavioral or medical reasons.
9. use of PRN psychotropic medications.
10. use of protective devices for behavioral purposes (e.g., helmets for head banging, Posey gloves for biting hand).
11. use of bed rails.

<p>12. use of a device and/or monitoring system through PST may impact the person's privacy or other rights; or</p> <p>13. use of any alarms to alert staff to a person's whereabouts.</p> <p><b>3.4 Emergency Physical Restraint (EPR):</b> Every person shall be free from the use of restrictive physical crisis intervention measures that are unnecessary. Provider Agencies who support people who may occasionally need intervention such as Emergency Physical Restraint (EPR) are required to institute procedures to maximize safety.</p> <p><b>3.4.5 Human Rights Committee:</b> The HRC reviews use of EPR. The BCIP may not be implemented without HRC review and approval whenever EPR or other restrictive measure(s) are included. Provider Agencies with an HRC are required to ensure that the HRCs:</p> <ol style="list-style-type: none"> <li>1. participate in training regarding required constitution and oversight activities for HRCs.</li> <li>2. review any BCIP, that include the use of EPR.</li> <li>3. occur at least annually, occur in any quarter where EPR is used, and occur whenever any change to the BCIP is considered.</li> <li>4. maintain HRC minutes approving or disallowing the use of EPR as written in a BCIP; and</li> <li>5. maintain HRC minutes of meetings reviewing the implementation of the BCIP when EPR is used.</li> </ol>			
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toilets, etc.) based on the unique needs of the individual in consultation with the IDT.

10. has or arranges for necessary equipment for bathing and transfers to support health and safety with consultation from therapists as needed.
11. has the phone number for poison control within line of site of the telephone.
12. has general household appliances, and kitchen and dining utensils.
13. has proper food storage and cleaning supplies.
14. has adequate food for three meals a day and individual preferences: and
15. has at least two bathrooms for residences with more than two residents.

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<b>Service Domain: Medicaid Billing/Reimbursement</b> – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.			
<b>Tag # IS25 Community Integrated Employment Services</b>	<b>Standard Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 21: Billing Requirements: 21.4 Recording Keeping and Documentation Requirements:</b> DD Waiver Provider Agencies must maintain all records necessary to demonstrate proper provision of services for Medicaid billing. At a minimum, Provider Agencies must adhere to the following:</p> <ol style="list-style-type: none"> <li>The level and type of service provided must be supported in the ISP and have an approved budget prior to service delivery and billing.</li> <li>Comprehensive documentation of direct service delivery must include, at a minimum: <ol style="list-style-type: none"> <li>the agency name.</li> <li>the name of the recipient of the service.</li> <li>the location of the service.</li> <li>the date of the service.</li> <li>the type of service.</li> <li>the start and end times of the service.</li> <li>the signature and title of each staff member who documents their time; and</li> <li>the nature of services.</li> </ol> </li> <li>A Provider Agency that receives payment for treatment, services, or goods must retain all medical and business records for a period of at least six years from the last payment date, until ongoing audits are settled, or until involvement of the state Attorney General is completed regarding settlement of any claim, whichever is longer.</li> <li>A Provider Agency that 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</li> </ol>	<p>Based on record review, the Agency did not provide written or electronic documentation as evidence for each unit billed for Supported Employment Services for 5 or 8 individuals</p> <p>Individual #2 September 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 units of Community Integrated Employment Services (T2025 HB-UA) on 9/3/2021. Documentation received accounted for .5 units.</li> </ul> <p>Individual #7 September 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 9/1/2021. No documentation was found on 9/1/2021 to justify the 1 unit billed.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 10/6/2021. No documentation was found on 10/6/2021 to justify the 1 unit billed.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 11/3/2021. No documentation was found on 11/3/2021 to justify the 1 unit billed.</li> </ul> <p>Individual #11 September 2021</p>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here (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> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (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>	

QMB Report of Findings – Advantage Communications System, Inc. – Metro – January 3 - 14, 2022

<p>from the payment date:</p> <ol style="list-style-type: none"> <li>treatment or care of any eligible recipient.</li> <li>services or goods provided to any eligible recipient.</li> <li>amounts paid by MAD on behalf of any eligible recipient; and</li> <li>any records required by MAD for the administration of Medicaid.</li> </ol> <p><b>21.9 Billable Units:</b> The unit of billing depends on the service type. The unit may be a 15-minute interval, a daily unit, a monthly unit or a dollar amount. The unit of billing is identified in the current DD Waiver Rate Table. Provider Agencies must correctly report service units.</p> <p><b>21.9.1 Requirements for Daily Units:</b> For services billed in daily units, Provider Agencies must adhere to the following:</p> <ol style="list-style-type: none"> <li>A day is considered 24 hours from midnight to midnight.</li> <li>If 12 or fewer hours of service are provided, then one-half unit shall be billed. A whole unit can be billed if more than 12 hours of service is provided during a 24-hour period.</li> <li>The maximum allowable billable units cannot exceed 340 calendar days per ISP year or 170 calendar days per six months.</li> <li>When a person transitions from one Provider Agency to another during the ISP year, a standard formula to calculate the units billed by each Provider Agency must be applied as follows: <ol style="list-style-type: none"> <li>The discharging Provider Agency bills the number of calendar days that services were provided multiplied by .93 (93%).</li> <li>The receiving Provider Agency bills the remaining days up to 340 for the ISP year.</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 9/1/2021. Documentation received accounted for .5 units.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 10/6/2021. Documentation received accounted for .5 units.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 11/3/2021. Documentation received accounted for .5 units.</li> </ul> <p>Individual #12 September 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 9/1/2021. Documentation received accounted for .75 units.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 10/6/2021. Documentation received accounted for .75 units.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 11/3/2021. Documentation received accounted for .75 units.</li> </ul> <p>Individual #16 September 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 9/3/2021. No documentation</li> </ul>		
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**21.9.2 Requirements for Monthly Units:** For services billed in monthly units, a Provider Agency must adhere to the following:

1. A month is considered a period of 30 calendar days.
2. At least one hour of face-to-face billable services shall be provided during a calendar month where any portion of a monthly unit is billed.
3. Monthly units can be prorated by a half unit.
4. Agency transfers not occurring at the beginning of the 30-day interval are required to be coordinated in the middle of the 30-day interval so that the discharging and receiving agency receive a half unit.

**21.9.3 Requirements for 15-minute and hourly units:** For services billed in 15-minute or hourly intervals, Provider Agencies must adhere to the following:

1. When time spent providing the service is not exactly 15 minutes or one hour, Provider Agencies are responsible for reporting time correctly following NMAC 8.302.2.
2. Services that last in their entirety less than eight minutes cannot be billed.

was found on 9/3/2021 to justify the 1 unit billed.

- October 2021
- The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 10/7/2021. No documentation was found on 10/7/2021 to justify the 1 unit billed.
- November 2021
- The Agency billed 1 unit of Community Integrated Employment Services (T2025 HB-UA) on 11/3/2021. No documentation was found on 11/3/2021 to justify the 1 unit billed.



<p>eligible recipient.</p> <p>c. amounts paid by MAD on behalf of any eligible recipient; and</p> <p>d. any records required by MAD for the administration of Medicaid.</p> <p><b>21.9 Billable Units:</b> The unit of billing depends on the service type. The unit may be a 15-minute interval, a daily unit, a monthly unit or a dollar amount. The unit of billing is identified in the current DD Waiver Rate Table. Provider Agencies must correctly report service units.</p> <p><b>21.9.1 Requirements for Daily Units:</b> For services billed in daily units, Provider Agencies must adhere to the following:</p> <ol style="list-style-type: none"> <li>1. A day is considered 24 hours from midnight to midnight.</li> <li>2. If 12 or fewer hours of service are provided, then one-half unit shall be billed. A whole unit can be billed if more than 12 hours of service is provided during a 24-hour period.</li> <li>3. The maximum allowable billable units cannot exceed 340 calendar days per ISP year or 170 calendar days per six months.</li> <li>4. When a person transitions from one Provider Agency to another during the ISP year, a standard formula to calculate the units billed by each Provider Agency must be applied as follows: <ol style="list-style-type: none"> <li>a. The discharging Provider Agency bills the number of calendar days that services were provided multiplied by .93 (93%).</li> <li>b. The receiving Provider Agency bills the remaining days up to 340 for the ISP year.</li> </ol> </li> </ol> <p><b>21.9.2 Requirements for Monthly Units:</b> For services billed in monthly units, a Provider Agency must adhere to the following:</p>	<ul style="list-style-type: none"> <li>• The Agency billed 104 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/3/2021 through 10/5/2021. Documentation received accounted for 82 units.</li> <li>• The Agency billed 104 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/10/2021 through 10/12/2021. Documentation did not contain the required elements on 10/10/2021 through 10/12/2021. Documentation received accounted for 74 units. The required element was not met: <ul style="list-style-type: none"> <li>➢ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 495.36 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/18/2021 through 10/19/2021. Documentation received accounted for 74 units.</li> <li>• The Agency billed 104 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/24/2021 through 10/26/2021. Documentation did not contain the required elements on 10/24/2021 through 10/26/2021. Documentation received accounted for 96 units. The required element was not met: <ul style="list-style-type: none"> <li>➢ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 48 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) on</li> </ul>		
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<p>1. A month is considered a period of 30 calendar days.</p> <p>2. At least one hour of face-to-face billable services shall be provided during a calendar month where any portion of a monthly unit is billed.</p> <p>3. Monthly units can be prorated by a half unit.</p> <p>4. Agency transfers not occurring at the beginning of the 30-day interval are required to be coordinated in the middle of the 30-day interval so that the discharging and receiving agency receive a half unit.</p> <p><b>21.9.3 Requirements for 15-minute and hourly units:</b> For services billed in 15-minute or hourly intervals, Provider Agencies must adhere to the following:</p> <p>1. When time spent providing the service is not exactly 15 minutes or one hour, Provider Agencies are responsible for reporting time correctly following NMAC 8.302.2.</p> <p>2. Services that last in their entirety less than eight minutes cannot be billed.</p>	<p>10/31/2021. Documentation did not contain the required elements on 10/31/2021. Documentation received accounted for 0 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 56 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 11/1/2021 through 11/2/2021. Documentation did not contain the required elements on 11/1/2021 through 11/2/2021. Documentation received accounted for 28 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 132 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 11/22/2021 through 11/30/2021. Documentation did not contain the required elements on 11/22/2021 through 11/30/2021. Documentation received accounted for 114 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> </ul> <p>Individual #2 November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 53 units of Customized Community Supports Individual (H2021 HB-U1) from 11/15/2021 through 11/19/2021. Documentation received accounted for 51 units.</li> </ul> <p>Individual #6 September 2021</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 96 units of Customized Community Supports Individual (H2021 HB-U1) from 9/27/2021 through 9/30/2021. No documentation was found for 9/27/2021 through 9/30/2021 to justify the 96 units billed.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 24 units of Customized Community Supports Individual (H2021 HB-U1) on 10/1/2021. No documentation was found for 10/1/2021 to justify the 24 units billed.</li> <li>• The Agency billed 61 units of Customized Community Supports Individual (H2021 HB-U1) from 10/5/2021 through 10/8/2021. Documentation received accounted for 57 units.</li> </ul> <p>Individual #7</p> <p>September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 110 units of Customized Community Supports Individual (H2021 HB-U1) from 9/9/2021 through 9/13/2021. Documentation received accounted for 96 units.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 127 units of Customized Community Supports Individual (H2021 HB-U1) from 10/11/2021 through 10/15/2021. Documentation received accounted for 126 units.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 72 units of Customized Community Supports Individual (H2021 HB-U1) from 11/22/2021 through 11/26/2021. Documentation received accounted for 68 units.</li> </ul>		
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Individual #9  
September 2021

- The Agency billed 121 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 9/1/2021 through 9/3/2021. Documentation did not contain the required elements on 9/1/2021 through 9/3/2021. Documentation received accounted for 94 units. The required element was not met:
  - Services were provided concurrently with another service
  
- The Agency billed 159 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 9/8/2021 through 9/10/2021. Documentation did not contain the required elements on 9/8/2021 through 9/10/2021. Documentation received accounted for 86 units. The required element was not met:
  - Services were provided concurrently with another service
  
- The Agency billed 121 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 9/22/2021 through 9/24/2021. Documentation did not contain the required elements on 9/22/2021 through 9/24/2021. Documentation received accounted for 93 units. The required element was not met:
  - Services were provided concurrently with another service
  
- The Agency billed 80 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 9/29/2021 through 9/30/2021.

	<p>Documentation did not contain the required elements on 9/29/2021 through 9/30/2021. Documentation received accounted for 48 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 93 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/6/2021 through 10/8/2021. Documentation did not contain the required elements on 10/6/2021 through 10/8/2021. Documentation received accounted for 85 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 132 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/11/2021 through 10/15/2021. Documentation did not contain the required elements on 10/11/2021 through 10/15/2021. Documentation received accounted for 55 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 120 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/18/2021 through 10/22/2021. Documentation did not contain the required elements on 10/18/2021 through 10/22/2021. Documentation received accounted for 108 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 124 units of Customized Community Supports Individual Intensive Behavioral Services (H2021 HB-TG) from 10/25/2021 through 10/29/2021. Documentation did not contain the required elements on 10/25/2021 through 10/29/2021. Documentation received accounted for 122 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> </ul> <p>Individual #12 November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 112 units of Customized Community Supports Individual (H2021 HB-U1) from 11/8/2021 through 11/12/2021. Documentation received accounted for 90 units.</li> </ul> <p>Individual #13 October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 118 units of Customized Community Supports Individual (H2021 HB-U1) from 10/21/2021 through 10/23/2021. Documentation received accounted for 116 units.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 32 units of Customized Community Supports Individual (H2021 HB-U1) on 11/28/2021. Documentation received accounted for 16 units.</li> </ul> <p>Individual #16 September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 119 units of Customized Community Supports Individual (H2021 HB-U1) from 9/20/2021 through 9/24/2021.</li> </ul>		
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	<p>Documentation received accounted for 118 units.</p> <ul style="list-style-type: none"> <li>• The Agency billed 113 units of Customized Community Supports Individual (H2021 HB-U1) from 9/27/2021 through 9/30/2021. Documentation received accounted for 94 units.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 64 units of Customized Community Supports Individual (H2021 HB-U1) from 10/4/2021 through 10/7/2021. Documentation received accounted for 60 units.</li> <li>• The Agency billed 98 units of Customized Community Supports Individual (H2021 HB-U1) from 10/11/2021 through 10/15/2021. Documentation received accounted for 97 units.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 101 units of Customized Community Supports Individual (H2021 HB-U1) from 11/22/2021 through 11/26/2021. Documentation received accounted for 100 units.</li> </ul> <p>Individual #17</p> <p>September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 96 units of Customized Community Supports Individual (H2021 HB-U1) from 9/1/2021 through 9/3/2021. Documentation received accounted for 48 units.</li> <li>• The Agency billed 142 units of Customized Community Supports Individual (H2021 HB-U1) from 9/7/2021 through 9/11/2021. Documentation received accounted for 63 units.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 128 units of Customized Community Supports Individual (H2021 HB-U1) from 9/13/2021 through 9/18/2021. Documentation received accounted for 96 units.</li> <li>• The Agency billed 124 units of Customized Community Supports Individual (H2021 HB-U1) from 9/20/2021 through 9/24/2021. Documentation received accounted for 56 units.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 139 units of Customized Community Supports Individual (H2021 HB-U1) from 10/4/2021 through 10/8/2021. Documentation received accounted for 75 units.</li> <li>• The Agency billed 76 units of Customized Community Supports Individual (H2021 HB-U1) from 10/19/2021 through 10/21/2021. Documentation received accounted for 24 units.</li> <li>• The Agency billed 79 units of Customized Community Supports Individual (H2021 HB-U1) from 10/26/2021 through 10/29/2021. Documentation received accounted for 56 units.</li> </ul>		
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<p>eligible recipient.</p> <p>c. amounts paid by MAD on behalf of any eligible recipient; and</p> <p>d. any records required by MAD for the administration of Medicaid.</p> <p><b>21.9 Billable Units:</b> The unit of billing depends on the service type. The unit may be a 15-minute interval, a daily unit, a monthly unit, or a dollar amount. The unit of billing is identified in the current DD Waiver Rate Table. Provider Agencies must correctly report service units.</p> <p><b>21.9.1 Requirements for Daily Units:</b> For services billed in daily units, Provider Agencies must adhere to the following:</p> <ol style="list-style-type: none"> <li>1. A day is considered 24 hours from midnight to midnight.</li> <li>2. If 12 or fewer hours of service are provided, then one-half unit shall be billed. A whole unit can be billed if more than 12 hours of service is provided during a 24-hour period.</li> <li>3. The maximum allowable billable units cannot exceed 340 calendar days per ISP year or 170 calendar days per six months.</li> <li>4. When a person transitions from one Provider Agency to another during the ISP year, a standard formula to calculate the units billed by each Provider Agency must be applied as follows: <ol style="list-style-type: none"> <li>a. The discharging Provider Agency bills the number of calendar days that services were provided multiplied by .93 (93%).</li> <li>b. The receiving Provider Agency bills the remaining days up to 340 for the ISP year.</li> </ol> </li> </ol> <p><b>21.9.2 Requirements for Monthly Units:</b> For services billed in monthly units, a Provider Agency must adhere to the following:</p> <ol style="list-style-type: none"> <li>1. A month is considered a period of 30</li> </ol>	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 4.5 hours, which is less and the required amount.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less and the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/29/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less and the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/30/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less and the required amount.</li> </ul> <p>Individual #2</p>		
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<p>calendar days.</p> <p>2. At least one hour of face-to-face billable services shall be provided during a calendar month where any portion of a monthly unit is billed.</p> <p>3. Monthly units can be prorated by a half unit.</p> <p>4. Agency transfers not occurring at the beginning of the 30-day interval are required to be coordinated in the middle of the 30-day interval so that the discharging and receiving agency receive a half unit.</p> <p><b>21.9.3 Requirements for 15-minute and hourly units:</b> For services billed in 15-minute or hourly intervals, Provider Agencies must adhere to the following:</p> <p>1. When time spent providing the service is not exactly 15 minutes or one hour, Provider Agencies are responsible for reporting time correctly following NMAC 8.302.2.</p> <p>2. Services that last in their entirety less than eight minutes cannot be billed.</p>	<p>September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/4/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/5/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/6/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/5/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less and the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/6/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/7/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a</li> </ul>		
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	<p>complete unit. Documentation received accounted for 4 hours, which is less and the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/29/2021. Documentation received accounted for .5 units. . Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/30/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “at parents.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/31/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “at parents.”</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/7/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “still gone from house.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/8/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/9/2021.</li> </ul>		
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	<p>Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8.5 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/25/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of facility.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/30/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> </ul> <p>Individual #6 November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/23/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10.5 hours, which is less than the required amount.</li> </ul> <p>Individual #7 September 2021</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/1/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 1 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/15/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/1/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/2/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation</li> </ul>		
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	<p>received accounted for 11 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/5/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/9/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/10/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 11 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/11/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-</li> </ul>		
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	<p>hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/12/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 1 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/14/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/20/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/21/2021. Documentation received accounted for .5 units. Documentation received accounted</li> </ul>		
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	<p>for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 1 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/25/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/26/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/27/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/28/2021. No</li> </ul>		
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	<p>documentation was found for 10/28/2021 to justify the 1 unit billed.</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/29/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 4 hours, which is less than the required amount.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/5/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 11 hours, which is less than the required amount.</li> <li>The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/24/2021. Documentation received accounted for .5 units. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> </ul> <p>Individual #8 September 2021</p> <ul style="list-style-type: none"> <li>The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 9/29/2021.</li> </ul>		
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	<p>Documentation received accounted for .5 units. Individual was hospitalized.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 9/30/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/1/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/2/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/3/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/4/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/5/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 10/6/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 11/1/2021.</li> </ul>		
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	<p>Documentation received accounted for 0 units. Individual was hospitalized.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 11/2/2021. Documentation received accounted for 0 units. Individual was hospitalized.</li> </ul> <p>Individual #9 September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/1/2021. Documentation did not contain the required elements on 9/1/2021. Documentation received accounted for 0 units. The required elements were not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/2/2021. Documentation did not contain the required elements on 9/2/2021. Documentation received accounted for 0 units. The required elements were not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service;</li> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/3/2021. Documentation did not contain the required elements on 9/3/2021. Documentation received accounted for 0 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/4/2021. Documentation did not contain the required elements on 9/4/2021. Documentation received accounted for 0 units. The required elements were not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/5/2021. Documentation did not contain the required elements on 9/5/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/6/2021. Documentation did not contain the required elements on 9/6/2021. Documentation received accounted for .5 units. The required elements were not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/7/2021. Documentation did not contain the required elements on 9/7/2021.</li> </ul>		
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	<p>Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/8/2021. Documentation did not contain the required elements on 9/8/2021. Documentation received accounted for 0 units. The required elements were not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/9/2021. Documentation did not contain the required elements on 9/9/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/10/2021. Documentation did not contain the required elements on 9/10/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/11/2021. Documentation did not contain the required elements on 9/11/2021. Documentation received accounted for .5 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/12/2021. Documentation did not contain the required elements on 9/12/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/13/2021. Documentation did not contain the required elements on 9/13/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/14/2021. Documentation did not contain the required elements on 9/14/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/15/2021. Documentation did not contain the required elements on 9/15/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/16/2021. Documentation did not contain the</li> </ul>		
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	<p>required elements on 9/16/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/17/2021. Documentation did not contain the required elements on 9/17/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/18/2021. Documentation did not contain the required elements on 9/18/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/19/2021. Documentation did not contain the required elements on 9/19/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/20/2021. Documentation did not contain the required elements on 9/20/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/21/2021. Documentation did not contain the required elements on 9/21/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/22/2021. Documentation did not contain the required elements on 9/22/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/23/2021. Documentation did not contain the required elements on 9/23/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/24/2021. Documentation did not contain the required elements on 9/24/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/25/2021. Documentation did not contain the required elements on 9/25/2021. Documentation received accounted for .5 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>• The Agency billed 1 units of Supported Living (T2016 HB-U6) from on 9/26/2021. Documentation did not contain the required elements on 9/26/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/27/2021. Documentation did not contain the required elements on 9/27/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/28/2021. Documentation did not contain the required elements on 9/28/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/29/2021. Documentation did not contain the required elements on 9/29/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ The signature or authenticated name of staff providing the service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/30/2021. Documentation did not contain the</li> </ul>		
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required elements on 9/30/2021.  
Documentation received accounted for .5 units. The required element was not met:  
➤ The signature or authenticated name of staff providing the service.

October 2021

- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/1/2021. Documentation did not contain the required elements on 10/1/2021. Documentation received accounted for .5 units. The required element was not met:  
➤ Services were provided concurrently with another service.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/2/2021. Documentation did not contain the required elements on 10/2/2021. Documentation received accounted for 0 units. The required element was not met:  
➤ Services were provided concurrently with another service.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/3/2021. Documentation did not contain the required elements on 10/3/2021. Documentation received accounted for 0 units. The required element was not met:  
➤ Services were provided concurrently with another service.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/4/2021. Documentation did not contain the required elements on 10/4/2021. Documentation received accounted for .5 units. The required element was not met:  
➤ Services were provided concurrently with another service.

- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/5/2021. Documentation did not contain the required elements on 10/5/2021. Documentation received accounted for .5 units. The required element was not met:
  - Services were provided concurrently with another service.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/6/2021. Documentation did not contain the required elements on 10/6/2021. Documentation received accounted for .5 units. The required element was not met:
  - Services were provided concurrently with another service.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/7/2021. Documentation did not contain the required elements on 10/7/2021. Documentation received accounted for .5 units. The required element was not met:
  - Services were provided concurrently with another service.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/8/2021. Documentation did not contain the required elements on 10/8/2021. Documentation received accounted for 0 units. The required element was not met:
  - Services were provided concurrently with another service.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/9/2021. Documentation did not contain the required elements on 10/9/2021. Documentation received accounted for .5

	<p>units. The required elements were not met:</p> <ul style="list-style-type: none"> <li>➤ Date, start and end time of each service encounter or other billable service interval.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/10/2021. Documentation did not contain the required elements on 10/10/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/11/2021. Documentation did not contain the required elements on 10/11/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/12/2021. Documentation did not contain the required elements on 10/12/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/13/2021. Documentation did not contain the required elements on 10/13/2021. Documentation received accounted for .5 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/14/2021. Documentation did not contain the required elements on 10/14/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/15/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/16/2021. Documentation did not contain the required elements on 10/16/2022. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/17/2021. Documentation did not contain the required elements on 10/17/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/18/2021.</li> </ul>		
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	<p>Documentation did not contain the required elements on 10/18/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/19/2021. Documentation did not contain the required elements on 10/19/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/20/2021. Documentation did not contain the required elements on 10/20/2021. Documentation received accounted for .5 units. The required elements were not met:</p> <ul style="list-style-type: none"> <li>➤ Date, start and end time of each service encounter or other billable service interval.</li> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/21/2021. Documentation did not contain the required elements on 10/21/2021. Documentation received accounted for 0 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/22/2021. Documentation did not contain the</p>		
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	<p>required elements on 10/22/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/23/2021. Documentation did not contain the required elements on 10/23/2021. Documentation received accounted for .5 units. The required was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/24/2021. Documentation did not contain the required elements on 10/24/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/25/2021. Documentation did not contain the required elements on 10/25/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/26/2021. Documentation did not contain the required elements on 10/26/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/27/2021. Documentation did not contain the required elements on 10/27/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/28/2021. Documentation did not contain the required elements on 10/28/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/29/2021. Documentation did not contain the required elements on 10/29/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/30/2021. Documentation did not contain the required elements on 10/30/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/31/2021. Documentation did not contain the required elements on 10/31/2021. Documentation received accounted for .5 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/1/2021. Documentation did not contain the required elements on 11/1/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/2/2021. Documentation did not contain the required elements on 11/2/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/3/2021. Documentation did not contain the required elements on 11/3/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/4/2021. Documentation did not contain the required elements on 11/4/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (billing code and modifier) on</li> </ul>		
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	<p>11/5/2021. No documentation was found on 11/5/2021 to justify the 1 unit billed.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/6/2021. Documentation did not contain the required elements on 11/6/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/7/2021. Documentation did not contain the required elements on 11/7/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/8/2021. Documentation did not contain the required elements on 11/8/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/9/2021. Documentation did not contain the required elements on 11/9/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/10/2021. Documentation did not contain the</li> </ul>		
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	<p>required elements on 11/10/2021. Documentation received accounted for 0 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/11/2021. Documentation did not contain the required elements on 11/12/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/12/2021. Documentation did not contain the required elements on 11/12/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/13/2021. No documentation was found on 11/13/2021 to justify the 1 units billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/14/2021. No documentation was found on 11/14/2021 to justify the 1 units billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/15/2021. Documentation did not contain the required elements on 11/15/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/16/2021. Documentation did not contain the required elements on 11/16/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/17/2021. Documentation did not contain the required elements on 11/17/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/18/2021. Documentation did not contain the required elements on 11/18/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/19/2021. Documentation did not contain the required elements on 11/19/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/21/2021. Documentation did not contain the required elements on 11/21/2021.</li> </ul>		
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	<p>Documentation received accounted for 0 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 units of Supported Living (T2016 HB-U6) on 11/22/2021. Documentation did not contain the required elements on 11/22/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/23/2021. Documentation did not contain the required elements on 11/23/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/24/2021. Documentation did not contain the required elements on 11/24/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/25/2021. Documentation did not contain the required elements on 11/25/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/26/2021. Documentation did not contain the required elements on 11/26/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/27/2021. No documentation was found on 11/27/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/28/2021. No documentation was found on 11/28/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/29/2021. Documentation did not contain the required elements on 11/29/2021. Documentation received accounted for 0 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ Services were provided concurrently with another service.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/30/2021. No documentation was found on 11/30/2021 to justify the 1 unit billed.</li> </ul> <p><i>(Note: The concurrent billing cited above for, 9/1 – 2, 4, 6 - 25, 27 – 30, 10/1 – 14, 16 – 31, 11/1 – 4, 6 – 12, 15 – 19, 21 – 26 &amp; 29, 2021 was due to Supported Living staff providing service in two separate residences at the same time.)</i></p> <p>Individual #10 September 2021</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/3/2021. Documentation did not contain the required elements on 9/3/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li>   <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/4/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/5/2021. Documentation received accounted for .5 unit. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 4 hours, which is less than the required amount.</li>   <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/10/2021. Documentation received accounted for 0 unit. Daily note indicated Individual was “out of services.”</li>   <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/11/2021. Documentation received accounted for 0 unit. Daily note indicated Individual was “out of services.”</li>   <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/12/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-</li> </ul>		
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	<p>hour period must be provided in order to bill a complete unit. Documentation received accounted for 8.5 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/17/2021. Documentation did not contain the required elements on 9/17/2021 Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/19/2021. Documentation did not contain the required elements on 9/19/2021 Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/23/2021. Documentation did not contain the required elements on 9/23/2021 Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/24/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/7/2021.</li> </ul>		
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	<p>Documentation received accounted for .50 unit. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 10/23/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 11/6/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/7/2021. Documentation received accounted for .5 unit. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 11/26/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 11/27/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul> <p>Individual #11 September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/1/2021. Documentation did not contain the required elements on 9/1/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/9/2021. Documentation did not contain the required elements on 9/9/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/10/2021. Documentation did not contain the required elements on 9/10/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/11/2021. Documentation did not contain the required elements on 9/11/2021. Documentation received accounted for .5 units. The required element was not met:</li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/13/2021. Documentation did not contain the required elements on 9/13/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/17/2021. Documentation did not contain the required elements on 9/17/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/20/2021. Documentation did not contain the required elements on 9/20/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/21/2021. Documentation did not contain the required elements on 9/21/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/24/2021. Documentation did not contain the</li> </ul>		
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	<p>required elements on 9/24/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/25/2021. Documentation did not contain the required elements on 9/25/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/27/2021. Documentation did not contain the required elements on 9/27/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/30/2021. Documentation did not contain the required elements on 9/30/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul> <p>October 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/4/2021. Documentation did not contain the required elements on 10/4/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul>		
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- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/7/2021. Documentation did not contain the required elements on 10/7/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/9/2021. Documentation did not contain the required elements on 10/9/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/18/2021. Documentation did not contain the required elements on 10/18/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/19/2021. Documentation did not contain the required elements on 10/19/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/21/2021. Documentation did not contain the required elements on 10/21/2021.

	<p>Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/23/2021. Documentation did not contain the required elements on 10/23/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/26/2021. Documentation did not contain the required elements on 10/26/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/28/2021. Documentation did not contain the required elements on 10/28/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/1/2021. Documentation did not contain the required elements on 11/1/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul>		
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- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/3/2021. Documentation did not contain the required elements on 11/3/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/8/2021. Documentation did not contain the required elements on 11/8/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/13/2021. Documentation did not contain the required elements on 11/13/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/15/2021. Documentation did not contain the required elements on 11/15/2021. Documentation received accounted for .5 units. The required element was not met:
  - A description of what occurred during the encounter or service interval.
  
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/16/2021. Documentation did not contain the required elements on 11/16/2021. Documentation received accounted for .5 units. The required element was not met:

	<ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/18/2021. Documentation did not contain the required elements on 11/18/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/22/2021. Documentation did not contain the required elements on 11/22/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/23/2021. Documentation did not contain the required elements on 11/23/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/24/2021. Documentation did not contain the required elements on 11/24/2021. Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/25/2021. Documentation did not contain the</li> </ul>		
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	<p>required elements on 11/25/2021. Documentation received accounted for .5 units. The required element was not met:</p> <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/26/2021. No documentation was found on 11/26/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/27/2021. No documentation was found on 11/27/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/28/2021. No documentation was found on 11/28/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/29/2021. Documentation did not contain the required elements on 11/29/2021 Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/30/2021. Documentation did not contain the required elements on 11/30/2021 Documentation received accounted for .5 units. The required element was not met: <ul style="list-style-type: none"> <li>➤ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul> <p>Individual #12 September 2021</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 4 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/2/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/3/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 6 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/4/2021. No documentation was found on 9/4/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/5/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation</li> </ul>		
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	<p>received accounted for 4 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/8/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 6 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/16/2021. No documentation was found on 9/16/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/17/2021. No documentation was found on 9/17/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/18/2021. No documentation was found on 9/18/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/19/2021. No documentation was found on 9/19/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/20/2021. No documentation was found on 9/20/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/21/2021. Documentation received accounted for .5 units. As indicated by the DDW</li> </ul>		
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	<p>Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/22/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/23/2021. No documentation was found on 9/23/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/24/2021. No documentation was found on 9/24/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/25/2021. No documentation was found on 9/25/2021 to justify the 1 unit billed.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) did not contain the required elements on 9/26/2021. Documentation received accounted for .5 units. The required elements was not met: <ul style="list-style-type: none"> <li>➢ Date, start and end time of each service encounter or other billable service interval.</li> </ul> </li> </ul> <p>October 2021</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 10/19/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 11/19/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U7) on 11/26/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U7) on 11/27/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U7) on 11/28/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U7) on 11/29/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul> <p>Individual #15 September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 9/8/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 2 hours, which is less than the required amount.</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/9/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/10/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> <li>• The Agency Billed 1 unit of Supported Living (T2016 HB-U6) on 9/11/2021. Documentation received accounted for 0 units. Daily note indicated Individual was “out of services.”</li> </ul>		
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October 2021

- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/8/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 11 hours, which is less than the required amount.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/128/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 5 hours, which is less than the required amount.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/17/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.
- The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/19/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.

	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/21/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 7 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 10/22/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8.5 hours, which is less than the required amount.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/8/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/26/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U6) on 11/30/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 9 hours, which is less than the required amount.</li> </ul> <p>Individual #16 September 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 9/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 6.75 hours, which is less than the required amount.</li> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 9/29/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li> </ul> <p>November 2021</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Supported Living (T2016 HB-U5) on 11/5/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 10 hours, which is less than the required amount.</li> </ul>		
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	<p>Individual #17 September</p> <ul style="list-style-type: none"><li>• The Agency billed 1 unit of Supported Living (T2016 HB-U7) on 9/1/2021. Documentation received accounted for .5 units. As indicated by the DDW Standards more than 12 hours in a 24-hour period must be provided in order to bill a complete unit. Documentation received accounted for 8 hours, which is less than the required amount.</li></ul>		
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MICHELLE LUJAN GRISHAM  
Governor

DAVID R. SCRASE, M.D.  
Acting Cabinet Secretary

Date: May 18, 2022

To: Joseph Garcia, Executive Director

Provider: Advantage Communication Systems, Inc.  
Address: 4219 Montgomery Blvd NE  
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: [josephgarcia.adv@gmail.com](mailto:josephgarcia.adv@gmail.com)

CC: Laura Veal, Owner

E-mail Address: [lsveal@yahoo.com](mailto:lsveal@yahoo.com)

Region: Metro  
Survey Date: January 3 – 14, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Routine

Dear Mr. Garcia:

The Division of Health Improvement Quality Management Bureau received and approved the Plan of Correction you submitted. Your Plan of Correction is not closed.

**Your Plan of Correction will be considered for closure when a Verification survey confirms that you have corrected all survey deficiencies and sustained all corrections.**

The Quality Management Bureau will need to conduct a verification survey to ensure previously cited deficiencies have been corrected and that systemic Quality Improvement and Quality Assurance processes have been effective at sustaining corrections.

If the Verification survey determines survey deficiencies have been corrected and corrective measures have effectively maintained compliance with DDW Standards, your Plan of Correction will be considered for closure.

If the Verification survey identifies repeat deficiencies, the Plan of Correction process will continue and your case may be referred to the Internal Review Committee for discussion of possible civil monetary penalties possible monetary fines and/or other sanctions.

In addition to the Verification survey, the following documents must be submitted no later than **May 25, 2022** to verify correction of deficiencies:

- Tag 1A25.1
  - Please provide the Caregiver Criminal History Screenings (#516, 526, 543).

- Tag IS25
  - Please provide the Void / Adjust Claims for the billing deficiencies cited in the Tag (#2, 7, 11, 12, 16).
- Tag IS30
  - Please provide the Void / Adjust Claims for the billing deficiencies cited in the Tag (#1, 2, 7, 9, 12, 16, 17).
- Tag LS26
  - Please provide the Void / Adjust Claims for the billing deficiencies cited in the Tag (1, 2, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17).

Thank you for your cooperation with the Plan of Correction process.

Sincerely,

*Monica Valdez, BS*

Monica Valdez, BS  
Healthcare Surveyor Advanced/Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.22.3.DDW.28701224.5.RTN.04.22.138